

Children's Cabinet
Work Group on Trauma Informed Care

*Wednesday, December 12
1:00-3:00pm
Newport News Human Services, Room 900
6060 Jefferson Avenue
Newport News, VA*

MEETING MINUTES

Present: Amy Atkinson, Al Steward, Camille Cooper, Cherice Hopkins, Donna Colombo, Emily Griffey, Jeanine Harper, Jenna Foster, Jo Wilson-Harfst, Jonathan Yglesias, Laurie Crawford, Margaret Nimmo Holland, Sandy Chung, Scott Reiner, Shardell Gerald, Ruth Micklem, Valerie L'Herrou, Nicole Poulin, Ashley Meade (in place of Emily Creveling)

Absent: Christian Paasch, Ashaki McNeil, Bela Sood, Connie Honsinger, Greta Rosenzweig, Stephanie Lynch, Nina Marino, Jodi Manz, Laurel Marks, Emily Creveling, Heather Board

I. Welcome

Deputy Secretary Gena Berger welcomed the participants in attendance to the meeting to further discuss trauma informed care. Staff members from the Newport News Department of Human Services, Newport News Public Schools, and other local stakeholders joined the group. Members present in person and via conference call introduced themselves, as well as local partners and stakeholders in attendance from in and around the greater Newport News area. Deputy Secretary Berger gave a brief overview of the mission and charge of the Children's Cabinet and previewed the agenda for the meeting.

II. Newport News Human Services Presentations

Presentations were given from local human services departments and organizations. The focus of each presentation surrounded the implementation of trauma informed practices in the workplace. Each department or organization shared professional development opportunities that were provided to employees, program implementation that was impactful for providers and client services, and tools and resources that proved most useful. Presenters gave examples of the short and long-term goals that enabled the most meaningful change in addition to the committees that were formed and which inclusive practices were most effective in changing work culture.

Smart Beginnings of the Virginia Peninsula – Julie Duregger

At 1:29 Julie Duregger began presentation on Smart Beginings. Since 2014 SB has explored and pursued topic of ACES, increase awareness of trauma-informed practices,

identify those who provide clinical services to children, etc. In 2015 many organizations, community members and providers discussed trauma and what types of trainings were needed. The Self-Assessment tool allowed organizations to self-identify needs. In 2016, many orgs reported increase in trauma-informed practices and offered trauma-informed services. Noted outstanding need in this area. 2016 survey of 56 local providers showed that very few providers are trauma-informed trained. In 2017, the Vision 21 program was a pilot that several groups participated in. In 2018 there have been some changes to committees, re-evaluating direction and refining focus all while being inclusive of trauma-care going forward.

CPMT Chair, Alan Archer

Alan Archer presented at 1:38pm – in 2015 CPMT and partners received a trauma-informed care network grant. Since 2015 the CPMT received consultation and training by Georgetown U. and YouthMove. In Dec. CPMT attended a mini-policy intense 3-day training. The subcommittee participated in many teleconferences. To maintain momentum around the work, the CPMT agency report on the trauma-informed care is released monthly to share any updates and news on the topic. Self-care, visit coaching training.

CPMT Organizations as follows:

At 1:44pm H-NN Community Services Board (CSB) – Lisa Hogge and Beverly Smith
There have been remarkable relationships and partnerships built surrounding this work to serve citizens in NN and H. Have taken many steps to actualize becoming trauma informed. Have used systems and organization readiness and capacity assessment; TIC training for employees of various roles in all depts. Partner with youth and families with lived experience and incorporated TIC approaches in policy development. Promote practices that actively resist re-traumatization. Have immediate access to crisis response teams, mental health professionals on-site which has developed their trauma-informed community. Offer Youth and Family Clinician Training – ACE Interface, whole-child assessment, Casey Life Skills Assessment, Adoption Competency training through CASE. Next steps involve expanding children's crisis services, providing resiliency training and growing their continuum of services.

At 2:01pm Court Services – Gregory Heyward

Many of the students in the juvenile system have experienced trauma. At court services all students are screened for trauma at intake and are given an ACES questionnaire. All staff are trained in TIC, self-care, and how to provide specialized services; additionally all staff are encouraged to take confidential mental health checkup and engage in workplace wellness. VA DJJ have set some key objectives of TI workplace: building resilience, setting awareness of prevalent trauma, ACES, alternative strategies to deal with trauma and conflict.

At 2:10pm NNPS - Richard Dirmeyer

Newport News is proud of the work they've done in trauma-informed care. In 2016 NNPS created their own TIC work group and began research. In 2017 NNPS created a TIC professional development module. In 2018 all elementary principals and assistant

principals received TIC professional development. Most elementary, middle, and high schools have provided the module. Moving forward the module over time and has been expanded to include all interventions and instructional implications for all staff including transportation, custodial, cafeteria and security officers. NNPS also participated in Tiered Systems of Support and uses PBIS which has been integrated into their module

At 2:15 NN Department of Human Services to include the Vision 21 participants - Traci Snell and Rhonda Williams / Charlotte Fussel and Sheila Wright
The department has been involved in the building system of care TIC since 2015 in partnership with CSB. Launched a TIC Committee in 2016 and established TIC subcommittee workgroups. Developed an organizational assessment tool which includes a questionnaire which covers leadership and culture, TIC structure, policies and processes, skills – tools – resources. Assessment tool gave the organization the ability to see where their biggest areas of need were based on the data which was tools and resources. As a result, they developed a mandatory training for all employees through VDSS Learning Center about trauma, some classroom-based trainings, and participation in Vision 21 project. TIC now included in interview questions during the hiring process and in employee onboarding. Moving forward, has updated strategic plan which includes a focus on self-care, obtaining customer feedback, engaging external partners, increasing agency-wide awareness and forming a city-wide TIC committee. Sheila Wright and Charlotte Fussel reported on some of the feedback. The tool is easy to administer but sometimes can take longer than 30 minutes and time constraints make it difficult. Some families have found the questionnaire helpful and useful while others have responded that the questions are intrusive and “cold”.

Several folks at the table and on the phone wondered how the data of individual agencies can be used collectively to paint a larger picture about the NN-H community and local agencies and the work/impact. Others noted that the trauma-informed work that’s being done is done isolation at the pediatrician vs the day care vs social services.

III. Discuss Draft Interim Report & Recommendations for Children’s Cabinet

Deputy Secretary Berger reminded the work group of the directives of the Executive Order 11 and the 2018 Appropriations Act. One directive required a final report from the Trauma Informed Care work group which would make recommendations on how to foster systems that provide a consistent trauma-informed response to children with adverse childhood experiences and build resiliency of individuals and communities. Deputy Secretary Gena Berger shared the draft report which was inclusive of many recurring themes from the two previous meetings and reflected several of the conversations from the group and its members hitherto. The four high-level draft recommendations were:

- **Recommendation 1:** Adopt SAMHSA Framework for TIC including the Four R’s
- **Recommendation 2:** Convene an internal “TIC Steering Committee” to coordinate executive branch work.

- **Recommendation 3:** The TIC working shall develop a strategic plan for recruiting, training, and supporting a trauma-informed workforce in Virginia’s child and family-serving sectors.
- **Recommendation 4:** The TIC working group shall develop a dashboard of short and long-term metrics the executive, legislative, and judicial branches can use to assess progress in developing a trauma-informed system of care and the outcome measures leaders should expect to see as a result.

Deputy Secretary Berger fielded questions and encouraged feedback and conversation about the draft recommendations from workgroup members. Many members voiced support of the recommendations citing that they were comprehensive, focused and actionable. There was a motion and second motion to endorse the recommendations. The recommendations were endorsed with a unanimous vote.

IV. Follow Up from Last Meeting

There were some outstanding requests for information about “High Fidelity Wrap-Around Services” data. **This information was presented by _____.**

- 619 children and families are served and funded through CSA.
- DMAS data on foster children on psychotropic drugs – annual reports on this but there isn’t an overall measure for psychotropic meds. Slight decrease to 11.2% of children between ages of 1-17 received an anti-psychotic medication. Antidepressant medication in ages 6-17 increased minimally to 28.2% in 2017. ADD/ADHD meds for children ages 6-17 remains stable across 3 years 2015, 44.1% in 2015 to 46.4% in 2017.

V. Announcements

Emily Griffey from VOICES for Virginia’s Children gave a brief overview of their 2019 Legislative Agenda. One of their primary focuses explored what it would look like to create a policy agenda surrounding trauma and involve community networks from around the state. The agenda also identified priorities for the legislature to consider and ways to orient themselves to trauma-informed policies. Emily Griffey also shared that a new unified policy agenda had been created for a “Trauma-Informed Virginia”.

VI. Adjourn

Deputy Secretary Berger concluded the meeting by highlighting again that these newly approved draft recommendations would be shared at the full convening of the Children’s Cabinet on Monday, December 17, 2018.

Meeting adjourned at 3:23pm