

SYMPOSIA SERIES ON SUPPORTING HEALTHY EARLY BRAIN DEVELOPMENT SUMMARY OF THIRD MEETING

SEPTEMBER 9, 2014

Office of Children's Mental Health

Elizabeth Hudson, Director of the Office of Children's Mental Health (OCMH), presented information on OCMH's structure and work. She explained that OCMH is not part of the Department of Health Services (DHS), but is a standalone office reporting directly to the Governor's office. It monitors, collaborates with, integrates, and connects other state agencies whose work touches on children's mental health issues. She described the concept of trauma-informed care as a principle-based culture change process, applied not just to treatment, but to everything encountered in daily work with children. Trauma-informed care allows the focus to shift from diagnosing disorders to making sense of behaviors as adaptation resulting from the trauma experienced by a child. Ms. Hudson outlined how new scientific technologies, such as advanced brain imaging, have impacted assumptions regarding behaviors of children with trauma in their past. She stated that the prevalence of traumatic events among mental health patients makes a culture change necessary throughout the systems they encounter, because simply providing trauma-informed therapy is insufficient if these children are spending the rest of their time (outside therapy) in environments which are not trauma sensitive.

Ms. Hudson presented information about the percentage increases in a variety of health and safety risks attributable to traumatic childhood experiences. Reducing early adversity, she stated, has the potential to simultaneously decrease all of these public health concerns. She highlighted OCMH's strategic cross-systems coordination of trauma-informed care projects across the state, including grant programs and partnership with corrections agencies. She also stated efforts are underway to integrate the data from all agencies that children encounter, to better inform decisions by getting a fuller picture of what happens to each child in all interactions with state programs.

In response to questions from the committee, Ms. Hudson said that she is in regular contact with leadership of each state agency; that OCMH works with faith-based community organizations; and that OCMH also coordinates with programs working to reduce exposure to environmental toxins such as lead.

Colorado Office of Early Childhood

Mary Anne Snyder, Director of the Office of Early Childhood, Colorado Department of Health Services, provided an overview of Colorado's Two Generation Plan with **Keri Batchelder**, Two Generation Manager, Colorado Department of Human Services. Ms. Batchelder described how Colorado built its strategy around the emerging need to assess both the child and the parent at the same time, to better assist the family to find a way out of poverty and to best position the child to stay out of poverty. The two generation

approach is not a program, but a new framework for utilizing resources. Ms. Batchelder explained that Colorado has implemented a dual approach to employment assistance, with programs to benefit both custodial and noncustodial parents. These programs include enhanced child support services, parenting skills courses, and intensive employment programs. Colorado's Temporary Assistance for Needy Families (TANF) program has been re-focused on pay and retention outcomes, emphasizing employment rather than cash assistance. Colorado has also implemented early learning, financial education, and college savings components in its two generation strategy.

Ms. Snyder described the Colorado legislation which established the Colorado Office of Early Childhood. She also explained that counties can now provide presumptive eligibility for childcare subsidies, and decouple childcare eligibility from the parent's work schedule. Colorado is also requiring quality ratings for all licensed childcare facilities, and focusing federal resources on facilities that accept subsidy participants. Colorado implemented a management system facilitating confirmation of professional development qualifications for early childhood educators, and coordinated site visits to provide better quality control.

In response to questions from the committee, Ms. Snyder stated that Wisconsin already has some community and family support components of the Colorado system, but examples of Colorado components we may not yet have include a system of early childhood councils, an early intervention program for children under three years of age with a developmental delay, and a child maltreatment prevention unit.

Legislative Fiscal Bureau

Rob Reinhardt, Charlie Morgan, Christa Pugh, and John Gentry, Legislative Fiscal Bureau (LFB), explained the information presented in their "Early Childhood Care and Treatment Programs" memorandum dated September 5, 2014. The memorandum includes an inventory of funding directed to state agencies for programs that have a goal of reducing adverse childhood experiences (ACEs) for children up to age three. It also contains information on three programs administered by DHS that provide care and treatment services to young children with certain health conditions.

Mr. Gentry stated that the Child Abuse and Neglect Prevention (CANP) Board administers most state-funded activities to prevent child abuse and neglect in Wisconsin. He then described three main expenditures going toward DCF-administered programs: direct childcare subsidies through Wisconsin Shares; state administration and licensing of childcare providers; and programs that enhance the quality of childcare in Wisconsin. He explained how child care providers participating in the Wisconsin Shares child care subsidy program are reimbursed based on the number of stars earned under the Youngstar rating system. He then described funding for stipends and scholarships for professional development of childcare providers through the Teacher Education and Compensation Helps (TEACH) program. Mr. Gentry described the funding sources for the Wisconsin Family Foundations Home Visiting Program (FFHV) and the services it provides.

Mr. Gentry described funding sources for family preservation and reunification services, and described the funding of post-adoption resource centers, foster care and case management, and child protection services.

Mr. Gentry outlined the funding Wisconsin receives under the federal Promoting Safe and Stable Families (PSSF), which provides funds to states, territories, and tribes to enable them to provide family support services, family preservation services, time-limited family reunification services, and adoption promotion and support services. He then described the Wisconsin Trauma Project and the Wisconsin ACE survey. Ms. Pugh described the Head Start program administered by Wisconsin Department of Public Instruction. Mr. Morgan described programs administered by DHS, including the Children's Long-Term Support Waiver and the Birth-to-3 program for infants and toddlers with disabilities.

In response to questions from the committee, Mr. Reinhart stated that there is a tiered aspect in childcare subsidies depending on the income of the eligible family, and that there is a cliff effect when a participant moves into an income bracket that makes them ineligible for the subsidy. He stated that details of the copayment schedule and reimbursement rates are available in an LFB Informational Paper on Wisconsin Works and on the Department of Children and Families (DCF) website. Ms. Pugh stated that LFB will provide the committee with information about income eligibility for Wisconsin Head Start and Wisconsin Shares.

Department of Children and Families

The following panel appeared on behalf of DCF: **Fredi Bove**, Administrator of the Division of Safety and Permanence; **Carrie Finkbiner**, Lead Staff for Development and Implementation of the DCF Trauma Project; and **Kim Eithun-Harshner**, formerly of the DCF Trauma Project, who helped develop and lead the project and has since moved to the Office of Children and Mental Health.

Ms. Bove stated that research shows ACEs have a toxic effect on development and increase risks of negative long-term health and social outcomes. She noted that the Trauma Project is a cross-system, comprehensive approach to create a trauma-informed child welfare system, partnering with the juvenile justice system, mental health system, education system, law enforcement and court system. The Trauma Project implements a three tiered approach to train people interacting with children in evidence-based trauma screening, assessment and treatment. The three tiers of emphasis are the child, the family, and the system.

Ms. Bove outlined some of the strategies used at each tier to improve the screening, assessment and treatment of trauma. This includes such initiatives as provision of trauma-focused cognitive behavioral therapy (TF-CBT) for children; provision of a 16-hour trauma-informed parenting training course; and promoting cross-system trauma-informed work between the child welfare system and other systems that touch the same children and families. Ms. Bove described the Trauma Project's future plans to build capacity, pursue new grant opportunities, and develop a robust system to measure project outcomes.

In response to questions from the committee, Ms. Bove noted the Trauma Project takes about \$45,000 to start up in a county, with the state providing half the cost and the county providing the other half. She confirmed that in addition to parents, the program also works with foster parents and caregivers of children who are not reunified with their birth family.

The committee then heard from two county Trauma Project partners: **Mark Mertens**, Youth and Family Services Division Manager in the Outagamie County Health and Human Services Department; and **Karla Broten**, Youth and Family Program Manager in the Barron County Health and Human Services Department. Mr. Mertens discussed Outagamie County's experiences since joining the Project in 2012 to better integrate services between its juvenile justice and child welfare systems. He stated that the experience has been transformational for the county's system, and its ability to better respond to children entering the criminal justice system at an early age. He emphasized training mental health clinicians and noted that research now indicates that children should go through trauma screening before receiving diagnosis of mental health issues. In response to questions from the committee, Mr. Mertens indicated that both state funds and local county levy fund the county's Project initiatives.

Ms. Broten spoke about Barron County's experiences with the Trauma Project and the positive effects of implementing TF-CBT for children and families. She stated that Barron County is making significant progress with the goals of the Trauma Project on all three tiers. She presented information about the positive outcomes resulting from access to TF-CBT, stated that it empowers victims of trauma to heal from their experiences, and described some success stories from Barron County. In response to questions from the committee, she noted that there are children younger than five who participate in the program. She indicated that a child must have an open case with Barron County to get access to TF-CBT at this time, that the lack of state funding acts as a barrier to access for children who have not entered the county system, and that some of the professional services are billable to medical assistance but not all services are billable.

The next DCF presenter was **Judy Norman-Nunnery**, Administrator of the Division of Early Care and Education. Ms. Norman-Nunnery provided an overview of DCF quality initiatives. She presented statistics on the early formation of the achievement gap and the importance of quality in early childhood education. She explained the history of the quality framework Wisconsin has implemented since 2002 through the Governor's Early Childhood Advisory Council and the Race to the Top Early Learning Challenge Grant.

Kath McGurk, Director of the Bureau of Early Learning and Policy, explained how the Youngstar Tiered Quality Rating and Improvement System operates in Wisconsin since implementation in 2010. Ms. McGurk outlined the Youngstar method to assess, improve, and communicate levels of quality in early care and education settings. She explained participation requirements, quality indicators and rating standards, and rates of participation across the state. She described the tiered Wisconsin Shares reimbursement that childcare programs receive according to the Youngstar quality rating they are able to attain. She also informed the committee about the rise in numbers of programs attaining

higher quality ratings in the state, as programs make use of Youngstar quality improvement resources and supports.

Debbie Drew, Director of the St. John's Lutheran Church Child Care Program of Portage, described her early education center's experience with Youngstar. The St. John's Lutheran Church Child Care program opened in 2001, and has transformed from a daycare to a child development center connected with the St. John's Elementary School. Ms. Drew explained that the center initially attained a four star quality rating when entering the Youngstar program in 2012. She stated that the center made a decision to lead, and avail itself of Youngstar tools to improve quality, train its educators, and attain a five-star rating. She told the committee that the center's improvements and all of the attendant benefits to the Portage community would not have been possible without Youngstar. In response to questions from the committee, Ms. Drew stated that the increased Wisconsin Shares reimbursement rate it attained through receiving a five star rating has allowed the center to begin accepting a higher number of subsidy families through tuition assistance.

In response to questions from the committee, Ms. Norman-Nunnery stated that several years ago, Wisconsin Shares began reimbursing some childcare providers based on enrollment (mainly group centers) and others based on attendance (mainly family programs), in order to save costs. She stated that DCF will provide the committee with updates to the tiered reimbursement rate information on the DCF website, including any regional variation.

Finally, an explanation of the state's use of the Child and Adolescent Needs and Strengths (CANS) assessment was provided by Ms. Bove and by **Jonelle Brom**, Out-of-Home Care Section Chief, Bureau of Permanence and Out-of-Home Care. The CANS tool is an assessment strategy used in Wisconsin since 2001 to evaluate recipients of child welfare services for decision support, treatment planning, and outcomes management. Versions of this tool are used in 30 states to determine service needs, create meaningful goals for families, and match each child with an appropriate care environment for his or her level of need. Ms. Brom noted that Wisconsin was an early adopter of CANS and is part of a national consortium working with several prominent universities to determine best practices for using CANS effectively.

In response to questions from the committee, Ms. Bove indicated that the Wisconsin system attempts to place children with relatives in a familiar setting when they must enter out-of-home care; and that all Wisconsin counties are now being trained in family finding techniques to identify relatives of children being placed, and assist them in attaining the necessary licensure.

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