

Strategies for an Effective Program – Collective Café, Notes from April 18th, 2023 PACT Convening

**FYI - Scroll for Notes from each Topic: Trauma Stewardship, Steering Committee's/MDT Response, CSEC Allocations, Data Collection, Harm Reduction, Intersectional Services/Substance Use*

Discussion 1: Self-Care/Trauma Stewardship

Self-Care/Trauma Stewardship Synthesis: A few great ideas to scale

- Overall shift of cultural values in the workplace (modeling/buy in by leadership)
- Outside mental health contracts
- Enhanced understanding/support for those specializing in HT Work, due to the increased level of vicarious trauma.
- Training/Support for supervisors/managers
- Utilizing EAP – But scaling, i.e. making available on site so that access barriers are removed.
- Strategic plan to expect critical incidents to occur and address them thoughtfully and in a timely manner.

Self-Care/Trauma Stewardship Overall Notes, What's Working:

- Small contract with an outside mental health provider for critical incident debrief. Important to be disconnected from the agency, and even potentially outside of the community, because it's a challenge when you know the ppl. that are in charge of doing the debrief. It might not feel safe, or confidentiality may be of concern.
- More education is needed for supervisors to ask and bring up within a culture of trauma stewardship. People tend not to reach out until it's at a crisis point.
- Utilizing EAP, one agency had EAP on site. Access can be an issue, and reducing barriers to this can be helpful.
- Some counties had Peer Support Positions (Individuals that take on extra to be able to do debriefs or meet with staff that need to process things on a peer level). This can help, but depends. Pp. need options. And sometimes people providing this are also stretched really thin.
- Agency wide cultural shift to support LOA, taking time off, helpful to have a flag if an employee isn't using sick leave or time off.
- Survivor advocates, or contracted individuals, should also be able to access supports that are available to employees, or additional pathways should/could be created

Finding out how pp. like to be appreciated

- Expressions of gratitude
- Trauma informed practices throughout all areas of program
- Boundary Setting, Realistic Expectations i.e. not answering emails outside of working hours
- Offsite Unit meetings in spaces i.e. restaurants
- Wellness appointments
- Trauma debriefing with a Psychologist/Clinician
- Have a Wellness Committee/Wellness Room
- Mental Health Days (using sick leave)
- Healthy Workplace workgroup
- Self-care tips published by agency
- Issuing survey to identify needs
- Resiliency workgroup
- ER team meets on most difficult cases
- Supervision
- Reflective Practice
- Training on vicarious trauma
- Team building exercises
- Team building across Departments
- Redefining success for my work—doing what I can
- CT Specific: Sound healer

Setting Boundaries:

- After Hours call in number for support if caseworker is off
- Give permission to workers to take off—others will cover
- Grace when something happens
- Creating places to play—cultivate connections, relationships—bring food!
- Let people say what they want without fear of retribution
- Seek own therapy

When Critical Incident Occurs:

- Wellness workgroup
- Team that provides support across the county
- EAP (3 sessions)
- Individual consultation with social worker
- Peer support—tight team that comes together when something happens (informal)
- Critical Incidents Debriefing
- Resiliency Workgroup
- Come together as a “family” unit
- Lead with compassion
- Probation: stigma is seeking help—shows weakness

Discussion 2: Steering Committees and a Multi-Disciplinary Response

Steering Committees and a Multi-Disciplinary Response Synthesis: A few great ideas to scale.

- Include Judges
- Enhanced model – Include and integrate additional partners that are relevant to your youth/families/community response
- Build upon Cross Sector Training
- Don't underestimate relationships! Leave time for informal connections.

Steering Committees and a Multi-Disciplinary Response: Overall Notes, What's Working?

- Include Judges in MDT's and/or provide enhanced CSEC training
- collaborative court
- dedicated public health nurse, behavioral health, or substance use partners involved
- involve faith based partners for youth who identify as persons of faith
- include tribal leaders and service providers to MDTs
- Training on universal screening
- Invite Law Enforcement partners to MDT
- Have Law Enforcement present
- Have Regional meetings (not just unit)
- Utilize space for cross-sector training
- allow talking time in between for informal connections
- sharing of information beforehand to get idea of trauma history
- Constant communication with other units and MDT members
- Include Lived Experience Experts at the table for MDTs and/or Steering Committees
- Be INTENTIONAL (don't meet for meeting sake)
- Give your management warnings in advance about situations before you meet to help build connection and buy in as you help them help you.
- "Stack the deck" for the partners so they feel respected and informed in advance for the meeting to go smoother
- Use time to do cross sector training to understand all party's roles and increase collaboration

Discussion 3: CSEC Allocation

CSEC Allocation Synthesis: A few great ideas to scale.

- Such flexible spending – Get Creative (see list below)
- Smaller caseloads
- Designated staff positions for CSEC specialty area
- Buy in/Awareness for directors and managers, to reduce fiscal barriers to spending.

CSEC Allocation Overall Notes, What's Working?

- Partnering with more drop in centers and transitional/ Independent housing options
- Having the flexibility in spending
- Using funds for training CAC Forensic Interviewers
- Activities/Trips for youth to experience
- Training and Travel
- Tokens for educational trainings for CWS staff during presentations
- Events
- Purchase phone chargers
- Condoms (For HR)
- Contract with Lived Experience Experts
- Contract or create position for a "Missing Persons Liaison"
- clothing/hygiene products for youth
- self-care items for youth and goody bags
- Contract with outside victim service providers for Recovery Services to locate youth
- Create a space in office that is specifically for youth to use
- general engagement incentives
- increase staffing for more direct services
- Supervisors ability to use in different stores
- Scaling up to increase staffing
- Give SWs Calcard
- Sponsor a conference or training opportunity
- Implementing use of a universal screening tool for HT
- using for go-bags and basic needs (ask youth what should go in these backpacks)
- Use funds for substance use meds
- Transitional age youth needs
- Housing for independent youth

Discussion 4 Discussion: Data Collection

Data Collection Synthesis: A Few Great Ideas to Scale.

- Shared Platforms for data sharing/tracking
- Special Project Codes, to track additional areas i.e. labor trafficking
- Quarterly Reports, use data/evaluation to drive improvement and decision making

Data Collection Overall Notes: What's Working?

- quarterly reports shared out with qualitative data during committee meetings (ref. plan, needs, challenges)
- coordinator f/ up w/ tracking plans
- collect evaluative reports to assess/ review
- track services linked to youth, whether or not services were accepted, or to share resources with the ref. resource

- have a shared platform w/ contracted service providers for tracking
- create special project codes (i.e.: for LT)

Discussion 5: Harm Reduction

Harm Reduction Synthesis: A Few Great Ideas to Scale.

- Lean on community partners i.e. Advocacy agency responding in partnership with CW and for non-system involved youth
- Have consistent people/shared training at the table for MDTS- This increases common understanding
- Non-profit advocate to accompany child welfare and willing to see non-system involved youth also.
- Involvement of Health Care Professionals for sexual/reproductive health

Harm Reduction Overall Notes: What's Working?

San Diego

- Community Partners go out and are able to do a lot, respond in partnership with child welfare. Are able to provide resources, transportation, ER backpacks
- They can build rapport and keep contact.

San Francisco

- A MDT has CSEC/CBO Partners that bring in a lot more of harm reduction, this helps with the CW team.
- Also has the same protocol with advocates coming to child welfare.
- Internal child welfare process where CSEC partners come to classes where youth are in the system.
- Non-Child Welfare cases pose challenges.

Fresno

- Public nurse in ILB Lobby and will meet with youth to provide condoms, other things.
- Clinicians come to the MDTS.

San Mateo

- Same liaisons so not different faces.
- Child welfare has its own MDT and is able to make it consistent for the youth.

Other Group:

- CSEC Specific Caseworkers
- Training for different professionals
- Peer based training within different disciplines
- Involvement of medical professionals who are people that young person may go to.
- Rape Counseling center which keeps confidentiality so young people may feel more interested in opening up about experiences.
- Drop in Centers/Low Barrier support – focused on youth needs.
- Public Health Nurse
- Partnership with Advocate
- Case Consults for Non-system youth
- Training medical professionals
- Peer to peer training
- Aligning all parties with shared understanding of HR
- Considering use of social media – i.e. outreach missing from care liaison position, etc.
- Placing youth with who they want to be with – getting creative... i.e. connects and/or allows visits. Safer vs. Safest strategy.
- Fostering connections, encouraging normalcy.
- Sex education, conversations about safer practices
- Maintaining contact even if on runaway status
- Responding quickly when return from “missing from care” and safety planning
- Incentives
- Self-care for youth i.e. self-agency, normal experiences i.e. getting hair done.
- Continuity of workers and team approach
- SOP Tools

Discussion 6: Synthesis: Intersectional Services/Substance Use

Intersectional Services/Substance Use: A Few Great Ideas to Scale

- Holistic treatment
- Contracts, increased funding for direct service providers who work with treatment facilities
- Use of Complex care funding/braiding funding
- Survivor/Peer advocates positions
- Harm reduction and community strengths based approach

Intersectional Services/Substance Use: Overall Notes: What’s Working?

- Service Provider offering more than one treatment at a time.
 - Consistent Advocacy throughout treatment.
 - provide more resources to youth

- increase compensation for direct service providers (CBO) who work with treatment facilities to prevent turnover within service provider agency
- use complex care funding to place youth in dual diagnosis treatment facility
- encourage provider collaboration vs. competition
- have drop ins for youth to get meds while away from care
- Harm Reduction training for health care staff
- Have a strong ILP program addressing at-risk behavior.
- CSEC SW building rapport = more effective
- Lived experience advocates responding to/with LE partners
- Contracted consultants or VSP advocates can do what others can't (more flexibility)
- Safety Planning (Use CSE Safety planning template)
- Build community and relationships around the youth to better support and connect
- Build community for relationships to better support when needed
- Partner with advocates and don't get in their way
- Start small and build
- Get buy in
 - Partner with consultants
- Small group to explain the important- small text of change
- ER Response with after hours
- Empowering advocacy
- Utilize MDT's - Transformation Team
 - provide ongoing coaching to the MDT team
- spread the coaching across partner's shoulders
- Being okay with stepping out of case plan (Harm Reduction Training)
- Look at the whole person's wellness (health, housing, safety, well-being)
- Cutting substance use down with a slow & safe alternative
- Have Narcan and Fentanyl testing strips on hand
- AWOL/Runaway Leads; Having social media access, drop in centers (low barrier) w/ a quiet room
- Creative Alternative Healing: drumming circles, yoga, holistic care @drop in center
- Create access, word of mouth, drop in center partners to go to court and MDTs
- Have a solid implementation plan for whenever a new training is provided