

Observation Protocol

Group (WG, SC, other): Prevention

Date: 10/21/15

Time: 3:00-5:00

Chairs/Co-Chairs: Morisha, Deb, Ronda

Agenda for the evening (attach if distributed)/Other handouts: Prevention Working Group Agenda, Research Highlights: Helping Children Cope with Violence and Trauma, Connections Handout

Summary of Meeting:

1. Introductions
2. Focus on trauma
 - a. CBITs (Deb Anderson from Project Harmony)—an evidence-based model of group therapy addressing trauma
 - i. Therapists are working with kids, some seeing them in their clinics
 - ii. Serve 30 OPS schools (11 have opted in at this point), Papillion-LaVista (K-8), and Millard (K-8)
 - iii. Not yet being delivered in OPS (issue of logistics, etc.) so providers will be doing the group therapy in the school setting—program is not for kids in juvenile justice or child welfare
 - iv. Kids that are being identified most are those who act out; problem seen the most is family conflict (separation, divorce, anger management)
 - v. Age seen most is 12 followed by 8
 - vi. Collecting lots of data and know a lot about the demographics of the kids
 - vii. TOP (Treatment Outcome Package) looks at symptomology which will assess therapists (so we can match youth to them)
 - viii. Also doing PTSD symptom checklist (CPSS)
 - ix. For younger kids doing the TESSY (?)
 - x. Child and Adolescent Youth Strengths Tool—looking at how relationship between youth and caregiver evolves over time
 - xi. Looking at this point at also using Protective Factors Questionnaire with Alternative Response to see kids before and within the child welfare system
 - xii. So far this month, they have 50 referrals and expect to have 100 referrals at the end of the month
 - xiii. Schools refer the kids to Connections and the family has to give consent (has a multi-party release to facilitate discussions between schools, family, and therapists)
 - xiv. Need mental health coordinators; they have caseloads of 60
 - xv. Connections keeps these kids over the long duration
 - b. CBITs at Northwest High School: in 5 elementary, 1 middle, and 2 high schools in Omaha
 - i. Seeing less than a third of the students in those buildings
 - ii. 50% of business was coming from schools linked in that area
 - iii. Was focused on academic improvement and connecting them to health care

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- iv. Were not making significant dents for schools they were in as far as keeping kids in class, identifying issues that keep them from class, or creating interventions
 - v. Shifting to a population health model, so looking at the aggregate of health needs of Northwest in particular—focusing on that community and their problems and how do we address these on an aggregate level
 - vi. To figure out the aggregate numbers, they have done some screenings—and they do a health risk assessment with CBITs
 - vii. Their tool is a bunch of standardized instruments to address a range of health concerns (includes ?’s from YRBS, ACEs, Adolescent Health Risk Questionnaire, Bright Futures risk behavior questions)—just getting this off the ground (started beginning of October)
 - viii. Already identifying need but need more time to get aggregate picture
 - ix. This is a shift for health care and for medical providers to looking not at the individual level
 - x. Needed a brief/short model of interventions to help them be successful in the classroom
 - xi. Group therapy model is 10 weeks for 1 hour and also includes a scoring instrument
 - xii. Solely there to help support the education of that student, not going beyond this goal any further at this point
- c. ACEs: Presentation from Eric Stec (South High)
- i. Social Worker at South High; prior was at the TAC building and did homeless education liaison
 - ii. Last year, the new principal brought in a freshman coordinator and that identified some incoming data and flags re: those freshmen
 - iii. Transition from 8th grade to freshman year is pivotal and when you add the factors of our population of South (85% free lunch, 75% mobility rate, etc.)
 - iv. Trauma piece is very significant—the 9th grade bulge (kids who are not successful at 9th grade then “swells” so they create an excessively large population because a large number are behind the 8-ball followed by the 10th grade dip)
 - v. In high poverty areas, that number of youth moving out of schools increases 40%
 - vi. When a student comes in at South, we look at their “color” coding and how does the color change with interventions—Jack Bangert has a lengthy list of those kids to try and keep them out of the system and address those barriers or flags
 - vii. FACS class—all of the freshmen in these courses have taken the ACEs assessment

Focus on trauma in schools—offered stipends for the conference (Beacons)

- Training for educators is really important for this trauma education

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Community Health Improvement Plan: looking at the availability of trauma-informed care and then the action steps will start in about 6 weeks (tomorrow is the Health Summit)

- Health Dept and Live Well Omaha

In South Omaha and Papillion-Bellevue, there are not enough providers for mental health services; also struggling in Northwest Omaha

- Not enough Spanish-speaking or African-American therapists

UNO Abbott School of Social Work—now offering a BSW in things like juvenile justice

- Scholarships are great but need a stable source of funding

Problems with expenses and paying—would Magellan and Medicaid to work together and pay that up

- Therapy is not well-accepted at this point in the community and we need to have a strong PR campaign to change perceptions around mental health care
- Should we tap into the faith communities?

Are there 1-2 top issues? Referrals come from schools where social workers are most engaged with the families

- Druid Hill: every single student has been affected by violence in the community (homicide)
- Substance abuse and mobility (including homelessness or being in a situation living with someone other than guardians due to being kicked out, deportation, or parents are in another country)

d. YRBS—declined to discuss this

e. JAC Diagnostics: Tera

- i. Brought a handout
- ii. Also do a parent and youth interview and the other scoring tool is the YLS
- iii. Everything they do has to go through the county attorney
 1. Have to base the plan on the assessment that they complete
 2. Gaps that exist? Service providers, runaway youth where the parent has called the CA but the child may be showing up to school—gap is shelter beds
- iv. Thinking from the neuroscience perspective—lots of stressed out kids, so how do we calm them down?

Breaking up into Groups of 3 to complete the Community Action Plan

- Guidance from Janee on how to address this

Final event: October 27th meeting at Midlands Mentoring Partnership—dinner will be provided

Any Follow-Up/Homework Items Produced? On October 27th, there will be a meeting to help the co-chairs finalize the plan; get comments on the final document by Monday