

**CHILDREN AND FAMILY SERVICES ADVISORY COMMITTEE  
FEBRUARY 18, 2016  
MINUTES**

**PRESENT:** Sara Barron, Emily Enockson, Missy Kueht-Becker, Sarah Matson, Maura McMahon, Lauren Miller, Holly Norkofski, Joe Muchka, Ron Pupp, Diane Ripple, Johns Schiraj, Sharon Thiede, Mary Wittwer

**STAFF PRESENT:** Esther Jensen, Kathy Mullooly, Lisa Roberts, Peter Slesar, Sarah Vargas

**APPROVAL OF MINUTES OF THE JANUARY 21, 2016 MEETING**

Missy Kueht-Becker chaired the meeting in the absence of Chair Karen Villarreal and Co-Chair, Pam Groh. Kueht-Becker called the meeting to order at 8:33 a.m.

A motion was made by Sara Barron, seconded by Joe Muchka, to approve the minutes of the January 21, 2016 meeting.

**SPECIAL SERVICES ADVISORY COMMITTEE**

Lisa Roberts stated there isn't anything new to report since the January report. The SSAC is scheduled to meet today at noon.

**BSC IN WAUKESHA COUNTY**

Eve Altizer explained the Breakthrough Series Collaborative. Lisa Roberts applied about a year ago and they headed to Baltimore to attend their first learning session. It is tied to the CANS assessment developed by Dr. John Lyons. It's an assessment tool looking at a child's and family's trauma, adjustment to trauma, a child's developmental functioning, medical functioning, emotional health needs, and then looks at the child's and family's strengths in terms of their relationships, positive peer relationships. When rating the family, there's a 0, 1, 2, and 3 – zero being absolutely no needs, one is there could be something, two is there are needs, and three is there are immediate 9-1-1 needs. This tool was mainly used in the clinical field as a true assessment tool that guided goal development and service selection. Then in Wisconsin in approximately 2010 it began being used in Child Protective Services as a rate setting tool for youth placed in out of home care. Social workers within the first thirty days complete this assessment, and the rate is connected to an algorithm in how questions in the assessment are answered that then determines the rate that the out of home care provider is paid. In doing so, the tool has lost its "assessment" capacity. Waukesha County has struggled somewhat with the "meaningful" use of the CANS as a true assessment tool. How quickly are we doing it – is there really any treatment need – how are we engaging with families in the process – how are we explaining it to the providers – is it only seen as a tool to determine how much the out of home care rate is? Waukesha was no different than any other part of the state. In the way it was rolled out, it was identified as an assessment tool, but was linked immediately to the amount of money the provider was going to get paid. Across the state, social workers viewed it as a rate setter, rather than an assessment tool to engage the family and identify the needs of the child, and use

that as a guide to treatment planning and service selection. The BSC was created in order to look at how to make the process more meaningful as an assessment tool used with the family as a team approach to guide future decision making.

Waukesha assembled a core team of seven; the manager, two supervisors, a foster parent, a foster licensing worker, and on-going workers. The objectives were to increase knowledge and understanding of trauma. Also increasing knowledge and understanding of addressing trauma and the reliability of using the CANS tools for assessment and case conceptualization. Taking a better approach to the numbers and what the needs are, incorporating them in the first case plan and in ongoing case planning. Using it in the engagement process and communications with the families – talking about what their strengths and needs are in a two way conversation. Using CANS scores and monitoring those into developing the service array and identify service providers. The BSC was a partnership with the University of Maryland, Northwestern University, the National Child Traumatic Stress Network, and teams listed on attached PowerPoint. It was a good variety of teams from clinical services, child welfare, even a pediatric team across the country.

Altizer reviewed the basics of how Breakthrough Series Collaboratives work. It is a model used across the U.S. whenever there is a major change and spread of new information. There were three sessions, starting in Maryland in March, Chicago in July, and back to Baltimore in December. It was intense including monthly affinity group calls; each group of social workers, supervisors, managers, and peer/family member had their own calls. There were also monthly collaborative calls. There were monthly metrics done, with a pre-assessment measurement and then they gave a monthly questionnaire to social workers about how they felt assessing trauma – how confident and knowledgeable do they feel in the CANS. Every month they called foster parents, children and parents that had just had a CANS completed about how connected they felt and how well they understood the process. The metrics information was then submitted to Northwestern and Maryland University staff and they would tally, graph results, and give back visual information to see where our own strengths and needs were in doing this.

Altizer talked about how this worked across levels of the system, focused on individuals and families, working with ongoing social workers to improve their buy-in and view of the CANS as an assessment tool. Roberts added that the BSC is a systems change process. Think about when you're trying to implement a change in your agency, what happens? It's typically generated from administration who develops policy and procedure, you train, create a mandate. This is a completely different approach from that. It's more of a grass roots approach to a system change. Altizer stated that it's a trauma focused family centered assessment, keeping the focus on the assessment and engaging, and not the rate. It results in better relationships with caregivers. The families and children feel more empowered. They did some tests about involving therapists, school professionals, Birth to Three, and at-risk folks with our assessment. As a collaborative team, it built relationships. It was difficult as a system to pick one thing and start from there. When they first met everyone in Baltimore, it was like learning a new language. There was much emphasis on picking one thing that we could do by next week, and think small. That was difficult. The model to do this is called a PDSA – Plan, Do, Study and Adjust. They did PDSA's on every idea. Altizer gave examples. They got immediate feedback and they began to notice buy-in from other social workers in the division. There was beginning to be an impact on

the way they practiced. Roberts added that they also started to identify what was working and what got in the way. They have mandated timeframes. That 30 day timeframe for them to meet is really a challenge. They started to look at the structure of things and how they could do it differently. What are the systemic barriers to getting our best assessment done and what are our options of moving around that? Altizer stated that this was uncomfortable because when we want to create change, we typically want to form a committee. They did not form any committees - they just did an amazing number of great PDSA's. One social worker brought a history of CANS scores to a parent to show how much progress has been made and how being in out of home care and her service delivery had positively impacted her children. It was mapped out in graph form and showed the parent where the child was and where he is now. It created a new relationship with that parent. Doing the assessment at the early end with Access, Intake and Assessment staff, and on-going, sharing the CANS assessment information at Family Team meetings was huge. They did an interesting engagement roll play with social workers. They had them introduce a CANS tool, play the parent, and play the role of a foster parent in the CANS tool, which created a shift in their perspective about how they explain the tool and how they explain results and engage with families.

They also had more emphasis on talking about the CANS assessment in supervision and made the whole process more meaningful. They recognized that change is difficult. Doing things in a different way and not rushing through it is difficult. They have kept things dialed in to all of the challenges th entire time. The BSC formally ended in December. They still all keep in touch and locally in Waukesha County, the BSC has just begun. The core group remains together and they have an extended team as well. The core group is doing monthly lunch and learns for the ongoing staff on the CANS assessment and what their needs are. The first one was planned by the social workers for the social workers – there were no supervisors there.

Roberts stated that the CANS is only used in out of home cases. The intact in-home families don't have a uniform assessment tool that is mandated. The FANS, Family Assessment Needs and Strengths tool was introduced to them. It's similar to the CANS in structure, but is more family based and talks about relationships and family dyads. They are bringing in trainers to do the FANS training and have staff begin to utilize that for the intact families.

Roberts and Altizer shared the video created for the other teams about Waukesha County's BSC journey.

## **SUMMER ACTIVITIES**

Sara Barron, Broadscope, shared the camps list for the community for 2016. It had been shared with CAFSAC members electronically and is attached. It includes links to websites. They are not all specific to Children with Special Needs, but the majority of them are.

## **REVIEW NEEDS LIST**

The CAFSAC Unmet Needs Committee met yesterday and Karen Villarreal has the draft presentation. Kueht-Becker advised members that they will be receiving a draft in their email and a request for feedback. Last year they talked about wait lists. Please give Karen an update

on the waitlists. Also, share any success stories or testimonials to include. Our services do make a difference. The needs presentation is on March 24 at 2:45 p.m. The designated presenters will be Karen Villarreal, Joe Muchka, and Laura Cherone. Everyone is invited to be in the audience to show support. Please be there at 2:30 as CAFSAC could be called early. Roberts reminded that one of the primary responsibilities of CAFSAC is to be the voice to the HHS Board and therefore the County Executive on what are the needs of children and families in our community. The needs remain the same as last year – the addiction issues, the heroin babies, the ACES, basic needs not being met, homelessness, poverty levels, single parent homes, etc. The CAFSAC agencies are the prevention within the intervention. Low needs become high needs, in-home cases become out of home cases, level one homes become residential placements without these services. The needs remain the same and the Board will be asked to make some decisions financially in supporting HHS so HHS can support the partner agencies through contracts and services. It ties to the counties strategic plan of a healthy community, stable community, safe community, etc. This is the beginning of the 2017 budget process. There was discussion on the importance of ACES education to the HHS Board. Pupp reported that usually CAFSAC reaches out to the other advisory committees presenting to coordinate common threads in the presentations.

Kueht-Becker stated part of the presentation will include the Harvard review on the community. They will also do an engagement feature which includes a pile of rocks. The rocks (burdens) build up. The more burdens one has, the load gets heavier. It happens to all families.

#### **ANNOUNCEMENTS**

The Public Hearing is scheduled for April 7 at 7:00 p.m. in the Public Health Division. CAFSAC agencies were encouraged to attend and have those we serve attend. It's a very welcoming group and setting.

#### **ADJOURNMENT**

Laura Cherone moved to adjourn, seconded by Maura McMahon at 9:22 a.m.

#### **NEXT MEETING**

The next meeting is scheduled for March 17, 2016 at 8:30 a.m. in Room 271 of the Human Services Center Building, 514 Riverview Avenue.

3/17/16  

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APPROVED