



NEBRASKA RESOURCE PROJECT FOR VULNERABLE YOUNG CHILDREN

UNIVERSITY OF
Nebraska
Lincoln | CENTER ON CHILDREN,
FAMILIES, AND THE LAW



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2015 Annual Report

Nurture. Heal. Thrive.



Our Mission:

to improve the well-being of maltreated infants and toddlers.

The Nebraska Resource Project for Vulnerable Young Children (NRPVYC) is

housed at UNL-Center on Children, Families and the Law (UNL-CCFL) and focuses on improving outcomes for maltreated young children in Nebraska. The NRPVYC works both at a systems level in partnership with other Nebraska organizations and on a local case level with court teams, state agencies, local organizations and local providers to address the needs of young children in their courts and on their caseloads.

Systems issues include expanding and stabilizing evidence-based practices for young children like Child-Parent Psychotherapy (CPP), increasing access to early intervention (EDN) services and increasing access to high quality child care. Case level issues focus on developmental needs (including EDN eligibility), the parent-child relationship, child care and medical care. The NRPVYC also provides training to caseworkers, attorneys, judges and others on evidence-based practices, identifying trauma in young children, representing young children and other issues.

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Jen Goettemoeller, Senior Policy Associate, First Five Nebraska

Dr. Mark Hald, Child Psychologist

Judge Roger Heideman, *Lancaster County*

Judge Doug Johnson, *Douglas County*

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Katie McLeese-Stephenson, Director, Nebraska Court Improvement Project

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Judge Jeffrey Wightman, *Dawson County*

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Jennie Cole-Mossman, Co-Director

Natalie Nelsen, Contracting attorney

Lori Hoetger, Project Evaluator

Kate Hazen, Graduate Research Assistant

Cassie Maher, Project Associate

LETTER FROM NRPVYC'S CO-DIRECTORS

It is with great excitement that we are writing this letter for our first Annual Report of the Nebraska Resource Project for Vulnerable Young Children (NRPVYC). We feel privileged to join other organizations in Nebraska in working to improve the lives of young children. In early 2015, our project came into being as a successor of the Infant/Toddler Court Improvement Project. Remaining part of the UNL – Center on Children, Families, and the Law (UNL-CCFL), we are straddled between the academic world and the professionals on the ground working directly with young children and their families, which allows us to work in translating research into practice.

We each come into the project from different worlds – Jennie as a mental health therapist and Kelli as a lawyer – but our experiences in those fields tell us the same thing; that intervening early on in a maltreated child's life gives the best possible chance for that child and his or her family. And how we intervene matters just as much as when we intervene. In this report, you will hear about our work on screening for trauma and in expanding Child-Parent Psychotherapy (CPP) across Nebraska. While ensuring access to programs like early childhood education and medical care are important, perhaps most critical to children who have been maltreated is healing and repairing their primary relationships with parents or caregivers to ensure long-term well-being.

We look forward to continued work with our valued partners and to forming connections with new partners to improve the well-being of maltreated young children.

Kelli Hauptman, J.D.
Co-Director

Jennie Cole-Mossman, LIMHP
Co-Director

Our Projects



Quick-TA: You have some case-specific question or want some advice on how to handle an issue.

General TA: Your team would like to improve outcomes for cases involving young children but would like some assistance in identifying areas of needs and recommending and implement changes.



The NRPVYC provides training across Nebraska on a variety of topics

By Request: You can request a training on specific topic. Requests will be reviewed and scheduled as trainers and schedules permits.

The NRPVYC is here to provide assistance on issues involving to maltreated young children.

4 major project areas of focus:



Your team would like an individualized data evaluation about a specific topic (helpful to areas implementing new projects or procedures because the evaluation can help them assess the results)

Data collection can include: Court observation, case file review, parent surveys.



Your team has identified a specific issue or need it wants to work.

Example: We don't have access to any psychiatrists in our area.

In 2014

11,455 kids

were involved in the child welfare system.

56.5% were younger than 5

39.5%

of maltreated children were younger than 5. (2014)



Statistics from the Kids Count in Nebraska Report (2015)



73.4% of young children had all available parents working in 2013

1 in 7 Nebraska households don't know where their next meal is coming from

2012 32% of kids had 3+ Adverse Childhood Experiences (ACEs): potentially traumatic events than can have negative, lasting effects on health and well-being.

92 counties have a SHORTAGE of mental health providers

Statistics from the Kids Count in Nebraska Report (2015)

Training



33

Therapists were trained in CPP



396

Hours on CPP consultation, education, & TA

317 professionals Trained



8 sites in Nebraska we're working with

4 pilot projects

12,857 miles traveled across Nebraska for training and TA



44 tweets

5 Staff
1 Contracting Attorney

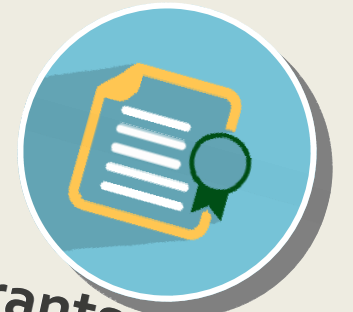
33 partners
Major Partners:

Nebraska Children and Families Foundation

Early Development Network

Project Harmony

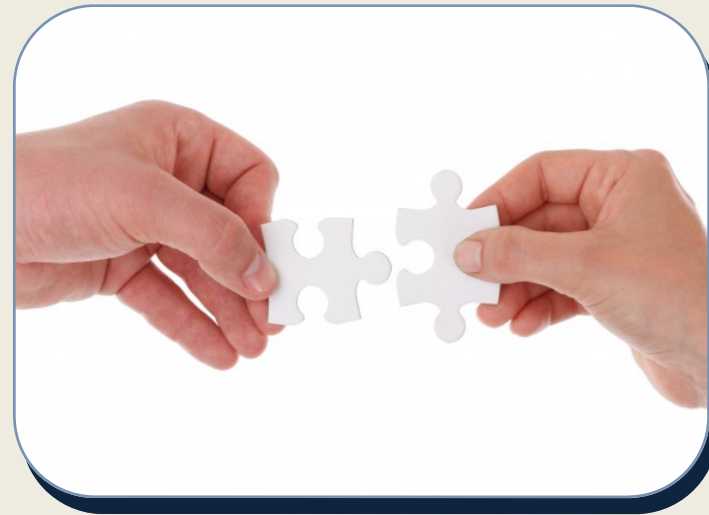
NE Dept. of Health and Human Services



3 grants received



5 brochures, guides, and checklists produced

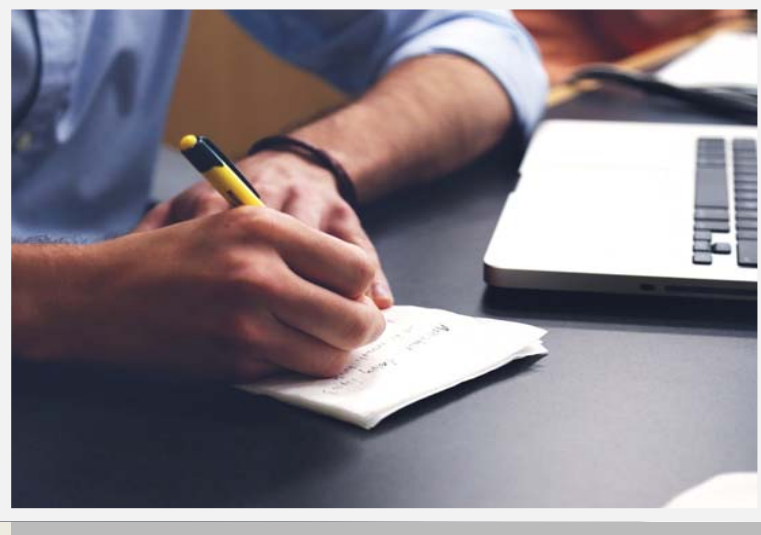


Technical Assistance comes in many forms

The NRPVYC offers multiple types of technical assistance, ranging from one time questions to longer term project implementation assistance. Technical assistance is typically provided following our trainings. Putting new knowledge and skills into practice requires follow up assistance for optimal implementation. We also offer on the spot or short term technical assistance

for any issues related to the well-being of young children. This ranges from referral questions for Child Parent Psychotherapy to phone questions from attorneys about early childhood mental health in general. We provide assistance at MDT meetings in Lincoln, for voluntary cases, and for Omaha for Impact from Infancy. We provide assistance with implementation of new practices or skills through planning, coordinating, and developing materials and brochures. We also provide ongoing consultation for the implementation of Child-Parent Psychotherapy (CPP).

“Putting new knowledge and skills into practice requires follow up assistance for optimal implementation.”



Some of the Technical Assistance we offer

- ◆ Consultation for the Child Welfare Trauma Referral Tool
- ◆ Implementation of CPP
- ◆ Answering questions on early childhood mental health
- ◆ Assistance with MDT meetings
- ◆ Development and productions of materials
- ◆ Trainings—specific topics by request
- ◆ Reflective Practice support
- ◆ On the Spot or short-term TA
- ◆ Long-term project implementation



Family Engagement

The NRPVYC works to increase family engagement in the child welfare process. Parents are key to ensuring child safety at every step of the process. Non-compliance with services can be a serious barrier to children achieving permanency and safety in a timely matter. Engaging parents early on can help young children get the help they need. The NRPVYC helps improve family engagement by working to include all parties early on in the process. If everyone involved with the child understands how court works, the services available to them, and the goals of the child welfare system, it can improve outcomes for young children.



One way to make sure parents have adequate information about the child welfare system and perceive the processes to be fair. The NRPVYC recently produced a brochure *What is Happening: Your First Visit to Douglas County Juvenile Court and What You Need to Know*. The brochure is handed to parents at the reception desk when they arrive for their first court hearing. It describes in easy to understand language the basic court process and what they should expect. It also provides an opportunity for the parent and caseworker to fill out basic information about their case.

“If everyone involved with the child understands how court works, the services available to them, and the goals of the child welfare system, it can improve outcomes for young children.”

Another project the NRPVYC has worked on related to increasing family engagement is Ice Breaker Meetings. Ice Breaker Meetings are facilitated meetings between biological parents and foster parents soon after removal. This allows biological parents to relay important information to foster parents and to gain an understanding of where their children will be living. In 2015, the NRPVYC worked with various partners, including DHHS, Nebraska Adoptive and Foster Parent Association, and Family Organizations, to plan implementation of Ice Breakers Meetings in Lancaster County.

You can request technical assistance by visiting:
www.nebraskababies.com/content/request-technical-assistance



Training in 2015

The NRPVYC offers training in a variety of areas that impact outcomes for young children who are maltreated. One main focus of training in 2015 was the impact of trauma on young children and how to treat it. This also addressed the impact on child development and the brain. This training also introduced the Child Welfare Trauma Referral Tool and evidence-based practices for children who have experienced trauma.

The NRPVYC offers training in Child Parent Psychotherapy with our partners at Project Harmony and the Nebraska Children and Families Foundation. Jennie Cole-Mossman trains and provides consultation for the therapists who are selected by the Child-Parent Psychotherapy Learning Collaborative.

We also provide training regarding evidence-based practices for young children, early childhood mental health and trauma, legal representation of young children, and other special topics that impact the well being of young children. We offer and provide training across the entire state and to a variety of professionals.

Training Topics:

- ◆ Understanding and Screening for Trauma in Young Children
- ◆ Child-Parent Psychotherapy (for therapists)
- ◆ CIP Lecture series: Impact of Domestic Violence on Young Children
- ◆ Zero to Three Conference: Early Childhood Collaboration From Prevention to Intervention



Jennie Cole-Mossman presenting on *The Impact of Domestic Violence on Young Children* (June, 2015)



Trauma Training

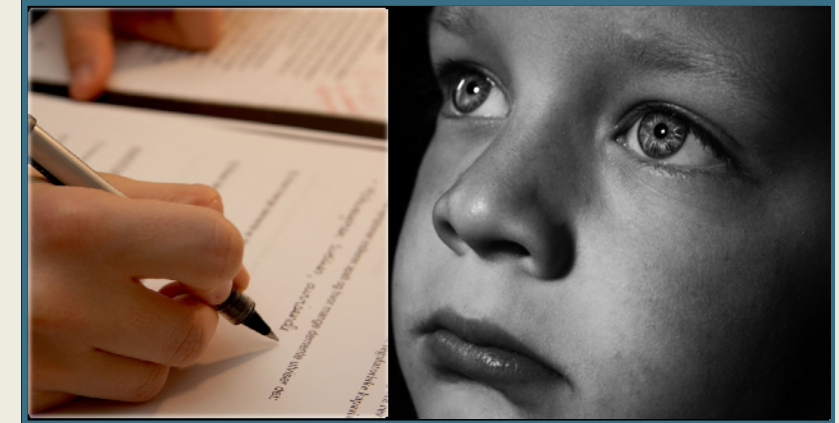
Every child entering the child welfare system should be screened for trauma.

That was one of our clear messages from 2015. The evidence is becoming stronger and clearer that most children coming into the child welfare system have experienced trauma and many of them are unable to address their issues without help, especially for children under five.

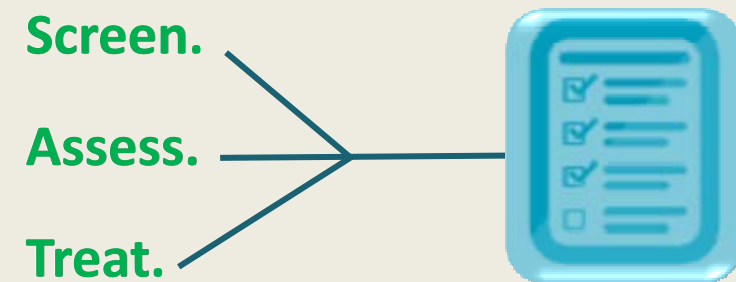
It is commonly accepted that substance abuse, domestic violence and mental health are frequent issues in child welfare. Those issues did not just start overnight and they are typically the tip of the iceberg. By screening for trauma for each child, the child welfare professional can get a clear conceptualization from birth all of the traumatic experiences the child has endured and has the opportunity to gather information and refer the child for an appropriate assessment. Good screening and assessments helps ensure that children will get the appropriate evidence-based trauma therapy to address their needs and the needs of the family.

In 2015, we trained over 170 child welfare professionals on using the screen tool and provided technical assistance in using the Screening Tool to caseworkers and professionals from Hastings to Omaha. Due to the complexity of recognizing trauma in very young children, we provide on the spot and scheduled consultation for case professionals to assist them in using the trauma screen, conceptualizing the case, and making appropriate referrals.

On the system level, we are active partners in the DHHS Trauma Committee and have created a brochure on understanding trauma screening, assessment and treatment.



“... most children coming into the child welfare system have experienced trauma and many of them **are unable to address their issues without help...**”



All children who have been maltreated should be screened for trauma, assessed by a trained provider if needed, and treated through appropriate therapy

The NRPVYC utilizes the universal NCTSN Child Welfare Trauma Referral Tool for screening. See our Resources page at: www.NebraskaBabies.com/resources.



From short-term assessment to long-term evaluation

The NRPVYC offers evaluation services to communities, teams, and agencies. Evaluation can include an assessment of needs to help shape an intervention, a summary of processes and procedures while implementing an intervention, or an evaluation of outcomes associated with a new intervention. Evaluations can aid groups interested in helping vulnerable young children by providing systematic data regarding their target population and programs. Projects can range from short-term data collection to long term, in-depth evaluations of outcomes.



Evaluation of Lancaster County Family Treatment Drug Court Track

Beginning in January 2014, Judge Roger Heideman of the Lancaster County Separate Juvenile Court established a specialized problem solving court, the mandatory Family Treatment Drug Court (FTDC) Track, to target parents involved in the child welfare system who suffer from substance dependency. Since that time, members of the NRPVYC have been involved in evaluating the court, examining both the process and the outcomes.

This Track seeks to establish a network of service providers who have experience with substance abuse, provide ongoing support to parents, monitor families' growth and progress, acknowledge progress with praise, allow participants to assess their own progress on the Track, and provide services for emotional and physical development of children through evidence-based services. Most importantly, the Track seeks to safely return children to their parent's care and custody.

The FTDC Track differs from traditional dependency court in 5 important ways to achieve these goals:

- ◆ identification and selection of families
- ◆ monthly team meetings
- ◆ 90-day review hearings
- ◆ specialized trauma-informed substance abuse and parenting services
- ◆ timely implementation of corrective measures.

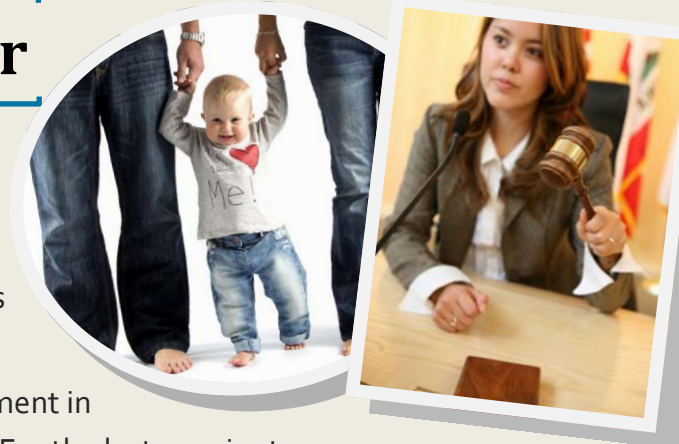


FTDC Track Families So Far

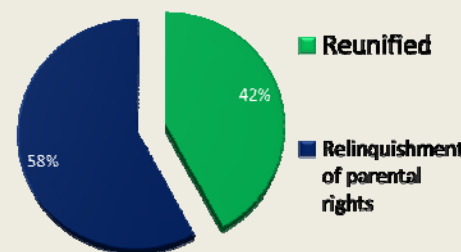
50 families have participated in the Track through 2015.

Families work with a dedicated case manager trained to work with families involved with substance abuse. Families receive specialized substance abuse services, as well as CPP and Circle of Security.

A key feature of the Track is Judge Heideman's involvement in team meetings and informal nature of the proceedings. For the last 10 minutes of each monthly team meeting, Judge Heideman joins the parties for an update on the case. At this time, parties can stipulate to any changes in the case such as visitation or placement of the children. The Judge stays involved in all parts of the case.

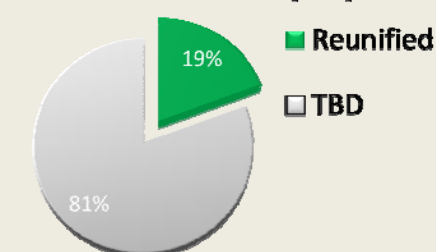


19 Closed Cases



Nineteen cases have closed. 8 of these families (42.1%) successfully reunified, while 11 (57.9%) had a relinquishment of parental rights (0 terminations)

31 Currently Open



Of the 31 cases currently open on the Track, 6 families (19.4%) have successfully reunified



Parent Perceptions of the Track

Stated the main goal of the process is to have their children returned to them

93%

Reported receiving praise from the judge when they make progress on their goals

89%

Felt their voice is heard at Family Team Meetings

82%

0% 20% 40% 60% 80% 100%

■ Agreed
■ Disagreed



Our Special Projects

The NRPVYC conducts other special projects to improve the outcomes and the lives of maltreated infant and toddlers.

Reflective Practice

Reflective practice has been increasingly common in helping professions, and can assist professionals in dealing with the unique stresses of working with young children and in the child welfare and/or court systems. Reflective practice is a way of studying one's own experiences to improve the way he or she works. Through this practice, the professional will take a look at his or her past actions, emotions, experiences and responses, and will use that information in understanding how he or she responds to current situations. Reflective practice increases a professional's capacity to make good decisions and grows their confidence in decision-making.

The NRPVYC currently offers reflective practice to caseworker groups and other court professionals, and is expanding this work in 2016.

"We all have thoughts, feelings, and experiences that we carry into our work. The job of reflective consultation is to quietly seek out these internal processes and see how they impact our decisions. **Once we are aware of our own internal processes, we can make more thoughtful decisions** that benefit those clients we are working with. Not being aware of these things means making decisions based upon assumptions, personal feelings, and biases that often go unrecognized without this type of consultation."

--Jennie Cole-Mossman, LIMHP



Early Development Network

Anywhere from 40 – 70% of children involved in the child welfare system experience some degree of developmental delays. However, in 2014 only 8% of children under 3 actually qualified for the Part C CAPTA Early Development Network (EDN).

The NRPVYC has made it a priority to increase verification rates of children involved in the child welfare system.

Our work is targeted at both state-level system work, community-level system work and case-level technical assistance. Common issues include: delayed or missing referrals, lack of consent from parent, insufficient collateral provided, and too many screen outs before evaluation.



Child-Parent Psychotherapy

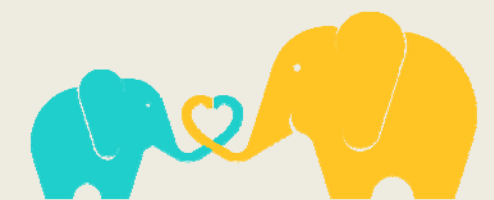
In 2009, we secured a SAMHSA grant under the Nebraska Court Improvement Project to fund and build CPP in family treatment drug courts in Douglas, Lancaster and Sarpy Counties. CPP is the gold standard treatment for young children who have experienced trauma; however, there were few treatment providers and it was not a paid service.

Fast-forward six years and CPP has become a frequently, if not regularly, requested service in welfare cases involving children five and under. More than 40 providers are qualified to provide CPP across Nebraska and Medicaid maintains a list of approved providers. In some areas, there are waiting lists of families to access CPP.

"... there are **waiting lists of families to access CPP.**"

Substantial, collaborative efforts of many partners are required to ensure quality delivery and expansion of CPP services. Jennie Cole-Mossman is one of four certified CPP trainers in Nebraska who regularly trains and consults providers old and new. Ongoing efforts are needed to inform child welfare professionals about the service and provide technical assistance in specific cases. Partners include Dr. Mark Hald of Scottsbluff, Dr. Paula Ray of Lincoln, Barb Jessing of Project Harmony, Project Harmony's Impact from Infancy, and the Nebraska Children and Families Foundation.

Each year, the provider base expands and more professionals learn about CPP and better understand which cases are appropriate for referral. The NRPVYC plans to continue its implementation work in expanding CPP. We assisted in the creation of the Child-Parent Psychotherapy Learning Collaborative and created the logo.



Nebraska Child Parent Psychotherapy Learning Collaborative



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