

# THE TRAVIS COUNTY COLLABORATIVE FOR CHILDREN

2019 Retrospective Report



KARYN PURVIS INSTITUTE  
*of*  
CHILD DEVELOPMENT  
— EST. 2005 —



Michael & Susan Dell  
FOUNDATION

# STEERING COMMITTEE MEMBERS

**Ted Keyser**, *Helping Hand Home for Children*  
**Darcie DeShazo**, *The Settlement Home for Children*  
**Randy Spencer**, *Presbyterian Children's Homes & Services*  
**Julie Kouri**, *Fostering Hope Austin*  
**Laura Wolf**, *CASA of Travis County*  
**Kori Gough**, *Partnerships for Children*

**Melissa Chavez**, *University of Texas Charter Schools*  
**The Hon. Aurora Martinez Jones**, *Travis County District Courts*  
**Kimberlie Mansell**, *Department of Family and Protective Services*  
**Carol Self**, *Department of Family and Protective Services*  
**Nichole Aston**, *Michael & Susan Dell Foundation*

# PARTNER ORGANIZATIONS

Active Grace Ministry  
Adoption Collaborative of Central Texas  
Arrow Child and Family Ministries  
Austin Discovery School  
Austin Angels  
Austin ISD  
CarePortal  
Carrying Hope  
CASA of Travis County  
Casey Family Programs Austin Field Office  
Center for Child Protection  
Central Texas Attachment and Trauma Center  
Chosen  
Circles of Care  
City School of Texas  
Clifton Career Development School in Austin ISD  
Counselors of Texas  
DePelchin Children's Center  
Divinity Family Services  
Foster Angels  
Foster Village  
Fostering Hope Austin  
Friends of the Children  
Gentle Connections Counseling  
Giososa Foster Care  
Helping Hand Home for Children  
Hill Country Christian School  
Integral Care  
Jervy & Associates Psychotherapy  
Johnson City ISD  
Kids At The Crossroads  
Kids In A New Groove

Leander Independent School District  
LifeWorks  
Partnerships for Children  
Pathways  
Petra Preschool  
Pop-Up Birthday  
Presbyterian Children's Homes and Services  
Providence Church  
Restore Foster Care  
SAFE  
Seton Healthcare  
Spirit Reins  
Stand Up Eight  
STARRY  
Texas Baptist Children's Home  
Texas CASA  
Texas Department of Family and Protective Services  
The Austin Stone Counseling Center  
The Refuge  
The Rosedale School  
The Settlement Home for Children  
Therapeutic Family Life  
Travis County District Courts  
Travis County HHS-Office Children Services-Child  
Protective Services Reintegration Project  
Travis County Juvenile Probation  
Travis County Office of Child Representation  
Trinity Child Development Center  
Upbring  
UT Charter School System  
Williamson County Juvenile Services  
YWCA Greater Austin

# FUNDING FOR THE TCCC PROVIDED BY

**Michael & Susan Dell Foundation**  
**St. David's Foundation**  
**Meadows Foundation**  
**Reissa Foundation**

# CONTENTS

- Executive Summary ..... 4
- Background..... 7
- Becoming a Trauma-Informed Community ..... 11
- A Model for Other Communities ..... 12
- Looking to the Future ..... 13
- Partner Spotlights ..... 15
  - Travis County District Courts ..... 16
  - Austin Independent School District ..... 17
  - Helping Hand Home for Children ..... 18
  - STARRY ..... 20
  - Williamson County Juvenile Services ..... 22
  - Department of Family and Protective Services ..... 23
  - Partnerships for Children ..... 24
  - YWCA ..... 25
  - Fostering Hope Austin ..... 26
  - Presbyterian Children’s Homes & Services..... 26
  - The Settlement Home for Children ..... 28

The conclusions or interpretations expressed herein do not represent the conclusions, interpretations, or policies of DFPS.

# EXECUTIVE SUMMARY

In 2013, the [Karyn Purvis Institute of Child Development](#) (KPICD) contracted with [Mission Capital](#) to convene stakeholders and determine the interest in and feasibility of developing a collaborative initiative designed to bring trauma-informed training and tools to Central Texas. Over the ensuing six years, this initial idea grew into the [Travis County Collaborative for Children \(TCCC\)](#), a 60+ network of partner organizations that have adopted a shared definition of what it means to be a trauma-informed organization. TCCC has committed to three goals that act as its collective north star.

## TCCC GOALS

- ▶ A healing, local family is available for every child in need of a foster placement.
- ▶ Every child in care has two or fewer placements while in care.
- ▶ Every child will have a permanent, positive placement in two years or less.

**The information contained in this Retrospective Report is intended to document the development and impact of the TCCC through its four phases:**

1

### Creation of a Collaborative Initiative.

Early partners convene and agree to use Trust-Based Relational Intervention, TBRI®, as a foundational platform for creating a trauma-informed community.

2

### Intensive Training and Development of a Shared Language.

KPICD floods Travis County with TBRI® training. During this time, over 1,000 professionals, representing 181 organizations were introduced to and/or trained in TBRI®.

3

### Evaluation and Iteration.

Early evaluation showed partners appreciated the connectivity that was developing between organizations across the child welfare system. An iterative approach to planning allowed changes to be made in response to lessons learned during the evaluation.

4

### Building Sustainability & Magnifying Impact.

As KPICD prepared to decrease its involvement in Central Texas, TCCC partners worked to sustain the momentum. New training opportunities were added, including peer-led sessions, and partners worked to expand an ecosystem of support.

This Retrospective Report chronicles the journey of partner organizations on becoming trauma-informed. Data from the child welfare system and key partners indicates that children are healing and the system is becoming more trauma-responsive to children while they are in foster care.

## 2013 VS. 2019

INCREASED

- ▶ Number and diversity of partners.
- ▶ Trust that the TCCC will make a difference in the child welfare system.

DECREASED

- ▶ % of children who are in care for over two years.
- ▶ % of children who have more than three placement disruptions while in care.

# MAJOR MILESTONES

## PHASE I:

### CREATION OF THE COLLABORATIVE INITIATIVE

AUG - SEPT 2013

First community convenings to discuss a collaborative approach.

OCT - DEC 2013

First application to become a partner of TCCC released (28 applicants received).

JAN 2014

First Steering Committee & Advisory Council meetings.

FEB 2014

Theory of Change adopted.  
TCCC organized around four pillars of success:

- ▶ Effective Collaboration
- ▶ Trauma-Informed Organizations
- ▶ Trauma-Informed Public Policy
- ▶ Healing Families

## PHASE II:

### INTENSIVE TRAINING AND DEVELOPMENT OF A SHARED LANGUAGE

MAR - MAY 2014

Over 440 people trained in TBRI®, directly by KPICD.

JUN 2014

First bi-monthly coaching and support session led by KPICD provided ongoing education for staff who had been through Practitioner Training.

AUG 2014

TBRI® in the classroom – over 80 people trained on creating a trauma-informed educational setting.

DEC 2014

First TCCC Strategy Roadmap adopted by Steering Committee and Advisory Council.

MAY 2015

Practitioner Training in Austin (over 120 Practitioners trained).

JUN 2015

Circle of Security Trainings provided to all partners.



## PHASE III: EVALUATION & ITERATION

APR - AUG 2015

Mission Capital and KPICD conducted interviews, site visits, and data collection activities to assess the opportunities, challenges, and early impact of the TCCC.

AUG 2016

Partner expectations are revised, tightening eligibility requirements and ensuring all partners agree to the [TCCC Definition of Being a Trauma-Informed System, Organization, and Program](#).

SEPT 2016

[Foster Family Gap Analysis](#) is published, highlighting the need to recruit new foster families to care for children.

OCT 2016

New online partner application is launched, with formalized process to review new applications. All existing partners are requested to re-apply to affirm their commitment to the new partner expectations.

NOV 2016

TCCC Partners agree to focus on three primary goals.

- ▶ A healing, local family is available for every child in need of a foster placement.
- ▶ Every child in care has two or fewer placements while in care.
- ▶ Every child will have a positive, permanent placement in two years or less.

AUG 2017

TCCC implements bi-annual survey of partner organizations.

## PHASE IV: BUILDING SUSTAINABILITY & MAGNIFYING IMPACT

OCT 2017

[Foster Community](#) launches.

JAN 2018

TBRI® Peer-to-Peer Coaching launches.

JAN 2019

TBRI® Mentor is made available to partner organizations.



# BACKGROUND

The [Karyn Purvis Institute of Child Development](#) (KPICD) under the leadership of Dr. Karyn Purvis and Dr. David Cross developed Trust-Based Relational Intervention (TBRI®), an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors.

After working directly with children in a summer camp setting as TBRI® was developed, KPICD began training parents on how to use TBRI® at home, then trained professionals who work in a variety of caregiving contexts, including foster homes, residential settings, court rooms, and classrooms. Over time, they began to see homes and organizations create trauma-informed environments where children felt physical, emotional, and psychological safety. This prompted KPICD to ask a bold question: *What if we could take TBRI® training to an entire community?* Essentially, the goal was to have a child who had experienced abuse or neglect be fully supported in foster care by adults who understand the impact of trauma and have the skills and tools they need to respond in a healing manner. They looked to Travis County as a first testing ground for this bold idea, and TBRI® became the foundational platform on which the Travis County Collaborative for Children (TCCC) was built.

## CREATION OF A COLLABORATIVE INITIATIVE

In 2013, KPICD contracted with [Mission Capital](#) to convene stakeholders and determine the interest in and feasibility of developing a collaborative initiative designed to bring trauma-informed training and tools to the entire county. A community convening led by Dr. Karyn Purvis, follow-up webinars, and the creation of a Steering Committee and an Advisory Council created enough energy and interest that 28 organizations applied to become a partner of the collaborative. Early partners signed an agreement stating that in exchange for free training they would train their staff, volunteers, and families, work towards becoming a trauma-informed organization, and participate in ongoing evaluation.

## INTENSIVE TRAINING AND DEVELOPMENT OF A SHARED LANGUAGE

From March 2014 through April 2015, KPICD provided more than \$1 million in training to Travis County organizations and community members. The work was supported locally by the Michael & Susan Dell Foundation and underwritten by the generous support of the Rees Jones Foundation. Partners of the collaborative were invited to send staff to one of three week-long Practitioner Trainings held in Austin, and spots not filled by partner staff were opened to community members at large. Staff who completed the Practitioner Training were then invited to attend ongoing coaching and support sessions held every other month in Austin and led by KPICD faculty and staff. In addition to this intensive training, KPICD offered condensed and specialized trainings to attorneys, judges, advocates, doctors, and educators. Collectively, over 1,000 professionals representing 181 organizations were introduced to and/or trained in TBRI® during this time.



# EVALUATION & ITERATION

## EVALUATION

From April through August 2015, Mission Capital and KPICD conducted interviews, site visits, and data collection to assess the opportunities, challenges, and early impact of the Travis County Collaborative for Children (TCCC). While still in its early stages of development, the TCCC was already demonstrating substantial progress towards meeting its goals. After 1.5 years of implementation, key areas of documented success included:

- ✓ In response to “How much of an impact do you expect the TCCC to have on the child welfare system in Travis County?”, respondents gave an average of 8.4, with 10 being the highest impact.
- ✓ In response to “What is most exciting to you about the TCCC?”

*“Seeing state officials, churches, non-profits, schools, judges, etc. be trained with a common language and see potential in how we can work together to do a better job of loving and serving these kids.”*

*“That it exists. That it includes a variety of systems. That it provides concrete interventions. That it is focused on systemic change. That this is more than just an introduction to trauma, but is something that comes with continued training, support, financial commitments, and a policy change strategy plan.”*

*“The opportunity for its members to share a common purpose, goals, and strategies for serving children in the child welfare system.”*

- ✓ Partner organizations had made substantial progress in incorporating practices and policies that promote a healing environment.
- ✓ Staff at partner organizations reported they had seen a variety of positive child-level results after implementing TBRI® strategies.
- ✓ Preliminary results from child-level data indicated partner organizations using TBRI® in a congregate care setting had experienced, on average, a 49% decrease in maladaptive behavior.

Despite these successes, there were opportunities identified for how the TCCC could grow, improve, and iterate to have a more significant impact on the children and families of Travis County.

- ✗ The feedback showed a consistent desire for more information, resources, and support that would help organizations transform. Partners saw the positive results TBRI® had brought, but there was a call for the larger system to be unified through trauma-informed care.
- ✗ Partner organizations wanted to find ways to help other organizations become trauma-informed, as well as maintain and expand their own internal TBRI® knowledge.
- ✗ Although the coaching and information sessions were valuable, staff of partner organizations noted that different staff members had varying comfort levels with implementing TBRI® and may have interpreted how to implement it differently.
- ✗ In reviewing attendance at the TBRI® Practitioner Training and one-day Introduction to TBRI® sessions, it became clear some attendees were traveling from outside Central Texas to take advantage of these free learning opportunities. This led to questions of whether the investment of KPICD and local funders was having maximum effect on the target area of the TCCC.



## ITERATION

Based on information collected during the evaluations of the TCCC, significant enhancements were made. All partners collectively adopted three goals that would be the north star for the TCCC's efforts:

- ▶ A healing, local family within Central Texas for every child in need of a foster placement.
- ▶ Every child in care has two or fewer placements while in care.
- ▶ Every child will have a positive, permanent placement in two years or less.

Partner expectations were revised to include a commitment to:

- ▶ Adopt and implement policies and practices that comply with the [TCCC Definition of a Trauma-Informed Organization, System and Program](#).
- ▶ Educate and inform staff, volunteers, and families that care for children in foster care on TBRI® and trauma-informed practices.
- ▶ Support efforts by TCCC leadership and other partner organizations to build awareness, recruit, and train families in the community.
- ▶ Gather and share data and success stories with TCCC leadership and other partner organizations to inform decision-making.
- ▶ Participate in cross-organization and cross-sector gatherings to share information and develop coordinated action steps for improving services in the foster care system.

The partner application process was re-opened in early 2016 for the first time since the beginning of the initiative. This time, partners applied on a rolling basis through an online portal with applications reviewed and approved by the Steering Committee. A targeted effort was made to expand the types of organizations applying to include education institutions, medical practitioners, mental health providers, and juvenile justice.

Access to TBRI® Practitioner Training was modified away from open training to \$1,000 scholarships made available only to partner organizations. In addition, an independent counselor established a local gathering during which staff from across organizations in the TCCC could share challenges and successes in implementation of trauma-informed practices and bring forward case studies to be discussed with a group of peers.

In late 2016, Mission Capital collected information on the needs and challenges associated with placing children in foster care in Central Texas. The resulting report, [The Foster Family Gap Analysis](#), lay a foundation for a targeted, collaborative recruitment effort that could help TCCC address its collective goal of ensuring there is a healing family available for every child in need of a foster placement.

## BUILDING SUSTAINABILITY & MAGNIFYING IMPACT

After four years of intensive support from KPICD, it was incumbent on the TCCC to determine how to sustain the impact of the investment that had been made in the community. In 2017, KPICD provided its final Practitioner Training in Austin and prepared to gradually retire its coaching and support sessions. They invited organizations and individuals to participate in a survey asking about the dissemination of TBRI® through the TCCC since its development. Ninety-six individuals representing twelve organizations provided data via an online survey directed at either organization leadership or staff members.

Based on their responses, KPICD concluded that the TCCC's efforts had resulted in increased numbers of agencies and individuals using trauma-informed practices and that organizations using TBRI® seemed to be invested in continuing training for their staff in-house. As KPICD prepared to decrease its involvement in Central Texas, the partners of the TCCC had to determine how to sustain the momentum that had been created and continue to provide training, tools, and support to organizations as they worked to expand the ecosystem of trauma-informed care surrounding children and families.

**Significant new efforts that have launched from the TCCC as a result of this commitment include:**

## PEER COACHING & SUPPORT

TCCC provides peer-to-peer learning sessions every month. Every other month is dedicated to a learning topic and structured with a presentation and guided small-group conversations. Participants hear a presentation by a local TBRI® Practitioner who has significant experience with the topic and then break into small groups for peer-to-peer support. In the alternate months, informal networking, support, case consultation, and information sharing is provided in a less structured setting. All staff who work directly with children and/or families in a partner organization are invited to attend, regardless of their previous training on TBRI®. Continuing Education Units (CEU) are available for those who attend when a learning topic is presented.

## TBRI® MENTORING

TCCC contracts with a TBRI® Practitioner to provide mentoring and coaching directly to individual organizations. The mentor works with select partner organizations to conduct an initial assessment to determine opportunities and challenges associated with TBRI® implementation. Based on this assessment, the mentor and organization co-create a plan for continued growth, targeting a specific area to enhance implementation. The mentor then provides targeted coaching, modeling, and/or training in support of the developed plan.

## FOSTER COMMUNITY

Born out of the TCCC, [Foster Community](#) is a network of nonprofits, government agencies, and community leaders dedicated to increasing the number and diversity of healing foster and adoptive families in Central Texas. Using a grassroots community engagement strategy, a centralized website, and collaborative recruitment materials, Foster Community seeks to amplify the efforts of its partner organizations while reaching new populations to support children in foster care and their families. [Partnerships for Children](#) serves as the backbone support for the Foster Community initiative.

## TCCC NEWSLETTER AND WEBSITE

A newsletter and independent website, [Collaborative4Children.org](#), was launched in 2018. Both of these platforms allow us to broadly share news and information about the Travis County Collaborative for Children to a wide audience and maintain the interest and engagement of our growing network of partners.

## TRAUMA-INFORMED EMERGENCY PLACEMENTS

In 2017, TCCC partners began convening to address a local need for quality, trauma-informed emergency placement options for children with “child without placement” (CWOP) status. This group of stakeholders, which included Travis County Health and Human Services, Integral Care, the Department of Family and Protective Services, and child placing agencies worked to identify characteristics of this high-needs child population, develop a unique foster family profile for recruitment, and create a suite of wrap-around support services to stabilize children in an emergency placement foster home. As this project developed, child-serving staff from Integral Care, Travis County Child Protective Services Reintegration Project, and Child Protective Services participated in a One-Day TBRI® training with KPICD to equip staff to better serve children with acute needs in emergency placement scenarios. At the time of this report, Integral Care is partnering with two child placing agencies to provide therapeutic wrap-around supports to children with CWOP status or at risk of obtaining CWOP status in foster home settings.

# BECOMING A TRAUMA-INFORMED COMMUNITY

Throughout its history, the Travis County Collaborative for Children has collected system, organization, and child-level data to see what trends are developing related to becoming a trauma-informed community. Partners respond to bi-annual surveys regarding their experiences with implementing trauma-informed practices and the impact they are seeing on their staff and the children they serve. In addition, Mission Capital receives child-level data from the Department of Family and Protective Services twice a year. Based on information collected through these sources, the following trends have been identified:

Partners trust that the TCCC will make a difference in the child welfare system, as demonstrated by the percentage of partner organizations that agreed or strongly agreed with each of the following statements:

| STATEMENT   | 2017 | 2018 |
|---|------|------|
| I believe stakeholders have a shared vision for change.   | 92%  | 100% |
| I trust members of this collaborative and believe we are working together in the best interests of the community. | 92%  | 100% |
| I believe this initiative will be able to make a positive difference in the community.                            | 84%  | 100% |
| I believe this initiative is worth the investment of my organization's time.                                      | 84%  | 100% |
| I enjoy my organization's participation in this initiative  | 91%  | 100% |

*\*Source: TCCC Partner 2017 and 2018. Respondents totaled 18 in 2017 and 15 in 2018.*

Children are experiencing fewer disruptions and spending less time in care, as demonstrated by the following:

Percentage of children, by level of care, who have had two or fewer placements\*

| LEVEL OF CARE | 2015 | 2019 |
|---------------|------|------|
| BASIC         | 76%  | 77%  |
| MODERATE      | 34%  | 37%  |
| INTENSE       | 13%  | 26%  |
| SPECIALIZED   | 37%  | 41%  |

Percentage of children, by level of care, who have been in foster care two years or less\*

| LEVEL OF CARE | 2015 | 2019 |
|---------------|------|------|
| BASIC         | 84%  | 91%  |
| MODERATE      | 50%  | 50%  |
| INTENSE       | 52%  | 54%  |
| SPECIALIZED   | 53%  | 58%  |

Children are achieving permanency faster, as demonstrated by a lower growth rate in number of children waiting for adoption in comparison with the number of children in Temporary Managing Conservatorship (TMC).\*

| YEAR           | CHILDREN WAITING FOR ADOPTION | CHILDREN IN TMC |
|----------------|-------------------------------|-----------------|
| 2014           | 269                           | 670             |
| 2015           | 236                           | 864             |
| 2016           | 291                           | 882             |
| 2017           | 240                           | 804             |
| 2018           | 287                           | 843             |
| OVERALL GROWTH | 6%                            | 20%             |

*\*Data source: DFPS Child-level data for Travis and Williamson Counties in Sept. 2015 and Jun. 2019. Total number of children: 618 in 2015 and 695 in 2018*

# A MODEL FOR OTHER COMMUNITIES

Communities across the globe have used the work done in Central Texas to inform their own trauma-informed networks of care. At the time of this report, KPICD has launched system-wide projects in the following communities:



# LOOKING TO THE FUTURE

The site visits, focus groups, interviews, and data collected from TCCC partners for this Retrospective report surfaced several potential areas for growth as the TCCC works to deepen its impact in Central Texas.

## EXPANSION OF TRAUMA-INFORMED TRAINING AND IMPLEMENTATION SUPPORTS

TCCC has offered a continuum of learning and implementation supports that are “right-sized” to an organization’s needs, such as bi-monthly peer learning sessions, individual mentoring, coaching, and one-day trainings. All these offerings have received strong levels of participation and high evaluation marks from TCCC partners for the information shared and the opportunity they provide to network and connect with staff from other organizations. Specific opportunities for growth that have been identified by partners include:

### ► EXPANDED PEER SUPPORT TRAININGS

These peer-led trainings provide opportunities for TCCC partner staff to learn, connect, and bring real-time challenges and solutions to each other once a month. Currently, the format provides for a formal learning opportunity every other month and informal case review in the alternating months. Partners who participate in these trainings indicate they would like more opportunities to engage in peer-led sessions. Ideas of ways to extend this training included: adding videos of the trainings to the TCCC website and/or live streaming trainings on the TCCC Facebook page; adding additional trainings at different times and/or locations; working with partners outside of Travis County to bring peer support trainings to neighboring counties; extending the size and/or length of time of each training session. In addition, partners suggested developing a peer-led training for foster parents modeled after the monthly staff trainings, providing an opportunity for foster parents to learn from each other and develop parent peer-support systems across child placing agencies.

### ► ONE-DAY TRAININGS

TCCC has hosted one-day Introduction to TBRI® trainings for a variety of audiences. Based on feedback received during the retrospective review, partners would like to see more of these trainings, providing access to information about TBRI® to a diverse audience of organizations and individuals that work with children, including partner staff, advocates, attorneys, educators, and medical providers.

### ► SCHOLARSHIPS FOR PRACTITIONER TRAINING

KPICD has offered TCCC partner organizations the opportunity to apply for a \$1,000 scholarship to send a staff member to TBRI® Practitioner Training in Fort Worth. Partners indicate that access to this scholarship is a significant benefit of participating in the TCCC and would like to see it continued. As an extension of this benefit, partners would like to see the TCCC provide additional financial support to offset the cost of attending the training.

### ► TRAINING FOR WORKING WITH TARGETED POPULATIONS

Partners indicated a need for specialized training on how to use a trauma-informed approach when working with children and youth who have unique traumatic experiences including exposure to family violence and/or human trafficking.

## TRAUMA-INFORMED ENGAGEMENT WITH BIOLOGICAL FAMILIES

The TCCC has infused one of the leading national trauma-informed care models for foster children into the child engagement behaviors of more than 4,000 foster parents, volunteers, clinicians, judiciary, child protective services staff, child placing agencies, CASA, juvenile probation, and other child serving organizations.

Despite this success, very few opportunities exist for biological parents and relative caregivers to understand the impact of their own trauma, as well as their children’s trauma, and begin to heal as a family. In fiscal year 2018, over 75% of the children leaving foster care were returned home or to a relative’s care. Partners and key stakeholders shared that if we do not address the needs of biological families, we are ultimately failing the children. Possible engagement opportunities include:

- **EXPANDING THE TCCC PARTNER NETWORK** to include organizations that serve and connect with families who are at risk of removal or have had their children removed due to abuse and/or neglect.

- ▶ **PILOTING A PROGRAM IN CENTRAL TEXAS** that blends a parent support program, such as [Parent Café](#), with trauma-informed training to make trauma-informed parenting knowledge, skills, and tools available to biological parents and relative care givers.
- ▶ **IDENTIFYING OPPORTUNITIES ACROSS PARTNER ORGANIZATIONS** to, when appropriate, improve the connection between foster families and families of origin in order to build shared commitment, mutual understanding, and active partnership in the care and healing of children.

## MEETING CULTURAL NEEDS THROUGH TRAUMA-INFORMED CARE

In the September 2018 Rider 14 Minority Removal Report, DFPS reported African American children are 4.6 times more likely than Anglo children to have an allegation, 5.1 times more likely to be investigated, and 7.8 times more likely to be removed in Travis County. While Hispanic children were less likely to be reported, investigated, or removed across the State, Hispanic children were 1.9 times more likely than Anglo children to receive an allegation, 2.2 times more likely to be investigated, and 2.3 times more likely to be removed in Travis County. Partners indicate a growing need to ensure that trauma-informed training includes information about racial trauma within the context of racial disproportionality, that training and materials are available to Spanish speakers, and that more bilingual staff are able to access TBR!® training. Several partners have participated in Child Welfare Race Equity Collaborative (CWREC) convenings and trainings, all of which have been co-hosted by Casey Family Programs, the Department of Family and Protective Services, and the Travis County District Courts together with the TCCC. New opportunities to address disparities and inequities in the system will be identified collectively by members of TCCC, CWREC, and community representatives coming together to develop innovative and impactful solutions.

## CONTINUED DIVERSIFICATION OF PARTNER NETWORK

According to partners, one of the key ways the TCCC has added value is by providing a common language and understanding around trauma to a network of diverse child-serving organizations, thereby creating a more effective continuum of trauma-informed care for children. While the collaborative contains a wide variety of agencies that touch the lives of children in foster care, the TCCC must continue to seek out new partnerships. Some particular areas identified for possible growth include child care workers, medical care providers, and juvenile justice.

# PARTNER SPOTLIGHTS

The Travis County Collaborative for Children is made up of over 60 partner organizations, all working to improve the healing and wellbeing of children and families connected with the child welfare system. The following stories provide examples of the successes, challenges, and impact partners have experienced as they worked to implement TBRI and become a trauma-informed organization.

Active Grace Ministry  
Adoption Collaborative of Central Texas  
Arrow Child and Family Ministries  
Austin Discovery School  
Austin Angels  
Austin ISD  
CarePortal  
Carrying Hope  
CASA of Travis County  
Casey Family Programs Austin Field Office  
Center for Child Protection  
Central Texas Attachment and Trauma Center  
Chosen  
Circles of Care  
City School of Texas  
Clifton Career Development School in Austin ISD  
Counselors of Texas  
DePelchin Children's Center  
Divinity Family Services  
Foster Angels  
Foster Village  
Fostering Hope Austin  
Friends of the Children  
Gentle Connections Counseling  
Giocosa Foster Care  
Helping Hand Home for Children  
Hill Country Christian School  
Integral Care  
Jervy & Associates Psychotherapy  
Johnson City ISD  
Kids At The Crossroads  
Kids In A New Groove

Leander Independent School District  
LifeWorks  
Partnerships for Children  
Pathways  
Petra Preschool  
Pop-Up Birthday  
Presbyterian Children's Homes and Services  
Providence Church  
Restore Foster Care  
SAFE  
Seton Healthcare  
Spirit Reins  
Stand Up Eight  
STARRY  
Texas Baptist Children's Home  
Texas CASA  
Texas Department of Family and Protective Services  
The Austin Stone Counseling Center  
The Refuge  
The Rosedale School  
The Settlement Home for Children  
Therapeutic Family Life  
Travis County District Courts  
Travis County HHS-Office Children Services-Child Protective Services Reintegration Project  
Travis County Juvenile Probation  
Travis County Office of Child Representation  
Trinity Child Development Center  
Upbring  
UT Charter School System  
Williamson County Juvenile Services  
YWCA Greater Austin

Throughout this section, these symbols will help you identify different types of successes and challenges experienced by partners while implementing TBRI and becoming more trauma-informed:



# TRAVIS COUNTY DISTRICT COURTS

The Travis County District Courts were instrumental in the start-up of the TCCC. Since the beginning, a member of the District Court has participated on the Steering Committee that has guided the work of the collaborative. From the onset, The Honorable Darlene Byrne committed to bringing TBRI® to the judiciary, its staff, and the attorneys who represent children and families engaged in the child welfare system. In 2014, a one-day Introduction to TBRI® was held, specifically aimed at training professionals who worked within the court system. TBRI® training materials and DVDs have been distributed throughout the court system, making information readily available.

The Honorable Aurora Martinez Jones, Associate Court Judge, currently sits on the TCCC Steering Committee and offers her perspective:



*“When I think of before and now, there has been a shift in culture in our child welfare system. We have a shared language. We think about children and behaviors not as requiring disciplinary actions, rather we recognize the need to understand the history of a child and what it may mean for what we are seeing.”*

Collaboration has become the rule, when it used to be the exception. The Judge used to have to order professionals to work together; now, professionals surrounding a child are either already working together as a team or expecting to do so. Even psychological assessments for the courts are done collaboratively, pulling in information from the caseworker, foster parents, and others – providing a deeper understanding of the child. District judges report that Court Appointed Special Advocates (CASAs), Child Protective Services (CPS) caseworkers, family advocates, and child placing agencies are using a shared language and demonstrating improved coordination. As a result, the court can focus on actual problem-solving rather than discord between advocates. It is not uncommon for the Judge to hear a parent or child say thank you for the help they receive from staff.

The largest challenges to TBRI® implementation in the courts are the factors that are outside the Judiciary’s control. Some concerns are simply structural, for instance, the layout or location of the courthouse posing access challenges for families, whereas others are related to how people or organizations that are not trauma-informed interact with the child outside of the courtroom. However, the addition of plush animals, snacks, and water in the courtroom and intentionally engaging children and youth in conversations about their case all serve to create an environment that promotes a sense of safety and inclusion.

Anna\* and Mary\*, were each removed from their homes at a young age due to extreme abuse and placed in foster care.

## **ANNA\***

Anna came into care before the start of the TCCC. She faced a child welfare system where the adults charged with her care disagreed about what was in her best interest. With opposing points of view, finding common ground was a challenge. Anna experienced 27 different placements, stayed in the child welfare system until she was 18, and left care without a family or consistent caring adults to support her.

## **MARY\***

Mary entered into a very different system. Her attorney, caseworker, foster family, and court appointed special advocate (CASA) had been trained in TBRI®. The adults in Mary’s life used the same language and shared an understanding of what she needed to heal. They formed a cohesive plan that secured her pathway to a better outcome. Mary had only two foster families and was adopted by a permanent family that will always care for, support, and love her. Mary’s future is filled with possibilities. In the words of a foster parent, “Now, when we meet a kid with trauma as part of their history, we see hope.”

*\*names masked for privacy*



# AUSTIN INDEPENDENT SCHOOL DISTRICT

Austin Independent School District (AISD) educates more than 80,000 students in 130 diverse school communities. AISD is committed to providing trauma-informed and culturally responsive classrooms and has staff trained in TBRI®, Neurosequential Model of Education (NME), Somatic Experiencing, and Social Emotional Learning (SEL).

AISD began their trauma-informed journey with SEL which laid the groundwork for their efforts to become more trauma-informed. They had two staff attend the initial TBRI® Practitioner Training in 2015 and became an official member of the TCCC in 2016. After learning TBRI® principles, AISD began to utilize their TBRI® Educators/Practitioners to develop internal training and saw immediate impacts from even small changes teachers were making. According to staff, from that point “TBRI® spread like wildfire” and when AISD leadership recognized the impact they sent multiple staff to TBRI® Practitioner Training, TBRI® Educator, and Train the Trainer.

AISD now has a TBRI® Coordinator and team who support 102 school counselors. The TBRI® Coordinator and Implementation Team have done over 90 TBRI trainings for staff and have trained thousands of teachers. AISD also has Parent Support Specialists who share TBRI® principles with parents both in individual sessions and in group meetings. One school is implementing a program that develops parents as leaders and recently had a Spanish-speaking parent engage in a TBRI® conversation in Spanish with other parents.



## KEY SUCCESSSES:

- ▶ **STAFF DEVELOPMENT & IMPLEMENTATION OF A TRAINING SEQUENCE** for TBRI® specific to the needs of AISD teachers and staff.
- ▶ **PARTNERSHIP WITH THE EARLY CHILDHOOD DIVISION** at AISD to provide ongoing professional development. Through this work, TBRI® Practitioners were able to provide shorter and ongoing TBRI® Modules in lieu of the typical six-hour TBRI® Overview. Breaking training opportunities into smaller units allowed for teachers to implement what they were learning and to engage in reflective practice between sessions.
- ▶ **PAIRING AND ALIGNMENT OF OTHER TRAUMA-INFORMED MODALITIES** being used with TBRI® including NME, SEL, and Somatic Experiencing as well as culturally responsive practice. This allows for staff to shift from a deficit-based response to the proactive teaching of skills where children are seen and feel safe.

## CULTURAL RESPONSIVENESS

The TBRI® Coordinator and Implementation Team are becoming more conscientious of the impact of historical trauma and what people of color have experienced and are making adjustments to TBRI® to be more culturally responsive.

- ▶ AISD made additions and changes to their TBRI® presentation to be more diverse by making modifications to language and content, while remaining faithful to foundational content.
- ▶ When demonstrating dysregulation “explosions”, the team changed from using coke and water to using sprite and water. This eliminates having the dark color associated with the explosion.

*“The Alternative Learning Center is a very structured environment. Children wear uniforms, there are metal detectors and historically, when children came in a teacher would say hello, tell them if they were following dress code and send them to breakfast. After attending TBRI® training, teachers began purposefully and intentionally implementing changes. They would say, “Good Morning, so glad you’re here.” After greeting them in this way, they would then tell the students to grab breakfast. This small change in their welcome to students had great impact on their classroom in a short amount of time.”*

## TEACHERS & TBRI® IMPLEMENTATION

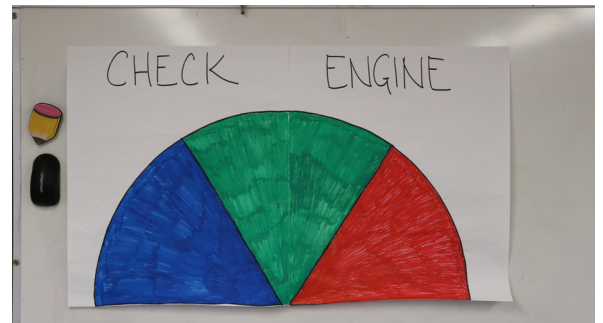
The TBRI® Coordinator and Implementation Team found that when teachers attended TBRI® training, they struggled with seeing the one caregiver-to-child ratio in videos. While teachers believed the TBRI® strategies were useful, they felt that application of the principles would not be feasible in classrooms with multiple children. The TBRI® Implementation Team could not change the student-to-teacher ratio but began talking to teachers about things they could control including self-care, the impact of the teacher's mood on children, regulating themselves, and slowing down when possible. The team works to make space for teachers to be heard and acknowledged, and creates a web of support for teachers.

The Administration at AISD finds value in the work of the Implementation Team and has made professional development a priority for teachers with days dedicated throughout the year. This gives the Implementation Team additional opportunities to continue to provide ongoing TBRI® training and offer coaching and guidance to teachers.

Campuses have been able to build more trauma-informed environments, including giving Early Childhood teachers the first three weeks of school to build community and work on the ecology of the classroom, which helps meet children's physiological needs and positions them to build connections from the start.



A middle school teacher shared his experience with the “check engine plate” in his room. Through his use of mindfulness, he shared where his engine was with his students each day. This act allowed him to connect with his students in such a manner that the students regulated according to the teacher's affect. If the teacher's energy was running low at the end of the day, he found that the students became more aware of their own energy and adjusted their behaviors accordingly. The end of the day became more regulated for everyone.



## HELPING HAND HOME FOR CHILDREN

Helping Hand Home for Children is a Residential Treatment Center (RTC) and Foster Care and Adoption Program whose mission is to ensure that children begin the healing process from their pasts and transition into a safe and loving family setting. The RTC cares for up to 41 children at a time, ages 4 to 13, who have suffered abuse and neglect. The Foster Care and Adoption Program cares for 51 children and has 74 families, all trained in TBRI®. It is the oldest continuously operating residential childcare agency in Travis County and is one of the original partners of the Travis County Collaborative for Children.

Helping Hand Home's (HHH) journey to becoming a trauma-informed organization started in 2004 when staff members were introduced to attachment theory, leading them to meet Dr. David Cross and Dr. Karyn Purvis with KPICD and begin learning about TBRI®. They became among the first groups in Travis County to attend the week-long TBRI® training and started by sending their whole team. Since that time, Helping Hand Home leadership has been fully invested in the organization's continued learning in trauma-informed care and have spread the use of TBRI® throughout the agency while increasing staffing levels to fully meet the needs of the children.



### KEY SUCCESSES:

- ▶ **CHILDREN FINDING LOVING HOMES.** The RTC has seen a steady increase in the number of children successfully moving to less restrictive settings. **On average each year 90-95% of the children that leave HHH's program either move to or return to family homes.** Prior to implementing a truly trauma-informed care model based in attachment theory, successful permanency rates were 65-70%.
- ▶ **DECREASE IN RESTRAINTS.** Within a 6-month period, staff typically see aggressive behaviors for an individual child decrease by 60-90%, which reduces the need for intervention through physical containment.

- ▶ **DAILY IMPLEMENTATION.** At the end of each shift, staff is required to fill out daily progress notes that include descriptions of how they used each TBRI® principle to interact with children in their care. The children’s daily schedule is also modeled after KPICD’s TBRI® summer camp schedule, providing children with a sense of routine and calm in knowing what to expect.
- ▶ **CONTINUED TBRI® TRAINING.** Staff attend weekly TBRI® trainings and participate in a four-hour all-staff training once a month at HHH. The Director of Residential Services also hosts weekly TBRI® forums where staff can share specific examples of implementation challenges and receive coaching.



*“We tell children they can be mad or upset, but there’s an appropriate way and we want to teach them that. We want to encourage all of their emotions.”*



## CHALLENGES:

- ▶ **TURNOVER.** As the culture changed at Helping Hand Home, some staff were unable to adjust and the organization saw an increase in staff turnover during early implementation. This ultimately led to a much more effective hiring process. During interviews, TBRI® concepts and principles are introduced early with the goal of helping candidates start thinking in terms of what they will be implementing if hired.
- ▶ **USING TBRI® IN AN RTC SETTING.** Implementation of TBRI® in residential settings requires significant practice due to the high number of children present. New hires sometimes misunderstand TBRI® strategies to mean that they are expected to say yes to children and be fully nurturing 100% of the time. Staff emphasize that knowing what level of engagement to employ with each child in different situations takes practice, and staff improve this critical skillset through the variety of trainings HHH provides.

*“Two little boys came in as an emergency placement with severe developmental neglect. We had a family who gave the boys a safe home, completely embraced TBRI® training and worked very closely with the family support specialist. A company later approached the family wanting to do a special project for them, and the parents asked for a sensory room for the boys after seeing how impactful it was in training.”*



A sensory processing gym was donated to the organization and has shown to be helpful in the healing and regulation of children. Notably, one child came to HHH with extensive trauma and neglect and after a few months of daily visitation to the sensory processing gym, showed immense growth and healing.



Helping Hand Home promotes individualization of children as a way to empower them. For example, allowing children the freedom to decorate their rooms and make it feel as comfortable as possible.

# STARRY

STARRY's mission is to increase the number of Texas families who are connected and thriving. They operate two distinct programs: Counseling and Foster/Adoption Placements. In both, they believe that the communities they serve deserve an invested, trauma-informed, and high-quality agency to help their families learn and grow. STARRY joined the TCCC as an original partner in 2013. Since that time, STARRY has provided trauma-informed care to clients and transformed their work environment using the TBRI® principles of connecting, empowering, and correcting.

After sending staff to the first TBRI® Practitioner training held by the Collaborative, STARRY hired a program support specialist to lead TBRI® implementation across the organization. This position worked with staff to create and support a TBRI® implementation plan that set goals for becoming truly trauma-informed over five years. Since that time, all staff and foster families have received extensive and ongoing training in TBRI®.

With an understanding of the meaning behind the behavior and a path to healing, they see the community is rising up to meet the needs of families with complex developmental trauma.



# 52

## HOURS

of training for Foster Parents in TBRI® offered each year

# 3,500

## INDIVIDUALS

trained in the last 5 years in an effort to impact and empower the entire system: parents, teachers, daycares, case managers, juvenile justice, and churches.

# 94%

of families stated that they are better prepared to handle future challenges.\*

# 97%

said that they have learned better ways to communicate.\*

*\*anonymous survey of over 200 counseling clients.*

## ★ KEY SUCCESSES:

- ▶ **THE ENVIRONMENT WAS TRANSFORMED.** Cheat sheets were created for easy reference to TBRI® principles and tools such as weighted blankets, fidgets, check engine plates, snacks, and water are made readily available for staff, children, and families. The staff and clients are all seen through a strength-based lens that builds on their existing protective factors.
- ▶ **LEARNING FROM THOSE THAT CAME BEFORE THEM.** Consultation was key in the early days. Agencies like Waco Methodist Children's Home were instrumental in getting STARRY off the ground with trauma-informed ideas and strategies. Taking time to create an implementation plan while reading TBRI® recommended books like No Drama Discipline, The Out of Sync Child, I Love You Rituals, and Raising a Sensory Smart Child, as well as sending a staff member through the Alert Program® allowed for constant new material and ideas to flow into the programs. In addition, consultation and training from a trauma-informed occupational therapist created more avenues for skill-building and learning.



► **STARRY SCREENS NEW FOSTER FAMILIES FOR THEIR OPENNESS TO TBRI®.** All families receive a private orientation during which they explore their driving motivations in wanting to foster. New families attend four nights of TBRI® training with a cohort of other families. Once fully approved, families are required to then read the Connected Child before a child is placed in their home.

► **BIOLOGICAL CHILDREN THAT LIVE IN A FOSTER HOME RECEIVE SPECIAL ATTENTION DURING TRAINING.** STARRY found that a leading cause of disruption in a foster home is when the biological child does not adjust well to having a foster child placed in the home, so the agency developed a special training just for them. Children who participate develop a personalized book that acts as a conversation starter with their parents. Pages are included that document their concerns and needs as they prepare for a new child coming into their home.

► **LICENSED THERAPISTS WORK AS FAMILY ENGAGEMENT SPECIALISTS PROVIDING IN-HOME SUPPORT TO FOSTER PARENTS.** Through just-in-time assistance, they are able to help foster parents see why behaviors are happening and provide tools for connecting, correcting, and engaging. Family Engagement Specialists also work with biological parents to introduce them to TBRI® techniques and offer parent coaching.

► **A BRIDGE IS BEING BUILT BETWEEN FOSTER AND BIOLOGICAL FAMILIES.** The full team at STARRY recognizes that unless the biological family receives support and opportunities to heal, children will be retraumatized when they return home. As a result, they are coaching foster families on how, when approved by DFPS, they can communicate with biological families to provide updates on the child and share experiences and/or parenting tips during their time in care.

► **STARRY RECOGNIZES THAT THE ECOSYSTEM FOSTER CHILDREN LIVE IN EXTENDS WELL BEYOND THEIR FAMILIES.** As a result, they engage the community and train schools, juvenile services, and daycares to provide everyone the same trauma-informed language.



*"We really pride ourselves on being a ministry to bio families. Learning about attachment has helped foster families reframe bio families as children from hard places."*



## CHALLENGES:

► **TIME.** "The biggest barrier is time." It is important to remember that implementing TBRI® practices is not going to transform a family or heal a child overnight. It takes time to really understand families and children, discover what support they need to be successful, and then help them learn how to respond to each other in a trauma-informed way.

► **BUY-IN.** "Sometimes people think it is all about nurture, but you don't have to lose structure in order to have connection." Both from the community and STARRY's own emergency shelter, there were questions about whether TBRI® would really address the challenging behaviors that people were seeing in the children they worked with. With a focus on providing extensive training, a myriad of tools, and ongoing support as people were testing the principles of TBRI®, STARRY found the buy-in they needed to create a trauma-informed ecosystem for children.

# WILLIAMSON COUNTY JUVENILE SERVICES

Developed in 1979, Williamson County Juvenile Services (WCJS) encourages growth in youth and families by identifying, acknowledging, and building positive character qualities. WCJS has grown into a trauma-informed organization that provides progressive, innovative programming, and is the first juvenile justice agency in the world to implement TBRI® as an intervention framework. WCJS began their journey to becoming a trauma-informed organization in 2013, shifting away from viewing youth as “oppositional” to youth who have adapted to their environment over time. After assessing multiple research-based frameworks, WCJS implemented a model that combined elements from the Search Institute and TBRI® from the KPICD.

## Summer 2016

WCJS officially adopted TBRI® as their new trauma-informed framework for Juvenile Services in partnership with local nonprofit, STARRY, who provided initial training.

## March 2017

With scholarships from TCCC, they were able to send eight staff members to week-long Practitioner Training which led to more commitment from staff after seeing excitement among their peers.

## November 2017

WCJS expands its reach by hosting 150 law enforcement, court, and legal professionals in a one-day TBRI® Overview as part of the 1st Annual Behavioral Health in the Legal & Justice Systems Conference in Williamson County.

WCJS has continued sending staff to week-long Practitioner Training and have mentored approximately 10 other juvenile justice agencies cross-country in TBRI® implementation in a juvenile justice setting. Over time, they have changed staff expectations from seeing TBRI® as a “toolbox” to setting an expectation that TBRI® is how staff work with kids every day.



## KEY SUCCESSES:

- ▶ **CONTINUOUS LEARNING AMONGST THEIR STAFF.** Staff use a TBRI® Problem-Solving worksheet following critical incidents or as a proactive measure when they sense resistance or disengagement. They rewind their surveillance videos to 30 minutes before a critical incident and use the worksheet to learn and reflect ways to preemptively connect and engage next time they face a similar situation.
- ▶ **USING TBRI® PRINCIPLES WITH STAFF.** TBRI® principles are incorporated into staff relationship development and organizational practices. For example, instead of writing up employees for their mistakes, supervisors have moved to a relational coaching model. Staff are empowered to become involved in their assigned youths’ treatment plan or develop programming for their youth. Ultimately, leadership understands that staff learn at different paces and they are committed to meeting staff where they are in their TBRI® journey.
- ▶ **INCORPORATING PRINCIPLES FROM THE SEARCH INSTITUTE.** WCJS uses Developmental Assets, SPARKS, and Developmental Relationships concepts from the Search Institute. They have seen great success in implementing SPARKS, which is an activity, passion, or interest that helps youth to be the best version of themselves. The child’s Youth Engagement Specialist works with them to find their SPARK, which serves as a way to connect them with each other and their community. When SPARKS are successfully fostered, the child leaves WCJS with social connections in the community that they can use as a support system.
- ▶ **TRAUMA-INFORMED PARENTING STRATEGIES (TIPS) CLASS FOR PARENTS.** WCJS offers a trauma-informed class for parents, which includes information on Adverse Childhood Experiences, trauma-informed care, and TBRI® Principles. They teach parents to use the same relational language that their children now have and provide them with tools to continue the youth’s success.
- ▶ **BUDGETING.** WCJS did not increase its budget, but did change the way their funding was spent to support a full transformation in the way the agency interacts with youth.

*“If we do nothing, we do more harm. TBRI® is well worth any amount of money or time we put into it. If we understand where kids are coming from and our own selves, maybe we won’t do as much harm.”*

*“In the detention center, one child who had committed serious offenses was showing aggressive behaviors on a regular basis. One of the TBRI® supervisors noticed that staff were having to restrain the youth every night at the same time and decided to try offering the youth a weighted blanket ahead of time. Afterwards, the youth’s behavior subsided and he no longer had to be restrained.”*

#### WITHIN SIX MONTHS OF IMPLEMENTATION...

**83%**  
DECREASE  
in youth  
grievances  
filed

**93%**  
DECREASE  
in suicide  
watches

**31%**  
DECREASE  
in physical  
restraints

**45%**  
INCREASE  
in completion  
of program



#### OBSTACLES WCJS FACED INCLUDED:

- ▶ **STAFF RESISTANCE IN EARLY IMPLEMENTATION.** Historically, WCJS has placed great emphasis on a relational approach, so many staff thought that strategies they were already employing contained elements of TBRI®. This caused resistance from some staff when trainers came in to teach TBRI®. In order to ensure new hires would adopt this unique style, WCJS changed all “Junior Probation Officer” job titles to “Youth Engagement Specialists” to emphasize the focus of youth engagement and improve recruitment of like-minded applicants.
- ▶ **BALANCING STRUCTURE AND NURTURE.** Residential program staff were hired into the organization when it had a more military-style discipline framework and had to learn over time how to balance structure with nurturing practices. KPICD partnered with WCJS and created a training specifically for implementing TBRI® in juvenile justice settings, which now comprises the primary training materials for new hires.

## DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

The Department of Family and Protective Services (DFPS) has received, implemented, and helped disseminate trauma-informed training throughout Travis and the contiguous counties and has been heavily influenced by TBRI® training through the TCCC as well as Pathways to Permanency. Staff find that these two modalities complement each other and that staff and caregivers who are trained in both are effective in working with children with high levels of trauma and challenging behaviors.

All DFPS staff are required to complete some form of trauma-informed training each year.

### TBRI®

40 Practitioners on staff with approximately 100 staff that have completed a one-day training.

### Pathways to Permanency 2

23 staff are trainers and have provided training to 174 caregivers over the last three years.

### Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals (ACT)

25 Practitioners on staff with approximately 90 staff that have completed the ACT training series.

## KEY SUCCESSSES:

- ▶ **MANY NEW CASEWORKERS HAVE EXISTING KNOWLEDGE OF TRAUMA-INFORMED CARE AND PRACTICES** when they assume their role with DFPS and are able to quickly apply new strategies they learn.
- ▶ **STAFF RESPOND TO CHILDREN**, and especially children in the office, in a more trauma-informed way; instead of focusing on their behavior, they focus on the trauma and giving children opportunities to connect and heal.
- ▶ **WHEN STAFF MEET WITH FAMILIES, THEY ARE ABLE TO BASE THEIR CONVERSATIONS AROUND THE QUESTION “WHAT HAPPENED TO YOU?”** and not just recent choices they may have made that impacted their case negatively.

DFPS staff attribute their success in implementing trauma-informed care practices to the initial resource of training and then being supported by a community of stakeholders who are also invested in healing children and families. Specifically, the local court system and judges play a significant role in ordering services through a trauma-informed lens, and child placing agencies are implementing trauma-informed practices alongside DFPS, creating a more cohesive, trauma-informed network of care for children and families.

## PARTNERSHIPS FOR CHILDREN

A member of the TCCC since 2014, Partnerships for Children leads a collection of programs that offer resources, support, and comfort for foster children and families in our community. Youth Empowerment and Success (YES) Mentoring is one of its flagship programs, where youth ages fourteen and older can receive mentoring that supports their growth into productive, financially responsible, and healthy adults.

Volunteers learn TBRI® strategies throughout their training and Partnerships has developed a special module dedicated to understanding the role of trauma, how it affects relationships, and the importance of building trusting, healthy relationships over time. Following training, mentors receive one-on-one support in implementing trauma-informed practices from the Director of Mentoring Services:

*“Youth that come through our YES Mentoring program often have experienced high levels of complex trauma. With TBRI®, mentors can take a step back and see the trauma behind behaviors and together we can work through that trauma. It allows us to not personalize behaviors but to see past them and ensure that the relationship between the mentor and the youth does not deteriorate, which is a priority for this program.”*

*YES Mentoring has maintained a 95% mentor retention rate over the past three years, and has the highest human capital per child of any of Partnership’s programs. Additionally, over the course of the last year, there were 1,272 mentor and mentee engagements, meaning that the mentors are meeting with their mentees at a rate nearly double what the minimum program standards require.”*



YWCA Greater Austin has been working in Austin for over 120 years to serve women, girls, and families. The organization combines programming and advocacy to generate institutional change in three key domains: racial justice and civil rights, empowerment and economic advancement of women and girls, and health and safety of women and girls.

After expanding their programming to include services to children and families six years ago, YWCA's research led them to discover the TCCC and TBRI®. After their clinical staff attended several stand alone trainings and a week-long training, they adopted TBRI® as the primary modality they use with children and families and have continued training their staff, volunteers, and interns in TBRI®.

## KEY SUCCESSSES:

- ▶ **SPREADING TBRI® TO PARENTS.** YWCA teaches TBRI® strategies to parents in a group educational setting when either families or individual children begin therapy. The goal in this education is to help parents view their children's behavior not in terms of "what they are doing" but to begin to ask "why are they doing this?" Staff also train parents in TBRI® on an individual basis and have been providing a parent training called Circle of Security in Williamson County.
- ▶ **REGULATION TECHNIQUES IN COUNSELING ROOMS.** Every therapy room is equipped with a basket containing fidgets, small toys, scents, coloring books, weighted blankets, and other sensory regulating tools. These items are also available in the group therapy room, along with a check engine plate and body glove.

*"One young girl was nervous to participate in group therapy and wasn't engaging. Throughout the time we worked with her, she would get closer using the body glove and she seemed to become more comfortable every time. One day, we walked in the group therapy room and she was in there already in the body glove and engaging herself in the conversation."*



# FOSTERING HOPE AUSTIN

Fostering Hope Austin is a nonprofit organization dedicated to creating stronger foster and adoptive families through training, mentoring, and church ministry development, while working with community partners to achieve this goal. They partner with church ministries to share resources, learn the best strategies to support families and children, and present a unified voice when working with Child Protective Services and other community organizations. Fostering Hope was founded around trauma-informed care with the goal to help parents understand how they can help kids from hard places feel more included in their families.

When the organization was founded in 2016, Fostering Hope only served adoptive families, but after engaging with KPICD and becoming a founding partner of the TCCC, Fostering Hope expanded their work beyond foster/adoptive families. With a strong belief that everyone that touches the life of a child should be trauma-informed, they began providing training and doing outreach to a variety of caregivers and community members.

*“When we compare how families walk into our trainings vs when they walk out, there is a light that comes on and a renewed hope. They get it. We’re not just delivering information. We are helping them become believers in this by showing that everyone goes through trauma at some sort of level. They have a path for healing their child that they did not have before.”*



## ★ KEY SUCCESSSES:

- ▶ **BABYSITTING COLLABORATIVE.** Fostering Hope has trained over 350 babysitters throughout the past two and a half years, all of which have received trauma-informed training. Fostering Hope created a two-hour curriculum that introduces trauma-informed care, specifically addressing situations that commonly occur while babysitting. This training receives a 90% or higher satisfaction rating from the attendees and is a highlight of the certification process. The babysitting collaborative was successful largely because the TCCC provided a common goal and language around trauma-informed care, growing trust among partnering agencies using the babysitters. Fostering Hope was able to find common ground and childcare requirements for all agencies working together to provide more support for foster families.

## PRESBYTERIAN CHILDREN’S HOMES AND SERVICES (PCHAS)

Presbyterian Children’s Home and Services (PCHAS) has been serving children and families in Texas for over 115 years with 12 programs in 28 service locations throughout Texas, Missouri, and Louisiana. Their journey to becoming a trauma-informed organization began in 2008 with the implementation of a particular parenting model. In 2013 PCHAS leadership realized that Trust Based Relational Intervention, TBRI®, more fully addressed the complex needs of the children and families they served. They engaged KPICD to provide training and consultation as they began to implement trauma-informed policies and practices throughout the organization. In 2014 PCHAS became one of the original partners of the TCCC and accepted a place on the Steering Committee that has continued to guide the collaboratives work. Since connecting with KPICD, PCHAS has sent over 100 staff to week-long Practitioner Training and have fully implemented TBRI®.

*“PCHAS was working with a kinship family that were the grandparents of the children they adopted. One of the children was failing in school and the grandparents had no idea this was happening, nor did they know how to meet the child’s needs. PCHAS was able to equip the grandparents with the tools they needed to advocate to the school on behalf of the child and connect with the child. Their generation had taught them to take a more punitive approach, but PCHAS was able to open their eyes to TBRI® and the power of connectivity and relationships.”*

Upon the recommendation of KPICD, PCHAS uses two tools to assess child progress and provide insights into areas where an individual and/or family may need additional support and services.

The Strengths and Difficulty Questionnaire (SDQ), is a brief behavioral screening instrument assessing child positive and negative attributes across five scales:

1. Emotional Symptoms
2. Conduct Problems
3. Hyperactivity/Inattention
4. Peer Problems
5. Prosocial Behavior

As a normed instrument, the SDQ can be used to evaluate the severity of a youth's emotional and behavioral issues relative to the average population. The Parental Stress Scale (PSS) is an 18 item self-report scale measuring the levels of stress experienced by parents. Items cover issues such as closeness with children, satisfaction with the parental role, positive and negative feelings about being a parent, and difficulties and demands associated with being a parent.

## KEY SUCCESSES:

- ▶ **RESPONSES TAILORED TO THE NEEDS OF THE CHILD AND FAMILY.** Using the SDQ and PSS assessments, as well as individual input provided by foster parents and kinship caregivers, PCHAS has been able to recommend tailored interventions to specific trauma-response behaviors, thereby increasing the connection and felt-safety a child experiences while in care.
- ▶ **DECREASED RESTRAINTS:** In 2014, the first full year of TBRI® implementation, PCHAS saw a dramatic decrease in the number of restraints they used in group homes, from seven in the first quarter to zero in the final quarter. Since that time, PCHAS has continued their commitment to TBRI® principles and maintained practices that eliminate the need for restraints.

*“PCHAS placed a young girl with a foster family who was deeply committed to practicing TBRI®. After a few weeks in the home, the family was noticing that her nighttime routine was increasingly difficult and they began trying new TBRI® strategies to help her feel calm. As the little girl started trusting the family through a built connection, they learned that she had previously lived in a dangerous house and had witnessed a stranger crawl through her window. Once the family learned this, they created a strategy where every night before bed, they would walk her through the house and show her that it was safe. This developed the girl's sense of felt safety and she was able to further build her connection with the family.”*



PCHAS added a sensory-friendly waiting area for children, featuring a glass wall so children can play while still seeing their family in the other room, reinforcing a built connection and sense of safety.

# THE SETTLEMENT HOME FOR CHILDREN

The Settlement Home for Children provides 24-hour care to help children in foster care access the materials and support they need to restore and preserve a permanent sense of well-being. Their mission is to promote healing and growth in children, young adults, and families by providing a continuum of care, support, and resources. Their journey to becoming a trauma-informed organization began in 2006 when staff and the Executive Director attended a Restraint Reduction training sponsored by the Hogg Foundation and brought back a new way of engaging with children when they are escalated. This training, along with unwavering support from leadership, caused a major shift in the organization before trauma-informed care was even implemented. In 2014, The Settlement Home sent their first group of staff to TBRI® training and launched their first TBRI®-trained foster family cohort that fall.

**127**  
**FAMILIES**  
have been  
trained since  
Settlement  
Home adopted  
TBRI®

## NATASHA\*

Natasha came to The Settlement Home with an extensive history of trauma. Staff utilized TBRI® strategies to engage with Natasha and she began making progress. After learning to trust others and beginning to heal, Natasha was able to move from one of the RTC cottages to a less restrictive home within our residential program. It was there where she met a Settlement Home foster family who was in training and completing their observation hours. Although Natasha was skeptical of the situation, the parents established an instant connection. The couple was dedicated to learning TBRI® and fostered Natasha, built trust and a connection with her, and adopted her in August 2017. Two years later, Natasha is in her forever home and is doing phenomenally.

*\*name masked for privacy*



## KEY SUCCESSES:

- ▶ **TAKING A HOLISTIC APPROACH TO IMPLEMENTATION.** The Settlement Home started implementing TBRI® internally with changes like dimming the lighting in cottages and adding sensory interventions. For example, each house has a sensory cart with containers of weighted blankets, body socks, hammock swings, and aromatherapy.
- ▶ **TRAUMA-INFORMED COMMUNITY SUPPORT.** The Settlement Home sees strong collaboration with TCCC partners as pivotal to continuing to help children heal. Staff said because of these networks they are able to reach out to other partners as resources and to strategize in helping children heal. KPICD has also continued to be a strong implementation resource for The Settlement Home.

*“A five-year-old boy and his two-year-old brother came into care in 2017 and it initially appeared they would be reunified. However, their mother relapsed causing a change to the reunification plan. This new trauma manifested as self-harming behaviors and the five-year old threatening to harm others. At the same time a family who had been a respite family for The Settlement Home expressed interest in fostering the boys. They began TBRI® training and The Settlement Home contacted Helping Hand Home for Children to get the foster parents into SAMA training so the five-year-old could be in their home as his level of care increased. While he had to be placed in a psychiatric hospital, the foster parents were committed to being able to meet his needs. They took the entire summer off to be able to support the siblings as they transitioned into their home, and continue to be invested in TBRI® and creating a nurturing environment.”*



## CHALLENGES:

- ▶ **IMPLEMENTING TBRI® IN GROUP CARE SETTINGS WHERE THERE ARE MULTIPLE CHILDREN AND NOT ONE CAREGIVER PER CHILD.** Given that TBRI® was originally designed for a home setting with one or two children, there are complexities to this model that do not always translate in a group setting.
- ▶ **STAFF TURNOVER.** When TBRI® implementation began, the organization experienced a 30% decrease in staff. This led to The Settlement Home changing their hiring practices to provide more information about trauma-informed care in the early stages of hiring, as well as offering candidates the opportunity to be reflective of their own experiences with trauma.

# Travis County Collaborative for Children 2019 Retrospective Report

