

Themes

Timing

- Early/proactive
 - Costs later

- Sustainability (of funding/programming)
 - State General Fund
 - “resource ingenuity” all sources
 - Finding pockets “for childhood trauma” within existing federal or private sources

The Locus of the Effort

- Importance of the individual
 - Eliciting / listening to the child’s story
 - Encouraging relationships with trusted adults
- Family-centered
 - Family as sources of pain / Family as sources of comfort & healing
 - Family as a whole
 - Intervention not just for child but for other family members as well (“dual treatment”)
- Community-based
 - Culturally—acknowledging populations within State with differing cultures and histories; listening to/partnering with them, tapping their indigenous knowledge and practices for dealing with trauma
 - Urban v. rural
 - Equity of service accessibility between urban and rural
- All this goes to the uniqueness of each kid, each client, each setting ∴
 - No one size fits all vs. backing a specific program or model

Systems of Response

- Inter/multi disciplinary teams
 - Better info sharing
 - Better integration/coordination between multiple agencies
- Care for the front-line workers/responders:
 - Secondary trauma: care for the professionals
- Oversight:
 - Follow-on data/tracking for measuring success; for stronger accountability

Knowledge

Whether for:

- Professionals or mandatory reporters, to make their work more “trauma-informed”
 - Stronger assessment, data collection (short term and longitudinal), support of BRFS as a tool now tracking ACE data...
- This committee drill deeper into the data to glean where problems/solutions may lie
- Population at large, making childhood trauma a leading “public health issue”

Programs Generic

- Nursing in-home programs
- Respite services
- Training for
 - Parents or soon-to-be parents
 - Foster families, adoptive families, kinship families
 - Teachers
 - Social worker
 - Certification
- Support of community programs or plans
 - One model given was HB 130 grants
 - One suggestion given was “Localized plans” (“county or regional level”)
- “Relationship-based model” of trauma mitigation (Intermountain)
- Oversight Boards
 - “Multidisciplinary oversight board”

Programs Specific

- “High Fidelity Wraparound”
 - Appears held in high regard by numerous presenters
 - Concern re: it’s operation/sustainability under Medicaid
- “Positive Behavioral Intervention and Supports” (PBIS) (in Montana it’s called MBI??)
- “Students Trauma and Resilience” (STAR)
- “Cognitive Behavioral Interventions fort Trauma in Schools” (CBITS)
- “Circle of Security”
- “Attachment, self-regulation, and Competency” (ARC)
- DPHHS:
 - Alterations to Central Intake
 - Review of their MDT, CPT, and Permanency Teams
 - Social worker recruitment and retention
 - Training, supports during stress, more hires, smaller caseloads, supervision that is informed of secondary trauma
 - Etc., etc.

Other

- Exemption to vacancy savings for direct care social workers
- Create a Child Fatality Review Commission
- More places / more equitable location of places for traumatized kids to go