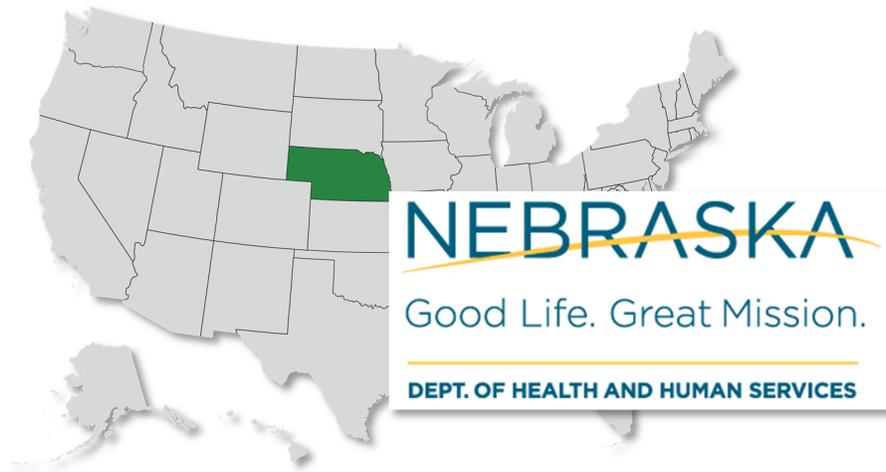


Site Profile

NEBRASKA DHHS, DIVISION OF CHILDREN AND FAMILY SERVICES Intervention: Addressing Traumatic Stress



QIC-WD Overview

The Quality Improvement Center for Workforce Development (QIC-WD) is dedicated to understanding how to improve child welfare workforce outcomes. The QIC-WD partnered with eight child welfare agencies to evaluate evidence-informed workforce interventions and how they are related to outcomes for children.

Site Overview

The Nebraska Department of Health and Human Services (DHHS) Division of Children and Family Services (DCFS) is a state-run child welfare agency. There are an estimated 450 Children and Family Services Specialists (CFSS) statewide that work directly with the children and families involved in the child welfare system. There are 10-15 vacancies at any one time (on average) or about 3% of the workforce. Annually, the turnover rate among CFSS is about 30%. In partnership with the QIC-WD, DCFS created *CFS Strong: Building a Resilient Workforce* to increase CFSS retention. Improved worker retention is expected to increase the consistency and quality of the services delivered to the children and families served by the state.

Workforce Challenge

DCFS identified numerous contributors to turnover and decided to focus their QIC-WD intervention on addressing Secondary Traumatic Stress (STS) among CFSS and supervisors. Over one third of CFSS participated in a survey in December 2017, and more than half of those surveyed reported elevated levels of STS. Furthermore, staff described the lack of organizational and professional supports available to help them manage STS as a potential contributing factor to worker turnover.



Theory of Change

By engaging CFSS and supervisors in *CFS Strong*, frontline staff will have improved resiliency, optimism, and supervisor support related to trauma enabling them to respond more effectively to traumatic experiences inherent in child welfare work. Implementation of *CFS Strong* will also demonstrate an organizational commitment to addressing secondary trauma within the workforce by providing resources for workers to manage on-going and acute exposure to STS. In combination, these outcomes will lead to improvements in job satisfaction and reductions in STS and burnout resulting in lower turnover and improved outcomes for children and families.

Intervention

CFS Strong includes two curricula to address on-going and acute traumatic events. These curricula have been adapted to include on-going supports for frontline staff as described below:

1. Resilience Alliance (RA) is delivered by trained facilitators to CFSS and supervisors over 24 weeks. It was created for child welfare professionals by the ACS-NYU Children's Trauma Institute in New York City to help staff identify, understand, and address the ways their work and related STS affects them personally and professionally. RA also has a strong focus on how STS influences organizational cohesion and functioning. It is supplemented with weekly tips (sent via text message) throughout the 24-week intervention and a six-month peer support group to reinforce key curriculum messages.
2. The Restoring Resiliency Response Model is delivered statewide after RA is complete. This model includes a protocol for a group-

based debriefing session following a traumatic event. Traumatic events are defined as child deaths, near deaths, deaths of co-workers, deaths of a parent of child on caseload, serious worker threats or attacks, and severe cases of sexual abuse/sex trafficking. Debriefings are led by a clinician with expertise in STS and take place shortly after a traumatic event to help staff manage stress reactions and their ability to cope in response to the event.

Evaluation and Expected Results

The QIC-WD is dedicated to generating new knowledge about effective strategies to improve child welfare workforce outcomes. This will be accomplished through a site-specific evaluation and a cross-site evaluation. Through an evaluation of *CFS Strong: Building a Resilient Workforce*, we will better understand if the intervention will:

- increase levels of optimism, resiliency, and job satisfaction among CFSS;
- decrease levels of secondary traumatic stress symptoms and burnout;
- improve organizational and professional support to assist CFSSs in managing on-going STS and the impact of traumatic events experienced on the job; and
- increase CFSS retention.

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