# June CWAC Breakout Room Results

## Breakout Room 1: Foster Parent Training (LDSS/LCPA)

**Question 1: What are some areas of strength in current foster parent training? What are some areas that may need improvement?**

- Emphasis that our Foster Parents are part of professional team. VDSS Families and child placing agencies training has become more trauma informed for families. Private and local all of the different transitions between private and local agencies. PRIDE new generations, 5-6 in person competency and online classes. Pre-services Traditions of caring (Kinship) 6 mos. Craft coordinators each region has an agency to utilize. Strength for VA.
- Needs to be more focused on understanding development al behaviors, forget that these kids don't come from normal middle class background. What is teenager behavior. Kids can get stuck in different developmental stages. Trauma informed. Why we are doing the things we are regarding educational stability. We do here push back from our parents. VA is working on transitioning our curriculum. NTDC will be our new curriculum. Intersectionality across child welfare system. Normalizing behavior for kids. Ongoing foster parents need repetition. Here is how you apply it. Stronger training to case manager how to support parents doing this work. To not be judgmental about parents who are not succeeding. How to prepare case managers to carry those cases forward.
- Parents who are not getting the kids immediately need reminders. Using newer Foster parents to pair with veteran Foster parents for mentoring.

**Question 2: How do you currently monitor training completion for foster parents? When barriers arise with completion of training, what are some ways you or your agency supports timely training completion?**

- On the local level you have to have one dedicated person to stay on top of all that is going on. Keeping families motivated to complete training. Becomes difficult to monitor that. Keeping up with missed sessions and make ups for foster parent trainings. Flexibility to accommodate all types of learners.

**Question 3: Youth with lived experience indicated that while foster parents appeared well-trained in some mental health areas (handling depression or suicidal ideations) there were needs in other mental health areas (like mislabeling behaviors as defiant). What are your experiences in foster parent training on mental health and what are some areas for growth?**

- There are so many different mental health diagnosis, broad stroke. Not pathologizing every behavior as a mental health diagnosis. Feeling like trying to be all things to all people is a lot. There is only so much you can do to prepare the parents for this child. There is always a need behind every behavior. What is the motivation? Trauma informed piece is as robust as possible. Trying to dig deeper about what is going on.

**Question 4: Both youth and parents with lived experience shared feedback around improving communication. What are some ways training currently supports communication skills of the foster parents and what are some ideas to enhance communication (between the foster parent and youth and between the foster parent and parent)?**

- Great opportunity for people to speak up and be heard, everyone should have a voice. Communication is complex but there are lots of avenues with technology. Plug for

FPM's. Good conversation between bio parent and foster parent. Magic happens at FPM's!

**Questions for Breakout Room 2 - Training for LDSS Staff - Initial Training**

**Question 1: What are some of the elements that led to success in timely completion of either your initial training or your staff's?**

- Trainings are offered frequently that supports ongoing hiring, schedule is out way ahead of time. Before someone's hired have schedule and sign up employees prior to being hired. Sign out new person's schedule. Distractions were minimized with no cell phones. Everyone is so distracted and is a barrier with cell phones. Everything is a priority now, can't leave office to sit through or do in office training without putting out 10 fires. Hinders them from learning- everything is a priority- supervisor/staff won't leave them alone- phone is ringing.
- It is helpful when training is a priority. Agency makes it a priority
- Staff accessible, reduce stimuli, adequate training to cover who needs it and schedule out in a timely manner.
- Go to training and have something to tie to the case or work- shadowing or observing to make it ingrained as an adult learner. TOL transfer of learning were useful. As a supervisor, shadowing was such a huge help to new workers.
- Shadowing put season workers with new workers for the TOL. Having seasoned Supervisors is a barrier
- Pair new staff with more experienced staff for teaching/learning
- **Question 2: What have been the impacts of case assignment on new staff's completion of initial training? What is the usual practice at your agency of when workers are assigned cases?**
- CPS/In-Home/Foster Care complete the four day policy training before being primary. Others fit in when they can. Caseworker and training but up against them before it fills up. (Fairfax)
- Usually, they will need to complete New Worker Training first before being assigned a case
- Assignment is critical. If too early, there is a risk of staff exits. Leads to ongoing vacancy rates
- Agencies have no foster care workers- going out in the field without the training. This is a problem for smaller agencies, but this has occurred at larger agencies as well.
- As an in-house training liaison and giving them the logistics of our agency, sometimes but very sporadic and only if they are seasoned workers will they receive a new case or inherited case. (Norfolk)

**Question 3: In child welfare surveys over the past 3 years, about 50% of LDSS staff respondents believe they have gained the skills and knowledge needed. Where do you think some of the gaps are?**

- Transfer of learning is critical and hear from lot of agencies they don't have time to do the training while there. Get back to office and putting out fires, don't have the connecting piece of putting training to practice- this is lacking. Practice those learned skills in real time is needed.
- Effective recruitment on the front end. Gaps when there is vacancy after vacancy.

- Supervisors are case carrying- which means they can't provide supervision- pattern of you can't hire workers which means it falls on supervisor, can't staff cases, no one talking through the issues, everyone is overwhelmed and then leaving.
- And this is self report of knowledge? There is no verification that they actually learned the material. I have had workers tell me they know all about subjects and then I ask them questions and it is clear they do not know.
- Do those surveys ask for what knowledge and skills staff feel they have not developed? Sadie can you answer
- Supervisors themselves not having direct experience to be able to give advice
- I think there are challenges with complex family situations where there are multiple factors such as substance abuse, DV, MH, cultural differences, language issues, lack of basic resources, multi-family issues, etc..
- Communication skills - having hard discussions, engagement skills, etc. is lacking, need training
- Lack of training for Supervisor to learn how to be good leaders
- Solid family service specialists does not necessarily drill down to solid supervisors.
- Workers can text hard conversation but cannot do it in person- missing basic communication skills
- Are we incorporating simulation into our initial training so there are opportunities to practice those difficult conversations?
- Simulation is key just like they do for law enforcement. Provide insight to workers of what they may be faced with. For example, egg cartons but no chickens.
- I'm hearing we need the bodies, and maybe experience & dedication is lacking or not there and I agree real world vs. textbook is a factor
- Hidden in Plain Sight has been a huge each year at the Prevention Conference. We've even had them at our PAC meetings

**Question 4: Training on improving communication between caseworker and youth and caseworker and parents was identified by lived experience groups as an area of potential improvement. What are some ideas for areas of growth in this area?**

- No substitution for simulation or real life practice-compared to real life.
- Not teaching basic communication skills.
- Asking workers to speak up and eye contact, speaking like a child as a worker and in mid-twenties- sounded like a child. Can't put them through MI- as it won't help the problem. Need to get to the core of things- work they do vs. interview can vary.
- Trainings on Critical and Independent Thinking Skills are a necessity
- Is there a way to use Lived Experts to provide simulation calls with new workers?
- There is something to be said -- medical schools have training around bedside manner
- Drill down to genuine engagement.
- Hotline added customer service component within the training include deescalate, add basic customer service helps them take better reports and more information.
- We had a safety training at one point that did that. I am not sure what happened to that
- GEN1206- I understand that it is in the process of being revised.
- Training in foster care from an attorney- how not to violate parents' rights- on regular rotation- not only one time

**Questions for Breakout Room 3 – Training for LDSS Staff – Ongoing**

**Question 1: How well do you think completion of the ongoing training requirement is monitored? (on local or state levels) What are the ways you monitor your staff's completion of the annual training requirement?**

- Charlottesville- don't know how it's measured on the state level but locally monitored through annual evaluations. Would be better to catch it on the front end before 1 year date.
- Henrico- Supervisors turn in with annual performance evaluations- there seem to be more trainings offered to staff in the last few years than before. For more seasoned staff, look at conferences and trainings from private providers. Also use virtual trainings.

**Question 2: What types of training do you or your staff complete in order to complete the ongoing training requirement?**

- Henrico- For more seasoned staff, look at conferences and trainings from private providers. Also use virtual trainings.
- Charlottesville- Intentionally schedule Professional Development Mtgs once a month for 1-1.5 hours- latest and greatest topics- or those requested by staff- provide MSW & LCSW training as well
- VDSS Regional- Kinship Symposium upcoming in September
- State- last week I attended the American Public Human Services Association Human Services Summit. There were at least three to four LDSS represented at the conference. I am sure the conference counted as annual training opportunity. Also, if LDSS are members of CWLA, they also have training opportunities.

**Question 3: What are some strengths in the training offerings for ongoing training?**

- Henrico- Leadership/Supervisory Trainings-
- Charlottesville- VDSS Micro Learnings & Refreshers, Transmittals-
- VDSS- Training Academy is coming soon- maybe in the next year- to provide supervisor specific training for programs-

**Question 4: What are some areas of opportunities or some gaps in what is offered for ongoing training?**

- LCPA- do they have a list of trainings offered?
- Henrico- VLC is okay, but if it could set up a whole list of trainings available by topic area, it would be better than having to search
- Regional- Trainings that allow for Practice of Skills like the Motivational Interviewing Training.
- Benefit of In Person trainings- being recorded and having it played back so you can see your errors and strengths.
- People need training for Counseling and Empathy topics that they may not have received in College if they are a Criminal Justice or English major for example.
- use 5 minute youtube videos- this is the TikTok generation
- Also use Online 5 hour Suicide Prevention Training for Child Welfare Staff dealing with Youth

**<u>Breakout Room 4: Training for Residential Staff/LCPA Case Managers</u>**

**Question 1: What are the training requirements for providers at your agency/facility? (Start with discussion of initial training)**

- Cumberland offers very detailed orientation on child abuse, de-escalation, mandated reporting, etc. Continue to add training every year and enhance to include new topics and focus areas.

**Question 2: What are the requirements for ongoing training? How is it provided, are there specialized trainings based on needs or is it standardized for continuing education? Is it offered in house or do you hire guest speakers?**

- Follow up questions: Training virtual/in person? Are trainings repeated on a schedule?
- Collaborative problem solving approach throughout all training
- Mostly in house training
- Everything is repeated yearly – hitting similar points that were trained in orientation in smaller amounts – this is also updated with new material or what's "trending" in risk factors (such as youth finding new ways to harm themselves, e.g. Tide Pod challenges and similar)

**Question 3: How is training completion monitored? (at an agency level and at a licensing level)**

- UMFS - training records are kept in electronic records in training system for some – grant access to licensing auditors to selected files
- HealthStream monitoring – people can only see trainings required of their subordinates
- At Cumberland, everything is still paper
- CQI and Risk Management is in charge of this – monitoring and tracking
- *Many folks in this breakout group were not involved in the training side of their organization, some were high level directors of public facing/marketing departments etc. that haven't done front line training in over ten years*

**Question 4: In what ways do the training courses provide the knowledge and skills to staff to carry out their duties in regards to the children placed in their facility or homes?**

- Modifying trainings to include the most up to date information
- Trying to be innovative as possible, use adult training principles, design thinking, different delivery strategies – all very program specific (AKA generations of caring as an evidence based approach for TFC department)
- Everyone gets trauma and professionalism training, but really trying to go beyond that, try to stay a step ahead of upcoming information
- Question 5: What are some gaps or areas of opportunity where staff training could improve?
- Being trained alongside what LDSS is being trained on (e.g. the kinship navigators)
- More collaborative training across different types of orgs and providers
- Providers feel like they are the last to know (goes state, local, then trickles down to "us" - the LCPAs)