The Director’s Chair... Des Runyan

SafeCare is an effective intervention in Colorado!

Way back in 2011, during the most recent child protection crisis hitting the Denver media, the new Executive Director for CDHS and the Governor did exactly what needed to be done. They used the public attention to the crisis to marshal support for needed new initiatives in the areas of improving child protection services. They proposed an agenda of better training for child protection workers and really embracing prevention. Kempe was asked to help identify successful prevention programs and noted that after the Nurse Family Partnership (NFP), an initiative that had good data was SafeCare® as tested in the state of Oklahoma. Within three days of suggesting SafeCare, a proposal was made by CDHS to the legislature for this program as a pilot that would roll out over 3 years to increasing numbers of counties. Kempe was awarded the contract to create SafeCare Colorado. SafeCare is a 18-20 week home visiting program for parents of young children with modules in child behavior and interaction, how to access and use health care and make decisions about urgency, and in home safety and injury prevention. These are all major issues in neglect that the program was designed to address by Dr. John Lutzker and colleagues at CDC and Georgia State. SafeCare is manualized like NFP but is of shorter duration and can be accessed by parents of children up to age 5 and they need not be first children. Katherine Casillas and her team at Kempe have worked hard and fast and achieved a much larger roll-out than was first proposed despite the complexities of training home visitors, providing coaching and supervision, and ensuring fidelity.

The good news is in. SafeCare Colorado was rigorously examined by Colorado State University. Services were delivered in 39 counties and to 2 tribes. Services were offered to 8,157 families and just 1752 families accepted. The caregivers who received the program were pleased with the program and their home visitors. Families completing the safety module had an 87% reduction in safety hazards. Families completing the health modules were shown to be significantly more skilled at doctor appointment scenarios and 27% more capable of providing care in home health crisis scenarios. Similarly, the parent-infant and parent-child interaction assessments showed significant improvements. The proof is really in the pudding. For an average cost per child of $3,635, the rate of subsequent assessments by CPS and opening cases was significantly lower for the intervention group. There is still much work to be done by Kempe and partners to improve the program. The rate of acceptance of the program by referred families was much lower if the referral source was CPS (11.3%) versus WIC at 47.6% and medical providers at 28.5%. Finding the right way to make referrals that are not perceived as stigmatizing or labeling may help improve distribution. Home visitors may prove to be an important source for secondary referrals to more extensive services for families not mastering the core lessons. While SafeCare looks to be a promising intervention, our Kempe team will be working to improve uptake, sustain participation, and learn how to push the success rates higher. It looks like Kempe will have the chance to do this. Our long-term goal is to be so successful that we need to find other ways to make a living since child maltreatment will be of historical interest only. Let's keep up this good work.
Welcome to Career Coaching: For CHCO Team Members

Whether it's brushing up your resume, setting new goals, or just getting valuable feedback on where you are in your career, you can find supportive help through CHCO's talent acquisition department. CHCO offers confidential career coaching for both CHCO and university staff wishing to evaluate professional goals and explore ways to attain them. Career Coach Tondeleyo Gonzalez will help you define or refine your career aspirations, provide structure and assistance in career planning, and recommend tools and resources to help you get to the next stage. Her role is to coach, counsel, educate and inspire people to help them develop the skills needed to achieve success in their careers. Tondeleyo has worked for Children's Colorado as a Clinical Nurse in the Pediatric Intensive Care Unit since 2011. Before joining the organization, she held numerous other clinical and research roles, including working with the Kempe Center, the University of Colorado Hospital and the University of Maryland Medical Center. Additionally, she worked for the Center for Marital and Family Studies at the University of Denver where she provided coaching, counseling and training. If you are interested in expanding your horizons or just want to reaffirm that you are on the right track, contact Tondeleyo at 720-777-2336. As a former Kempe research assistant, she has a soft spot in her heart for our success and wellbeing, and would be delighted to hear from you.

Welcome to coaching! I am looking forward to working with you. The information that follows is designed to answer some frequently asked questions and provide a better understanding of the coaching process. If at anytime this information is unclear, please feel free to email me at Tondeleyo.gonzalez@childrenscolorado.org or call 720-777-2336.

What can you expect from coaching?
The coaching process is designed to help you achieve professional goals with support and guidance. I will provide a forum for you to establish your goals. I will ask questions, offer different perspectives, while helping you achieve what you want most in your career. Our discussions will be confidential with the exception of reported harm to self or others, or if there is report of illegal or unethical activity in the workplace. If we need to utilize resources involving other team members or departments, I will provide an abbreviated synopsis of support/information needed while maintaining confidentiality.

What will I expect from you?
Make your coaching sessions a priority. We are a team accomplishing more together than either of us could do alone.

For this to happen, you need to be honest and prepared for every session. Our sessions are designed to get you from where you are today to where you want to be. Feedback is encouraged to better understand how the process is working for you.

Communication:
Please share with me, your stories, your wins, and your disappointments, anything you like, as well as, your thoughts about the coaching experience. I want to know what works and what does not.

The real work is yours to do, and I want to choose a pace that is effective for you. If at anytime you are not comfortable with any part of our coaching partnership, let me know immediately so we can deal with the situation and move forward. Please note the following information.

What I do as a Career Coach:
- Listen to you openly and actively
- Help you identify career aspirations and goals
- Broaden your mind to considering alternative career options
- Ask probing questions
- Offer different perspectives
- Provide structure
- Assist in setting goals, planning and strategizing
- Examine skills, competencies and experiences you have gained to date
- Hold you accountable for what you want to achieve
- Trust you to make your own decisions
- Show up with your best interests at heart
- Tell the truth
- Believe in you and your talents
- Recommend tools and resource
What I do not do as a Career Coach:
- Do your work for you
- Judge you
- Give you a job
- Give you legal or financial advice
- Take responsibility for you or your actions

What I ask from you:
- Complete the initial Intake Form
- Be completely truthful with me and with yourself
- Be willing to stretch beyond your current comfort zone
- Let me know if something isn’t working for you
- Show up and be prepared to work
- If you cannot make your appointment, please let me know as soon as possible; ideally 24 hours prior to appointment
- Complete a Feedback Survey
- Have fun and enjoy the process!

Free Learning Opportunities!!

Did you know the National Child Traumatic Stress Network (NCTSN) offers a robust online learning center? NCTSN has something to offer for any professional involved in work that impacts children and families who have experienced trauma. They are also a great website for quick fact and figures, public awareness information, policy interests and have numerous handouts and tip sheets.

If you need continuing education credits, they offer more than 300 FREE certificates. If you think you’re too busy, the webinars can be downloaded and read at your leisure. Most of the power-point presentations can also be downloaded for future reference.

CHECK IT OUT: http://www.nctsn.org > the learning center

Do you like to Party?

We would like to let you know of an opportunity to get involved at Kempe to help cultivate relationships and connection across the center! The Kempe Connections Committee creatively works together to provide opportunities for community to take place here at the Kempe Center.

Our hope is to have a different focus each month that balances internal development (i.e. Crock-tober-fest, Holiday Parties, etc.) and external service to our community (i.e. connecting with different community partners to help care for our city).

With that said, we welcome ALL who would like to contribute and join in! Whether you want to join the committee or simply share your ideas, we would appreciate your input! If you are interested, please email Sarah Hunt (sarah.hunt2@childrenscolorado.org)
CALL FOR PRESENTATIONS

International Conference on Innovations in Family Engagement

Please consider applying to present at the International Conference on Innovations in Family Engagement. Applications are Due March 31, 2017
Gingerbread House Challenge!

In the month of December, Children’s Hospital Colorado challenged its medical teams to a gingerbread house challenge. Each team choosing to participate was given 1 boxed gingerbread house structure (assembly was required) but no decorations. That’s right! Imagination, ingenuity and elbow grease required. Kempe’s very own Child Protection Team accepted the challenge and created the CPT Chalet – Log Cabin. CPT was proud to have earned a mention in the Top 10 out of over 70+ entries. Go team!

QIC-WD QUALITY IMPROVEMENT CENTER FOR WORKPLACE DEVELOPMENT

The Quality Improvement Center for Workforce Development (QIC-WD) is a new center dedicated to understanding how to improve child welfare workforce outcomes. Through a five-year cooperative agreement with the Children’s Bureau, the QIC-WD is led by University of Nebraska-Lincoln in partnership with experts from University of Colorado, Denver; University of Louisville; University of Tennessee, Knoxville; C.F. Parry Associates; CLH Strategies & Solutions; and Great Eastern Consulting. The QIC-WD will partner with 5–10 public and tribal child welfare agencies interested in being on the cutting edge of system reform as it relates to workforce issues. Representing the Kempe team will be: Lisa Merkel-Holguin and Ida Drury (who will serve on the implementation team), and John Fluke and Dana Hollinshead (who will serve on the Evaluation team). If interested in learning more about the new project, our website is up and operational (www.qic-wd.org).

We are in the process of recruiting public child welfare agencies and tribes who would be interested in implementing and evaluating a workforce intervention. We would appreciate the support of our Kempe colleagues in disseminating the Call for Applicants for Project Sites.
A Little History with Don Bross

We recently sat down with the man credited for the founding of NACC and who has contributed endlessly to our organizational history and continuity over the last 40 years. Dr. Don Bross shared stories of NACC members and some of the valuable lessons he has learned from them. The following narrative is Dr. Bross bringing those stories alive.

Donald C. Bross, JD, PhD
Professor of Pediatrics and Family Law

One of the best things about being a member of the NACC is meeting and learning from a number of particularly wonderful colleagues. There are so many that I can’t enumerate them all, but here are a few examples of what I have learned from listening to my friends.

Not long after the National Association of Counsel for Children began Damon Gannett called from Billings, Montana. Damon was assigned a case that involved traveling 50 miles out of Billings to represent a young boy with severe medical conditions for which the parents were refusing medical care. I had experienced a similar case recently and wrote Damon a several page memo consisting of precedents from other states I had found along with thoughts about presenting similar cases to a judge. From the beginning, Damon, who is an extraordinarily good trial lawyer, was reaffirming of my belief in what constitutes proper professional practice -- reaching out to and sharing both questions and information with colleagues.

Some years later, I heard from a mutual friend in Montana of another case of Damon’s, which he confirmed when we were attending an NACC meeting. Damon’s client was about 15 years old at the time when she witnessed the murder of her mother, father and her brother in a motel in Billings. Damon was assigned as her legal representative and guardian ad litem under Montana statutes. Damon helped arrange what was necessary [legally and practically] for her to be cared for by an aunt in California. He was also able to facilitate support for her as a victim witness, including behavioral health support at a time when victim’s assistance was a novel idea for much of the country. During the trial, when this young woman was returned to testify as the primary witness in the case, both the defense and prosecution had all of their questions of the witness offered by Damon. This information speaks for itself in terms of the reputation and credibility of Damon in his community.

At the first Rocky Mountain Child Training Advocacy Institute, I was a student -- which raised eyebrows for some -- but I knew I could always learn and was anxious to participate in this first ever effort. I met (and regret that I cannot remember the name of, although I have tried to find the name a number of times over the years) a young attorney from Chattanooga Tennessee. It turned out that most of her practice was not with respect to representation of children, although she did some of that. She was primarily focused on representing victims of domestic violence. As we were talking, I asked how she was able to support and practice exclusively with these clients when (in my experience) it is often very difficult for clients in this position to be able to retain (afford) good counsel. She confirmed that, in fact, during the first several years of her practice, she had real doubts as to whether she would be able to continue to afford primarily representing women and children. She came up with the idea that she would ask each of her women clients to simply tell her what they felt they could afford to send her on a monthly basis. In the beginning this was still insufficient, but as several more years
passed, she began to believe that this was going to work both for her clients and for her. Her practice has continued and
grown. I thought it was a marvelous example in finding a way that clients could help themselves and in the process support outstanding representation.

Two members, at different points in time and with slightly different approaches, taught me about trial notebooks. The first time I was introduced to the concept I had been in pro bono solo practice for barely a year. It was 1977, and the NACC was about to hold its first national conference. John Ciccolella had joined the organizing group, and said that we should offer a trial practice notebook related exclusively to representing maltreated children, and this would become the conference manual. At that time, the risk of making a good suggestion was that you typically ended up being the person to carry the suggestion forward. John, in fact, edited a 400 page trial notebook that had elements of what I have since come to understand is what should make up a trial notebook. There were also articles that would be typical of many conference manuals and state law magazines. I still appreciate, in particular, the way he collected 50 example motions for practice in the field, a collection which has grown significantly -- as I found out recently while going through the NACC bookshelves.

John Ciccolella’s example of outstanding practice is not confined to the example I have just given and his stories are known to many of the members. But I’m not sure how many are aware that in the 1980s he was assigned to represent a child whose parents (one or both) were in the US military and stationed in the Colorado Springs area. Their infant suffered what was properly diagnosed as inflicted injury, services were offered, the case was closed, and the family left the military and moved out of the state of Colorado. John received a phone call informing him that his former client had been severely brain injured in St. Louis. I wonder with our different views of the role of a child’s representative what course of action any of us would take under those specific circumstances now. John’s course of action was to make some phone calls back to the agency to find out what proceedings with respect to this child would be taking place. He bought a plane ticket and went to St. Louis, showed up at the child protection hearing and asked if he might provide information to the court. The judge asked him what his role was in the present day hearing. John explained what it had been. The court asked if he had had an official capacity in the case. John had anticipated an answer because he had asked the caseworker if it might be possible for him to be called as a witness in the department’s case if nothing else. Recognizing that sooner or later John would be heard, he said “well go ahead” and John was able to explain. The judge decided he was going to have to hear Ciccolella one way or another and so he did. John was able to provide a more thorough briefing of the prior case than what (in his view) had been provided previously about this child’s life and what the history John could provide might imply for the child’s life going forward.

The next person that reminded me of the value of trial notebooks was Cheryl Karsteadt. She, along with her husband were among the first 15 members and founders of the NACC in 1977. It was the Karsteadts that recommended that we have a newsletter and this became The Guardian. Cheryl went on to work for the Colorado Department of Education as an attorney but she had a very practical and organized approach to trial notebooks and organized it extremely well in terms of what you would need in preparation for court and in each stage of the proceedings. Somehow it always seemed that the order in which she had made her trial notebook was exactly the order that was needed when I was going to court. I always enjoy asking NACC members questions about their practice when we meet at our conferences, because the answers are always insightful and are often illuminating.
Who’s Celebrating a Birthday

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<tr>
<td>Cynthia Hazel</td>
<td>Jan. 4</td>
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<tr>
<td>Kelly Parson</td>
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<td>Sarah Ballard</td>
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<td>Dana Hollinshead</td>
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<td>Kim Pierpoint</td>
<td>Feb. 7</td>
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<td>Antonia Chiesa</td>
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<td>Danette Fisher</td>
<td>Feb. 26</td>
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<td>Erika McElroy</td>
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Anniversaries

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<tr>
<td>Kayla Belle</td>
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<td>Dan Comer</td>
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<td>Lauren Hutto-Morley</td>
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<td>Gary Melton</td>
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<tr>
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<td>Kim Pierpoint</td>
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<tr>
<td>Lynette Disheroon</td>
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Tickets Available!

Imagine 2017
Forty-Five Forward
A signature dinner event honoring Kempe’s 45 years as a Center of Excellence in the prevention and treatment of child abuse and neglect, and inspiring support for the future.

Save the Date
April 22
Saturday, 6 PM
Seawell Grand Ballroom
Denver Center for the Performing Arts

Honorary Chairs

- Senator Michael F. Bennett
- Congressman Mike Coffman
- Congresswoman Diana DeGette
- Governor John Hickenlooper
- Mayor Michael B. Hancock