Trauma-Informed Policy and Practice: Implementing Research-based, Cross-systems Reforms to Improve Outcomes for Children and Youth
State-level Systems Change to Address Childhood Trauma
- Stacie Bladen, CSA, State of Michigan

Key Elements to Strengthening Our Future: Developing a Trauma-informed Juvenile Justice Diversion Program for Youth with Behavioral Health Needs
- Christine Doyle, PhD, Office of Behavioral Health, Georgia Department of Juvenile Justice

Implementing Trauma Screening Practices: A Critical Element to Achieve a Trauma-informed System of Care
- Keith Cruise, PhD, Department of Psychology, Fordham University
- Adolphus Graves, Fulton County Juvenile Court, Atlanta, GA

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State-level Systems Change to Address Childhood Trauma: The Defending Childhood State Policy Initiative
State-level effort to improve child-serving system responses for children exposed to violence

Sponsored by the Office of Juvenile Justice and Delinquency Prevention

Coordinated by the National Center for Mental Health and Juvenile Justice
• Report issued December, 2012
• Six categories of recommendations:
  • Ending the epidemic of children exposed to violence
  • Identifying children exposed to violence
  • Treatment and healing of children exposed to violence
  • Creating safe and nurturing homes
  • Communities rising up out of violence
  • Rethinking our juvenile justice system

When not treated as a serious public health problem, exposure to violence becomes a serious (and more costly) public safety problem.
The goal of the State Policy Initiative is for states to develop a strategic plan for identifying, screening, assessing, and treating children who suffer from trauma caused by witnessing or experiencing violence in their homes, schools, or communities.
Participating States

- California, Massachusetts, and Michigan

Home team: expanded state and local stakeholders necessary to implement plan

Children Exposed to Violence

Core team: Governor's office or office of the Attorney General, child welfare, juvenile justice, education, early childhood, Medicaid/Finance, mental health, substance abuse, local Defending Childhood or Forum for Youth Violence Prevention site
**State Policy Process**

**Technical Assistance**
- Initial site visits - existing strengths and gaps

**Plan development**
- State Policy Meeting - intensive learning and work to set priorities

**Plan implementation**
- Action step development and implementation
Common Priority Areas

- Workforce development
- Financing
- Gathering and replicating best practices in service delivery
State Example: Michigan

- Planning and implementation structure – workgroups within each priority area, headed by a core team member

- Periodic home team meetings to provide updates and communication across priority areas
State Example: Michigan

Funding

- Analyze, map, and identify gaps

Trauma-informed child services

- Best practice: dissemination efforts; incentives; secondary traumatic stress; caregiver education

Community-level strategies

- Survey best practices; identification of core components; resource identification

Workforce training

- Build on existing offerings to reach a broader audience; partner with Universities

Identify missed opportunities and address gaps

- Specific focus on juvenile justice youth who are incarcerated as adults
State Example: Michigan

Progress to date:

- State contracts – trauma training/practice required
- Trauma informed child welfare practice model
- Adapt training curriculum
- Secondary traumatic stress pilot
- Expansion of Breakthrough Series Collaborative
- University partnerships
Developing a Trauma-Informed Juvenile Justice Diversion Program
## Approach

| Structure                  | Goal                                              | Process                                                        |
|----------------------------|---------------------------------------------------|                                                               |
| **Policy Academy**         | Cross-systems, state and local teams              | • Policy Academy meeting<br>**June 24-26, 2014**<br> • On-going TA |
|                            | Individual state teams develop and implement state specific reforms |                                                               |
| **Action Network**         | Multi-jurisdictional, cross-site teams             | • Action Network Meetings<br>**October 2014**<br>**May 2015**<br>**November 2015**<br> • On-going TA |
|                            | Cross-state teams jointly identify, develop and test transferable innovations |                                                               |
Improve **probation-intake diversion** policies and programs for youth with behavioral health conditions in order to reduce unnecessary involvement in the juvenile justice system and increase access to appropriate, effective community-based services.
Why Focus on Trauma-Informed Diversion

- Trauma-informed approach = Increased likelihood of positive outcomes

- What are the key elements of a trauma-informed juvenile justice diversion program?

- How do you operationalize these key elements?
Strengthening Our Future:

Developing a TRAUMA-INFORMED Juvenile Justice Diversion Program for Youth with Behavioral Health Disorders

ACKNOWLEDGEMENTS

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LEADERSHIP

Identify Champion(s)

Legislation

Revise/Develop Policies

Cross-Systems Collaboration
Information/Data Sharing

Coordination of Care

COLLABORATION
Champions were essential to the success of the Georgia DJJ-Fulton County Juvenile Court collaboration

- Fulton Juvenile Court Chief Probation Officer worked closely with DJJ leadership to obtain the initial grant
- DJJ staff acted as Grant Lead, helped keep forward momentum
- Teamwork of the two initial champions helped to create additional champions throughout the community
In order to spread the information as widely as possible, Georgia held a Trauma-Informed Diversion Symposium

- The symposium was aimed at judges, court staff, attorneys, mental health, child welfare
- It was held in a centralized location in the state to make attendance more convenient for participants
- Over 200 attendees participated
The Symposium included:

- Dr. Keith Cruise, reviewing trauma in JJ and why it matters
- Dr. Damion Grasso, reviewing mental health and trauma screening: why to do it, how to use it
- Q&A with Drs. Cruise and Grasso and the audience
- A Panel of participants in the local implementation site
  - Reviewed progress on the project
  - Discussed challenges, and how they had been addressed
The team decided early in the project that we wanted to increase caregiver engagement and involvement. To facilitate this, we developed a family engagement workgroup:

- Advocates
- Mental health providers

Although some family engagement progress had been made, when the Fulton County Family Connection representative joined the home team, progress became rapid.
Implementing Trauma Screening Practices: A Critical Element to Achieve a Trauma-informed System of Care

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Fulton County Juvenile Court

29th Annual Research & Policy Conference on Child, Adolescent, and Young Adult Behavioral Health 03/15/16
Why Screen for Trauma?

- Number and type of potential traumatic event exposures has important implications for behavioral and mental health functioning (Becker & Kerig, 2011; Kerig et al., 2009; Stimmel et al., 2013)

- There are limitations to reliance on broad mental health screens in identifying youth at risk for PTSD (Kerig et al. 2011)

- Follow-up data from detained youth suggest only a small percentage (< 10%) receive community-based treatment despite high rates of disorder (see Teplin et al., 2013)
Basic Decision Steps

- Trauma-informed screens should flag youth in need of further comprehensive assessments
- The more comprehensive assessment should then determine the need for trauma-specific interventions

Dimensions

- **Exposure**: types of past exposures to potentially traumatizing events
- **PTSD**: Whether youth displays current symptoms consistent with PTSD (e.g., current trauma reactions)
- **Trauma-related symptoms**: Whether youth has a variety of psychological symptoms often related to past traumatic event exposures and/or PTSD

Three Dimensions of Trauma Screening/Assessment (Kerig, 2013; Wevoda, Cruise, & Grisso, 2015)
Good Screening Practices Are . . . (Williams, 2007)

- Based on a tool designed for use with the population (e.g., juvenile justice youth)
- Have research support of “reliability” and “validity” of scores/decision-rules
- Administered and scored based on standardized procedures to support uniformity in system response
- Conducted at intake
- Supported by policies that facilitate communication and protect confidentiality of results
In the Context of Trauma (Kerig, Ford, & Olafson, 2014)

<table>
<thead>
<tr>
<th>Trauma Screening</th>
<th>Trauma Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal</td>
<td>Targeted</td>
</tr>
<tr>
<td>Cost-effective</td>
<td>Comprehensive</td>
</tr>
<tr>
<td>Descriptive</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Can be conducted by non-clinicians</td>
<td>Requires a trained mental health professional</td>
</tr>
<tr>
<td>Can be implemented at initial system contact</td>
<td>Involves referral for psychological assessment</td>
</tr>
<tr>
<td>Used to determine whether referral for assessment is</td>
<td>Used to formulate a case conceptualization and treatment plan, monitor progress,</td>
</tr>
<tr>
<td>indicated</td>
<td>evaluate outcomes, and detect/prevent adverse reactions</td>
</tr>
<tr>
<td></td>
<td>Can guide trauma-informed and trauma-responsive programming and procedures</td>
</tr>
</tbody>
</table>
Key Element #5 (NCMHJJ, 2016)

- Prevention
- The Three E’s
- Screening/Assessment
- Treatment
- Continuing Supports
The Big Picture – Trauma Screening
(see Wevodau, Cruise, & Grisso, 2015)

- **Step 1:**
  - Develop a clear understanding of the *purpose* and *context* for identifying trauma-related problems

- **Step 2:**
  - Select a screening method

- **Step 3:**
  - Develop an implementation plan
Step 1: Purpose & Context

- What do you want to achieve with your screening process?
- What do you want to learn about the youth through the screening process?
- How will the screening information inform your case planning process?
Step 2: Choosing the “Right” Tool

- What are your answers to questions about purposes and context?
- When to conduct a screen?
- How will the screening information be used?
- Time?
Step 3: Implementation Considerations

- Examine system readiness and resources
- Reviewing and updating relevant policies and procedures
- Monitoring how staff are using trauma information in case planning
- Track outcomes
A Saturday meeting was planned with lunch provided
Caregivers were asked to complete a satisfaction survey and participate in a focus group
All caregivers who participated indicated that they would like to be involved in an ongoing process
Other caregivers heard about the meeting after the fact and volunteered to participate in future meetings
Quality Assurance

- Identified goals of our quality assurance process included:
  - Developing a feedback loop between providers and the court regarding youth participation and engagement in treatment once referred
  - Assuring that data regarding screening outcomes and resultant referrals were entered into the Fulton Juvenile Court database
  - Outcome evaluation
Quality Assurance (cont.)

- Screening results and resultant referrals were to be entered into JCATS
- Helping assure that trauma-specific services are available to refer youth who are referred to community providers
- Probation staff maintained contact for 90 days to gauge treatment engagement and compliance, provide supports if needed
- Developing partnership with university or other entity to do outcome evaluation
  - Checking recidivism of youth who were involved in the diversion program
Fulton County Juvenile Court is dedicated to diverting youth appropriately at the point of probation intake

- In 2012, 963 of 1,327 diverted (73%)
- In 2013, 728 of 999 diverted (73%)

Youth who participated in FJC diversion programs in 2012 and 2013, recidivism up to the 2 year point was 13-15%
CHILD ARRESTED or CHARGED

Released to parent & complaint mailed to Juvenile Court

Screened by Court Intake Staff

If attempt to divert case is unsuccessful, Probable Cause hearing scheduled

Case sent to diversion unit based on nature of charges or first time offense.

**MAYSI-2 and STRESS Screening to identify potential need for service referral

If diversion conditions successfully completed - Case closed and sealed

Case petitioned and scheduled for Arraignment hearing

At P.C. hearing case may be petitioned, adjusted, held in abeyance, or dismissed

Case petitioned

Arraignment

If denial entered Adjudication hearing held

Not Adjudicated delinquent – Case dismissed

Plead delinquent or agree to negotiated plea. OR dismissal

Adjudicated delinquent

FCJC – Diverted Case
Flowchart -- 2015
Resources
Trauma Exposure Screens

- Adverse Child Experiences Scale (ACES)
- Rapid Assessment of Pediatric Psychological Trauma (RAPPT)
- Traumatic Events Screening Inventory for Children (TESI-C)
- Juvenile Victimization Questionnaire (JVQ)
- Childhood Trust Events Survey (CTES)
- MAYSI-2 Traumatic Experiences Scale (MAYSI-2 TE)
Posttraumatic Stress Symptom Screens

- Child PTSD Symptom Scale (CPSS)
- UCLA PTSD Reaction Index for Children/Adolescents – DSM-5
- Structured Trauma-Related Experiences and Symptoms Screener (STRESS)
Trauma-Related Symptoms

- Adolescent Dissociative Experiences Scale (A-DES)
- Adolescent Self Report Trauma Questionnaire (ATQ)
- Trauma Symptom Checklist for Children (TSCC)
Screening & Assessment Resources

- Trauma in Dual Status Youth: Putting Things in Perspective
- Identifying Dual Status Youth with Trauma-Related Problems
  - [http://www.rfknrcjj.org/resources/](http://www.rfknrcjj.org/resources/)
- Trauma Informed Assessment & Intervention
  - [http://www.nctsn.org/resources/topics/juvenile-justice-system](http://www.nctsn.org/resources/topics/juvenile-justice-system)
- NCTSN Webinars on Screening and Assessment Measures
Trauma-Informed Care Resources

- NCMHJJ Resources

- NCJFCJ Trauma-Informed Juvenile and Family Courts
  - http://www.ncjfcj.org/sites/default/files/NCJFCJ_Trauma_Manual_04.03.15.pdf
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