

THE 20TH ANNUAL RESEARCH CONFERENCE
A System of Care for Children's Mental Health: Expanding the Research Base **20** YEARS

Advancing an Agenda to
Strengthen
Federal, Tribal, State & Local Policies for
Children, Youth and Families Who
Experience Trauma

March 5, 2007
Tampa, FL

Panelists

Janice Cooper, Ph.D., NCCP, Columbia University
Mary Compo, MEd, North Country Children's Clinic
Watertown, NY
Tim Gawron, MSW, LCSW, Illinois Dept. of Children &
Family Services
Arabella Perez, MSW, LCSW, Thrive: Trauma Informed
System of Care, Tri-County Mental Health Center, Maine
Deborah Painte, MPA, Medicine Moon Initiative, Native
American Training Institute, North Dakota
Julie Young, MS, Trauma and Prevention Services,
Oklahoma Department of Mental Health and Substance
Abuse Services



Key Findings

Trauma pervasive
Lack of equity in attention to traumatic events
Need to use trauma lens for all services
Should pay more attention to secondary trauma
Need to promote post-traumatic growth
Use of effective, empirically-based strategies
not widespread

Based on NCCP Sponsored Meeting October 2006

What the Federal Government Can Do?

- De-silo funding streams
- Fund engagement strategies
- Infuse trauma-informed perspectives across initiatives beginning with SAMHSA [trauma related outcomes]
- Require block grants to include language that addresses trauma across the age-span
- Use reauthorization of trauma funding as opportunity for strengthening TI policies: e.g. build on the successes of the National Child Traumatic Stress Network, take program lessons to scale

www.nccp.org

What Can States Do?

Partner! Partner! Partner!
Devise regulations pertaining to trauma expertise (certification)
Train clinicians in trauma-related best practices
Promote and fund culturally appropriate healing practices
Focus attention on eliminating all forms of trauma and re-traumatizing related to care and custody
Address and fund initiatives to support practitioners and reduce burn-out associated with trauma-related work
Foster and fund the inclusion of youth and family voices in trauma-related practice

www.nccp.org

**Group's Recommendations to Secretary Spellings
Delivered by Russell Jones**

Appoint statewide and tribal level coordinators in partnership with SAMHSA
Build capacity of learning communities, especially child care and schools
Build mechanisms for training school personnel on recognizing the signs of trauma, building trauma informed (TI) learning communities, developing TI responses, understand child's trauma history
Examine unintended consequences of NCLB
Re-vitalize support for the Safe Schools/Healthy Students Initiative with a significant increase in funding and benchmarks for implementation of effective practices and improved outcomes

www.nccp.org

**Group's Recommendations to Secretary Spellings
Delivered by Russell Jones**

- Significantly enhance the role of education in the funding of social-emotional learning
- Establish principles to which each school administrator and child community mental health and social services' system leader adheres to support TI prevention and intervention strategies
- Require schools to implement strategies that work to support mental health
- Support development of integrated school health delivery models
- Recognize that families matter. Give them tools to support the emotional health of their children. Hold systems accountable for the provision of services to mentally ill parents.

www.nccp.org

**The Transformation of IDCFS into a
Trauma-Informed
and
Trauma-Sensitive System**

Tim Gawron, MS, MSW, LCSW
Statewide Administrator, Behavioral Health
Services
Illinois Department of Children & Family Services
100 W. Randolph, 6-218
Chicago, IL 60601
312-814-6831; Tim.Gawron@Illinois.gov

Conceptual Framework: PARK

- Core notions -
 - Promoting the
 - Abilities and
 - Resilience of
 - Kids
- Framework for organizing efforts, programs, services & contracts
- An approach to identifying service gaps, trends and emerging needs

**PARK - A Public Health Approach to
Mental Health - Prevention, Early
Identification, Assessment and Treatment**

- **Primary/Universal Level** - Addresses the risk factors for all infants, children and youth in the general population throughout Illinois
- **Secondary/Targeted** - Addresses the specific needs and risk factors associated with DCFS wards
- **Tertiary/Intensive** - Addresses the needs and risk factors of wards experiencing the impact of trauma and/or serious emotional disturbance

**Creation of Trauma-focused
Legislation (State)
and
Policy (IDCFS)**

The formal institution of the Behavioral Health system and Trauma-Focused Care and Service Delivery

Child Welfare at a Crossroads

- Great number of children have moved into permanency since 1997.
- 41,000 children in subsidized adoption and guardianship.
- 17,400 in substitute care.
- Challenges remain.

Theoretical and Conceptual Underpinnings to the Trauma Informed and Sensitive System

- Frank Putnam - Impact of Trauma on infants, children and adolescents
- Bob Pynoos - NCTSN - Development of a systematic approach to identifying, assessing and treating re trauma
- Bruce Perry - Developmental aspects of trauma and its impact on the brain as "mediator of experience"; importance of attachment

Three-pronged Approach

- Data-focused Infrastructure that clarifies and coordinates efforts/linkages
- Workforce Training: Supports and Reinforcements
- Services - Redesigned and New (EBPs) - stimulation of community-based resources

Development of the BHT Action Plan: FY05 Focus on Infrastructure Development and Workforce Training

- **Northwestern U** and Statewide Training Initiative
 - Web-based CANS training
- **DVMHPI**
 - Illinois CANS website
 - Curriculum and Training Capacity Development on Trauma
- **U of Chicago**
 - Service-Focused Provider Database
 - Treatment Quality Monitoring Unit
 - Evaluation of Training Curriculum
 - Geo-mapping Project

Development of the BHT Action Plan: FY06 Focus on Expanding Treatment Resources and Monitoring Quality of Care

- **System of Care/Evidence Based Practices Initiative**
 - Parent-Child Relational Therapy (Birth to 5)
 - Trauma-Focused Cognitive Behavioral Therapy (School-aged children)
 - Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) (older adolescents)
- **Community Services Quality Managers**
- **Trauma Consultant**

Other BHT Initiatives

- Mental Health Resource Disparities - planning for regionally-specific resource development
- Transitions/Aging Out Workgroup - DCFS and DMH planning and pilot regarding older adolescents with serious emotional illnesses
- Birth to Three Concept Paper and Related Process/Services


 Watertown City School District
School Based Health Program



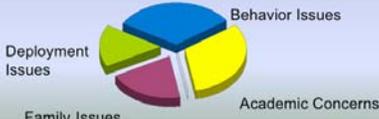
On the front line for kids' health!
 Mary Compo *MSEd.*, School Based Health Community Coordinator,
 North Country Children's Clinic Watertown, NY

Mental Health Services

- 2,086 mental health visits
- 181 students seen



Typical Caseload at North Elementary SBHC



Deployment Issues
Behavior Issues
Academic Concerns
Family Issues

Local Population Statistics

Fort Drum

- 16,600 military personnel
- 34,000 people inclusive of spouses and children
- Currently 9,500 deployed to Iraq and Afghanistan.



• City of Watertown
Population of 27,000

Watertown City School District

- Total student population of 4,491 children
- 23 % (1,033 students) are military dependents
- 32% at North Elementary are military dependents



Military Dependent Visits to WCSD School Based Health Centers

- **194 visits** for Mental Health Service
- **185 visits** for Primary Care Services
- **\$19,805 unreimbursed fees** for mental health services
- **\$29,880 unreimbursed fees** for primary care services

NCCC - Ft. Drum - Tricare Partnership

- Mental health services not available on base for military dependent children
- Tricare looked for resources within the community
- Children's Clinic LCSWs became recognized as authorized Network Providers with Tricare
- Reimbursement as of September 2006

Challenges

- Military bureaucracy
- Frequent turnover
- Lack of providers
- Operating without reimbursement

Lessons Learned

- Learn their system and work within it
- Build partnerships and alliances
- Find the right messengers



Maine's Trauma Informed System of Care for Children & Their Families

Arabella Perez, LSCW, MSW
Project Director
Thrive: Trauma Informed System of Care
Tri-County Mental Health Center

Thrive: Maine's Trauma Informed System of Care (SOC) for Children & their Families

- **Maine awarded a SOC grant in 2005 covering three counties in central Maine**
- **Stakeholders include:**
 - Child Welfare
 - Juvenile Justice
 - Education
 - Families and Youth with Serious Emotional Disturbances

The intent is to build a system that understands the effects of trauma and avoids re-traumatizing those who seek services.

Thrive: Maine's Trauma Informed System of Care (SOC) for Children & their Families

- **SOC principles infused throughout the redesign process:**
 - Family Driven
 - Youth Guided
 - Culturally and Linguistically Competent
- **Some components of trauma informed include:**
 - Agency/Organizational self assessments on Trauma Informed System design
 - Staff training on trauma (all staff including direct and non direct staff)
 - Promotion of effective trauma specific treatments
 - Use of trauma sensitive assessments & tools
 - Universal Trauma screening
 - Education on provider "self care"

Research Findings (2001)
James T. Yoe, Ph.D., Jay.yoe@maine.gov
Maine Department of Health & Human Services

Children and youth trauma survivors:

- Were significantly younger;
- Were 1.62 times more likely to be rated at moderate to serious risk of harm (as measured by the CALOCUS);
- Were 1.76 times more likely to experience higher-levels of environmental stress and 1.65 times more likely to have moderate to severe challenges in the area of supports;
- Were 1/2 (Odds=.563) as likely to experience serious challenges with substance use (as measured by CAFAS)
- Had significantly greater challenges in the areas of child/youth and parent/caregiver acceptance & engagement with service providers;
- Had 73% higher mental health service expenditures & 51% higher overall treatment expenditures;
- Were significantly less likely to exhibit behavioral/functional stability or improvement over study period.

Than children and youth without a trauma history

Thrive: Hallmarks for Sustainability

- **Trauma Infused Culture & Training**
 - Family, youth, providers, community
 - Ongoing training and support
- **Trauma Informed Technical Assistance**
 - Implementation & support
 - Trauma specific treatments (evidence based and practice based)
- **Continuous Quality Improvement**
 - Agency & organizational assessments
 - Evaluation

Thrive: Hallmarks for Sustainability

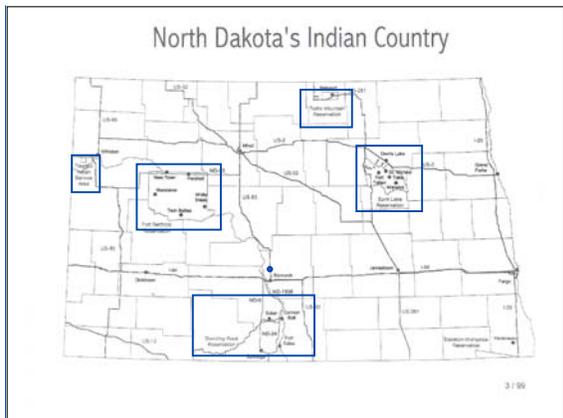
- **Trauma Informed Policy Development**
 - State, Local & Community
- **Trauma Informed Contracts**
 - Vendors
 - Request for proposals

For more information visit www.thriveinitiative.org
Arabella Perez, LCSW Thrive Director
aperez@tcmhs.org



A System of Care for Native American Communities: The Experience of the Tribal Nations of ND

Deborah A. Painte, MPA (Arikara)
MMI Project Director
Native American Training Institute, Bismarck, ND
www.nativeinstitute.org
e-mail: debp@nativeinstitute.org




So how are the children....?

1993 Kids Count rated North Dakota overall an impressive second only to New Hampshire among the 50 states.

....Not So good!!!

But if North Dakota's Native American children were the only children in a newly created 51st state they would rank 51st."

Source: North Dakota's Children and Family Services Report (1994).



So what led to this?

Factors contributing to the grim statistics For ND Native American children:

- High unemployment & poverty
- High alcoholism & substance abuse rates
- Domestic Violence, lateral violence
- Disenfranchisement, racism & discrimination
- Forced removal of children into boarding schools
- Role displacement & social anomie
- Loss of culture
- Fragmented & limited services to address high need
- Geographic isolation and distance to available services



Historical Trauma

*Trauma upon trauma that occurs in history to a specific group of people causing emotional, mental and **spiritual*** wounding both during their lives and in the generations that follow.*

1-8



What happened?

1st ND Tribal System of Care (SOC), the SACRED CHILD PROJECT

- Oct. 1997 – Sept. 2003
- Center for Mental Health Services, 6 yrs.
- Graduated Service Site, Sept. 2003

2nd ND Tribal SOC initiative, the MEDICINE MOON INITIATIVE – SOC infrastructure development

- Oct. 2003 – Sept. 2008
- Children's Bureau, 5 yrs.
- In 4th year




Policy Implications

- Recognize & accept impact of Historical Trauma has at multiple levels
- State – Tribal Collaborations must be Win, Win! Don't be afraid to try, try, try again!!!
- Federal government should require all states with reservations or significant Native American populations to consult and partner with local tribal or Native American entities
- Assist Tribal Nations (& Tribal colleges) to develop their own research, evaluation and data collection capabilities.
- Participatory Action Research is the best methodology for working with Tribal Communities.
- Contract with Tribal Nations for services on reservations or to tribal communities.



Policy Implications (cont.)

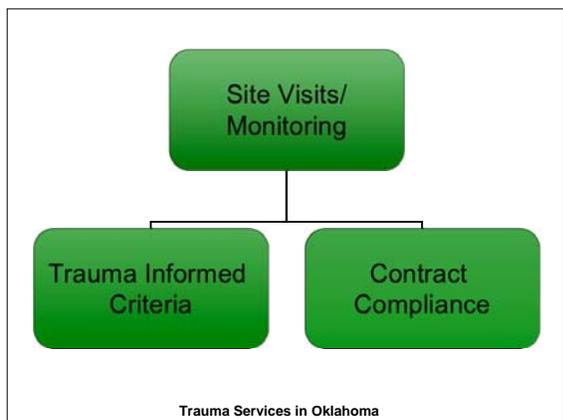
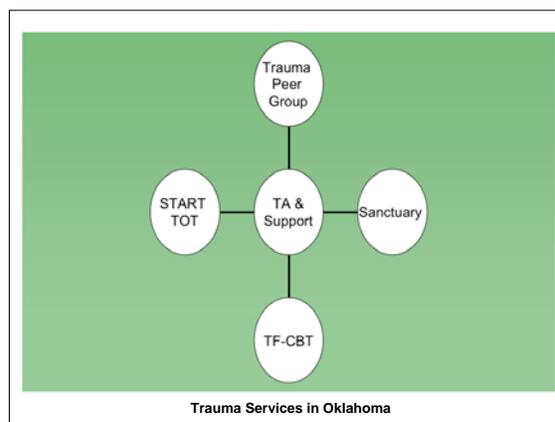
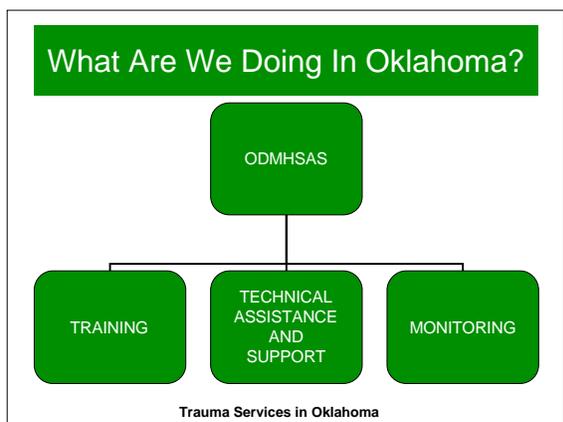
- States and Tribal nations and communities should develop strategies that:
 - reduce Native American children in FC & increase ICWA compliance
 - help foster parents & children learn about the child's tribal history, culture & heritage
 - Develop and fund resources they can connect with.
- Fund hands on TA for infrastructure & capacity building to fit into this new era of "Native Nation Building"
- Focus family strengthening & support activities to the extended family system as well as multi-generational to best meet their needs
- Expand Medicaid funded services
- Re-consider match requirements by federal agencies for Tribes and economically depressed areas.

System of Care works not only for complex needs children but for complex needs communities as well!!



Trauma Services in Oklahoma

Presented by:
Julie Young, M.S.
Coordinator for Trauma and Prevention Services
Oklahoma Department of Mental Health and Substance Abuse Services



What Are We Doing In Oklahoma?

- Infusion of trauma concepts/information into multiple areas
 - Co-Occurring Initiative
 - System of Care
 - Children Services
 - Community Mental Health Centers
 - Recovery and Consumer Advocacy Initiatives
 - Case Management
 - Substance Abuse Programs
 - Disaster Response

Trauma Services in Oklahoma

What Makes This Possible?

- Leadership Support
- Funding
 - State
 - Child Trauma Counseling
 - Federal
 - Co-occurring Initiative
 - Cross Training Initiative
 - Transformation Initiative
 - National Child Traumatic Stress Initiative
- Full time coordinator
- Collaborations
 - OK Child Trauma Network
 - ODMHSAS Trauma Work Group
 - Integrated Services Initiative
 - Recovery & Consumer Advocacy

Trauma Services in Oklahoma

Challenges

- Workforce
- Diverse treatment modalities
- Leadership/Staff support
- Funding
- Coordination/Collaboration

Trauma Services in Oklahoma

Lessons Learned

- Standards for Trauma Informed Care
- Standards/Core Competencies for Trauma Informed Care
- Communication is essential
- Develop a common language for trauma.
- Transformation takes time.

Trauma Services in Oklahoma

Strengthening Federal, Tribal, State & Local Policies for Children, Youth and Families

Thanks to Forum Participants:

| | |
|----------------------------------|----------------------------------|
| <i>Dee BigFoot, PhD</i> | <i>Gordon Hodas, MD</i> |
| <i>Mary Compo, MSED</i> | <i>Larke Huang, PhD</i> |
| <i>Chris Copeland, LCSW</i> | <i>Mareasa Isaacs, PhD</i> |
| <i>Shannon CrossBear</i> | <i>Perry Jones</i> |
| <i>Holly Echo-Hawk, MS</i> | <i>Russell Jones, PhD</i> |
| <i>Susan Foster, MPH, MSSW</i> | <i>Deb Painte, MPA</i> |
| <i>Bob Franks, PhD</i> | <i>Delfy Peñas Roach, LCSW-R</i> |
| <i>Sonia Garcia, LCSW, RP</i> | <i>Luanne Southern, MSW</i> |
| <i>Tim Gawron, MS, MSW</i> | <i>Marleen Wong, PhD</i> |
| <i>Ellen Gerrity, PhD</i> | <i>Jay Yoe, PhD</i> |
| <i>Deborah Gorman-Smith, PhD</i> | <i>Julie Young, MS</i> |
| <i>Kimberly Hoagwood, PhD</i> | <i>Janice Cooper, Ph.D.</i> |
| | <i>Jane Knitzer, Ed.D.</i> |

www.nccp.org

NSM-10 National Center for
Child Abuse and Neglect
Research, Prevention, and Advocacy
www.nccp.org

Questions?

