**The Development of Trauma Informed Systems of Care in Child Welfare**

**“Seeing Through a Trauma Lens”**

**What We Know**

* The majority of children who come into contact with human service systems have experienced one or more traumatic events.
* The most commonly endorsed types of traumatic experiences include

bereavement, loss and/or separation (47.9%) and exposure to domestic violence (47.2%).

* For family‐related interpersonal trauma, the majority of cases involve repeated

episodes (55‐80%) and perpetration by a parent or other adult relative.

* 76.9% of children in the National Child Traumatic Stress Network Core Data Set (NCTSN CDS) experience multiple types of trauma (mean=3.3).
* The most frequently reported clinical problems are PTSD (54.8%), generalized

behavioral problems (52.0%), and depression (51.1%).

* Functional impairments occur in multiple domains - behavior problems at home

(59.1%) and Academic Problems (52.0%) are the most commonly reported.

* Children and youth who experience trauma are more likely to use high-end mental health services, including psychiatric inpatient services, residential treatment, and crisis services.
* Trauma affects the way people approach potentially helpful relationships.
* Trauma often reoccurs in the service context itself.

-Findings from Core data set of the NCTSN

**What We Want to Know**

What it means to be a “trauma-informed state?”

What is the impact on policy, procedures and outcomes?

What are other states doing?

**Defining a Trauma-Informed System of Care**

The National Child Traumatic Stress Network (NCTSN) and the National Center for Trauma Informed Care (NCTIC) identified 6 core components of a trauma-informed service delivery system.

**Six Core Components of Trauma-Informed System of Care**

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| * Trauma-Informed Mission and Resource Commitment
 | * Policies and Procedures that Reflect Mission
 | * Universal Trauma Screening for all Youth
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| * Values that Focus on Empowerment
 | * On-going Staff Education and Training
 | * Improve and Target Hiring Practices
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**Defining a Trauma-Informed Child Welfare System**

*“A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.”*

-CTISP’s National Advisory Committee

**The Positive Impact of Trauma-Informed Systems of Care (SOC)**

* Helps affected youth regain their sense of self-empowerment, trust, and safety.
* Helps in the development of better emotional regulation and healthier physical and emotional responses to stress in individuals.
* Helps youth discover their unique strengths and build on their resiliency.
* Provides youth and families with services that are more effective and potentially more cost effective.
* Helps increase caregiver competencies to appropriately care for the trauma needs of their children.
* Increases success and satisfaction of workforce by addressing secondary trauma.

**What Other States are Doing**

In response to growing evidence about the impact of trauma, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) “recognized violent trauma as a root cause of pervasive, harmful and costly public health problems.” SAMHSA then began a strategic initiative to reduce the behavioral health impacts of trauma and violence by integrating trauma-informed services into many grant funded initiatives.

**Multistate Initiatives**

The model is set up to allow participants to start small by testing an idea or strategy to address an issue. The outcome is then studied and modified based on the data. Once the idea has proven effective, then the next step is to spread it to other parts of the organization.

**Trauma-Informed Welfare Project Practice Breakthrough Series Collaborative**

**(TICWP BSC)**

Sponsored by the National Center for Child Traumatic Stress (NCTSN) with funding from SAMHSA, the initiative to Improve Foster Care Placement Stability is funded from July 2010 through 2013. The goal of the Trauma Informed Child Welfare Practice Breakthrough Series Collaborative (TICWP BSC) is to efficiently move the trauma-informed model into child welfare systems of care across the country. The Breakthrough Series Collaborative selected 9 initial sites to begin the process of transforming child welfare systems into trauma-informed systems of care. Public child welfare system is lead, but the team is a partnership between child welfare jurisdictions, partner mental health/trauma sites, and family representatives (youth, parents, foster parents, etc.).

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| Los Angeles | Florida | Massachusetts |
| San Diego | North Carolina | Oklahoma |
| Colorado | New Hampshire | Texas |

* The plan was to incrementally implement the six core components of trauma-informed systems of care to at the nine initial sites.
* Each of the Nine TICWP BSC teams is comprised of a public (county or state level) child welfare agency and a mental health organization providing evidence-based, trauma-focused treatment in the community.
* Each team includes representatives of the child welfare system, ranging from administrators, managers, and supervisors to frontline workers and therapists from both the child welfare and mental health systems, as well as birth parents, foster parents, and even alumni of care.
* The goal is to use knowledge of child trauma to shape all levels of the organization--from decisions and actions to policies, procedures, and staffing.

**Early Findings of the TCWP Breakthrough Collaborative**

* Increased use of child trauma knowledge in both organizational decision-making and worker actions.
* Trauma materials now provided for parents, caregivers, foster parents.
* More children screened for trauma and increase in referrals to appropriate trauma treatment.
* Movement to make all screening and assessment tools more trauma-informed.
* Greater selectivity of caregiver based on meeting youth’s specific trauma-related needs.
* Increased training of mental health providers on evidence-based trauma treatments.
* Increased placement stability and community outreach.

- Lisa Conradi, Psy.D. , Child Welfare Journal (2011) "Promising Practices and Strategies for Using Trauma-Informed Child Welfare Practice to Improve Foster Care Placement Stability: A Breakthrough Series Collaborative."

**Chadwick Trauma Informed Systems Project (CTISP)**

These sites were selected because of their interest in and ongoing efforts toward creating a trauma-informed child welfare system and a strong partnership between the child welfare agency and current or alumni NCTSN Community Treatment Center (CTC). These collaborating sites have and will continue to serve as development team partners and “laboratories” to test CTISP products and services CTISP is creating and testing trauma-informed work products at three test sites:

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| Oklahoma | New Hampshire | San Diego, CA  |

The goal of the CTISP is the creation of three implementation tools for dissemination to 20

additional states nationwide:

 Policy guide for trauma-informed welfare

* Desk guide on trauma-informed services for child welfare supervisors
* Trauma-informed casework practice guidelines
* Trauma-informed policy toolkit

**Integrating Trauma-Informed and Trauma-Focused Practice in**

**Child Protective Service (CPS) Delivery**

The Administration on Children, Youth and Families (ACYF) has organized its discretionary funding to promote the social and emotional well-being of children and youth who have experienced maltreatment. In 2011, a cluster of five grantees received a total

 of $3.2 million for up to five years to implement evidence-based, trauma-focused practices and evaluate their impact on safety, permanency, and well-being outcomes.

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| Massachusetts Department of Children and Families | Boston, MA |
| North Carolina Department of Health and Human Services | Raleigh, NC |
| State of Connecticut Department of Children and Families | Hartford, CT |
| The University of Montana | Missoula, MT |
| University of Colorado Denver | Aurora, CO |

**Other Pioneering Work with Trauma-Informed Systems of Care**

(Please note that the following list is by no means comprehensive. The information represents some of the available information at this time.)

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| Maine | Maine’s THRIVE Initiative began in 2005 with funding from SAMHSA and was the first System of Care (SOC) for children, youth and families with a specific focus on trauma-informed practices. The THRIVE Initiative functioned under the auspices of the Maine Department of Health and Human Services, Division of Children’s Behavioral Health in three counties in Maine. Tri-County Mental Health served as the lead agency employing THRIVE staff and providing supervision and support. THRIVE advanced the trauma-informed approach in five key ways by creating a Family Partnering Program which offered trauma-informed peer support to families receiving children’s mental health services, convening the Trauma-focused Cognitive Behavioral Therapy Learning Collaborative, which trained numerous providers in this evidence based treatment model, providing trauma-informed technical assistance and training for agencies and direct service staff, developing a Trauma-informed Agency Assessment and Continuous Quality Improvement (CQI) process by which to inform improvement and gauge progress at the agency level and encouraging the development of youth and family voice by supporting the creation and development of the Maine Alliance of Family Organizations and Youth MOVE Maine. In 2010, Maine’s Children’s Behavioral Health Services (CBHS) mandated that all mental health agencies with which it contracts receive trauma-informed training; implement integrated universal trauma screening, assessment and service planning; and conduct an agency assessment, and from the evaluated data establish a continuous quality improvement (CQI) plan to operationalize trauma-informed principles in policy and practice. Specific staff education and training is supported organization-wide from the reception desk to crisis management. The other key component to trauma-informed agency practice is strength-based, youth-guided or family-driven support for resiliency, recovery and skills building, which can be provided or supplemented by collaborative community partner organizations. Early Outcomes for MaineThe most important independent finding of the evaluation is the connection between a caregiver’s experience of trauma as a child and his or her own child’s experience. These relationships affect how much a child uses expensive services before receiving treatment. It is particularly noteworthy that providing a Family Support Partner was most effective when the caregiver disclosed a childhood affected by trauma. While the post-service costs for the entire sample were reduced by 30 percent, for the subgroup with a trauma history there was a 50 percent reduction. While the sample size is small, the results have face validity and need to be replicated with larger groups of people, preferably using a quasi-experimental design. Future studies should be designed to pinpoint the specific relationships between trauma experiences, trauma-informed services, children’s outcomes and associated costs.- THRIVE: Maine’s Trauma-Informed System of Care Final Evaluation Report |
| Michigan | Building on the work of an existing NCTSN site, the Michigan Trauma-Informed Child Welfare System Change Initiative, now in its third year and currently operating in nine counties, has partnered with key local leadership within the Department of Human Services, community mental health, family court, and intermediate school districts to create a trauma-informed child welfare system. Current projects focused on providing a series of trainings and ongoing consultations, trauma-informed screenings, trauma-informed comprehensive assessments, and evidence-based trauma treatment. Several new trauma- informed instruments have been created including a validated Trauma-Informed Organizational Survey, Trauma-Informed Court Report, and Trauma-Informed Therapist Report.  |
| Virginia | At the beginning phase of developing a Trauma-Informed Train-the-Trainer series. Project funded through September 30, 2013.  |
| Arkansas | The Division of Behavioral Health Services has revised its mission statement to reflect its commitment to becoming a trauma-informed system of care. Our mission is to seek to improve the quality of life for Arkansans by providing a comprehensive, recovery-based and consumer-driven behavioral health system of care utilizing evidence-based or promising practices, which include trauma-informed care concepts in all areas. |
| Minnesota | Children’s Mental Health Awareness Day, being observed May 3 2011, focused on early childhood mental health with an added nationwide emphasis this year on trauma. Minnesota’s plan to create a trauma-informed child welfare system is being launched with Minnesota’s first Statewide Conference on Traumatic Stress in Children and Families May 19 at the University of Minnesota. Minnesota Department of Health and Human ServicesTRAUMA Subgroup“The goal for Children’s Mental Health Awareness Day this year is to increase awareness about how trauma can affect children and to encourage everyone to help young children build resilience skills to deal with stress and trauma,” said Glenace Edwall, director of the DHS Children’s Mental Health Division. “Earlier recognition of signs of traumatic stress will mean earlier treatment with better outcomes for children.” |
| Massachusetts | Massachusetts Health and Human Services Trauma Guidelines and Forms The Trauma Guidelines were initially recommended by a task force focusing on clients with a history of trauma. However, because many of the principles apply equally to all clients, the Trauma Guidelines have been broadened to apply more generally to all clients, except where explicitly indicated otherwise. |
| Indiana | By October 1, 2012 a website will be launched listing innovative and/or exemplary policies, including trauma-informed programs and practices that are more fully responsive to the multi‐dimensional safety and support needs of diverse individuals, families and communities |
| Maryland | Maryland is fortunate to have four NCTSN SAMHSA funded Centers in operation. The Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), works to create an effective community-based mental health service infrastructure in the U.S. The center's foremost goals are to improve the availability and accessibility of high-quality care for people with or at-risk for mental illnesses and their families. CMHS also supports a portfolio of grant programs that develop and apply knowledge about best community-based practices to reach people at greatest risk: adults with serious mental illnesses and children with serious emotional disturbances. Issues of stigma and consumer empowerment are also on the center's agenda. Furthermore, the center collects and disseminates national mental health services data, designed to help inform future services policy and program decision-making. The first SAMHSA funded center is the Category II, Family Informed Trauma Treatment Center, a collaboration of University of Maryland Schools of Social Work and Medicine and Kennedy Krieger Family Center aim is to develop, implement, and evaluate family centered trauma treatments nationally. Second, the Kennedy Krieger Family Center, a Category III Center provides comprehensive, trauma informed, culturally sensitive mental health evaluation and treatment to children and families who are survivors of simple or complex trauma. Third, another Category II funded Center, The Uniformed Services University Center for the Study of Traumatic Stress (USU CSTS) Child and Family Program is responsible for developing knowledge related to military childhood experiences, developing effective public education materials, and expanding and studying effective intervention strategies, all using a strength-based approach. Finally, the newest NCTSN Category II Center, The Pediatric Integrated Care Collaborative (PICC) at Johns Hopkins School of Medicine is focused on extending accessibility of services to children and families by integrating trauma informed care and assessment in primary care settings. All Centers are actively training the Maryland workforce on evidence based practices in trauma treatment and are supported through National, State, and Local funds.  |

**New Title IV-E Child Welfare Waiver Demonstrations and ACYF Discretionary Grant Projects Fiscal Year 2012**

* 96 projects received waivers to conduct Title IV-E Child Welfare Demonstration Projects beginning in 2012.
* 27 (nearly 30%) of the projects specifically set out to incorporate aspects of trauma-informed care into their plans.

**Spotlight on Current Projects**

**District of Columbia**

Child and Family Services Agency (CFSA) has won $3.2 million ($640,000 per year for five years) from the U.S. Department of Health and Human Services’ Administration for Children and Families. The goal is to make trauma-informed treatment the foundation for serving children and youth in the District child welfare system. This is the largest competitive federal grant award CFSA has received to date. CFSA will partner with researcher scientists and private-sector practitioners to infuse trauma-informed treatment throughout its child welfare system. The grant will support broad-based training of social workers, foster parents, attorneys, counselors, and other professionals who work with the District’s abused and neglected children.

**Pennsylvania**

Pennsylvania’s demonstration project will test a new case practice model focused on family engagement, enhanced assessment, and the introduction or expansion of evidence-based programs. The project will target children 0-18 in or at risk of entering foster care with the goals of improving permanency, increasing positive well-being outcomes for children and families, and preventing maltreatment and re-entry of children into foster care. Pennsylvania’s waiver team has already identified several standardized well-being, developmental and behavioral assessment tools for consideration, as well as potential evidence-based interventions. A robust evaluation will not only track changes in key child welfare outcomes for children and families participating in the demonstration but also assess the effectiveness of specific interventions with the population.

**Michigan**

 Western Michigan University and its partners will use the Trauma Symptom Checklist to identify children with trauma-related needs. Using a Learning Collaborative model, the grantee will build the workforce’s capacity to deliver evidence-based and evidence-informed trauma treatments, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Ongoing functional assessment will be used to track progress. While working to scale up evidence-based interventions, they will also identify and de-scale services that are not achieving the desired improvements in well-being for children and youth.

**Final Summary**

**With the growing professional recognition that trauma plays an enormous role in the creation, exacerbation and continuation of serious problems in the lives of children and families in the child welfare system, new efforts to address its impact are beginning to develop nationally. Because of the increased funding of trauma-informed grant projects, the wider dissemination of trauma-informed practice tools, and the expansion of training opportunities, there is new evidence that trauma-informed child welfare practices are beginning to impact the way child welfare systems engage with children, families and communities nationwide. The initial steps states, local agencies and providers have taken nationwide are varied and in the early stages of development.**