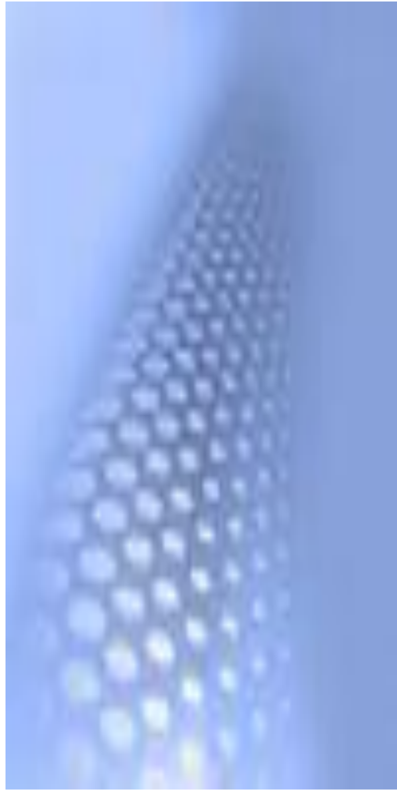

Complex Trauma in the Spokane Metro Area: Key Informant Perspectives

Prepared for the Empire Health Foundation

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Introduction

The Empire Health Foundation sought a means both to learn more about the Spokane Metro Area's progress in addressing the issue of complex trauma, including Adverse Childhood Experiences (ACEs), and to build relationships with organizations involved in those efforts. In order to begin its work toward these two goals, Foundation staff and Clegg & Associates conducted a series of key informant interviews in five key sectors — child welfare, healthcare, K-12 public education, juvenile justice, and social services. (The individuals interviewed and the organizations they represent are noted in the appendix.)

This report summarizes the key informants' perspectives. It includes information to provide context, an assessment of the readiness of each of the five sectors to address complex trauma and ACEs, and a capacity mapping summary of prevention, early intervention, and mitigation/treatment/care resources currently available. Finally, the report includes a compendium of strategy ideas key informants suggested that the Foundation pursue to address complex trauma and ACEs in the Spokane Metro Area.

What is Complex Trauma?

The term complex trauma describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development. Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary care giving system. Exposure to these initial traumatic experiences—and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood. *The National Child Traumatic Stress Network Website*

What are Adverse Childhood Experiences (ACEs)?

Adverse Childhood Experiences (ACEs) include exposure to the following types of trauma and/or abuse prior to 18 years of age: recurrent physical abuse; recurrent emotional abuse; contact sexual abuse; an alcohol and/or drug abuser in the household; an incarcerated household member; someone in the home who is chronically depressed, mentally ill, institutionalized, or suicidal; domestic violence; one or both biological parents absent; emotional or physical neglect. In large part, untreated abuse translates into disease as the result of various behavioral coping mechanisms such as smoking, excess drinking, drug use, promiscuity, and overeating being utilized to gain relief.
Schuyler Center for Analysis and Advocacy Website

A Caveat

The key informants interviewed for this report represent an enormous amount of knowledge and expertise. With assistance from local and regional partners, the Foundation identified each individual as a leader who could provide a great deal of insight about what is going on in the Spokane area related to complex trauma and ACEs. Although this is definitely the case, it is also important to remember that the number of people who contributed their perspectives about each sector is quite small. As a result, some caution should be exercised in generalizing the findings summarized here.

What is the Context for the Foundation's Efforts?

The Empire Health Foundation's work related to complex trauma and Adverse Childhood Experiences (ACEs) takes place in a complex environment where numerous trauma-related program, service, and capacity-building efforts are already underway. The presence of trauma as an underlying issue for many individuals and families who come into contact with the community's public and non-profit organizations makes this level of current activity understandable. In addition, mandates from the federal and state governments to improve the client outcomes in the child welfare, juvenile justice, public education, and health sectors have led to a greater recognition and clearer understanding of the role complex trauma plays in the lives of many community members and to an associated interest in improving the effectiveness of services and programs designed to help them.

As the Foundation looks ahead to developing its investment strategy around complex trauma, it will be important to take into account the cross currents that these developments are producing. The Foundation's opportunity to have a long term and dramatic impact on the lives of many Spokane Metro Area families and children depends in part on its ability to read the environment correctly and create an investment strategy that works within the existing environment to catalyze real change.

The information below highlights a number of the key system-level policy and programmatic issues related to the at-risk families and children potentially in need of complex trauma-related services that are important for the Foundation to understand and factor into its investment strategy.

AHEC is a critical resource for the community

The Foundation enters the world of ACEs and complex trauma at a time when there has been a good deal of research, training, and community effort expended to address the issue. The Foundation has the opportunity to join forces, leverage, and learn from those already at work in the ACEs arena to build a stronger, more effective community approach to complex trauma and ACEs prevention, early intervention, and treatment/mitigation/care.

Washington State University's Area Health Education Center (AHEC) has been conducting ACEs-related research, training local organizations, and providing

critical leadership in building evidence-based approaches to addressing ACEs for more than a decade. In addition to the many years of excellent research and training AHEC has conducted, the organization has recently become a Community Treatment and Services Center under the National Child Traumatic Stress Initiative.

Child welfare is changing

Key informants pointed to the upcoming changes in the child welfare system as a critical backdrop for developing an investment strategy around ACEs. On October 1, Washington State was awarded one of nine Title IV-E waivers from the U.S. Department of Health and Human Services (HHS) to be used for child welfare demonstration projects. Washington's IV-E waiver is designed to keep children and youth classified as "non-emergency victims of neglect" out of the foster care system. The federal waiver presents an opportunity to provide the services families need to stay together or re-unite with their children and keep them stably housed. Washington's core activities will focus on Family Assessment Response (FAR), also known as "differential response." FAR allows the Department of Social and Health Services (DSHS) to provide families with preventive and support services important for many families who are already homeless or at risk of becoming homeless. Because FAR is a less adversarial process, families are more likely to react favorably to assistance from case managers and other service providers leading to more permanency in employment and housing, and more stability for children.

In another significant development, key informants shared that the DSHS Children's Administration is moving to a new system for provision of child welfare services. Based on direction from the State Legislature, the Children's Administration is consolidating its system and converting to performance-based contracts for child welfare services. Family Support and Related Services will be provided to families through network administrator entities that will be responsible for building a network of care. The creation of network administrator contracts for Family Support and Related Services is intended to improve child safety, child permanency, including reunification, and child well-being outcomes through the collaborative efforts of the department and contracted service providers. (DSHS will issue an RFP on December 31, 2012 seeking organizations to serve as network administrators in different geographic catchment areas throughout the state.)

Healthcare reform is underway

Some key informants shared that healthcare reform presents far-reaching opportunities to improve prevention, early intervention, and treatment/care for individuals who have or are experiencing complex trauma. The advent of health homes could create a venue to screen individuals for ACEs and coordinate interventions to assist them in addressing their own trauma history as well as reducing the likelihood that parents will replicate their histories with their children. The transition to a reformed healthcare system will likely be very challenging for local systems of care; however, healthcare reform can serve as an important pathway to improving access to care for many at-risk families. Obstetricians, gynecologists, pediatricians, and family medicine and Emergency Department (ED) clinicians could play a key role in identifying and referring patients for ACEs prevention and mitigation services.

Budget cuts are driving local organizations to rely more on time-limited grant funds

Though key informants report that local organizations are succeeding in bringing in time-limited grant funds for expanded programming around trauma and its impacts (for example, the Robert Wood Johnson Foundation grant to the Spokane Public Schools), the overall downward trend for social and health services funding is of huge concern to many people. Individuals interviewed reported that in addition to grant funds creating a ramp-up, transition to ongoing funding, and shut down cycle, grant applications take a significant amount of staff time and resources to complete. The combination of funding reductions and the need to apply for multiple, time-limited resources to maintain or create new service capacity represents an enormous challenge for the organizations trying to address ACEs and other complex trauma issues among their client populations.

More families are under stress

Many of those interviewed believe that stresses on families due to the economy are increasing the incidence of family disruption and its potential for trauma. For example, Juvenile Court staff reported that dependency cases have increased significantly and a number of service providers reported that parents are often unable to obtain the services they need to maintain custody of their children. A number of people interviewed asserted that CPS

in Spokane County attains a lower rate of reunifications than other parts of the state. (Federal mandates for Children's Protective Services call for reunification of families to be the top priority.) Data available through Partners for Our Children confirm this perception — CPS in Spokane County achieves a lower reunification percentage than the rest of the state with somewhat higher percentages of adoptions and guardianships. There is also a higher percentage of re-referrals of cases over time in Spokane than is true statewide.

In addition, a number of individuals believe that the lifetime sixty-month limit on eligibility for cash assistance through the Temporary Assistance for Needy Families program (TANF), state family assistance (SFA), and general assistance for pregnant women (GA-S), combined with the downturn in the economy, will leave numerous at-risk families without sufficient income. Although some families will be eligible for a hardship TANF/SFA time limit extension (e.g., those with an open child welfare case), many others will experience serious economic hardship and increased family stress. This type of stress has the potential to increase the incidence of ACEs-type trauma.

More children and youth are reflecting serious problems; many of them at a younger age

Many people noted that the service need among children is growing very rapidly and that serious problems are much more prevalent among children this year than last. In addition, many of those interviewed shared that they are now seeing behavioral health problems in much younger children than ever before. This includes reports of kindergartners and first graders who are violent and 10 and 11-year olds appearing in the Juvenile Court system.

What is the Upshot of the Key Informant Interviews?

Many efforts underway, many people working very hard, but no systematic approach

Efforts to address complex trauma and ACEs cut across multiple discrete service systems that encounter and address trauma: K-12 public education, child welfare, juvenile justice, healthcare (including public health, mental health, and substance abuse treatment), and social services.

The key informant interviews provided numerous examples of individual programs (e.g., Catholic Charities' Childbirth and Parenting Assistance Program (CAPA), Lutheran Community Services' ACT for Kids, New Horizons' Parent Child Assistance Program, and many others) that are working hard to address the impacts of trauma in Spokane-area children, youth, and families. The interviews also yielded examples of effective collaborations that bring together representatives of different systems such as the Unified Family Treatment Court and Partners with Families & Children.

Having said that, however, it is clear that the Spokane Metro Area lacks a coordinated effort to prevent complex trauma and ACEs among children and youth, to identify and assist individuals who are at risk for either experiencing trauma themselves or inflicting it on others, and to mitigate/treat/care for adults with trauma histories. Such a system would include three components necessary to address ACEs effectively on a community-wide basis:

- Prevention activities that target all children, youth, and families in order to promote resilience, build strong families, and improve parenting skills
- Early Intervention services that identify children, youth, parents, and families who are at risk due to their own trauma histories and/or current life circumstances, and that provide comprehensive, coordinated services to help them avoid either experiencing or inflicting further trauma

- Mitigation/Treatment/Care services that help children, youth, and families deal with the trauma they have or are experiencing in order to become effective students, peers, parents, family members, and community participants

Clearly, the development of such a system would require a multi-year, community-wide commitment. Without a systematic and coordinated initiative over several years that includes these components, the chances of making significant progress on complex trauma and ACEs are limited. The report sections that follow provide information that will help the Foundation craft a multi-year strategy for development of a comprehensive and collaborative approach to addressing complex trauma and ACEs.

How Ready is Spokane to Move Ahead on ACEs?

Sectors differ in terms of ACEs awareness and proficiency …

One focus of the key informant interviews revolved around obtaining a sense of the level of awareness regarding complex trauma and ACEs among participants from the different sectors. We asked key informants about the level of awareness among community members at large and among those in their own field. During the interviews it became clear that both awareness and proficiency are important, with many key informants distinguishing between the two, as defined by these questions:

Awareness within the community at large: Do community members know that children can experience a variety of traumas during childhood (known as Adverse Childhood Experiences or ACEs or complex trauma) that may influence their health, educational, and social outcomes over time?

Awareness within service systems or sectors: Do staff working in these systems understand that children can experience a variety of traumas during childhood (known as Adverse Childhood Experiences or ACEs or complex trauma) that may influence their health, educational, and social outcomes over time?

Proficiency within service systems or sectors: Do staff have expertise regarding the specific interventions that are most effective in either preventing ACEs and/or addressing their impacts among clients, patients, students, and program participants?

Based on these definitions, key informants in the different sectors assessed the levels of awareness and proficiency as summarized here.

Sector	*Awareness*	*Proficiency*
Community at-large	Low	n/a
K-12 Public Education	Medium	Medium
Child Welfare	High	Medium
Healthcare	Low	Low
Juvenile Justice	High	Medium
Social Services	High	Medium

Training

Delving deeper into this topic, we learned a fair amount about the ACEs-related education or training people had received. The amount of training turned out to be considerable and probably more extensive than is true for professionals in these same sectors in other parts of Washington. Many key informants noted they had participated in at least one, if not more, orientations or workshops on ACEs or complex trauma.

This was certainly true for key informants from public education, where the majority of personnel who have direct interactions with children have been exposed to trainings on complex trauma, including ACEs, the ARC Model, or Circle of Security. Many of these professionals in the highest needs schools have also participated in more in-depth trainings and professional development opportunities related to the topic of complex trauma. It was also true to a lesser degree for the court-related personnel we interviewed, who noted that members of the Unified Family Court Teams and Guardian Ad Litem staff have had some training around complex trauma. They also noted that this level of training is not universally the case for all court personnel and not at all typical on the corrections side of the sector or for those without direct client interaction.

Similarly, those we interviewed in the child welfare arena had all had some training and believed that many case workers had been exposed to the concepts around ACEs and complex trauma. However, they were clear that ACEs training was not conducted broadly or deeply. The service providers interviewed also reported that staff in Spokane agencies providing child/family counseling or behavioral health services likely had participated in some type of training related to trauma-informed care.

Despite the amount of training they had received, many individuals pointed out that the translation of this training into improved services was difficult to make happen. People shared that the training laid a strong foundation for their knowledge around complex trauma and ACEs but did not include specific protocols for them to follow once they returned to their workplace.

“The foundational training on ACEs changes everything about how you deal with families.”

System-Level Practices

In most interviews we asked key informants whether protocols or tools were in place to assess or screen for ACEs among their clients; few said yes. Although some individuals in the court and child welfare system noted that intake assessment tools included some relevant questions, they are not specific to ACEs, comprehensive, or standardized. Social service providers interviewed said that counselors in their agencies also ask ACES questions at intake, but there is no one tool used broadly in the field. Yet, many of those interviewed reported that it may not be difficult to incorporate ACEs questions or an ACEs checklist into their intake assessments.

We also asked key informants whether there are cross-agency or cross-system tracking systems in place for clients, including the services received, referrals, or other information that may be of use in understanding the nature of service delivery and the various agencies and sectors involved in individual cases. The answer was generally no, at least not in a form that would be readily available or valuable to coordinate services better.

There are leaders ready to engage …

Similar to our questions regarding awareness and proficiency, we asked key informants how ready they and others in their sector are to engage in ACEs-related initiatives. Although we did not ask specifically about whether they were ready to engage in a collective impact approach, we did discuss approaches to galvanizing action around ACEs.

The results summarizing people's assessment of their own sector's readiness, their individual interest in playing a leadership role, and our view regarding their readiness for involvement in a coordinated, cross-system initiative (such as a collective action approach) are summarized in the table below.

Sector	*Own Sector*	*Collective Action*	*Leadership Role*
K-12 Public Education	High	High	High
Child Welfare	Medium	Low	Low
Healthcare	Medium	Medium	Medium
Juvenile Justice	High	Yes	High
Social Services (general)	High	High	High

Classifying a sector as Medium or Low in terms of readiness does not mean they are uninterested in working on an ACEs initiative or lacking in individuals who could play leadership roles. It simply indicates that additional progress may need to be made before the systems represented in the sector would be able to make the transformative changes an initiative might hope to achieve.

What Did We Learn about the Current Capacity to Address ACEs-and Complex Trauma?

Key informants shared information about the services, initiatives, programs, and other efforts that are underway in each of the potential areas that could comprise a community-wide initiative to address ACEs in the Spokane Metro Area: prevention, early intervention, and mitigation/treatment/care. Although the results do not provide a comprehensive picture of *all* of the services currently available, and thus should not be viewed by any means as a complete inventory, they do offer a sense of what is going on now related to ACEs.

In addition to key informant's perspectives regarding the services that are available now, key informants also shared their insights about what capacities are missing and would be useful to add to the local response to complex trauma and ACEs. While most of the gaps identified related to specific services, numerous key informants shared their concerns around the lack of data sharing across sectors and its impact on their ability to implement to coordinate services for their clients effectively.

The programs and services included below are organized by the population group the activity focuses on; though there is overlap, many programs target a small number of populations.

Prevention: Key Informant Examples of What Exists Now

Community-wide prevention	*Spo-Can (Spokane Prevention of Child Abuse and Neglect)* sponsors community education and trainings *Lutheran Community Services' ACT for Kids* distributes resources to prevent and heal sexual abuse and other forms of family and social trauma
Neighborhood-based prevention	*Neighborhoods Matter* is a community-based approach to reduce the health disparities impacting maternal, child and family health

Prevention for pregnant women	*Nurse Family Partnership* is a program in which public health nurses visit first-time, low-income mothers in their homes *Childbirth and Parenting Assistance Program (CAPA)* provides peer-based parenting program(s) for women who are not involved with CPS
Prevention for families	*Communities in Schools* offers programs in Glover, Chase, Cheney and Shaw Middle Schools, Sheridan Elementary and Lewis and Clark High School *Strengthening Families Program (SFP)* provides parenting and family strengthening program for high-risk and regular families *Parent Trust for Washington Children* offers education and support for parents, caregivers, children, teens and the professional community *Children's Home Society Parents as Teachers* provides a home visiting program where certified educators meet with families and offer support and information about early education and school readiness *Children's Home Society Galland-Ashlock Family Resource Center* delivers a variety of support programs and counseling to provide parents with tools to assist in the development of young children
Prevention for children and youth	*Starting Strong Triple P (Positive Parenting Program)* is an early childhood education and development initiative administered by the Northeast Washington ESD *Mentoring* through Boys and Girls Club and the new Life Center Mentoring program (new program with local volunteers from a local church) *Spokane County Head Start* delivers a development program that provides early childhood education, social services and health services for eligible young children and families, including those with special needs

Prevention for teens	*School Resource Officers (SROs)* provide public safety services operating at Spokane District high schools, middle schools and elementary schools *Community Attendance Boards* work with youth in middle schools who have four unexcused absences. Priority Spokane is the sponsoring organization for the initiative The *Teen Outreach Program* addresses teen pregnancy, academic course failure and school suspensions, and youth's attitudes toward community engagement and service *Planned Parenthood of Greater Washington and Northern Idaho* operates health center services in Spokane

Prevention: Key Informant Examples of Missing Elements

Key informants cited the following prevention-related activities as capacities that they do not believe exist in the Spokane Metro Area at this point in time.

Community-wide prevention	Primary prevention around ACEs that targets the community as a whole Healthcare providers for at-risk families; many do not have one Healthcare providers screening for and providing treatment of ACEs
Neighborhood-based prevention	Focused, comprehensive, in-depth community development work in the neighborhoods with persistent poverty
Prevention for pregnant women	None mentioned

Prevention for families	Families' access to preventive care may be limited by the challenges they face in enrolling for health insurance under the State's new Healthcare Exchange. Employment opportunities for parents A more extensive Triple P initiative, such as the Triple P Ecological Model Flexible funding to support prevention services for families identified but not yet enrolled in the formal systems (CPS, juvenile court)
Prevention for children and youth	Full-day kindergarten for all children in the Spokane Public Schools (only one-half of kids have access to full-day kindergarten now)
Prevention for teens	Full-day counselors at the schools; currently most schools have a counselor on site for half the school day School-based coordinators to refer students to services, including substance abuse and mental health treatment

Early Intervention: Key Informant Examples of What Exists Now

Community-wide early intervention	*Training* around trauma has increased the level of awareness among many in the social services arena, particularly those serving children and families
Neighborhood-based early intervention	None mentioned
Early intervention for pregnant women	*Nurse Family Partnership* is a program in which public health nurses visit first-time, low-income mothers in their homes

Prevention for families	*The Spokane Child Abuse and Neglect Prevention Center (SCAN)* provides home visits, in-home parenting education and fatherhood education *Spokane Parent Advocacy Network* is a new parent-to-parent peer mentoring program operated out of Commissioner Moe's Office *Family Assessment Response* will soon be available through CPS; provided through SB 6555 that allows for earlier intervention and services to prevent placement in cases of suspected abuse or neglect
Early intervention for children and youth	*Weaving Bright Futures* delivers a program in which public health nurses work with children and their families who have been exposed to events or difficult life situations affecting their ability to learn and their health status *Department of Early Learning* funds family resource coordinators and medical equipment for developmentally delayed children (maximum caseload 45 children)
Early intervention for teens	*Collaborations between Spokane School District and Juvenile Court*s, e.g., Community Truancy Board to assist students in avoiding Court intervention; includes MOU with AHEC to track associated metrics *The Neighborhood Accountability Board* (made up of community volunteers) serves as an alternative to the court system for youths committing first- and second-time minor offenses *School Resource Officers (SROs)* at Spokane District high schools, middle schools and elementary schools provide public safety services at the schools *Community Accountability Boards* provide an alternative for youth who are first-time offenders. Youth may be referred to services, ordered to pay restitution or perform community service *Early Warning System in Spokane Public Schools* identifies youth who are not on track to graduate from high school on time *Response to Intervention (RTI)* is a model used in schools to provide early, systematic assistance to those having difficulty learning

Early Intervention: Key Informant Examples of Missing Elements

Community-wide early intervention	Clarity within the healthcare sector regarding how best to identify at-risk children and families and what interventions to provide that will meet the children and families' needs Systems and protocols to identify subtle cases of risk and intervene appropriately; the obvious cases, i.e., those that CPS gets involved in, get dealt with Training for community members, faith communities, and service providers not directly involved, but who can play a role in referring people for services
Neighborhood-based early intervention	None mentioned
Early intervention for pregnant women	None mentioned
Prevention for families	More parenting programs that work with at-risk fathers to assist them in becoming effective parents Screening for ACEs by organizations that serve at-risk clients integrated with an active referral network of mental health, substance abuse, and other treatment agencies that can address the results of the screening for the individuals involved Sufficient peer-based parent training for women who are mandated by the courts or CPS Trauma-informed healthcare homes that address the multiple needs at-risk families experience Sufficient efforts to identify high-risk families that would benefit from early intervention, including greater availability of family preservation services Earlier access to mental health and substance abuse treatment for at-risk families to help prevent CPS involvement and kids being removed from their parents, having trouble in school, and becoming involved with the juvenile justice system. Public health nurse home visitation services for new parents

Early intervention for children and youth	Summer extension programs for schools to enable young at-risk children to stay connected to positive environments and people over the summer. Without this many children exhibit serious behavior problems when they return to school in the fall Preschool children who are not enrolled in Head Start or other similar programs may not receive any attention related to ACEs; there are not many services for the 3-5 year age range Sufficient safe, out-of-home placements for children and youth who may be able to return to their families following parents' participation in drug/alcohol treatment There are a variety of tools available to screen children and youth at different ages and stages of involvement in community systems; however, there are not adequate evidence-based services or sufficient coordination to follow up those assessments with appropriate help
Early intervention for teens	School Resource Officers (SROs) would like more training regarding trauma and crisis intervention in order to play a broader role with the kids that are getting in trouble at school and landing in detention School Resource Officers (SROs) are often not able to refer kids for help; there are not sufficient mental health staff at the schools and SROs do not have an adequate community referral network School-based early intervention for youth with substance abuse problems

Treatment/Mitigation/Care: Key Informant Examples of What Exists Now

Community-wide treatment/ mitigation/care	*Reasonable Efforts Symposium* brings together stakeholders from the courts, Children's Administration, and private agencies to focus on cross-system development and implementation of reform strategies *DSHS and HCA Transition to Evidence-based Practices* is required by the legislature in the areas of child welfare, juvenile rehabilitation and mental health

Neighborhood-based treatment/ mitigation/care	None mentioned
Treatment/ mitigation/care for pregnant women	*New Horizons' Parent Child Assistance Program* provides case management for pregnant women with drug use histories up to six months post-partum *New Horizons* also provides outpatient drug/alcohol treatment
Treatment/ mitigation/care for families	*Early Family Support Services (EFSS)* provides public health nurses for home-based services to children and families who have been referred by CPS; services are designed to strengthen families and improve the health of all family members *Partners with Families & Children* provides a one-stop shop for families referred by CPS to respond to serious child abuse injuries that rise to the level of a crime *Empowering, Inc.* provides a comprehensive array of family preservation, intensive stabilization services, crisis intervention, individual and family therapy and counseling services *Unified Family Court* is led by a Court Commissioner and includes representatives from the Attorney General's Office (representing the State), the parents' attorneys, social workers, and Guardians ad Litem working together *The State's Division of Behavioral Health and Rehabilitation (DBHR)* is leading an effort to train mental health agencies in the delivery of Trauma-informed Cognitive Behavioral Therapy *Join Hands for Children* is a performance-based contracting initiative for Washington's child welfare system which could have an impact on service delivery across the system. (The Spokane Regional Office is a demonstration site for this initiative) *Substance Abuse Services* from four local agencies who have funding to support treatment for parents who lose their Medicaid coverage and are working with CPS to be reunited with their children

Treatment/ mitigation/care for children and youth	*Mental health treatment for traumatized children* is provided by multiple providers, including Lutheran Community Services Northwest, Partners with Families & Children and Children's Home Society *Lutheran Community Services, Sexual Assault & Family Trauma (SAFeT) Response Center* provides crisis response hotlines, 24-hour advocates for medical or legal support, counseling for children, teens and adults who have been abused physically, sexually, emotionally, or were witnesses to domestic violence or drug use *Lutheran Community Services' Children With Problematic Sexual Behaviors* is also a resource for children under 17 and their parents *Empowering, Inc.* provides therapy and support for children through its family preservation, crisis intervention and therapy and counseling programs *Children's Home Society*'s *Children's Waiting Room* provides licensed care at the Courthouse for children's whose parents are in court *Multi-system collaboration* efforts are underway among service providers to treat multi-system kids more effectively, i.e., those who are receiving services from different combinations of developmental disabilities, mental health, juvenile justice, and child welfare

Treatment/ mitigation/care for teens	*Juvenile Drug Court* provides an alternative to Juvenile Court action by referring the youth to mental health and/or substance abuse treatment *Crosswalk*, operated by Volunteers of America, provides a safe out-of-home placement for youth, including those who are involved in the court system *The Regional Crisis Residential Center* provides temporary shelter and crisis counseling for youth ages 13 through 17 who are in conflict with their families, have run away from home, are at risk of running away, or are homeless *Lutheran Community Services, Sexual Assault & Family Trauma (SAFeT) Response Center* and *Children With Problematic Sexual Behaviors* program(see entry for children) *Empowering, Inc.* addresses adolescent and family issues through its Crisis Family Intervention and therapy programs

Treatment/Mitigation/Care: Key Informant Examples of Missing Elements

Community-wide treatment/ mitigation/care	Sufficient training to enable service providers to provide evidence-based services to children, youth, and adults who have experienced ACEs Access to mental health services for people who are not Medicaid eligible Outcome measurement among many parts of the service system serving children and families affected by ACEs
Neighborhood-based treatment/ mitigation/care	None mentioned
Treatment/ mitigation/care for pregnant women	None mentioned

Treatment/ mitigation/care for families	Sufficient chemical dependency treatment Adequate clean and sober housing for parents who are participating in substance abuse treatment A care coordination system for at-risk families; larger healthcare practices may perform this function but smaller clinics do not Sufficient ACEs-related training for court staff (the Drug Court Coordinator is currently organizing a training) Sufficient mental health treatment services for non-Medicaid families Kids and families fall through the funding cracks due to Medicaid rules, e.g., fathers cannot get services depending on whether they're living with the mother and child Adequate resources to enable early identification of at-risk families and provision of needed services; this results in many families winding up in the dependency system Individuals and families receiving services are assessed by multiple agencies; there is little sharing of assessment results and treatment approaches across the agencies that are working with each client/family Sufficient visitation services for families with out-of-home children Sufficient transportation options for families with out-of-home children Sufficient home visitation services after children are reunited with their families
Treatment/ mitigation/care for children and youth	There is no reimbursement currently for the care coordination function, e.g., care coordination for developmentally delayed or disabled children Sufficient children's mental health treatment (long waiting lists and RSN does not focus on kids)

Treatment/mitigation/care for teens	Sufficient mental health counseling capacity within the schools combined with the ability to refer students to community agencies for treatment without financial and liability challenges (see below) Funding to support the substance abuse treatment at the school district Sufficient trust among the different systems working with kids in the juvenile justice system to share information that would improve the youths' care Sufficient financial resources to pay for the mental health and substance abuse treatment needed by the youth who are referred to care by the Juvenile Drug Court CPS foster home or group home placement for youth involved in the court system who are "abandoned" (i.e., their families won't/can't take them home). Some youth agree to go to the Crisis Residential Center, but many do not Sufficient safe out-of-home placements for youth who have been referred to substance abuse and/or mental health treatment by the Juvenile Drug Court

What Suggestions Did Key Informants Have For The Foundation's ACEs Initiative?

Key informants shared a significant number of creative and innovative ideas regarding the approaches that would enhance the ACEs-related prevention, early intervention and treatment/mitigation/care taking place in the Spokane Metro Area. The suggestions fall into six categories — policy, system-change, organizational transformation, programming, training, and research.

A note… this is a really long list! It includes numerous worthy suggestions. As the Foundation formulates its investment strategy, looking across the myriad ideas for the best ways to catalyze action and create a coherent plan will require careful thought.

Key Informant Policy Ideas

- Advocate that OSPI include addressing ACEs as a mandated activity; school staff prioritize their time and resources based on OSPI mandates and without a mandate ACEs receives less attention than it requires
- Advocate for State funding for all-day kindergarten
- Encourage the schools to adopt a more positive and consistent response in how they handle challenging children. They should not suspend these kids, but keep them connected to services and education and reach out to engage the families in addressing the issues behind challenging behaviors
- Propose a change in the WAC to eliminate the requirement that agencies with more than one healthcare professional working in a client's home must be licensed as a home health agency. The Spokane Health District is limited by this requirement; changing the WAC would enable the District to assign appropriate staff to a household
- Advocate for increased investments for children in the dependency system. If these kids don't get what they need, they'll show up later in the juvenile and adult correctional systems. There is a sense that the majority of funding goes to juvenile offenders without enough attention paid to the dependency side of the system. The lack of resources can result in kids being returned to families that may not be able to care for them successfully. The decision about where to place a child is often related more to the availability of resources than the child's needs

- Work for a change in the time limitations on services available to families, both prior to formal involvement with the child welfare system and after reunification
- Support a move to greater independence for judges and advocates involved with dependency cases. These cases are complicated and the children and families often benefit when there is room in the decision-making process for alternatives to standard protocols
- Work for an increase in the amount of blended or cross-system funding to support wrap-around service models that can reduce the fragmentation that results for children served by multiple systems
- Identify and advocate for methods for agencies to share information/data across sectors
- Urge higher education institutions to add ACEs-related education and continuing education requirements for professionals (e.g., teachers, healthcare providers, etc)
- Advocate for the development of a unified system of tracking outcomes related to ACEs across the multiple systems that see the effects of trauma and deal with its aftermath
- Encourage a more systematic, evidence-based approach to allocating resources to address the impacts of trauma and its transmission from one generation to the next. Some of the evidence-based programs that appear most effective in addressing the root causes of ACEs, particularly those related to teaching successful parenting, are expensive and beyond the budgets of most local health departments and service provider organizations. Identifying an approach to allocating resources to address the highest risk parents through evidence-based practices could make a difference in reducing the intergenerational transmission of ACEs
- Support the new flexibility allowed in the use of Title IV-E funding for innovative services to prevent children from entering foster care, to support reunification, and to find and support permanent homes for children who cannot be safely reunited. With the waiver recently granted, funding can now be used for prevention services and services after a family has reunified

"We can provide more if the child is out of the home than still in the home, and that's terrible!"

Key Informant System-level Ideas

- Implement a collective impact approach to ACEs. There are multiple efforts underway related to children and youth and fledgling cross-sector initiatives that would produce better outcomes if they had more structure and some staff support that brought people together to pursue specific and shared goals around prevention and mitigation of complex trauma:
  - Bring together the different ACEs initiatives underway in the Spokane Metro Area to share information about target populations, methods and evaluation results
  - Develop a strong partnership with AHEC to ensure that the ACEs-related efforts in the community are evidence-based and include a valid research component to measure their effectiveness. Identify opportunities to work collaboratively with AHEC's new designation as a Category III Community and Treatment (CTS) Services Center within the National Child Trauma Stress Network
  - Encourage adoption of a common approach across sectors to addressing trauma, e.g., the social ecological model (Bronfenbrenner's child is at the center of the conversation)
  - Include the business community. The Health District is interested in serving as a pilot site for upcoming Centers for Disease Control work around employers and ACEs, which could serve to demonstrate the cost savings to businesses due to reduced absenteeism
  - Priority Spokane, staffed by United Way, could serve as an effective community partnership model for ACEs-related efforts
- Increase the amount of work across silos. Team-based approaches like the Unified Family Court get everyone around the table and in the problem-solving mode — broadening this concept can bring about greater integration of service delivery. Other examples are Spokane's Models for Change within the juvenile court system and the "system of care initiative" identified by SAMSHA for the Comprehensive Community Mental Health Services Program for Children and Their Families that targets youth who have mental health needs and have become involved with the juvenile justice system. These initiatives could provide more ideas for collaboration and system improvements

- Invest in coordinators in each sector to lead the ACEs-related work and make connections across sectors
- Provide funding to support non-programmatic improvements to the system:
  - Enable agencies to hire grantwriters to develop high-quality proposals for ACEs-related services
  - Support a communications/marketing specialist to create a community education campaign around ACEs and complex trauma
  - Hire a technology specialist to work with the various data systems to extract information that can be used to make the case for ACEs
- Develop community capacity and scale up well-designed and evidence-based treatment and interventions prior to implementing broad-based complex trauma/ACEs screening to ensure there are services available for those who need them following assessment
- Invest in development of a more coordinated trauma screening and earlier identification mechanism for children and families in need:
  - Identify all the points where people who may need help related to complex trauma and ACEs come into contact with community systems and services that could assist them (e.g., visits to urgent care, services for women when they are pregnant, Head Start and ECEAP); build in referral and care coordination approaches to these "gateways" that will provide for a more consistent and coordinated response
  - Use programs in place, like Head Start and other early learning programs, where there is a parent engagement strategy and a relationship already established to provide ACEs education, screening and referral to needed services and support
  - Develop a consistent approach across healthcare providers to ensure that healthcare homes address ACEs-related issues effectively. Unlike the courts and the child welfare system, which represent the government and the risk of removing children, creating an environment that is not conducive to honest sharing about problems/issues, the healthcare system may represent an "ACEs identification gateway" for children and adults
- Build in an evaluation component for each program/service to move the entire community toward implementation of evidence-based practices

"We have a lot of good programs in place, but we don't have anything resembling a system of services."

Key Informant Organizational Transformation Ideas

- Help build effective and sustainable infrastructure within nonprofit and public organizations working on complex trauma and ACEs to ensure that evidence-based practices can be successfully implemented over time:
  - Develop micro-communities of practice to begin transforming the quality of care to evidence-based models
  - Examine the shared practice model to build capacity and expertise among organizations working with traumatized children, youth and adults
  - Support organizations serving children, youth and families that adopt available evidence-based practices and receive training in how to implement them
- Take advantage of healthcare reform efforts to transform providers' practice to include screening for complex trauma and ACEs, reporting child abuse, integrating behavioral health services, and implementing approaches that embed ACEs-related prevention activities into the healthcare system. This would support the reduction of high cost care required under healthcare reform
- Invest in moving agencies that serve children, youth, and adults from practices that are trauma sensitive to those that are trauma-informed and ultimately to a comprehensive trauma-focused approach. Encourage organizations to conduct the National Child Trauma Services Network readiness assessment to determine to what extent they are a trauma-informed service provider
- Encourage the adoption of protocols in child welfare agencies that help get parents involved in services more quickly. Case workers vary in how they approach this and what they approve for service funding. With the new flexibility provided by the Title IV-E funding waiver, having clearer guidelines that encourage the use of funds for earlier intervention and support of treatment services before children are removed from homes could make a big difference

"It should all come back to what helps kids the most. The biggest trauma they may face may be getting taken away from their parents. What they need is successful parents and we need to figure out how to help make that happen."

Key Informant Program Ideas

- Improve the mental health resources available in schools:
  - Increase the number of school counselors to provide full-day counselors at every school; currently there is only a half-time counselor at many schools
  - Expand mental health services on site in schools. Schools are licensed as mental health and drug/alcohol providers but there is insufficient funding to provide needed services
  - Update the school counseling model
- Support the increased use of the one-stop model employed by Partners with Families & Children, where at-risk families can obtain many of the services they need at one location
- Expand the provision of Parent Child Interaction Therapy (PCIT) in schools, Head Start centers and other sites
- Encourage the use of the "Developmental Approach to Child Welfare Services for Infants, Toddlers, and Families Assessment Toolkit," an evidence-based set of materials that helps states and counties examine ways to embed a quality, developmental approach to serving infants and toddlers in the child welfare system, as well as meet the new federal requirements for state child welfare plans
- Expand Weaving Bright Futures to allow public health nurses to serve more children
- Create a dedicated early childhood court team for abuse and neglect cases
- Expand the mentoring program through the Life Center, Communities in Schools, United Way, Empire Health Foundation and Spokane Public Schools partnership
- Develop in-hospital, in-birth room services for new parents, including parent education and ACEs information. Consider implementation of the

Hawaiian Ohana support services model of home-based services which focuses on strengthening parenting skills and coping methods, as well as on the importance of nurturing and effective positive discipline
- Support the increased availability of developmentally appropriate family time opportunities (e.g., parent-child contact and sibling visitation)
- Fund agencies like the Boys and Girls Clubs and YMCA to provide sites for creative programs for youth suspended from school
- Provide funding for sustained support for families; it takes time to have an impact with a family that has complex problems and multiple issues
- Design and implement interventions that are family-focused. Don't separate interventions for children from those targeting families

> ***"Support the use of strength-based approaches that 'go slowly' and build trust."***

Key Informant Training Ideas

- Assess the need for additional training regarding ACEs and trauma and evidence-based practices to address them within the schools, health centers, juvenile justice, child welfare and social service systems and develop a training plan to move people to proficiency
- Mount a community-wide education effort around complex trauma and ACEs
- Expand trauma-related training deeper into key sectors and into other groups and systems in the community:
  - More extensive training for School District School Resource Officers in ACEs, Crisis Intervention Team Training (CIT), and other training that will help them recognize and address trauma-related behaviors among students at the elementary, middle school, and high school levels
  - More extensive training for detention staff
  - Additional ACEs training for early learning providers
  - Training for healthcare providers (Providence Medical Group might be interested in sponsoring the training for a system-wide audience. Nurse Practitioners could offer similar training)
  - Training for volunteers serving on community boards, e.g., the Community Truancy Board and Community Accountability Board

- Training for foster parents and relative caregivers
  - Training as a part of parent education curricula
- Increase the types of related training opportunities available:
  - Sponsor local trainings by national experts in trauma care focused on increasing proficiency in treating/caring for/educating children and youth with trauma histories
  - Conduct additional developmentally-appropriate training around trauma for different age groups and adults
  - Identify social media methods to educate the provider community about ACEs
  - Sponsor training on how to help clients break the intergenerational cycle of trauma
  - Provide training that allows participants to obtain CME or CLE credit

> ***"Get tools into the hands of those who interact most with kids — teachers, counselors, parents."***

Key Informant Research Ideas

- Identify the most appropriate screening tools and associated curriculum for the different sectors working with children and youth. Learn more about the pilots the University of Washington is conducting around universal developmental screening and the training of pediatricians and family practice physicians
- Identify the evidence-based practices that are most appropriate for use in the different sectors involved with traumatized children and develop a strategy to ensure that all sectors are aware of the models other sectors are using
- Determine ACEs prevalence at the high school level. AHEC has done a prevalence study at the elementary school level and could be approached about conducting a similar effort at the high school level
- Investigate the financial and legal responsibilities of school districts when they refer students for mental health services
- Learn from the recently-funded Holmes Elementary School project about what works to engage parents
- Investigate the impacts of the Health Care Authority placing severely disabled children into managed care plan medical homes beginning

November 1, 2012. There are concerns that this will not be an appropriate mechanism for effectively serving these children

- Identify opportunities to improve the Health Care Authority's approach to providing health insurance for at-risk families to make the system clearer and easier to access for those who are eligible
- Investigate a CMS-level Medicaid waiver to enable better design and delivery of services to children and families, including those who have experienced trauma
- Investigate fathers' eligibility for healthcare and mental health services under Medicaid. The lack of coverage, with the exception of crisis services, can impact a families' ability to care for and maintain custody of their children successfully
- Watch the implementation of the Title IV-E waiver and the Family Assessment Response (FAR) to assess its effectiveness in preventing children from entering foster care, supporting reunification, and increasing permanency for children who cannot be safely reunited
- Assess the intensity of the services provided through the Unified Family Court to determine whether there is sufficient contact with the families. (Several key informants questioned whether the Court sees the families often enough)
- Review the recently-released toolkit from Washington Models for Change in Spokane County (Spokane County Toolkit for Community Truancy Board Replication) for use as another training resource. School districts across Washington, including Port Townsend School District in Jefferson County, have begun to use the toolkit to implement community truancy boards in their own communities
- Identify the most effective community-based volunteer efforts that help children and youth who have experienced ACEs avoid the negative outcomes
- Identify opportunities to expand AHEC's role in tracking metrics across community efforts around ACEs and complex trauma
- Examine the system of care initiative identified by SAMSHA for the Comprehensive Community Mental Health Services Program for Children and Their Families

What Did Key Informants Say About Barriers to Success?

Key informants often voiced concerns about succeeding with some of the ideas they thought would be valuable for an ACEs initiative. The themes in these concerns were fairly consistent:

- Money and the categorical nature of funding, particularly money that can be used to intervene earlier and provide services that help parents address issues, including mental health and chemical dependency treatment
- Turf issues across systems, across agencies
- Confidentiality/privacy of information that works against collaboration and sharing of information across systems/agencies
- Slow system response and bureaucracy — getting people to the table quickly is critical, but isn't easy
- Active involvement by families
- The feeling that this is just one more new initiative — focus on working with the pieces of the system that are already in place and working

Appendix I: Key Informants

Washington State University, Spokane - Area Health Education Center (AHEC): Chris Blodgett, PhD, Director; Natalie Turner, Senior Project Associate

Attorney General's Office: Lisa Lydon, Assistant Attorney General

Catholic Charities: Gene Dire, Associate Director for Programs; Libby Hein CAPA Manager

Children's Home Society, Spokane: Tami Cunningham, Director

Juvenile Court Defense Attorney: Craig Smith, Parent Attorney

Lutheran Community Services Northwest: Dennis McCaughy, E.D., Director; Heike Lake, Associate Director; Erin Williams, Foster Care Programs

New Horizons, Parent Child Assistance Program: Marilyn Bordner, Outpatient Branch Administrator; Denise Joy, PCAP Clinical Supervisor

Partners with Families and Children: Kari Grytdal, Executive Director; Gary Woods, Program Director / Clinical Supervisor

Spokane County Regional Health District: Joel McCullough

Spokane County Community Services: Christine Barada, Charisse Pope, Brian Nichols

Spokane County Medical Society: Lee Taylor, Keith Baldwin

Area Agency on Aging: Nick Beamer

Providence Hospital: Susan Stacy

Spokane Public Schools: David Crump

Spokane County Juvenile Court Services: Bonnie Bush, Director; Susan Cairy, CASA Volunteer Coordinator; Pat Donohue, Probation, CASA/GAL Program Coordinator; Scott Stevens, Dependency Court/Becca

Spokane Regional Health District: Elaine Conley, Director, Community and Family Services Division; Colleen O'Brien, Program Manager, Infant Toddler Network and ABCD/ABCDE; Rowena Pineda, Program Manager, Neighborhoods Matter and Weaving Bright Futures

Spokane Public Schools: Dr. Shelly Redinger, Superintendent; Fred Schrumpf, Assistant Superintendent; Wendy Bleecker, Director of Student Services

Spokane Superior Court: Judge Ellen Clark, (Juvenile Drug Court, Unified Family Court)

The Community School: Cindy McMahon, Principal

United Ways of Washington: Erica Hallock, President/CEO

Washington State Department of Social & Health Services: Tim Abbey, Children's Administration, Area Administrator; Launi Burdge, DCFS Region 1 Area Administrator/Safety Officer

Appendix II: Additional Capacity Mapping Results

Prevention: Key Informant Examples of What Exists Now

Note: The information below provides additional detail for the material included in the capacity mapping matrix.

Spo-Can (Spokane Prevention of Child Abuse and Neglect) Council has been meeting since 1987 with the intent to prevent rather than treat child abuse. The Council is a Coalition of Child Advocates, Schools, Businesses, Child Care Providers, Nonprofits, Faith Communities, Recreational Groups, Law Enforcement, Health & Social Service Agencies, Individuals, Families, and Young People that sponsors community education and trainings.

Lutheran Community Services' ACT for Kids program distributes resources to prevent and heal sexual abuse and other forms of family and social trauma.

Neighborhoods Matter is a targeted community driven, community-based approach to reduce the health disparities impacting maternal, child and family health. The program currently operates in the East Central neighborhood of Spokane.

Nurse Family Partnership provides public health nurses with specialized training to visit first-time, low-income mothers in their homes, providing services to the pregnant women and their infant until the child is two years old. All low-income women who are less than 28 weeks pregnant with their first baby can join. The goals of the program are to help first-time parents succeed and to: improve pregnancy outcomes – healthier babies and healthier moms; improve child health and development – support and education for new parents; improve the economic self-sufficiency of the family – setting and reaching goals for the future.

Childbirth and Parenting Assistance Program (CAPA) provides peer-based program(s) for women who are voluntarily participating in parent training, i.e., they have not been mandated to do so by CPS or the courts. CAPA provides parenting classes, childbirth education classes, a new parent café, and other programs in a peer model that serves 6,000 families per year with a paid staff of 3.5 FTEs, student interns, and 1,000 volunteers who donate 13,000 hours each year.

Communities in Schools operates in Glover, Chase, Cheney and Shaw Middle Schools, Sheridan Elementary, and Lewis and Clark High School. CIS provides the following programs:

- Basic Needs: partners with 2nd Harvest Food Bank to provide children in-need at each school with a backpack filled with food for over the weekend, with Health Care for All to

become experts on referral services and insurance available to children and families, and with Toothsavers to do dental cleanings and sealants on site

- After School Programming: partners with Girl Scouts, Boy Scouts, Red Cross, Food Sense and numerous community mentoring organizations so that kids have a safe place to be in the hours after school
- Academic Support: started homework clubs and in conjunction with ESD101 received a 21st Century grant that is allowing five local schools to implement math tutoring programs
- Business Involvement: offers career engagement at each school by partnering with GSI and local businesses. Business leaders give presentations and offer tours of local place of work
- Parental involvement: offers the nationally recognized Strengthening Families Program, Family Connections and numerous family literacy nights as well as family night out activities

Strengthening Families Program (SFP) is a nationally/internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program found to significantly reduce problem behaviors, delinquency, and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment decreases as parents strengthen bonds with their children and learn more effective parenting skills.

Parent Trust for Washington Children offers education and support for parents, caregivers, children, teens, and the professional community.

Children's Home Society Parents as Teachers is a home visiting program where certified educators meet with families and offer support and information about early education and school readiness so parents learn about children's social, emotional, intellectual, language, and motor development and ways to encourage healthy growth.

Children's Home Society Galland-Ashlock Family Resource Center provides a variety of support programs and counseling to strengthen relationships as well as provide parents with tools to assist in the development of young children.

Starting Strong Triple P (Positive Parenting Program) is an early childhood education and development initiative administered by the Northeast Washington ESD.

Mentoring: Boys and Girls Club; Life Center Mentoring (new program with local volunteers from a local church).

Spokane County Head Start is a child development program that provides early childhood education, social services and health services for eligible young children and families, including those with special needs. The program offers safe and secure environments that nurture child growth and development, and provide learning opportunities for children to enhance their skills and abilities for school success. It also supports families in their role as the first teachers of their children and encourages their active involvement in the program. The Area Health Education Center (AHEC) works with Head Start to conduct ACEs-related assessments. Head Start/ECEAP/Early Head Start serves nearly 1,600 children at over 30 sites in and around Spokane. Head Start programs and services vary by age. For example: free partial day for children ages 3 through prekindergarten; free partial day for children ages 6 weeks to 3 years; full day for children ages 3 through prekindergarten; full day for children ages 6 weeks to 3 years. There are home-based options for families during pregnancy and those with infants and toddlers up to age 3.

School Resource Officers (SROs) at Spokane District high schools, middle schools, and elementary schools provide public safety services. There are six officers assigned to specific high schools and six officers assigned by region to respond to issues at elementary and middle schools in their region.

Community Attendance Boards are honing in on youth in middle schools who have four unexcused absences. Priority Spokane is the sponsoring organization for the initiative.

The Teen Outreach Program's primary goal is to reduce teen pregnancy. Additional goals include decreasing academic course failure and school suspensions, increasing youth's positive attitude toward community engagement and service, increasing the number of youth who delay onset of sexual activity, and increasing the number of youth who use protection when they become sexually active. The curriculum includes age-appropriate sessions on relationships, communication, goal-setting, and sexual health.

Planned Parenthood of Greater Washington and Northern Idaho operates health centers located in Ellensburg, Kennewick, Pasco, Pullman, Spokane, Spokane Valley, Sunnyside, Walla Walla, and Yakima.

Prevention: Key Informant Examples of Missing Elements

Note: The information below provides additional detail for the material included in the capacity mapping matrix. Key informants cited the following prevention-related activities as capacities that they do not believe exist in the Spokane Metro Area at this point in time. Although there are no doubt additional missing pieces, these offer a sampling of the gaps that exist in the prevention area of an ACEs strategy.

- Primary prevention around ACEs that targets the community as a whole
- Most healthcare providers, including those providing primary care, do not assess kids for trauma, treat them, or refer them for needed mental health and/or physical health services. Many at-risk families do not have a healthcare provider at all
- Focused, comprehensive, in-depth community development work in the neighborhoods with persistent poverty
- Families' access to preventive care may be limited by the challenges they face in enrolling for health insurance under the State's new Healthcare Exchange. The perception is that the State is not providing the assistance families need to enroll
- Employment opportunities for parents
- A more extensive Triple P initiative such as the Triple P Ecological Model
- Full-day kindergarten for all children in the Spokane Public Schools (only one-half of kids have access to full-day kindergarten now)
- Sufficient early education slots for all the children and parents who could benefit from the program
- Full-day counselors at the schools; currently most schools have a counselor on site for half the school day
- School-based coordinators to refer students to services, including substance abuse and mental health treatment

Early Intervention: Key Informant Examples of What Exists Now

Note: The information below and on the following page provides additional detail for the material included in the capacity mapping matrix.

The Spokane Child Abuse and Neglect Prevention Center (SCAN) provides parents with information about the prevention of child abuse and neglect. SCAN offers home visits, in-home parenting education and fatherhood education. Information on topics such as treatment programs and parenting issues are also available. All SCAN services are free, confidential and voluntary.

Spokane Parent Advocacy Network is a new parent to parent peer mentoring program operated out of Commissioner Moe's Office. The part-time coordinator for the program will serve on the Unified Family Treatment Court team. The program will provide navigator-type help. Teresa Coleman in Public Defender's Office is spearheading the program; Janelle Grub will coordinate the program through Commissioner Moe's office.

Family Assessment Response will soon be available through CPS, provided through SB 6555 that allows for earlier intervention and services to prevent placement in cases of suspected abuse or neglect.

Weaving Bright Futures enables public health nurses to work with children and their families who have been exposed to events or difficult life situations affecting their ability to learn and their health status. The program includes family resource coordinators and medical equipment for developmentally delayed children (maximum caseload 45 children).

Collaborations between Spokane School District and Juvenile Courts, e.g., Community Truancy Board to assist students in avoiding Court intervention; includes MOU with AHEC to track associated metrics.

The Neighborhood Accountability Board (made up of community volunteers) serves as an alternative to the court system for youths committing first and second-time minor offenses. The Board sees approximately 1,200 to 1,400 youth a year.

School Resource Officers (SROs) at Spokane District high schools, middle schools, and elementary schools; six officers are assigned to specific high schools and six officers are assigned by region and respond to issues at elementary and middle schools in their region.

Early Warning System in Spokane Public Schools identifies youth who are not on track to graduate from high school on time.

Response to Intervention (RTI) model is used in schools to provide early, systematic assistance to those having difficulty learning.

Early Intervention: Key Informant Examples of Missing Elements

Note: The information on the next page provides additional detail for the material included in the capacity mapping matrix. Key informants cited the following early intervention -related activities as capacities that they do not believe exist in the Spokane Metro Area at this point in time. Although there are no doubt additional missing pieces, these offer a sampling of the gaps that exist in the early intervention area of an ACEs strategy.

- Clarity within the healthcare sector regarding how best to identify at-risk children and families and what interventions to provide that will meet the children and families' needs
- Systems and protocols to identify subtle cases of risk and intervene appropriately; the obvious cases, i.e., those that CPS gets involved in, receive attention
- Training for community members, faith communities, and service providers not directly involved in ACEs-related work, but who can play a role in referring people for services
- There are few parenting programs that work with at-risk fathers to assist them in becoming effective parents
- Screening for ACEs by organizations that serve at-risk clients integrated with an active referral network of mental health, substance abuse, and other treatment agencies that can address the results of the screening for the individuals involved
- Sufficient peer-based parent training for women who are mandated by the courts of CPS
- Trauma-informed healthcare homes that address the multiple needs at-risk families experience
- Sufficient efforts to identify high-risk families that would benefit from early intervention, including greater availability of family preservation services
- Earlier access to mental health and substance abuse treatment for at-risk families; the lack of these services can have significant negative results: families becoming involved in CPS; kids being removed from their parents; kids having trouble in school; kids becoming involved with the juvenile justice system
- Public health nurse home visitation services for new parents
- Summer extension programs for schools to enable young at-risk children to stay connected to positive environments and people over the summer. Without this many children exhibit serious behavior problems when they return to school in the fall
- Preschool children who are not enrolled in Head Start or other similar programs may not receive any attention related to ACEs and there are not many services for the 3-5 year age range
- Sufficient safe, out-of-home placements for children and youth who may be able to return to their families following parents' participation in drug/alcohol treatment
- There are a variety of tools available to screen children and youth at different ages and stages of involvement in community systems; however, there may not be adequate evidence-based services or sufficient coordination to follow up those assessments with appropriate help

- School Resource Officers (SROs) would like more training regarding trauma, crisis intervention; they're willing to play a broader role with the kids that are getting in trouble at school and landing in detention
- School Resource Officers (SROs) are often not able to refer kids for help with the underlying issues that are contributing to their problem behaviors; there are not sufficient mental health staff at the schools and SROs do not an adequate community referral network
- School-based early intervention for youth with substance abuse problems

Treatment/Mitigation/Care: Key Informant Examples of What Exists Now

Note: The information below and on the following pages provides additional detail for the material included in the capacity mapping matrix.

Reasonable Efforts Symposium is a partnership with the Washington State Administrative Office of the Courts and Catalyst for Kids that provides planning, coordination and facilitation of seven yearly interdisciplinary training symposia held in each region throughout Washington state. The Reasonable Efforts Symposia bring together stakeholders from the courts, Children's Administration and private agencies to focus on cross-system development and implementation of reform strategies. The symposia are funded through the Federal Court Improvement grant.

DSHS and HCA Transition to Evidence-based Practices: HB 2536 requires that by September 30, 2012, the Department of Social and Health Services (DSHS), in consultation with the Washington State Institute for Public Policy (WSIPP) and the University of Washington Evidence-Based Practice Institute (EBPI) publish descriptive definitions and prepare an inventory of Evidence-Based Practices (EBPs), research-based practices, and promising practices for the prevention and intervention services of children and juveniles in child welfare, juvenile justice, and mental health. It also requires that by June 30, 2013 DSHS, in collaboration with the Health Care Authority (HCA) complete a baseline assessment of the utilization of evidence-based and research-based practices in the areas of child welfare, juvenile rehabilitation, and mental health. The law requires that by December 30, 2013, DSHS and HCA report strategies, timelines, and costs for increasing the use of evidence-based and research-based practices and provide updated recommendations in 2014 and 2015. It also requires that DSHS, in consultation with multiple University, State, and community-based entities, develop unified and coordinated case plans for families involved in multiple systems within the department and that the department shall work with these entities to monitor the quality control and fidelity of the implementation of these evidence and research-based practices. DSHS and HCA shall seek

matching funds to support the implementation of evidence and research-based practices. (Note: the initial report was completed on time with further review by December 31, 2012)

New Horizons, Parent Child Assistance Program provides case management for women with drug use histories. The program serves pregnant women up to six months post-partum and serves 110 women at any given time. The program is funded by the State.

New Horizons also provides outpatient drug/alcohol treatment.

Early Family Support Services (EFSS) provides public health nurses for home-based services to children and families who have been referred to the program by Child Protective Services (CPS) because they are potentially at-risk for child abuse and/or neglect. Parenting skills and child development education are provided, along with referrals to other resources. Services are designed to strengthen families and improve the health of all family members. The program serves 50 families at any given time (25 per RN) but Health District staff believe the program could benefit thousands of families who are at risk of moving further into the CPS system. Maximum duration of program involvement with client is nine months. CPS covers most of the cost of the service.

Partners with Families & Children provides a one-stop shop for families referred by CPS; the organization operates a children's advocacy center model to respond to serious child abuse injuries that rise to the level of a crime. The one-stop program coordinates specialized investigative units in law enforcement and Child Protective Services, pediatric practitioners with advanced training in intentional injuries, forensic interviewers who know about child development, child advocates who see the family through the court process, and responsive mental health treatment.

Empowering, Inc. provides a comprehensive array of family preservation, intensive stabilization services, crisis intervention, and individual and family therapy and counseling services. The organization also provides parenting assessments, supervised visitation, transportation, and specialized assistance around developmental disability.

Unified Family Treatment Court is led by a Court Commissioner and includes representatives from the Attorney General's Office (representing the State), the parents' attorneys, social workers, and Guardians ad Litem working together. Staff report that there are 900 kids in the dependency system (60 new kids per month). Family Court relies on 40 to 50 volunteers; each paid staff person handles a caseload of 75 kids. Court staff believe the Family Court is effective (with resolution of cases at 51%), although a number of service providers view the loss of the

Meth Court as significant (cases that were formerly seen in the Meth Court are now handled in the Unified Family Court).

The State's Division of Behavioral Health and Rehabilitation (DBHR) is leading an effort to train mental health agencies in the delivery of Trauma-informed Cognitive Behavioral Therapy. DBHR is providing training and six months of consultation to assist agencies in improving their treatment skills around trauma.

Join Hands for Children is the performance-based contracting initiative for Washington's child welfare system, which will have an impact on service delivery across the system. The Spokane Regional Office is a demonstration site for this initiative.

Substance Abuse Treatment: parents who lose their Medicaid coverage and are working with CPS to be reunited with their children can obtain substance abuse treatment (four local agencies have funding to support this treatment).

Mental health treatment for children who have been traumatized: Multiple providers, including Lutheran Community Services Northwest, Partners with Families and Children, Children's Home Society, and other agencies provide this treatment.

Lutheran Community Services, Sexual Assault & Family Trauma (SAFeT) Response Center provides crisis response hotlines, 24-hour advocates for medical or legal support, and counseling for children, teens and adults who have been abused physically, sexually, emotionally, or witnesses to domestic violence or drug use.

Lutheran Community Services' Children With Problematic Sexual Behaviors is a resource for children under 17 and their parents.

Empowering, Inc. provides therapy and support for children through its family preservation, crisis intervention, and therapy and counseling programs.

Children's Home Society's Children's Waiting Room provides licensed care at the Courthouse for children's whose parents are in court.

Collaboration for multi-system, kids: there is an effort underway among service providers to treat multi-system kids more effectively (i.e., those who are receiving services from different combinations of developmental disabilities, mental health, juvenile justice, and child welfare).

Juvenile Drug Court provides an alternative to Juvenile Court action by referring the youth to mental health and/or substance abuse treatment services. A probation officers coordinates the services. Judge Ellen Clark presides over the Juvenile Drug Court.

Crosswalk, operated by Volunteers of America, provides a safe out-of-home placement for youth, including those who are involved in the court system. (Those interviewed report that Crosswalk is facing budget cuts.)

The Regional Crisis Residential Center provides temporary shelter and crisis counseling for youth ages 13 through 17 who are in conflict with their families, have run away from home, are at risk of running away, or are homeless. The services address strengthening family relationships, providing linkages to appropriate community services, encouraging stable living conditions, and assisting youth in planning a healthy future course of action. Youth who stay at the Crisis Residential Center receive individual, group and family counseling tailored to their personal needs, with the goal of addressing the issues related to running away and/or homelessness. The Washington State Department of Social and Health Services (DSHS) licenses the Regional Crisis Residential Center.

Treatment/Mitigation/Care: Key Informant Examples of Missing Elements

Note: The information below and on the following page provides additional detail for the material included in the capacity mapping matrix. Key informants cited the following treatment/mitigation/care -related activities as capacities that they do not believe exist in the Spokane Metro Area at this point in time. Although there are no doubt additional missing pieces, these offer a sampling of the gaps that exist in the treatment/mitigation/care area of an ACEs strategy.

- Sufficient training to enable service providers to provide evidence-based practices services to children, youth and adults who have experienced ACEs
- Access to mental health services for people who are not Medicaid eligible
- Not all organizations/services are tracking outcomes
- Sufficient chemical dependency treatment and adequate clean and sober housing for parents who are participating in treatment
- Care coordination system for at-risk families; larger healthcare practices may perform this function but smaller clinics do not
- Court staff have not received sufficient training related to complex trauma; the Drug Court Coordinator is currently organizing a training
- Kids and families fall through the funding cracks due to Medicaid rules, e.g., services fathers can get if they are living/not living with the mother and child

- There are not sufficient resources to enable early identification of at-risk families and provision of needed services; this results in many families winding up in the dependency system. Family Preservation Services become involved when the children are in the dependency system
- Individuals and families receiving services are assessed by multiple agencies; there is little sharing of assessment results and treatment approaches across the agencies that are working with each client/family
- Sufficient visitation services for families with out-of-home children, and the transportation that makes these services possible and more accessible
- Sufficient home visitation services after children are reunited with their families
- There is no reimbursement currently for the care coordination function, e.g., care coordination for developmentally delayed or disabled children
- Sufficient children's mental health treatment (long waiting lists and RSN does not focus on kids)
- Sufficient mental health counseling capacity within the schools combined with the ability to refer students to community agencies for treatment without financial and liability challenges (see below)
- Funding to support the substance abuse treatment school district students need
- Sufficient trust among the different systems working with kids in the juvenile justice system to share information that would improve the youths' care
- Sufficient financial resources to pay for the mental health and substance abuse treatment needed by the youth who are referred to care by the Juvenile Drug Court.
- CPS foster home or group home placement for youth involved in the court system who are "abandoned" (i.e., their families won't/can't take them home). Some youth agree to go to the Crisis Residential Center, but many do not
- Sufficient safe out-of-home placements for youth who have been referred to substance abuse and/or mental health treatment by the Juvenile Drug Court