TRANSFORMING SYSTEMS TO ADDRESS TRAUMA

De-scaling what doesn't work

Parenting Classes
Anger Management
Generic Counseling

Trauma Screening
Evidence-Based Trauma, Mental Health & Parenting Interventions
Functional Assessment

IN EFFECTIVE APPROACHES

RESEARCH-BASED APPROACHES

Investing in what does
THE COST OF MALTREATMENT

• A new CDC study finds that child maltreatment costs Medicaid $5.9 billion per year (Florence et al, 2013).

• Children at-risk of maltreatment incur $2,600 more in health expenditures than children from the general population (Florence et al, 2013).

• The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately $124 billion. In sensitivity analysis, the total burden is estimated to be as large as $585 billion (Fang et al, 2012).
ACCELERATING AND SUSTAINING TRAUMA-INFORMED APPROACHES

Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service (CPS) Delivery

FY 2011

Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-informed Mental and Behavioral Health Services in Child Welfare

FY 2012

Promoting Well-Being and Adoption after Trauma

FY 2013
ACES AMONG CHILDREN AND YOUTH KNOWN TO THE CHILD WELFARE SYSTEM

A forthcoming research brief examines the prevalence of adverse childhood experiences among children who had contact with the child welfare system between 2008 and 2009.

- Only **1%** had zero adverse experiences (compared to over a third of the respondents in the ACE study)

- More than half of the child welfare sample (**54%**) reported more than four adverse experiences (compared to 13% of the ACEs sample)

- In the child welfare sample the **number of adverse experiences increased as the age of the children increased**. While 41% of the 0-2 year-olds already had experiences 4 or more adverse experiences, that percentage rose to 71% for 11-17 year-olds

- The high levels of adverse experiences documented point to the need for **early intervention for vulnerable children**, particularly those involved with the child welfare system
TITLE IV-E CHILD ABUSE AND NEGLECT DEMONSTRATION PROJECTS
TITLE IV-E CHILD WELFARE DEMONSTRATION PROJECTS

• HHS may waive title IV-E requirements for States with approved projects, allowing them to use funds flexibly and reinvest savings

• HHS prioritized well-being and addressing trauma as the focus of the demonstrations

• States are encouraged to align screening, assessment, and evidence-based interventions with the needs and characteristics of the target population in order to achieve improved well-being
ACHIEVING BETTER OUTCOMES

*therapeutic, responsive & supportive settings & relationships*

- Validated Screening
- Clinical Assessment
- Functional Assessment
  - Case Planning for Safety, Permanency, and Well-being
  - Evidence-based Intervention(s)
- Progress Monitoring
  - social-emotional functioning
- Outcomes

7/18/2013
MATCHING POPULATIONS, OUTCOMES, AND APPROACHES: IV-E DEMONSTRATION PROJECT EXAMPLES

**Population**
- Children, 8-17
- Children, 13-17
- Children, 2-7

**Screening & Assessment**
- UCLA PTSD Index
- Strengths & Difficulties Questionnaire
- Child & Adolescent Needs & Strengths
- Trauma Symptoms Checklist for Young Children
- Infant Toddler Emotional Assessment
- CBCL

**EBIs**
- Trauma-Focused Cognitive Behavioral Therapy
- Multisystemic Therapy
- Parent-Child Interaction Therapy

**Outcomes**
- Behavior problems
- PTS symptoms
- Depression
- Delinquency/Drugs
- Peer problems
- Family cohesion
- Conduct disorders
- Parent distress
- Parent-child interaction

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WISCONSIN

• **Target population**: All reunifying children in initial county, reunifying children ages 0-5 in expansion counties

• **Geographic scope**: One county, initially, followed by 71 additional counties upon reduction of re-entry rate

• **Key outcomes**: Decreased exposure to trauma; improved social/emotional/behavioral functioning; improved educational outcomes; improved mental, physical, and dental health; reduced foster care re-entry

• **Evidence-based and promising programs considered**: TF-CBT; PCIT; CPP
Supportive, responsive relationships promote healing and recovery and reinforce growing social and emotional skills.

Nurturing environments provide security and promote positive outcomes.

Systematic approaches to teaching coping skills and social skills.

Assessment drives individualized treatment plan with evidence-based interventions.

Safe, Supportive, and Responsive Relationships

Stress Reducing and Developmentally Appropriate Environments

Targeted Social and Emotional Supports

Intensive Intervention

Healing and Recovery

Knowledgeable and Effective Workforce

Systems and policies promote and sustain screening, assessment, the use of evidence-based interventions, progress monitoring, and continuous quality improvement.

Adapted from the Technical Assistance Center on Social Emotional Intervention for Children and the Center on the Social and Emotional Foundations for Early Learning.