

The Linking Systems of Care for Children and Youth Project Compendium

LSC Lessons Learned:
Planning and Implementation Report 2018


LSC Lessons Learned:
Implementation and Sustainability 2021

A Project History:
Three Guiding Principles, Four States, and
Five Years in Systems Change



Linking Systems of Care for Children and Youth Demonstration Project: A Compendium of Lessons Learned

This compendium of publications reflects strategies, successes, and lessons derived from the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC) funded Linking Systems of Care for Children and Youth Demonstration Project (LSC). During the project, the national training and technical assistance provider, the National Council of Juvenile and Family Court Judges (NCJFCJ), had opportunities to capture information to inform communities interested in replicating aspects of LSC as it was imagined and implemented in four different states. That information is presented here in three documents: 1) the Linking Systems of Care Lessons Learned: Planning and Implementation Report 2018, 2) the Linking Systems of Care Lessons Learned: Implementation and Sustainability Report 2021, and 3) the Linking Systems of Care for Children and Youth Capstone Report, A Project History: Three Guiding Principles, Four States, and Five Years in Systems Change. Each of these documents can provide information about the project and replication individually, but it is our recommendation that they be used together along with the Coordinator Toolkit and other resources found on the LSC website at linkingsystemsofcare.org. The findings reflected in these reports became clear as the statewide demonstration sites matured and sought to imbed and sustain their project partnerships, practices, protocols, and values beyond the funded portion of LSC. Because these lessons and reflections were common among the four statewide demonstration sites, they may also serve as useful benchmarks to other communities embarking on large scale systems change projects focused on improving victim services.



LSC Lessons Learned:

Planning and Implementation Report 2018 – Page 4

Documents the activities, themes, and lessons that emerged during the planning and implementation phases of LSC (January 1, 2015 – September 30, 2018), as they related to the Linking Systems of Care for children and Youth Guiding Principles (Guiding Principles). The activities, themes, and lessons have been identified through direct communication with statewide demonstration sites, the NCJFCJ, the National Steering Committee, and OVC observations, and requests made by the statewide demonstration sites for training and technical assistance (TTA).

LSC Lessons Learned:

Implementation and Sustainability 2021 – Page 25

Documents and updates lessons since the 2018 lessons learned report from 2015–2018 and strengthens the lessons with a theme analysis using qualitative research methods that focus on the Guiding Principles. This update expands lessons to include lessons of implementation and sustainability from October 1, 2018 through the end of the LSC TTA portion of the project, December 31, 2021.

A Project History:

Three Guiding Principles, Four States, and Five Years in Systems Change – Page 45

Documents, captures, and describes broadly the experiences shared by staff from OVC, staff of the NCJFCJ, and state and community leaders in each of the LSC demonstration sites. In addition, it shares the challenges and accomplishments made by the statewide demonstration sites in Illinois, Montana, Ohio, and Virginia.

Linking Systems of Care for Children and Youth Project



Statewide Demonstration Project Planning and Implementation **LESSONS LEARNED REPORT**



The National Council of Juvenile and Family Court Judges® (NCJFCJ) provides cutting-edge training, wide-ranging technical assistance, and research to help the nation’s courts, judges, and staff in their important work. Since its founding in 1937 by a group of judges dedicated to improving the effectiveness of the nation’s juvenile courts, the NCJFCJ has pursued a mission to improve courts and systems practice and raise awareness of the core issues that touch the lives of many of our nation’s children and families.

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Linking Systems of Care

for Children and Youth Project

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Linking Systems of Care: A Statewide Demonstration Project

U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC) funded and launched the Linking Systems of Care (LSC) for Children and Youth Demonstration Project in 2015. This multi-year, multi-component implementation project is designed to address child and youth victimization through LSC Demonstration Sites. Statewide demonstration sites were tasked with:

- bringing together all relevant child-serving systems and professionals;
- establishing a coordinated approach that ensures every child entering child-serving systems is assessed for victimization and referred to comprehensive services; and
- sustaining the established policies and practices that link systems of care in the short and long term.

Four states were awarded planning and implementation funding by OVC to affect change on a statewide level – **Illinois, Montana, Ohio, and Virginia**. Each LSC demonstration site uses the Linking Systems of Care for Children and Youth Guiding Principles (Guiding Principles) to guide planning, implementation, and sustainability activities.

The Guiding Principles: **I. Heal Individuals, Families, and Communities; II. Linked Systems of Care; and III. Informed Decision-Making** were developed by the LSC National Steering Committee¹, staff from OVC and the National Council of Juvenile and Family Court Judges (NCJFCJ).² The Guiding Principles were designed to provide guidance regarding linking systems of care for children, youth, families, and communities that have experienced violence and/or been exposed to violence in their communities with comprehensive, connected, and holistic supports.

Activating the Guiding Principles

LSC demonstration sites strive to align activities in each phase of the project – Planning, Implementation, and Sustainability – with the Guiding Principles. Policy decisions should be driven by the Guiding Principles to help stakeholder groups connect developed goals, objectives, and activities to a structure that promotes healing, linked systems, and informed decision-making practices. The Guiding Principles should be activated differently in each phase of the project – Planning, Implementation, and Sustainability. For more context regarding this concept, see Appendix I: Guiding Principles Scope of Work Matrix, which is organized by phase (Planning, Implementation, and Sustainability) and by each Guiding Principle.

1 For more information about the LSC National Steering Committee, visit the Linking Systems of Care for Children and Youth Project Website at <http://www.linkingsystemsofcare.org>.

2 As the training and technical assistance provider for the LSC project, NCJFCJ actively supports the LSC demonstration sites in a number of ways – establishing and maintaining relationships with local partners, designing and implementing needs assessments and gap analyses, researching existing screening tools and resources, developing screening instruments and accompanying training manuals, and discussing strategies for a coordinated service delivery.

This report documents the activities, themes, and lessons that emerged during the **Planning and Implementation** phases (January 1, 2015 – September 30, 2018), as they relate to the Guiding Principles. The activities, themes, and lessons have been identified through direct communication with LSC demonstration sites, the NCJFCJ, LSC National Steering Committee, and OVC observations, as well as training and technical assistance (TTA) requests made by the state demonstration sites.



The Guiding Principles

1 Healing Individuals, Families, and Communities

PLANNING LESSONS

Conduct a comprehensive gap analysis to identify gaps in identifying victims; referral to services; treatment/interventions; and information sharing. It is important to collect information from agencies, service providers, victims, survivor groups, and community advocacy groups. This data informs a comprehensive gap analysis that ultimately informs implementation plans that address identified needs, as well as reduces additional harm to victims caused by unlinked systems of care.

- Illinois found that many statewide projects faced challenges in fully representing the diversity of the communities across the state and that creating a statewide plan that allowed for variation at the community level could be empowering for victims, families, and communities. To do this, Illinois conducted parallel needs analyses in heavily populated urban areas (Chicago) and more rural communities (Southeastern Illinois) that incorporated the input of victims, families, and providers.
- Virginia found that identifying and tracking complementary state grant activities allowed them to coordinate with other state grant administrators to leverage resources.

Discuss and define the target client population with the larger stakeholder group. All of the LSC demonstration sites felt it was extremely important to identify their target population before implementation had begun. The selected age ranges echo legal definitions of minors in each state. For example, although the age of majority is 18 in the state of Virginia, Virginia chose to increase the age range to 21 years of age, as many service programs will offer assistance to youth until the age of 21. In addition, this mirrors adolescent development stages.

- **Illinois** - 0-25 years of age
- **Montana** - 0-17 years of age
- **Ohio** - 0-24 years of age
- **Virginia** - 0-21 years of age

When I read the first Guiding Principle, I think it demonstrates an acknowledgment of the harm state and federal systems have done to communities. And of how important it is to let the community inform the planning.

- **Reshma Desai**, Strategic Policy Advisor and Project Director, Illinois HEALS

Be cognizant of the cultural needs of the populations your community serves.

In order to create systems that reach all youth and their families, it is essential that LSC demonstration sites develop a response that is culturally sensitive and recognizes the importance of understanding the needs of special populations within their states.

The Montana team honors the mantra “nothing about us without us,” which refers to the idea that no work about a Tribe should be done without participation from members of that sovereign nation.

- Nicole Camp, Program Manager, Montana Board of Crime Control

For many people I have talked to it is more than policy without representatives, it's also - don't write about us without our input, our approval, etc. "Nothing about us without us" can become hymn like when used over and over again...I repeat it to myself often.

- June Ellestad Ph.D., Vision 21 Linking Systems of Care Project Coordinator

- Montana found that other aspects of collaboration could not move forward until they engaged several tribal nations interested in collaborating to develop a screening tool that was uniquely sensitive to the historical and present-day traumas experienced by their children, youth, and families.
- Montana also found that hiring a consultant who serves as a liaison to the tribal nations worked well. The liaison was able to develop relationships with tribal members and elders, explain the goals and objectives of the LSC demonstration project, and encourage the tribal nations to have a voice in the project by actively participating in meetings, focus groups, advisory and policy groups, etc. When interacting with tribal members, it is strongly encouraged that the initial introduction between tribal leaders and project staff be made face-to-face, with the assistance of a member or a friend of the tribe. In addition, Montana found that their connections with the [National Native Children's Trauma Center](#) and a particular LSC national steering committee member were helpful in developing initial connections to the local tribal nations, due to their existing relationships with some of the tribal nations and knowledge of Native American cultures.
- Illinois found that engaging communities in a manner that is sensitive to the culture and language of residents is complex and has implications for budgeting. Budgets should include language access training for researchers and conveners, translation of screeners and other documents, and provision of interpretation for interviews and meetings.
- Ohio found that differential strategies were beneficial to engage culturally-specific organizations meaningfully. Two examples were the use of in-person project introductory meetings with the organizations Deaf Phoenix and ASIA, Inc. In both cases, there were positive existing relationships between Project Team organizations and the invited stakeholder organization from past collaborative work. That said, both organizations appreciated a dedicated individual meeting to discuss interests, intersections, and challenges/opportunities with respect to sensitive collaboration. ASIA, Inc. also requested follow up calls to those meetings. Engagement and idea exchanges were built in both cases and informed the work of the needs assessment and its resulting strategic planning.
- Ohio found that attention to cultural implications (bias, equity, under/over representation) was of such significant weight to their intended outcomes that it should be visible as a stand-alone needs assessment category, as well as an embedded concern within all other needs assessment categories.

Consider various options when staffing the LSC. LSC is very complex; it is a statewide project attempting to link multiple systems. Three important lessons for OVC were 1) LSC demonstration sites should partner with non-governmental organizations early on in the process to assure buy-in; 2) a full-time project coordinator should be designated to the project who is in a position to effect change and manage large stakeholder groups; and 3) identify judges as leaders and conveners.

- The Montana LSC Demonstration Site is made up of one full-time staff from the Montana Board of Crime Control, with research support from two staff members from the University of Montana, and it has contracted with a Tribal Liaison.
- The Virginia LSC Demonstration Site is made up of two full-time staff members of co-convening agencies (Department of Social Services and Department of Criminal Justice Services), with support from part-time staff from the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Education (DOE). Although funds were available to staff a member of the Virginia Department of Juvenile Justice (DJJ) as a project staff, a person was not hired to fill the position. During the implementation phase, the Virginia team decided to re-allocate these funds for research support through Virginia Commonwealth University (VCU).
- Each of these agencies signed a Memorandum of Understanding (MOU) agreeing to participate actively in project activities prior to the grant being awarded. Since the project's inception, both LSC demonstration sites have reported that additional staff would be helpful to accomplish project activities and complete grant deliverables.
- Montana and Virginia found that if screening instructions and questions are clear and direct, it is possible for a screening tool to be administered by non-clinical professionals. This is important when identifying the workforce that will be able to conduct screening instruments developed and/or purchased.

Consider using a screening tool that identifies various types of crime victims, as well as symptoms associated with victimization. It is extremely important to understand the purpose of screening for victimization – stakeholder groups should fully understand victim-serving systems and how screening is accomplished, as well as how youth and families are referred to appropriate intervention services.

- After researching existing screening and assessment instruments, both Montana and Virginia elected to develop a state-specific screening tool to identify children and youth who have been victimized and/or been exposed to violence. Both sites are going through the rigorous process of validating the developed screeners. It is important to note that both LSC demonstration sites weighed the pros and cons of purchasing existing instruments against developing their own and ultimately decided to create an instrument that reflected their needs. Although the screening tools vary by the way in which questions are worded, both LSC demonstration sites chose to gauge types of youth victimization and behaviors and/or symptoms of victimization:
 - types of youth victimization (e.g., conventional crime, child maltreatment, peer and sibling victimization, assaults and bullying, sexual victimization, property victimization, and witnessed or indirect victimization); and

- behaviors and/or symptoms associated with victimization and/or trauma (e.g., feeling sad, having trouble concentrating, contemplating hurting oneself, etc.) through their screening tool.
- Illinois found, through a statewide provider survey, that 38 different types of screening tools were being used, thus identifying an emerging theme that suggests moving to one model for screening may not be feasible. Given the resources required to create a new tool or build consensus around using one of the many tools currently being used, it may be that promoting identification of victims more generally and focusing on other aspects of process that leads from identification to healing may be more effective and efficient ways to improve the experience of victims.
- Ohio also identified numerous screening tools that were used across the state and chose to create a new tool which met a gap in screening (e.g., a pictorial tool to aid in screening of children ages 4-12 or those with language delays).

IMPLEMENTATION LESSONS

Use Memorandums of Understanding (MOUs) to codify partner relationships with pilot or implementation sites. It is important to develop comprehensive MOUs in collaboration with partner agencies and/or grassroots organizations. MOUs should reflect community values, goals, and objectives related to linking systems of care for young victims of crime.

- Virginia developed and negotiated MOUs between the implementation sites. While crafting the MOUs, it was crucial to list involved parties, keep the language clear, and make the objectives consistent.
- Virginia also set timelines for TTA that would be provided so that pilot sites had a firm understanding of what was expected of them.

Be sensitive to secondary trauma and workforce capacity. States or communities may be impacted by secondary trauma due to efforts and processes created to improve identification of young victims, as well as provide evidence-based services. Therefore it is vital that stakeholder groups discuss ways to reduce trauma and train the workforce on the effects of secondary trauma.

- In order to provide trauma-informed services, Virginia addressed trauma in their screener by including a section that indicates a potential traumatic response to their victimization (e.g., difficulty sleeping, change in eating habits, self-harm, etc.).
- Due to the sensitive nature of victimization and the commonality of line workers being survivors themselves, Virginia found that line workers might be uncomfortable with asking invasive questions on the screener. This can be addressed by training the line workers on trauma, self-care, etc. It also should not be assumed that line workers are easily able to administer this screener without the proper training.

Be cognizant of possible gaps in referral/response processes. Stakeholder groups may make the mistake of solely focusing on how better to identify young victims in their states; however, it is extremely important to identify gaps in processes related to referral to services.

- Virginia found that it is important to develop a protocol to guide practice from the initial screening to the response and referral process. This response and referral protocol, currently in development, will include guidance on determining immediacy of need, obtaining releases of information, soliciting youth and caregiver input on appropriate referrals, etc.
- Montana prioritized the creation of a list of current victim services and resources; however, the team found that creating resource matrices are much more involved work than originally thought, so the team began working with established agencies to use their existing referral lists. If such a list or matrix does not already exist, it can be a larger undertaking. Upkeep is also required as organizations change, move, and experience turnover.

2 Linking Systems of Care

PLANNING LESSONS

Engage multiple organizations in the LSC activities in a systematic and targeted way that meets the needs of each state. Collaboration is critical to any statewide project; this is especially true for the LSC demonstration sites. By including both state agencies and community service providers in the planning process, LSC demonstration sites aspired to understand the systems and processes already in place.³ An important lesson for all four demonstration sites is the need to engage organizations in a way that meets the specific needs of their states. For example:

- Virginia created a decision-making body to provide oversight of the project through its Partner Agency Team (PAT), which is slightly different from the other sites because the Virginia PAT has veto capability.
- Ohio found that the stakeholder group was eager to move forward on the project due to previous groundwork that had been done by both the Ohio Attorney General's (OAG) Office and the Ohio Domestic Violence Network (ODVN).
- Illinois found that to identify existing practices and opportunities systematically in a dynamic environment, they needed to collaborate with state agencies involved in administering behavioral health services to follow changes and initiatives born from consent decrees and the statewide Health and Human Services Transformation. Aligning the LSC project with the likely outcomes of such changes may help lower barriers to care for children, youth, and families, especially those covered by Medicaid.



³ For more information regarding the specific representation of agencies, departments, and organizations serving on stakeholder groups in each of the four LSC demonstration sites, see Appendix II: The Linking Systems of Care Site Representation Matrix.

Ensure that collaborative partners have a common understanding of relevant terms early in the collaborative process. It is important that a consistent and common language leads to the ability to communicate the project's mission, vision, and usefulness to the community. Some sites found that agency stakeholders, direct service providers, and community partners needed additional training/information regarding the following relevant terms, which led to numerous conversations between LSC demonstration site staff and collaborative partners:

- **Victimization versus Traumatic Stress.** The sites have indicated a need for educating communities about victimization and trauma. Because these topics are associated, many individuals use these terms interchangeably. While victimization relates to the nature and frequency of certain experiences (e.g., assault, theft, abuse, neglect, etc.), traumatic stress is the consequence of being victimized. According to the National Child Traumatic Stress Network (NCTSN), signs of traumatic stress can include but are not limited, to feeling numb or shocked, having nightmares, feeling hopeless, etc. While building relationships with communities, the Virginia LSC demonstration site discovered that some jurisdictions within the state had developed trauma-informed multi-disciplinary networks advocating for trauma-informed services, practices, and policies (Greater Richmond Trauma Informed Community Network at <http://grscan.com/trauma-informed-community-network>).
- **Screening versus Assessment.** Clarifying the difference between screening and assessment has also been a reoccurring conversation with administrators and family-serving professionals in each state. Through the service provider survey, Illinois found that much of the workforce used screening and assessment interchangeably. Understanding this type of training need in local communities will help guide the LSC demonstration sites as they begin to create plans for targeted TTA.

Discuss the role mandated reporters will have in LSC, particularly the screening process.

Child maltreatment reporting is state specific. It is important for sites to understand the definition of child maltreatment, who is a mandated reporter, what information must be reported, the process for reporting, and the penalty for failure to report. Any person who administers one of the LSC screening tools should have a conversation about mandated reporters and develop a process or protocol, including ensuring that children and youth understand that information shared may be disclosed because of reporting laws in a particular state.

- Both Montana and Virginia found that discussions about the role of mandated reporters needed to take place early on in the collaborative process, and so future stakeholder groups are cautioned to address this topic during the planning phase, rather than wait until implementation.

Integrate networking activities into planning activities to create a stronger foundation for linked systems. Creating opportunities to network, exchange ideas, and build trust among partners is an important part of linking systems of care.

- Ohio has created networking opportunities within stakeholder and workgroup meetings by reserving the room for an hour longer than scheduled. The groups are encouraged to stay for optional post-meeting networking. Ohio found that with each new quarter, more members stay and network for a longer time. In addition, Ohio encouraged members to ask each other to “coffee and conversation,” invited member updates for the newsletter, and recently hosted a speed networking event during a project team retreat.

IMPLEMENTATION LESSONS

Determine pilot site capacity and buy-in before activities begin. To test new strategies and/or protocols before implementing on a larger statewide level, work with local communities to identify pilot sites that will agree to work closely with the stakeholder group to implement and study the impact.

- Montana found that it was helpful to create readiness assessments and protocols to evaluate the capacity of each pilot site. Due to the complexity of this project, training, staffing, and partnerships needed to be in place before the screener could be implemented.

Workforce training in pilot sites is critical to successful implementation. It is important to create clear instructional strategies and goals related to increasing the knowledge and skill level of direct service staff regarding the specific application of strategies/protocols developed.

- Prior to launching the screener, Montana implemented online trainings for the workforce. Online trainings should include clear instructions in order to promote consistent use of the screening tool. Montana has found that there are successes and challenges with the online training modules – it reduces travel time for in-person training, but may be more difficult to complete the training without face-to-face instruction.
- Virginia developed a training manual for administering their screening tool. This training manual addresses all five phases of the Virginia screening process and has a supporting PowerPoint.
- Virginia provided training to pilot site agencies, staff, and interested stakeholders by coordinating subject matter experts to conduct topic-specific training sessions on trauma-informed services, including training for workers on secondary trauma and self care.
- Additionally, Virginia created training effectiveness surveys. This was crucial to ensure that training was contributing to increased knowledge. Surveys can also be used to gather additional information about the line workers' experience and needs, as well as the training delivery.



3 Informed Decision-Making

PLANNING LESSONS

Involve the voices of survivors by getting feedback from people who receive services. Stakeholder groups should work to engage survivors via face-to-face interviews, surveys, focus groups, and/or by inviting them to participate as stakeholder group members.

- Montana found that understanding barriers from the providers' perspective was important; however, it became clear that the same information was needed from the target population they were attempting to serve. To that end, Montana is gathering this information by conducting interviews with families whose children have been victims to understand their experience better.

- Virginia found that they needed to go to where youth are, existing groups, etc., rather than having them sent through service providers.

Inform collaborative partners about other relevant initiatives. Throughout the planning phase, demonstration sites became aware of, and interacted with, colleagues who had worked on similar demonstration initiatives.

- Colleagues from the Defending Childhood Initiative (DCI) participated on webinars and in site-specific conference calls, and they shared materials (e.g., screening tools and reports) from their work geared toward similar efforts.
- Illinois found that highlighting the great work that was already taking place on a state and local level was important to creating buy-in from stakeholders. In addition, Illinois found that partners and community stakeholders consistently share insights and innovative practices whenever convened. Illinois believes that working with existing initiatives and building on those efforts is an opportunity to maximize impact and create more efficient and aligned projects.

IMPLEMENTATION LESSONS

Continuous and ongoing feedback should inform process changes and modifications. This step is critical to institutionalizing changes effectively in states that are attempting to link systems of care for victims of violence. Stakeholder groups should work together to analyze causes for challenges and/or unexpected outcomes and make necessary adjustments.

In addition, service providers and community partners must understand the services available to their clients/families, as well as the roles/limits of each of their partners in these linked systems. Families/victims must know how their information is shared, why, with whom, as well as what protections are in place to protect confidential information, along with consequences and notification of any breach.

- Virginia found that it was necessary to conduct fidelity checks among those who were implementing the screener. Protocols were created to ensure consistency existed between the screeners at the pilot sites. In order to maintain this fidelity, one-page sheets clarifying who can and should be screening were later generated and distributed.
- Virginia realized the importance of tracking service referral types. It is helpful for organizations and service providers to keep a record of where clients are referred in order to prevent duplication of services, streamline coordination and communication among providers, and measure how effective referrals are.
- According to Virginia, “Pilot process and data collection take a lot longer than you anticipate. This affects the statewide implementation planning greatly.” For example, multiple amendments required by the Institutional Review Board (IRB) were not anticipated by either state. Montana and Virginia had to reorganize and plan for ongoing amendments to get their screener approved.
- Virginia also found that it was necessary to recruit a data specialist for LSC. If a data person does not already exist in-house, it is often recommended to hire an individual who has the capacity to oversee and evaluate data related to the project.

The Montana project's efforts to foster in-person collaboration among statewide child-serving organizations, in addition to our work facilitating greater online connectivity for those providers, stems from the Linking Systems of Care (LSOC) guiding principles. In particular, Guiding Principle Number Three, which articulates the importance of informed decision making, is helping to shape efforts underway by the LSOC Montana Policy Work Group. Comprised of judges, clergy, state agency administrators from the justice and child welfare systems, and other experts, the work group is committed to using our knowledge about evidence-based practices to help reshape the way our state interacts with children and families who have experienced severe adversities.

- **Jessica Mayrer**, Policy Coordinator, Vision 21: Linking Systems of Care for Children and Youth in Montana

Additional Considerations from the LSC National Steering Committee and NCJFCJ TTA Providers

- During the planning phase, stakeholder groups attempting to link systems of care should place an emphasis on understanding current state-level policy as it relates to young victims. This action may lead to identifying needed changes in statewide policy.
- It is important to bring grassroots organizations to the table early on in the process, which will allow stakeholder groups to identify better non-traditional systems where young victims may already receive services.
- Stakeholder groups should balance their focus and approach between identifying victims (e.g., developing/implementing screeners) and building capacity in communities (e.g., implementing interventions/services that ameliorate the effects of victimization).
- It is extremely important to develop a well-defined elevator speech about the project. Placing an emphasis on this early on will help stakeholder groups reach out to agencies, organizations, and people; seek funding; and begin working on sustainability.
- Stakeholder groups are encouraged to be cognizant of cultural needs; however, it is important to go beyond knowing that there are cultural implications. For example, stakeholder groups should proactively use data to ensure equity in service delivery, garner feedback from non-English speaking cultures, and provide culturally relevant and appropriate services.
- It is important to gather information on what is working in communities – what are communities already doing to increase capacity, link systems, and identify, refer, and provide services to young victims and families?
- Stakeholder groups are encouraged to help collaborative partners understand terminology around trauma and victimization; however, it is also extremely important to build capacity for service providers to be able to implement interventions that address symptoms related to violence, trauma, and victimization.

- Be knowledgeable of relevant literature and data on child and youth victimization. Prior to moving forward with planning activities, LSC demonstration sites were encouraged to become familiar with the literature on child/youth victimization. Finkelhor and colleagues have published numerous articles on choosing and using child victimization questionnaires, as well as current statistics on juvenile victimization in the United States (see Children’s Exposure to Violence, Crime and Abuse: An Update). The literature offers demonstration sites a basic foundation on the types of child/youth victimization witnessed and/or experienced across the nation which may be a good starting point for developing screening tools and supplemental manuals.
- Victims of Crimes Assistance (VOCA) administrators in every state are critical partners to engage early and frequently as partners to ensure state VOCA resources (e.g., VOCA experts, existing state VOCA grantees, new grant programs) are leveraged throughout all phases of the project.



Appendix I: Guiding Principles Scope of Work Matrix

	HEALING	LINKED SYSTEMS	INFORMED DECISIONS
PLANNING	<p>During the planning phase, stakeholder groups should begin by understanding how systems promote opportunities for healing for victims, at any point of contact and among service providers across systems. Services should be accessible, trauma-informed, strength-based, individualized and gender- and culturally-responsive. Statewide and local departments, agencies, and service providers must come together to identify gaps in identification, referral to services, and needed services to heal individuals, families, and communities effectively.</p>	<p>During the planning phase, stakeholder groups should create a structure that promotes cross-system collaboration by clarifying roles, creating common goals and outcomes, sharing information across systems, and engaging both traditional and non-traditional partners. In addition, toward the end of the planning phase, stakeholder groups will begin narrowing the scope of their work to form implementation plans that will ultimately link systems of care in their ability to identify youth victims of crime and connect them to appropriate and needed services.</p>	<p>During the planning phase, stakeholder groups should gather information about the needs of their clients, as well as service providers' practices, policies, and processes for engaging and serving families. Stakeholder groups should rely heavily on the data and information collected, as well as the relationships built throughout the planning process, to learn from and engage local communities and statewide decision-makers. Data should be collected from service provider surveys, victim interviews, resource mapping, funding stream exploration, and other available administrative data.</p>
IMPLEMENTATION	<p>During the implementation phase, stakeholder groups should capitalize on the learning and collaboration done in the planning phase. Work together to articulate shared goals around the Guiding Principles, finalize action/ implementation plans, and enter into MOUs with pilot/implementation sites to test the strategies identified during the Planning Phase. Stakeholder groups and local pilot sites should aim for a balance between a top-down approach with formal procedures and bottom-up community-led processes when developing community-based strategies.</p>	<p>During the implementation phase, stakeholder groups should use pilot and/or demonstration sites to test agreed upon strategies (e.g., information sharing agreements, screening instruments, protocols, etc.) created to effectively link systems of care. It is important to work closely with communities to create a selection process for pilot sites; develop individualized implementation strategies that are based on the communities' needs; and proactively train service providers.</p>	<p>During the implementation phase, continuous and ongoing feedback should inform process changes and modifications in the pilot sites. This step is critical to institutionalizing changes in states effectively that are attempting to link systems of care for victims of violence. For example, a pilot site may have difficulty implementing a new screener or protocols associated with identifying victims. It is incumbent on the statewide stakeholder group to work together to analyze causes for challenges and/or unexpected outcomes and make the necessary adjustments.</p>
SUSTAINABILITY	<p>During the sustainability phase, stakeholder groups should ensure that victims, advocates, and non-traditional partners in service provision and healing have a seat at the table when discussing sustainability plans. Find champions who will promote the activities funded under the project and work hard to keep them in place. Including victims and advocates in all phases will increase continued engagement and buy-in from local communities and will aid in institutionalization.</p>	<p>During the sustainability phase, stakeholder groups should ensure that linked systems remain linked. This requires stakeholder groups to develop sustainability plans proactively that outline contingencies for workforce transition/training; decreased/increased funding; political shifts, etc. Stakeholder groups should see sustainability as an ongoing activity with the goal of institutionalization of procedures, policies, and/or implementation and analysis of specific screening instruments, referrals, and service delivery.</p>	<p>During the sustainability phase, stakeholder groups should continue to collect and analyze data, which will allow stakeholders to lobby for increased funding or create opportunities to blend funding streams. Data regarding gaps in service, workforce training, and/or other areas of need will allow stakeholders to advocate effectively for filling those gaps. Data regarding the impacts and outcomes of linked systems of care can also be persuasive to project champions and funders.</p>

Appendix II: Linking Systems of Care Site Representation Matrix

ILLINOIS	MONTANA	OHIO	VIRGINIA
Illinois Attorney General (victim compensation)	Attorney General's Office	Ohio Attorney General	Office of Attorney General
Cook County State's Attorney's Office	Governor's Office	Ohio House of Representatives	Department of Criminal Justice Services VOCA Administrator
St. Clair County State's Attorney's Office	Governor's Office of Indian Affairs	Ohio Department of Job and Family Services	Virginia Victims Fund (crime victims fund)
Illinois Department of Human Services	Department of Public Health and Human Services	Ohio Department of Public Safety-Office of Criminal Justice Services	Virginia Department of Health
Illinois Department of Public Health	Department of Public Health and Human Services Child and Family Services	Ohio Department of Medicaid	Virginia Department of Social Services
Chicago Department of Public Health	Crime Victim Services	Ohio Department of Health	Office of Children's Services
Illinois Dept. of Children and Family Services	Department of Corrections	Blanchard Valley Health System	Family and Children's Trust Fund
Illinois Chief of Police Association	Chemical Dependency Center	Lucas County Children Services	Virginia Association of School Social Workers
Chicago Survivors (Homicide)	Department of Public Health and Human Services Children's Mental Health	Ohio Families and Children First	Department of Medical Assistance Services
Peoria Police Department	Mental Health America of Montana	Institute for Human Services - Ohio Child Welfare Training Program	National Alliance on Mental Illness of Virginia (NAMI)
Chicago Police Department	Department of Corrections	Casey Family Programs	Virginia Association of School Psychologists
Health and Medicine Policy Research Group	Office of the Court Administrator	Public Children Services Association of Ohio	Department of Behavioral Health and Developmental Services
Illinois Children's Mental Health Partnership	Children's Alliance of Montana	Ohio Department of Job and Family Services	Department of Juvenile Justice
2nd Circuit, Court Services and Probation	Healthy Families Home Visiting	Ohio Department of Public Safety-Office of Criminal Justice Services	Department of Criminal Justice Services
Illinois Department of Juvenile Justice	National Native Children's Trauma Center	Ohio Crime Victim Justice Center	Judicial Liaison Committee
Illinois Court Appointed Special Advocates	Montana Office of Public Instruction	Ohio Victim Witness Association	Virginia Poverty Law Center
Illinois Juvenile Justice Commission		Nirvana Now (Rape/Incest Survivors)	Children's Advocacy Centers of Virginia
Illinois Juvenile Justice Leadership Council		Survivors and Families	Just Children
Illinois Justice Project		Witness Victim Services and Family Justice Center	Virginia Sexual and Domestic Violence Action Alliance

ILLINOIS	MONTANA	OHIO	VIRGINIA
Family Defense Center		Mechanicsburg Police Department	Virginia Victim Assistance Network
Child Advocacy Centers of Illinois		Cuyahoga County Witness/Victim Service Center and Family Justice Center	Side by Side Virginia Lesbian Gay Bisexual Trans Queer (VA LGBTQ)
Illinois Coalition Against Sexual Assault		Franklin County Sheriff's Office	Virginia Association of Community-Based Providers
Illinois Coalition Against Domestic Violence		Ohio Department of Mental Health and Addiction Services	Virginia Association of Community Services Boards
Young Men's Christian Association of Metro Chicago		Disability Rights Ohio	Early Impact Virginia
Children's Home and Aid		Ohio Department of Developmental Disabilities	Rise for Youth
Illinois Children's Cabinet		Supreme Court of Ohio	Advocates for Richmond Youth
Illinois Coalition on Youth		Franklin County Prosecuting Attorney	Virginia Trauma-Informed Community Network / Greater Richmond Stop Child Abuse Now
Illinois Child Trauma Coalition		Defiance County Prosecutor's Office	Virginia Housing Alliance
Adverse Childhood Experiences Collaborative		Ohio Department of Youth Services	Families Forward Virginia
University of Chicago Children's Hospital		Ohio Court Appointed Special Advocate/Guardian Ad Litem Association	Department of Housing and Community Development
Feinberg School of Medicine		Juvenile Justice Coalition of Ohio	Department of Education
Dr. Noni Gaylord Harden		Office of Criminal Justice Services	
Dr. Gene Griffin		Legal Aid Society of Greater Cincinnati	
Dr. Elena Quintana		Legal Aid Society of Cleveland	
Chapin Hall Center for Children		Franklin County Common Pleas Court Mediation	
Illinois State Board of Education		Franklin County Municipal Court Probation	
Illinois Department of Innovation and Technology		Holmes County Probation	
		Akron Municipal Court Probation	
		Summit County Juvenile Court	
		Henry County Family Court	
		Ohio Poverty Law Center	

ILLINOIS	MONTANA	OHIO	VIRGINIA
		Family and Youth Law Center	
		Southeastern Ohio Legal Services	
		Offender Intervention Services Consultant	
		Ohio Network of Child Advocacy Centers	
		Mayerson Center for Safe and Healthy Children	
		Children's Defense Fund	
		Ohio Alliance to End Sexual Violence	
		Ohio Domestic Violence Network	
		Sandy Hook Promise	
		Asian Services in Action	
		Asha Ray of Hope	
		Ohio Hispanic Coalition (pending)	
		DeafPhoenix	
		Deaf World Against Violence Everywhere	
		Office of Criminal Justice Centers - Family Violence Prevention Center	
		Center for Family Safety and Healing-Family Violence Research Collaborative	
		Buckeye Region Anti-Violence Organization	
		Ohio Children's Alliance	
		Franklin County Family and Children First Council	
		Coalition on Homelessness and Housing in Ohio	
		Case Western Reserve University - Mandel School of Applied Social Science	
		Hocking College	
		Ohio State University	
		Nationwide Children's Hospital	
		OhioHealth	
		Mayerson Center at Cincinnati Children's Hospital	
		Ohio Department of Education	

Linking Systems of Care for Children and Youth Project



State Demonstration Project Implementation and Sustainability LESSONS LEARNED REPORT 2021




The National Council of Juvenile and Family Court Judges® (NCJFCJ) provides cutting-edge training, wide-ranging technical assistance, and research to help the nation’s courts, judges, and staff in their important work. Since its founding in 1937 by a group of judges dedicated to improving the effectiveness of the nation’s juvenile courts, the NCJFCJ has pursued a mission to improve courts and systems practice and raise awareness of the core issues that touch the lives of many of our nation’s children and families.

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Linking Systems of Care

for Children and Youth Project

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Project Background

The Linking Systems of Care for Children and Youth Demonstration Project (LSC) was a long-term, multi-state effort to stimulate, support, and sustain innovations that help to identify young victims of violence or trauma and create links to services in a holistic, interagency manner. The U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC) funded and launched LSC in 2015.

The Linking Systems of Care for Children and Youth Guiding Principles (Guiding Principles) were developed by the LSC National Steering Committee, OVC, and the National Council of Juvenile and Family Court Judges (NCJFCJ). The Guiding Principles are a compass for piloting new approaches to linking systems of care for children, youth, families, and caregivers who have experienced victimization and/or been exposed to violence in their homes, schools, and communities. While not exhaustive, these principles and underlying values illustrate the fundamental goals for communities working to meet the comprehensive and holistic needs of children and youth exposed to violence (see Tables 1 and 2).

TABLE 1: LSC VALUES

Purpose Statement: The Linking Systems of Care for Children and Youth Guiding Principles are designed to guide efforts to develop and better align all of the systems of care that respond to the needs of children, youth, families, and caregivers who have experienced victimization and/or been exposed to violence in their homes, schools, and communities.

Programs reflecting LSC values have procedures that promote:

- Strong, ongoing communication across and within systems that lead to informed decision-making.
- Holistic services that are offered with a life-course perspective.
- Growth and healing of children, families, and communities through trauma-informed care.
- Recognition of lifespan cycles of victimization and operation with awareness about historical and structural trauma that diverse communities of youth are experiencing.
- Mitigation of re-traumatization risks.
- Broad stakeholder engagement to include service providers, families, and others.
- Parent/caretaker engagement.
- Strength-based approaches that emphasize autonomy, empowerment, and resilience.

For additional details regarding the LSC Guiding Principles, see <https://www.linkingsystemsofcare.org/about/guiding-principles.html>.

TABLE 2: LSC GUIDING PRINCIPLES

<p>I. HEALING INDIVIDUALS, FAMILIES, & COMMUNITIES</p>	<ul style="list-style-type: none"> • Healing for violence victims or those exposed to violence • Opportunities to heal at all points of contact and no matter the system entry point • Family engagement • Coordinated response • Minimize vicarious trauma • Culturally responsive • Increase resilience
<p>II. LINKED SYSTEMS OF CARE</p>	<ul style="list-style-type: none"> • Clear roles and common vocabulary • Information sharing • Engage traditional and non-traditional partners • Leverage resources • Build community capacity • Create mutually-informed policy agendas • Partner and stakeholder accountability • Common screening and assessment tools and principles
<p>III. INFORMED DECISION-MAKING</p>	<ul style="list-style-type: none"> • Provide information to families and practitioners • Committed to Continuous Quality Improvement (CQI) activities • Research-informed and evidence-based • Utilize resources, training, and technical assistance where available

Four states, Illinois, Montana, Ohio, and Virginia, were awarded planning and implementation funding by OVC and given a project period of up to six years to work to affect change on a statewide level. In each of the LSC demonstration sites, a lead grantee organization and team has taken aspects of the Guiding Principles and identified leverage points for broader system reform, developed multi-year plans for targeting those leverage points, and enlisted state partners and local implementation sites.

From 2015 to 2021, the NCJFCJ has served as the national training and technical assistance (TTA) provider to LSC and was tasked with organizing assistance to the four statewide demonstration sites as their work started and each state progressed. Much of the landscape was uncharted, so the NCJFCJ empaneled a steering committee of national experts and developed contractual relationships with additional organizations with subject matter expertise in topic areas related to the challenges with identifying young survivors of crime and trauma and linking systems of care accordingly.

The purpose of this report is to update [NCJFCJ's State Demonstration Project Planning and Implementation LESSONS LEARNED REPORT](#) that focused on planning and implementation lessons from 2015-2018 and strengthens the story with a theme analysis using qualitative research methods. This update expands lessons in planning and implementation to include lessons of implementation and sustainability. OVC's support has helped to bring change that has nurtured emerging models, as is the case in Virginia where funding has been sustained in the state budget with a plan for statewide implementation and in Montana where new grant support continues this work. With these successes, there is reason to believe that the LSC's lessons will contribute to the work of systems improvement for years to come.

As the NCJFCJ's involvement as the TTA provider ends, some overarching themes can be shared.

- **LSC succeeded in developing new evidence-informed approaches.** Both Montana and Virginia have completed victim screener validation studies with informative and promising results. Information about the studies has been widely disseminated within these states by the respective projects and is available on the project websites.¹ These studies are helping to provide a data-driven foundation for the continuation of at least some aspects of the models.
- **Linking systems of care does not have to involve developing new instruments or screening processes to be able to identify youth in need of services.** The Illinois project found that pre-existing screening approaches for identifying young victims were in place across the state, so they shifted the pilot toward workforce development and training for all staff working with young people to view human services through a lens of identifying and supporting young victims. The Ohio project identified a specific underserved population to reach with specialized screening: children ages 4-12 and those with language delays that required a pictorial approach to screening.
- **The demonstration sites each conducted resource mapping so that, once a survivor was identified, a process existed to locate appropriate services and make referrals.** It was important to know about the mainstream services included in human services directories, but also important to organize and update profiles of less formal resources that were often embedded in communities and were trusted resources. As the projects moved through implementation and sustainability phases, the need to integrate within an automated framework was effective. In Ohio, the project partnered with Red Tree House and in Virginia, a new resource has emerged during the COVID-19 Pandemic called Unite Virginia. Montana's LSC screening instrument was integrated into a pre-existing statewide service referral system called CONNECT. These online directories reside on pre-existing web-based automation platforms that will help to bring knowledge about services to those linking care for child victims. These systems will also gather ongoing data about service referral and utilization, helping to bridge a gap that often limits the ability of systems integration programs to measure their performance and sustain continuous quality improvement.
- **The projects varied in their approaches for learning from experiences, with the second cohort states, Illinois and Ohio, planning for this in early phases and integrating these lessons into implementation plans.** The first cohort states, Montana and Virginia, integrated lived experiences later on and worked to organize information about the impact of the pilot projects for an audience of potential supporters and funders for statewide rollout.

¹ <https://www.linkingsystemsofcare.org/demonstration-sites/montana.html>, <https://www.linkingsystemsofcare.org/demonstration-sites/virginia.html>, <https://www.linkingsystemsofcare.org/demonstration-sites/illinois.html>, and <https://www.linkingsystemsofcare.org/demonstration-sites/ohio.html>.

Primary Activities in the Four Statewide Demonstration Sites

Montana and Virginia were the first states to start work as LSC demonstration sites. Both states started this work in 2015 with a 15-month planning period. The Montana Crime Control Board and the Virginia Department of Social Services were each awarded funding for LSC. Early in the project, both organizations were well positioned to convene a broad range of state stakeholders. The development of approaches to universal screening for trauma and victimization was a requirement of the initial OVC solicitation these states responded to, and meeting those requirements occupied much of their early planning attention.



Montana convened a statewide advisory group of partner agencies called the Linking Systems of Care Advisory Group. The primary activities during planning included listening sessions among advisory group member agencies and local partners, a service provider needs assessment survey, tribal focus groups, and interviews with families who were referred to provider agencies for victim services. While these activities were happening, Montana also engaged in a process to develop evidence-informed processes for identifying young victims of violence and trauma. The Montana Experiences and Expressions Screener (EES) was the tool they developed and tested in 17 Montana counties and the Mineral County Health Department. The EES is a 1-page instrument with two versions, for ages 0-8 and 0-17. In January 2020, the project, in partnership with the Criminology Research Group at the University of Montana, released the Montana Experiences and Expressions Screener Validation Report. This report helped to establish a research foundation for the validity of the EES and helped the project enter its final year of funding on strong footing to communicate with possible supporters after the direct OVC funding ends. The EES validation study and list of participating counties is available on the Linking Systems of Care in Montana web page on the University of Montana's Criminology Research Group website at <http://hs.umt.edu/crg/linking-systems-care/default.php>.

During planning, Virginia focused on convening a multi-agency state Partner Agency Team (PAT). Activities included developing a tool for review of agency policies and exploring trauma-informed practices. Virginia also conducted cross-system mapping events, conducted a child/youth crime victim stakeholder survey, and developed an organizational readiness survey tool. During this phase, the Virginia Screening for Experiences and Strengths (SEAS) was developed. The SEAS is a 6-page instrument and has three versions for ages 0-6, 7-12, and 13-21 and is available in English and Spanish. This instrument was piloted in different regions of the state in three phases. The pilot phase ended in March 2020. An evaluation report, developed under contract with Virginia Commonwealth University in Richmond, was released in July 2020, providing evaluative information on the

regional pilots and evidence supporting the promise of the SEAS. Since then, the project has had a statewide rollout with virtual training held across the state during the COVID-19 pandemic. This training has reached hundreds of professionals in child and youth-serving organizations. The pilot project was rebranded as Virginia Helping Everyone Access Linked Services (Virginia HEALS) as it transitioned from direct OVC grant funding to a sustainability phase. The Virginia HEALS toolkit is online and extensive, including e-learning modules and resources for community mapping and response and referral. Many of the tools and products developed to date by Virginia HEALS, and information about their growing menu of services and outreach, are available on their project website at <https://virginiaheals.com/>.

Illinois and Ohio were the second cohort of states to start work as LSC demonstration sites. Both states started this work in 2017, with a 15-month planning period ending in December 2018. The Illinois Criminal Justice Information Authority (ICJIA) was awarded funding for the Helping Everyone Access Linked Systems (HEALS) project or Illinois HEALS. The Ohio Attorney General's Office and its partners, the Ohio Domestic Violence Network (ODVN) and Case Western Reserve University (CWRU) were awarded funding for Ohio's statewide demonstration site called Linking Systems of Care for Ohio Youth (LSCOY). Like Montana and Virginia, Illinois and Ohio networked a broad range of state stakeholders during the project planning phase, but have taken a different approach to implement the Guiding Principles.

Early in the Illinois HEALS project, the ICJIA used its relationships as the state statistical analysis center to bring together leaders of more than 40 agencies from the justice and public health systems. This advisory board was called the Illinois HEALS Leadership Network (Leadership Network). The Leadership Network was assisted by researchers at the ICJIA to identify the existing services, gaps, and statewide data that could help identify underserved populations across Illinois. The project also conducted a meticulous series of listening sessions and stakeholder interviews. During the information gathering process, Illinois HEALS identified 38 existing approaches to screening young survivors of violence and trauma across Illinois agencies. As a result, the LSC implementation plan focused on piloting approaches to use workforce development and training to make existing agency partners aware of resources and focused on a relational approach to linkages. During the planning phase, the essence of the model and mission were distilled in three words. "Recognize" trauma by asking about victimization and noticing behavioral cues; "Engage" in a culturally specific, humble, and accessible manner; and "Connect" using up-to-date expert awareness of resources. Illinois HEALS is currently implementing the model in a multi-county region of the state and developed an approach to implement learnings in mini-sites that serve diverse communities across the state. A summary of the Illinois HEALS Action Plan is available on the project's website at <https://ilheals.com/>. OVC funding will conclude for Illinois HEALS in September 2022.

Through its lead partners, the Linking Systems of Care for Ohio Youth (LSCOY) has assembled a State Advisory Group (SAG) of over 80 key stakeholder organizations and 120 members for the project. The project leads have worked through the SAG to organize seven

workgroups charged with LSCOY activities. Implementation phase activities included visiting the Montana and Virginia sites to learn from prior experiences, conducting a comprehensive needs assessment, and performing gaps analysis of current screening practices and tools.

An important milestone publication for the planning phase of the LSCOY project is the LSCOY Needs Assessment and Gap Analysis (NAGA) report. Through the early planning activities, the LSCOY identified a screening need for young (non-verbal) children and those with language barriers where a pictorial screening instrument was required that was developmentally appropriate and worked with the research partner at Case Western Reserve University to develop an evidence-informed approach. The early planning phase also identified a need for having a comprehensive online resource directory for linking services to young victims. Once again, the CWRU partners helped to identify a pre-existing infrastructure through the Red Treehouse that could serve as a flexible platform that the LSCOY could supplement with information from surveying an internal resource directory. To accomplish this, Ohio, through its CWRU partners, conducted the Evidence-based Practice and Victim Services Surveys to identify services that were outside of the mainstream and not considered to be evidence-based but important to survivors. During the last year of OVC support, Ohio is refining its screening tool and response and referral processes using the Red Treehouse. The LSCOY also worked through the project advisory board to organize seven final phase workgroups (refute misinformation, access to care, navigation, cost reduction, information sharing, training, and trauma-informed practices). Additionally it will provide research support to the new workgroups for guiding the project transition when OVC funding ends in September 2022. Products such as the NAGA report are posted on the Ohio Office of the [Attorney General's website](#)

The remaining sections of this update benefited from a formal analysis of qualitative data collected during a series of interviews with key staff at OVC, with the LSC Steering Committee, and within each of the states (Table 3). The qualitative data analysis intends to highlight the wide-ranging experiences, challenges, opportunities, and key outcomes from LSC and reduces the bias that can be introduced with less formal interviewing. Formal qualitative methods typically focus on applying a higher level of rigor to collecting the first-hand experience of an individual or group to gain insight on a specific topic.²

² Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, DOI: 10.1191/1478088706qp063oa.

Theme Analysis Methods

To collect the data, the NCJFCJ developed a set of semi-structured interview protocols containing open-ended questions intended to discover how the demonstration states pursued the Guiding Principles during 60 to 90-minute interviews. For the first Guiding Principle, **Healing Individuals, Families, and Communities**, the interview protocol focused on the importance of defining shared definitions across systems regarding who is a victim and what is equity (and the consequences of these definitions), and the importance of engaging survivors and communities in this work. For the second Guiding Principle, **Linked Systems of Care**, the interview protocol focused on the location's readiness to implement large-scale system change on a statewide level and how the LSC demonstration sites addressed challenges associated with implementing universal screening and referral and response processes. For the third and final Guiding Principle, **Informed Decision Making**, the interview protocol focused on how families made informed decisions to participate in screening and referral programs and how state initiatives institutionalized data-driven change that leads to sustainability.

At the participant's discretion, audio and video recordings were used to collect the data. Each session lasted between 2-3 hours, with some requiring additional time. Those who did not wish to be recorded provided written responses to the questions. The audio, video, and written responses are the basis for the qualitative themes analysis of this lessons learned update.

Table 3. Stakeholder Interview Participants by Role and Site

STAKEHOLDER GROUP	NATIONAL	MONTANA	VIRGINIA	ILLINOIS	OHIO	TOTAL INTERVIEW
STEERING COMMITTEE MEMBERS/ NATIONAL TTA STAFF	7	-	-	-	-	7
STATE VOCA ADMINISTRATORS/ STAFF	-	1	2	1	1	5
STATE TEAM MEMBERS	-	4	3	6	2	15
STATE & LOCAL PARTNERS	-	5	6	5	5	21
	7	10	11	12	8	48

The Guiding Principles

1 Healing Individuals, Families, and Communities

Victim definitions vary by agency, discipline, funding, and state statute. Existing organizations typically have well-established definitions to describe the populations they serve. Those definitions are historically grounded in the organization's discipline and informed by their current practices. This includes the age range for who is considered a child. The LSC demonstration site teams in each state were working with a wide range of disciplines, including juvenile justice, child welfare, and treatment service providers, and each discipline defined a child differently. Therefore, creating a shared definition for who is a child victim that was broad enough to encompass every discipline was challenging. Many interview participants noted the enormous amount of time that was spent trying to identify a shared definition for who was considered a victim. Participants quickly realized that there was not a one-size-fits-all definition of a victim that was suitable enough to meet the needs of all the disciplines represented across the system.



Further complicating this “problem of definitions” is how closely it is connected to the receipt and acceptance of such funding. Some of the organizational definitions were so closely tied to a funding sponsor's definition of who was considered a victim that making any changes to the current definition would place funding at risk. And finally, each state statute defined a child victim differently. Many statutes have been in existence for a considerable amount of time, which means that the language in the statutes could be outdated. Participants also noted how definitions could be counter-productive, in that the creation of one shared definition could result in the exclusion of individuals and families that each organization desires to serve.

Understanding definitional limitations in existing systems of care became more important than the pursuit of a common definition. One interview participant described designing their project to pivot from statutory definitions by making it their LSC demonstration site's responsibility to connect clients to appropriate services, regardless of definitional eligibility.

While these definitional limitations could be viewed negatively, some interview participants shared positive experiences in exploring them. Respondents across the four statewide demonstration sites were determined to bridge the gaps between service providers, regardless of the definitional limitations, and wanted to remain focused on the larger goal of creating a more unified system. Rather than spending time coming to a consensus around a singular and narrow definition for who was

"I would say we didn't have really a unified view. And what I noticed a lot is that most people are using the definitions given to them through their funding process."

- State partner agency interview participant

considered a victim, each team focused on the Guiding Principles. This strategy enabled the LSC demonstration sites to focus on how to work within the margins of the various organizations' definitions to ensure that each could reach and serve as many youth and families as possible, no matter how the organizations defined a victim. There was recognition that the variety of definitions is a strength that provided greater flexibility across the system and would ultimately allow the system to be more accessible than one narrowly defined definition. Ultimately, the participants focused on consensus building and learning about the definitional limitations across the system to ensure that anyone who entered would receive care, no matter the point of entry.

Anytime an individual is asked to recall traumatic experiences there is the possibility for re-traumatization.

Interview participants consistently raised concerns about the danger of re-traumatizing children and families during the screening process designed to identify and connect victims with services. Ensuring that children felt safe, supported, and comfortable, withdrawing from the screening process at any time was of paramount importance to those individuals who participated in the interviews. Among the local level interview respondents engaged in screening, some were more comfortable than others; unlike school-based participants who saw the same children routinely, other local level interview respondents described environments where interaction with the child was sporadic and limited. Some feared that a child who was screened in these environments would end up in crisis after the screening and that no one would follow up to ensure proper care. In addition, both those with clinical and non-clinical experience were concerned with non-clinical individuals administering the screening. While training was provided to most of those applying victim screening in local level sites, many participants with non-clinical experience were apprehensive about administering the instrument and receiving a positive result. The design of one instrument was also viewed as contributing to the potential for re-traumatization. The transitions between the sections of the screening instrument were considered abrupt and jarring. Some local-level participants involved in using new screening instruments piloted by the state teams described the instrument questions as shifting quickly and without warning from basic demographic questions to personal questions. Local-level participants using the screening instruments were concerned with the sudden change in types of questions and believed that this was one of the areas where re-traumatization could occur, especially when administered by individuals without clinical experience.

“Learning from this has caused us to focus on empowering choice and providing options in place of creating definitions. We have grown into focusing on not just making service referrals but creating a system that restores the person.”

- State team interview participant

Involve the voices of survivors by gathering data about their lived experiences. The interview participants believed it was critical to involve people from the community with lived experience in the project at every stage. This meant giving them a seat at the table and including them as stakeholders as leaders in the communities. During the interviews, a participant from one of the state partner agencies challenged victim service providers and the victim support system to “value lived experience as a credential.” This perspective was not unique and many of the state team interview participants echoed this sentiment. Another participant explained that “communities are in the best position to know what they need and how to heal, they are the experts.” Oftentimes, the communities are not consulted about specific needs, which automatically creates a barrier for successfully working in a

community. Recognizing the importance of the community is especially important when attempting to work in marginalized communities, including racial and ethnic minority communities, LGBTQ+ communities, and with individuals with disabilities. Historically, these communities have not only experienced trauma from within, but from the systems that were supposed to help. Many participants agreed that understanding a community takes time. Likewise, taking the time to learn about the lived experience of a community was described as a first step for working in a community.

Creating more equitable systems depends on addressing individual and systemic biases. During the interviews, participants were asked if they believed that race, ethnicity, or economic status changed the way that agencies and victims viewed victims. The participants overwhelmingly agreed that these factors did change the way that victims were viewed. This question often resulted in a discussion of how to define equity. The participants believed that defining equity was also difficult because for each person equity has a different meaning. Much like having a shared definition for young victims, participants believed it was easier to develop a shared understanding of what equity included and on identifying practices as either equitable or inequitable. The participants believed that the ability to create a more equitable system depended on addressing individual and systemic biases. Many of the participants openly discussed their own biases and how they worked to remain self-aware to prevent individualized biases from creating inequities.

Some felt that biases did interfere with individuals from various groups being understood as victims and that how some groups are perceived in a larger societal context contributes to how these groups are perceived and engaged, even when victimized. Participants agreed that it was important for individuals to recognize their biases and assumptions about specific groups and to consistently self-monitor to prevent these biases from creating further harm. To do so requires “a deep understanding of inequity, disparity, and disproportionality,” stated one of the interview participants on a state team.

When asked how victim services can be more equitable, overall interview participants consistently cited working closely with the communities being served. Most of the interview participants were deeply aware and concerned with issues of equity, but struggled to find targeted strategies to address equity that could be applied to a project of such scale. A primary LSC strategy to address service inequities was to engage communities consistently (and not only when there is a research need, for example) and to build relationships to gain a better understanding of that community and their culture.

2 Linking Systems of Care



Large-scale systems change depends upon political and community-level support. The importance of political buy-in was extensively discussed by the interview participants from the LSC demonstration sites. Most credited their program's success to the involvement of key political leaders within their state and suggested that the involvement of, and support from, political leadership was imperative for improving each state demonstration project's visibility and credibility with other agencies, other influential leaders, and in the communities. In particular, interview participants from the respective LSC demonstration sites credited each governor's influence and ability to attract leaders from relevant agencies to participate or support the initiative as one important consideration.

Likewise, when implementing an initiative such as LSC, gaining the support of the state Victims of Crime Act (VOCA) administrator was described as valuable. VOCA administrators can allocate funds for innovative projects like LSC; one interview participant observed that it was helpful to have the VOCA administrator nearby because the VOCA administrator got to see first hand the impact the project was having at a state level.

In addition to enlisting the support of political and administrative leaders, building relationships with influential leaders in the community was viewed as critical for increasing support, building trust, and demonstrating a clear intent to invest in the community. Viewing the community and its leaders as partners in the process was considered vital for success, especially in minority communities. Minority communities are skeptical of "outsiders" coming into their communities and making recommendations without community engagement. Those participants who serve indigenous communities were especially vocal when discussing the importance of public support. To be successful within indigenous communities, involving tribal leadership is critical, and without tribal involvement failure was deemed as imminent. Finding the balance between political and public support was a challenge, yet it was considered by participants across the four LSC demonstration sites as imperative for the project's success. While political and public support resulted from partnership building, some interview participants identified other partnership types that were necessary to implement a large-scale systems change. They openly discussed partnerships with teachers, school administrators, parent organizations, and other community organizations and often described these relationships as instrumental to their project's implementation.

System-wide change requires political and public champions, developing strong partnerships, and advocating for changes in funding strategies to link systems. Many of the state team interview participants indicated that funding was a major concern and that there was limited ongoing state funding for services tailored to young victims, with some of the LSC demonstration sites interview participants describing a stronger historical

relationship with state VOCA grant administrators than others. As a result, some state teams had to think beyond VOCA funding streams for sustaining demonstration project innovations. A possible solution presented by one of the state team participants was to create shared funding sources that could provide financial support to victim service providers. One interview participant from a state partner agency suggested that “organizations collaborate when they seek funding to pool their resources.” The same participant noted that disclosing information to other organizations also has potential obstacles. In their state, the victim services providers often compete amongst each other for the same allocation of limited special projects funding. They suggested that more uniform communication about funding that can support services for underserved child, teen, and young adult populations is warranted, thereby reducing the reliance on relationships with the state’s VOCA administration.

Linking systems requires a network for referring young victims to services and resources. When a screening is positive and indicates exposure to or experience with trauma, it is important that the initial referral for services is appropriate and will meet an individual’s needs. Too often individuals are referred to the wrong type of service and this causes frustration, mistrust, and delays in the healing process. The interview participants on state teams and at the local level shared this concern and were apprehensive about conducting screenings only to realize that there were no appropriate resources available to the child victim. This was especially a theme among interview respondents on state teams working in rural areas where access to service providers is limited in both number and service type. In Montana, for example, the nearest child psychologist could be four hours away where it would be unreasonable to expect a family to regularly see a provider. Each of the LSC demonstration sites has been addressing this gap by developing solutions for statewide resource directories that lists providers by type and geographic location and that include non-traditional services that are trusted resources within the community, but not part of the mainstream services infrastructure.

“Organizations collaborate when they seek funding to pool their resources.”
- State partner agency interview participant

3 Informed Decision-making

Obtaining informed consent from parents for a victimization screening raises important questions and can be a barrier to linking services. One of the challenges for implementing a universal screening and referral process was related to the issue of informed consent. Before administering the screening to a minor, parents were required to provide consent which was described as long, technical, and frightening to the parents. Since trauma is not uncommon (more than 50% of adults and 20% of children have experienced a traumatic event), it was very likely that many positive screens would occur.³ Parents were fearful of the potential repercussions if a child had a positive screen and those administering the instrument were mandatory reporters who were required by law to report any instance of child abuse or neglect discovered during the screening. Parents were afraid of the potential outcomes, including the involvement of police, child welfare agencies, and immigration enforcement. LSC demonstration sites also expressed concerns

³Childhood Adversity and Resilience Summary at [Kidsdata.org](https://www.kidsdata.org/).

that reports resulting from a new universal screening process might overwhelm child protective services. In Virginia, interviews included representatives from local agencies who were engaged with performing the screening during the pilot research phase of LSC. Most of these Virginia interview respondents considered the 3-page length of the informed consent process a formidable obstacle for gaining family participation. Though necessary, the length and language used in the informed consent document was viewed as problematic and counterproductive to the screening and referral process. As a result, the number of children screened in some of Virginia's pilot agencies was lower than anticipated. This was not a challenge noted across all the LSC demonstration sites, but it was an important experience from which the second cohort sites benefited.

Data is essential for linking systems for young victims. Participants believed that the collection of data was imperative to inform decision-making for every aspect of LSC. Making decisions without the appropriate data was cited as irresponsible, especially when the health, safety, and welfare of children and families were at stake. Participants on every level, from the state VOCA administrators to the front-line staff who were responsible for working directly with children and families, considered data as central to the decision-making process. These decisions included setting goals and objectives, tracking and monitoring trends, and identifying underserved populations and service gaps to meet their needs. It was also important for informing state policies about young survivors of traumatic events, developing procedures for identifying young victims, supporting funding requests, and

informing legislation that impacts outcomes for young survivors of trauma and their families. Many of the LSC demonstration site's interview participants spoke about how important data was for identifying gaps and needs, specifically about services available for children and families. All of the interview participants at the LSC demonstration sites described how descriptive data was gathered during planning phases and augmented with qualitative data using interview and survey methods. The Cohort 2 sites, Illinois and Ohio, were more likely to describe how data was gathered through listening sessions with young victims during the planning phase as they performed needs and gaps assessments. Interview participants from Montana and Virginia described how they gathered screening instrument data throughout the implementation phase. They did this both on paper forms and electronically and used qualitative data gathering to assemble focus group data from stakeholders.

Later on, they also gathered information from listening sessions with youth. The interview participants from all of the LSC demonstration sites also worked with NCJFCJ and state research partners to assemble victim resource directories and conducted qualitative interviews to gather information directly from various stakeholder groups involved in the project. These data collection activities provided useful information on the types of services that were in the highest demand and the geographic areas where deficiencies existed. In states where screening instruments were piloted with local partners, the screening instrument data and feedback from stakeholder focus groups helped to inform refinements to the screening instruments and provided data for their state research partners to determine the internal validity of the instruments. In Montana and Virginia, project leadership, in collaboration with various



stakeholder groups, was able to use this information to effectively advocate for the needs of children and families and to develop a long-term plan to continue to evaluate and maintain these services. Illinois and Ohio are also using their data collection activities to help increase the likelihood that some of their innovations may be sustained after direct OVC funding ends in 2022.

The types of data collected varied depending on the stage of the project. In the early phase of the project, the interview participants at the LSC demonstration sites' referred to the data that each had collected to develop their proposals for funding of LSC in their state. These data included national, state, and local level data that captured the societal needs and impacts that a project like LSC could address. Once awarded, the data collection efforts shifted slightly to focus solely on the need in each state's youth victim population. Comprehensive needs assessments were conducted to help the leadership identify the specific needs within each state and among the individual communities. The data collected during this phase of the project varied and included quantitative data from state agencies, service providers, and other organizations. It also included qualitative data collected through in-depth interviews, document analysis, and observations. The qualitative data was viewed as equally as important as the administrative quantitative; in fact, qualitative data provided context and perspective for the quantitative data. LSC demonstration sites' interview participants also generally described the importance of tracking information about how services to young victims were provided with one LSC demonstration site participant describing how they built trust in their network based on their mutual expertise and developed information sharing agreements. Creating relationships with the providers helped to build trust and increase LSC's visibility and credibility in the communities.

While the discussion on data collection was largely positive, some participants openly discussed challenges with collecting data, especially agency-level data. One interview participant at a LSC demonstration site observed that it was sometimes difficult to negotiate data sharing agreements between their state agency and other state agencies, while another commented on the amount of time it took to enter data sharing agreements in the absence of published data, especially within the project timelines. As a solution to this problem, Ohio leveraged its relationships and the statutes governing the lead agency to convene stakeholders to provide data for their Needs Assessment and Gaps Analysis Report. They collected more than 176 data sets from a wide variety of stakeholders and organizations. These data sets included various state-related agency data (e.g., child welfare, juvenile justice, criminal justice, socio-economic statuses, educational, and several other data files). One interview participant at a LSC demonstration site described that having access to data helped strengthen their decision-making about how to reach populations of youth with mental health and learning challenges.

While some LSC demonstration sites' interview participants described success with accessing data, they also described the considerable resources required in obtaining certain sensitive information. Sensitive data, such as personal health information, mental health records, and legal documents require careful protection and are often governed by professional and legal standards. As a result, many organizations have very strict and limited

“Rich, deep, descriptive data collected during the [youth listening sessions] were pivotal in making voices heard.”

- LSC demonstration site interview participant

circumstances under which data can be shared. This can create additional challenges when attempting to implement large-scale systems change, especially when minors and sensitive information about victimization is involved. Some organizations have ethical and legal obligations to safeguard all data, be it from an internal or external data source. In certain situations, interview participants at the LSC demonstration sites described seeking review from an institutional review board (IRB) to demonstrate the ability to safeguard data.

Summary

This publication should serve as a companion to the State Demonstration Project Planning and Implementation Lessons Learned Report,⁴ which was written to reflect lessons learned in LSC planning and early implementation. Informed by a formal theme analysis that identifies high-level themes across the four LSC demonstration sites, the findings here reflect additional lessons that became clear as LSC matured and sought to imbed and sustain their project partnerships, protocols, and values. Because these lessons and reflections were common among four very different statewide demonstration sites, they may well serve as useful touchstones to other communities embarking on large-scale systems change work (especially those focused on victim services).

LSC was a unique opportunity for four states to design and implement tools, partnerships, and referral systems that identify child and youth victims of crime and meet their needs with all the resources and creativity their communities had to offer. From the project's inception, the LSC demonstration sites, the TTA providers, and OVC sought to listen well and document the insights and experiences from which state and community leaders, advocates, and survivors could improve responses to child and youth victims and their families. Please visit the LSC website to read more about the experiences of the LSC demonstration sites, and to access the tools and resources they found useful in their work: <https://www.linkingsystemsofcare.org>.



Data Analysis Methods

Data analysis for the project was performed in a phased and iterative process. The first of many processes involved taking field notes during each interview. Those field notes were valuable and helped to inform the final analysis of the data and validate the themes that emerged from the interviews.⁵ To become fully immersed in the data, multiple members of the project team listened to audio and video recordings, allowing them to become more familiar with the data and begin to identify themes before conducting thematic analysis. Thematic analysis is the formal method for identifying, analyzing, and reporting patterns (themes) within data.⁶ Once these recordings were reviewed, NVivo was used for transcription. NVivo is a widely recognized qualitative and mixed-methods data analysis and management software.⁷ NVivo was used to provide a written transcript of each recording before the thematic analysis began.

Once written transcripts were created, open coding of the data began. Open coding is described as “a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data.”⁸ To supply information for this Lessons Learned update a deductive coding strategy was used. Deductive coding is used to conduct a “more detailed analysis of some aspect of the data.”⁹ After open coding was completed, the codes were organized into families or categories and grouped to further refine the data into themes for the generation of this report.

During the data collection and analysis process several additional steps were incorporated into the process to strengthen the findings and ensure the final publication had validity and reliability. For example, during each interview, two project team members were always present. This was to ensure that multiple sets of field notes existed and were incorporated into the data set. The transcripts were also coded in NVivo by two project team members, of which one participated in the interviews. This was done to ensure the themes identified were accurate and free from bias. Finally, after the coding was completed, an auto coding process was conducted in NVivo to double-check the manual coding and ensure accuracy in the identified themes. In NVivo, the auto coding determined that there was 100% agreement in coding between the two project team members. These processes are known as triangulation or the process by which “researchers make use of multiple and different sources, methods, investigators, and theories to provide corroborating evidence.”¹⁰ The themes presented in this publication are the result of the above data collection and analysis processes.

5 Patton. M. (2002). *Qualitative research & evaluation methods*, Sage, Thousand Oaks, CA.

6 Braun. V., & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, DOI: 10.1191/1478088706qp063oa.

7 Maher, C., Hadfield, M., & Hutchings, M. (2018). Ensuring rigor in qualitative data analysis: A design research approach to coding combining NVivo with traditional material methods, *International Journal of Qualitative Methods*, 17:1-13, DOI: 10.1177/1609406918786362.

8 Saldana, J. (2016). *The coding manual for qualitative researchers (3rd ed.)*, Sage, London, UK.

9 Braun, V. and Clarke, V, 2006, Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, DOI: 10.1191/1478088706qp063oa.

10 Patton. M. (2002). *Qualitative research & evaluation methods*, Sage, Thousand Oaks, CA.



*Linking Systems of Care for Children and Youth
A Project History: 3 Guiding Principles, 4 States,
and 5 Years in Systems Change*

The National Council of Juvenile and Family Court Judges® (NCJFCJ) provides cutting-edge training, wide-ranging technical assistance, and research to help the nation's courts, judges, and staff in their important work. Since its founding in 1937 by a group of judges dedicated to improving the effectiveness of the nation's juvenile courts, the NCJFCJ has pursued a mission to improve courts and systems practice and raise awareness of the core issues that touch the lives of many of our nation's children and families.

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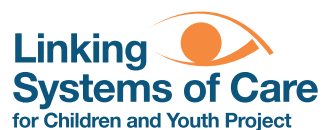


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Introduction

This report broadly captures and describes the experiences shared by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime (OVC), the National Council of Juvenile and Family Court Judges (NCJFCJ), and state and community leaders in Illinois, Montana, Ohio, and Virginia as partners in the Linking Systems of Care for Children and Youth Demonstration Project (LSC). LSC's vision was to respond to the alarming rates at which our nation's children and youth experience crime and victimization. Through LSC, OVC wanted to learn what was needed to bring healthcare, child welfare, justice, and other systems together at a statewide level to coordinate and align efforts to ensure a timely and seamless response to young victims, their families, and caregivers no matter the system of entry.

Through a competitive application process, OVC identified four states (in two distinct cohorts) to undertake stakeholder engagement, data and systems analysis, planning, and implementation of new approaches to victim services. The NCJFCJ partnered with OVC from the project's inception to coordinate the provision of expert planning and implementation support and peer-to-peer learning opportunities for the four sites. The NCJFCJ also sought to understand and share the experiences, lessons, and outcomes from the four demonstration states so that other communities can replicate successful strategies to more effectively meet the needs of child and youth victims and their families.

This report is intended to be read with two lessons learned publications, the *LSC State Demonstration Project Planning and Implementation Lessons Learned Report*, published in 2018 and the *LSC State Demonstration Project Implementation and Sustainability Lessons Learned Report* published in 2021. Both are available on the Linking Systems of Care website, <https://www.linkingsystemsofcare.org>, with a myriad of other resources for community and state leaders seeking to transform victim services to more holistic, seamless, and healing outcomes.

Linking Systems of Care: Background and Context for the Project

LSC was a five to six-year, multi-state effort to stimulate, support, and sustain innovations that helped to identify young victims of violence and create links to services in a holistic, interagency manner. OVC funded and launched LSC in 2015. The NCJFCJ served as training and technical assistance providers to the LSC demonstration sites and as cooperative partners to OVC in the coordination and implementation of LSC.

OFFICE FOR VICTIMS OF CRIME

OVC is committed to enhancing the nation's capacity to assist crime victims and to providing leadership in changing attitudes, policies, and practices to promote justice and healing for all victims of crime. OVC is dedicated to constant improvement in the national response to crime victims by identifying emerging needs and gaps in existing services, enhancing the skill sets of service providers to meet those needs better, and promoting greater public awareness of the issues that crime victims face.

VISION 21 INITIATIVE

In 2013, OVC published the *Vision 21: Transforming Victim Services Final Report (Vision 21)* which grew from a “series of meetings, sponsored by OVC, across the country, to facilitate conversation about the victim assistance field.” *Vision 21* documented a comprehensive assessment of the victim assistance field and presented a cohesive framework for strategic change in the victim services field. The report authors and OVC anticipated that the publication and the Vision 21 Initiative would catalyze change in four broad areas:

1. Conducting continuous, rather than episodic, strategic planning in the victim assistance field to effect real change in research, policy, programming, and capacity building;
2. Supporting research to build a body of evidence-based knowledge and generate, collect, and analyze quantitative and qualitative data on victimization, emerging victimization trends, services and behaviors, and victims' rights enforcement efforts;
3. Ensuring the statutory, policy, and programmatic flexibility to address enduring and emerging crime victim issues; and
4. Building and institutionalizing capacity through an infusion of technology, training, and innovation to ensure that the field is equipped to meet the demands of the 21st century.

Linking Systems of Care for Children and Youth Goals

LSC was created to address Vision 21 Recommendation #4: Build and institutionalize capacity through an infusion of technology, training, and innovation. Specifically, LSC focused on addressing child and youth victimization through statewide demonstration projects. Through LSC, OVC hoped to learn what was needed to bring healthcare, child welfare, justice, and other systems together at a statewide level to coordinate and align efforts to ensure a timely and seamless response to young victims, their families, and caregivers no matter the system of entry.

Four statewide demonstration sites were tasked with bringing together relevant child-serving systems and professionals to establish a coordinated approach so that every child entering these systems was 1) screened for victimization and 2) provided relevant and coordinated services to address their needs. The statewide demonstration site's objectives, from the project's onset, were to:

- Identify and promote healing for victims of crime.
- Provide or coordinate prevention and intervention services to youth and families experiencing trauma and victimization.
- Build capacity within communities to meet the needs of youth exposed to violence.

The LSC demonstration sites worked strategically and collaboratively with multi-disciplinary stakeholders to ensure that prevention and intervention services were responsive to the needs of the family and that community resources were removing obstacles to coordinated, holistic care. The sites also worked diligently to ensure that LSC strategies, collaborations, and tools were integrated and supported beyond the OVC funding period.



Linking Systems of Care Demonstration Site Selection and Project Phases

OVC selected four LSC demonstration sites based on the strength of their applications in a competitive federal award process. Each LSC demonstration site showed strong statewide collaboration, diverse youth populations and stakeholders, and long-term commitment to modelling change. In 2014, OVC issued a solicitation for the two LCS statewide demonstration projects and selected and funded projects in Montana and Virginia. In 2017, OVC funded two additional statewide sites, Illinois and Ohio. The inclusion of a second cohort group expanded the effort and deeply enhanced the evidence obtained through the demonstration initiative.

LSC conducted their work through an initial planning phase of 15 months and a subsequent implementation of 60 to 72 months. During the planning phase, LSC demonstration sites were charged with conducting a gap analysis and needs assessment with participating stakeholders. These analyses required working with established and new collaborative partners to identify all relevant child- and youth-serving systems; review existing policies and procedures of their partnering agencies to identify strengths and gaps in service and resources; and determine which agencies and organizations should be better connected in order to serve these vulnerable populations. Based on the opportunities and needs the LSC demonstration sites identified, they would then develop a plan to provide screenings and or services for child and youth victims across all relevant systems.

The LSC demonstration sites entered their implementation phase with the possibility of five years of additional funding to implement their statewide strategies, grow their networks, identify and respond to lessons in the work, and sustain the state level LSC statewide demonstration sites after grant funding ended.

Linking Systems of Care Values and Guiding Principles

In partnership with OVC and the NCJFCJ, the LSC National Steering Committee (described below) developed the Linking Systems of Care Values and Guiding Principles (Guiding Principles).¹ These values and principles provide practice guidance from national policy experts and practitioners to service providers assisting children and youth exposed to violence (and their families and caregivers) and are built upon three assumptions:

- Communities with linked systems of care are concerned with the healing of individuals, families, and communities who have experienced or been exposed to violence.
- Linked systems of care are connected and aspire to maximize collective impact through communication, collaboration, and coordination.
- Linked systems of care provide as much information as possible to families and practitioners so that the most targeted, holistic, safe, and effective interventions are available.

Practically, these values and principles offer important touchstones for conducting community needs assessments, developing policies and protocols, and shaping community collaboratives of child- and family-serving organizations. While not exhaustive, these values and principles illustrate the fundamental goals for communities working to meet the comprehensive and holistic needs of children and youth exposed to violence.

¹See Appendices 1 and 2.

Training and Technical Assistance

From the onset of LSC in 2015, the NCJFCJ was funded to provide training and technical assistance (TTA) to the LSC demonstration sites. The NCJFCJ provided comprehensive support for the statewide demonstration sites through planning and implementation phases, documented lessons learned from their work, and generated, collected, and curated resources for communities seeking to replicate aspects of LSC.

TTA APPROACH

The NCJFCJ worked in close coordination with OVC to develop and deliver probative, responsive, customized, expert training, technical assistance, and resources in support of the LSC demonstration sites. The four LSC demonstration sites were charged with crafting innovative, state-determined approaches to enhance communities of practice. The NCJFCJ expected that the four sites would share some commonalities as they worked within the Guiding Principles, but that their approaches and collaborations would be as varied as the state governments, sources of funding, communities, and youth within each state. As such, these states needed a range of support, including but not limited to:

Process Support: The success of complex initiatives often relied on the support of neutral experts who assisted multidisciplinary groups during planning and implementation processes. Such individuals and/or teams improved relationships among stakeholders; shifted focus away from individual group/agency concerns to outcomes and community; and created environments that enhanced decision-making, agenda-setting, and practice knowledge. Each LSC demonstration site had a dedicated TTA liaison from the NCJFCJ whose primary responsibility was to support these critical processes and to connect their LSC demonstration site to timely and relevant expertise (the NCJFCJ had assembled these resources through partnerships and the National Steering Committee).

Content Expertise: The wide ranging interests of the four LSC demonstration sites required TTA that was nimble in its ability to provide concrete knowledge of major systems such as healthcare, court systems, child welfare, juvenile justice, and education. However, LSC demonstration sites also needed access to experts in critical policy areas such as state and federal laws governing mandatory reporting, screening and assessment, and/or the capacity of states to blend child and youth services funding streams. Finally, as they developed policy, curricula, and tools, LSC demonstration sites had access to experts on issues such as domestic violence, child sexual abuse, human trafficking, opioids and addiction, poverty, polyvictimization, and trauma and resilience.

Peer-to-Peer Opportunities for Learning: The implementation of promising practice is often accelerated and inspired by contact with colleagues and communities who have implemented related programs. LSC partners hosted representatives from each LSC demonstration site to allow them to participate in observation of programs addressing vulnerable youth populations, engaging youth populations in their own justice seeking and healing, and implementing healing centered engagement practices. In addition, the LSC demonstration sites had the opportunity to work with one another in real time through NCJFCJ-facilitated All Sites Meetings, which included expert presentations, peer-to-peer discussion, and sharing of strategies, successes, and challenges. Finally, the NCJFCJ organized cross-site visits so that representatives from LSC demonstration sites could go to a different LSC demonstration site, observe or participate in the host site's activities, and be part of a facilitated debrief.

The NCJFCJ provided TTA that was built on relationships and site familiarity. The NCJFCJ committed specific, consistent staff to each LSC demonstration site to ensure that trusting relationships were built and sustained and that statewide work proceeded with TTA that was relevant and timely. The NCJFCJ also held bimonthly calls with OVC and the site coordinators to identify themes that might inform technical assistance, training, project direction, and replication.

Linking Systems of Care Partners and National Steering Committee

The NCJFCJ sought to provide OVC and the LSC demonstration sites with access to thinking, experience, and resources from field experts and innovators. The LSC partner organizations included the Center for Court Innovation (CCI), Center for the Study of Social Policy (CSSP), Futures Without Violence (Futures), and the National Child Traumatic Stress Network (NCTSN). Each partnering organization offered unique expertise in areas including trauma, child development, family violence, community engagement, child welfare systems reform, screening and assessment, and violence interruption. Representatives from partner organizations participated in site visits, project planning, state stakeholder education programs, and LSC TTA meetings (including All Sites Meetings and cross sites visits). In addition, each partner organization offered the LSC site coordinators and leadership teams opportunities to observe and learn from the partner organizations own practice communities who were leading innovations with and for children and families.

The NCJFCJ and OVC also collaborated to build the National Steering Committee very early in the project, knowing that LSC demonstration sites would benefit from a wide array of experts in addition to the project partners. The LSC National Steering Committee informed the development of the Linking Systems of Care for Children and Youth (Guiding Principles), which served as a touchstone for all training, technical assistance, and materials through the demonstration period. Further, the LSC National Steering Committee served in consultation to the NCJFCJ to ensure that the LSC work was connected to and informed by like-minded initiatives and research across the country. The National Steering Committee's expertise included child development, trauma, polyvictimization, family violence, juvenile justice, institutional bias, policy development, and evidence-based practice. Committee members' expertise was developed in a variety of professional settings including family justice centers, child welfare administration, courts and court programs, child advocacy centers, and community advocacy organizations.



Training and Technical Assistance Activity and Products

Though not exhaustive, the following section of this publication describes significant TTA activities and products coordinated by the NCJFCJ in collaboration with OVC, the NCJFCJ's project partners, and the LSC National Steering Committee.

Publications and Web-based Products:

Linking Systems of Care for Children and Youth Guiding Principles:² With assistance from the LSC National Steering Committee, the NCJFCJ drafted the *Linking Systems of Care for Children and Youth Guiding Principles (Guiding Principles)* that includes a list of values to guide the efforts of the LSC demonstration sites. These values and principles were developed to:

1) guide communities and professional practice offering services for children and youth exposed to violence, their families, and caregivers, 2) serve as a touchstone in conducting community needs assessments and developing policies and protocols, and 3) assist community collaboratives to shape, inform, and review services and referrals to address children.

Linking Systems of Care State Demonstration Project Planning and Implementation Lessons Learned Report (2018) and Linking Systems of Care State Demonstration Project Implementation and Sustainability Lessons Learned Report (2021): These two publications, designed as companion pieces, were structured around the Guiding Principles. The 2018 publication captures lessons learned during planning phases and early implementation and includes commentary and advice from the LSC National Steering Committee and national TTA partners. The 2021 publication captures lessons learned by the LSC demonstration sites during more mature implementation and as they sought to build long-term commitments to their models for identifying and serving child and youth victims.

Linking Systems of Care Website and Coordinator Toolkit (2021): The NCJFCJ developed and maintains an interactive website at www.linkingsystemsofcare.org. The site serves as a repository of information for communities to access as they shape their own strategic implementation plans to link child and youth serving systems of care. The website houses recorded training content and materials and relevant research so that demonstration sites and similarly interested communities can independently seek information and guidance in replicating some of the activities pioneered in this project. The website also connects interested people to the websites developed by each LSC demonstration site, as well as the LSC Coordinator Toolkit. The LSC Coordinator Toolkit includes practical guidance and tools for project planning, community engagement, victim identification and referral, and legal considerations. Finally, the website contains video interviews and compilations documenting LSC stakeholders' own reflections on their goals and motivations, their successes, challenges, and innovations in the planning, implementation, and sustainability efforts. These videos also allowed the LSC demonstration sites to share concrete examples of how they have approached policy and practice shifts, how they built and sustained linked systems, and how they believe their work affected their communities.

Meetings and Site Visits:

All Sites Meetings (May 2017, March 2018, December 2019, December 2020):

In collaboration with OVC and the LSC National Steering Committee, the NCJFCJ planned and hosted four multi-day All Sites Meetings where representatives of the LSC demonstration sites, OVC, LSC National Steering Committee members, and partners convened to explore strategies and topics relevant to the sites' work and to share their current activities. In 2020, that meeting was held virtually, due to the COVID-19 pandemic. In addition to offering training and facilitating discussion and strategic planning, the NCJFCJ used the meetings to document challenges and lessons and to identify pressing TTA needs. Likewise, representatives of the LSC demonstration sites used them as opportunities to consult with peers and LSC National Steering Committee members and to plan with their teams.

Virtual Information Expo (June 29-July 1, 2021): In collaboration with OVC and due to the COVID-19 pandemic, the NCJFCJ coordinated an online conference for over 300 registered multidisciplinary child-serving professionals, focused on the lessons and themes emerging from the LSC Demonstration Project. Each day was dedicated to one of the three Guiding Principles (Healing Individuals, Families, and Communities; Linked Systems of Care; Informed Decision Making). Though virtual, the Information Expo included a daily self-care session, national caliber keynote speakers, and concurrent conference sessions.

Cross-cutting Technical Assistance Products:

Planning and Implementation Support: Throughout the planning, implementation, and sustainability phases of the project, NCJFCJ TTA providers worked actively with the LSC demonstration sites to facilitate (or document) their strategies. Early in LSC, the NCJFCJ developed technical assistance tools to assist with:

- resource mapping (a strategy by which the LSC demonstration sites' stakeholders identified resources for children and youth victims, gaps in those resources, and connections between them that would benefit from collaboration);
- implementation action planning (a concrete and actionable process through which LSC demonstration sites stakeholders and coordinators agreed on their objectives, activities, and the support they would need to reach those objectives); and
- performance metric tracking (a straight forward approach to tracking project activity and answering whether the LSC demonstration sites did what they intended to do).

As the need arose, the NCJFCJ also developed a meeting design framework that served to engage stakeholders broadly and an adult learning curriculum guide, as training played a critical role in each of the site's long-term plans. All of these products are available on the LSC website, www.linkingsystemsofcare.org.

Technical Assistance (TA) Briefs and Webinars: The NCJFCJ often responded to issues arising for the LSC demonstration sites by researching and writing short TA briefs or coordinating expert webinars. TA briefs are designed to provide the LSC demonstration sites (and others interested in similar endeavors) with incisive, critical guidance around specific topics. For example, the NCJFCJ issued TA briefs specific to discovery and confidentiality, information sharing, mandatory reporting, FAQs on screening and internal review boards, and state demographic/victimization fact sheets for each LSC demonstration site. In addition, the NCJFCJ hosted web-based training on topics as diverse as ethical implications of screening children and youth, language access and victims services, screening and assessment tools, conducting focus groups, supporting healing for male victims, and criminal justice reform.



LSC Demonstration Site Profiles and Accomplishments

Each LSC demonstration site had up to six years during which it brought relevant systems and professionals in its state together to provide early identification, intervention, and treatment for child and youth victims and their families and caregivers. The sites worked strategically and collaboratively with multi-disciplinary stakeholders to ensure that prevention and intervention services were determined by the needs of the family and that community resources were provided with holistic and coordinated intent. The following sections of this publication describe the two cohorts, their mission, purpose, activities, and accomplishments.

COHORT ONE: MONTANA

The Montana Board of Crime Control (MBCC) and the Criminology Research Group Social Science Research Laboratory at the University of Montana were funded by OVC to lead the LSC effort. Montana's population target was children and youth ages zero to 17 years of age and included native populations from seven federally recognized tribes.

Mission: To improve responses to child and youth victims and their families by providing consistent, coordinated, and collaborative responses that address the presenting issues and the full range of victims' needs.

Purpose: To help facilitate a comprehensive continuum of services for youth victims and their families, who are often served by multiple agencies. More specifically, the goal was to serve children and families who did not have access to the infrastructure and comprehensive continuum of services that they need.

Activities and Accomplishments: In 2016, Montana assembled the Systems of Care Stakeholder (SOC) group composed of Montana System of Care Statutory Committee members that included representatives from state agencies who submitted letters of support for the project (along with other agency staff who elected to join the SOC group). This advisory body provided individual expertise to Montana including conducting a needs assessment to evaluate the services for youth in the state that had experienced victimization and trauma. Recommendations from the SOC group and an extensive review of existing literature conducted by the University of Montana Criminology Research Group (CRG) informed topics discussed in 19 focus groups conducted with service providers and professionals (six focus groups held in or near tribal territories) and family interviews. The information obtained from the focus groups informed the development of a statewide service provider needs assessment survey that was distributed statewide, and it led to the development of an annotated bibliography on screening and assessment tools. The cumulative findings from these assessments guided the project.

Screening and Youth Victim Identification:

As an early priority, the MBCC and the CRG convened the Vision 21 Screening Tool Workgroup to develop the Experiences and Expressions Screener (EES). The workgroup was a collaborative body composed of representatives from the Montana Department of Public Health and Human Services, the National Native Children's Trauma Center, the National Children's Traumatic Stress Network (NCTSN), and the NCJFCJ. Also participating were a licensed clinical social worker, the director of a youth service organization, a registered nurse, and a family law attorney. The project's community focus groups and service provider surveys further informed the instrument. The three primary goals of the EES were:

- to identify young people who may be struggling with trauma and victimization so they and their families can access needed services;
- to use the instrument as an educational tool for broaching conversations about trauma and victimization among Montana's youth; and
- to gather data related to the prevalence of trauma and victimization among Montana's youth.

Montana created two EES training manuals, one for screening justice-involved youth and another for screening in community settings. The project also developed two EES training videos. These videos were developed for professionals providing the EES to birth through eight years of age and for ages nine through 17 years of age.

In 2018, Montana launched a pilot test of the hard copy version of the EES with eight youth court services probation officers representing 17 Montana counties and the Mineral County Health Department, which served as a third-party administrator screening youth ages nine through 17 in two Mineral County school districts. In 2020, the EES transitioned from a hard copy screener to an automated version in the CONNECT Referral System. The CONNECT Referral System is a web-based system operated by the Montana Department of Public Health and Human Services for sending and receiving referrals among providers in Montana. This transition enabled Montana to track screening related outcomes.

Trauma Informed Policy and Practice:

As the Montana LSC stakeholders traveled the state piloting the EES, they discovered that a trauma informed approach was critical, and they committed to improving trauma-informed policy and practice across the state. They convened the Linking Systems of Care Policy Workgroup comprised of judges, front line service providers, clergy, and state administrators from the Montana Office of Public Instruction, the Child and Family Services Division, and Youth Court Services to develop a comprehensive trauma-informed care template to catalyze organizational change across systems of care. With support from the NCJFCJ, staff from the NCTSN, and the Chadwick Center, Montana developed the LSC Montana Trauma Informed Approaches Curriculum, which is rooted in seven key principles of trauma informed care articulated by the Policy Workgroup. The seven key principles of trauma informed care in Montana are:

- adoption of trauma-informed culture that strives to ensure safety and prevention of re-traumatization,
- trustworthiness and transparency,
- peer support,
- collaboration and mutuality,
- empowerment, voice, and choice,
- a commitment to honoring gender equity and to furthering equity for high-risk populations, including those who are indigenous, LGBTQ+, and who have disabilities, and
- leadership, administrative support, and policies.

The NCJFCJ, NCTSN, Chadwick Center, and Montana followed the framework's creation with a training curriculum. The Trauma Informed Approaches Curriculum was shared through a training of trainers format and subsequently delivered to staff from the U.S. Department of Housing and Urban Development-funded Youth Homelessness Demonstration Project.

Finally, the policy workgroup created a trauma informed policy and practice evaluation tool, the *Organizational Trauma Readiness Self-Assessment*. This tool is designed to be used for organizational benchmarking and is also to be used as a tool to identify areas for action planning.

The Children's Mental Health Bureau in the Montana Department of Public Health and Human Services provided a financial award to the Montana LSC site that is enabling them to continue working with individuals who received the Trauma Informed Approaches Curriculum training to transfer the material across all the state's systems of care and administration of the organizational trauma readiness self-assessment.

COHORT ONE: VIRGINIA

The Virginia Department of Social Services (VDSS) was funded to administer the LSC grant, and their target population was children and youth, and transitioning young adults ages zero to 21 years of age.

Mission: To create linked systems of care in which children who experience victimization or trauma are identified and receive coordinated support based on their individual needs and identities.

Purpose: To identify and promote healing for children and youth who experienced victimization or trauma, provide or coordinate prevention and intervention services to them and their families, and build capacity within communities to meet the needs of children and youth exposed to violence.

Activity and Accomplishments: Virginia first convened its multidisciplinary advisory group of representatives from 12 child, youth, and family-serving state agencies. The PAT acted as the decision making body for the project. Sub-committees were built with additional members representing a variety of government and community-based organizations to assist with input on the various deliverables of the project.

During the planning phase of the project, Virginia led a variety of data-gathering initiatives to assess the needs of children and youth who experienced trauma and victimization and began researching screening tools designed to identify them. Virginia's planning phase also saw the dissemination of a stakeholder survey to collect information from front line service providers about existing screening and assessment of children and youth and the training associated with it. The Virginia LSC team coordinated five regional cross-systems mapping events to obtain information about strengths and challenges in service provision, service availability, and access to resources throughout Virginia. Finally, an organizational readiness survey was conducted to assess the readiness of state agencies to offer guidance to local direct service providers through legislation, policy development, and strategic planning.

In addition to these data collection activities Virginia found no existing cross-system screening tools for children and youth, so it developed the Virginia Victimization Screen (VVS) in three age appropriate versions: zero to six years of age, seven to 12 years of age, and 13 to 21 years of age. All the tools were designed to be administered by a service provider. Later, the VVS became known as the Screening for Experiences and Strengths (SEAS). It was a brief screening tool that worked across systems to identify various forms of victimization and trauma. The SEAS is an evidence-informed tool that is available in paper or electronic format in English and Spanish (it also supports the need for additional assessments, services, and referrals).

The SEAS was piloted across multiple systems in five communities representing diverse regions of the state. Survey and focus group data was gathered to inform modifications to the SEAS and to evaluate the training provided to administrators of the screening tool. In addition, Virginia conducted resource mapping activities to identify a range of primary, secondary, and tertiary supports and services available for child and youth victim referrals in each of the pilot communities.

During the pilot stage, Virginia held a Linking Systems of Care Summit (Summit) with PAT members, as well as state and local stakeholders, to explore resources and deliverables needed to implement a framework for linking systems of care across Virginia. Following the event, an ad hoc committee convened to review and process the ideas and strategies shared at the Summit. As a result, they conceptualized the contents for the LSC Toolkit to implement the Trauma Informed Model of Service Delivery in Virginia. In addition to SEAS, sub-committees were formed to develop the following tools and resources to support the model:

- Community Resource Mapping Facilitation Guide - assists local communities to identify current resources, learn about gaps between current resources and community needs, and provide an opportunity to cultivate new partnerships and relationships across agencies that work with children and youth in the community;
- Family Engagement Guide - provides child, youth, and family serving agencies and systems with guidance on how and why they should meaningfully engage family members in the decision making process;
- Trauma Informed Agency Self-Assessment - helps organizations assess where they fall in a continuum of trauma informed care and engages them in a process of setting agency improvement goals;
- Referral and Response Protocol - providing guidance to agencies, organizational leadership, and multidisciplinary teams on specific compliments that support successful referrals and referral responses and outlines distinct processes for front line service providers on how to link children and youth and their families and caregivers to needed services and supports;
- Grant Application Development Menu for Funders - offers options for funders to consider when developing requests for applications or grant guidelines to encourage grantees to provide quality, comprehensive, trauma-informed services for children, youth, and their families; and
- E-learning modules to support the adoption of the SEAS, Community Resource Mapping Facilitation Guide, the Family Engagement Guide, and Referral and Response Protocol.

Finally, Virginia and the PAT developed a communications package and an LSC website that organizes their toolkit for communities to adopt; their model.

Virginia HEALS (Helping Everyone Access Linked Systems), as the project has become known since 2020, is promoting and providing a service delivery model that was developed to assist service providers in better linking systems of care and provide support and care to children, youth, and families impacted by trauma and victimization. The model, and the toolkit that supports it, is intended to be implemented at the community level by child, youth, and family serving organizations and service providers from child welfare, advocacy, education, juvenile justice, behavioral health, and public health. Virginia HEALS is endorsed and supported by the Governor's Trauma Informed Leadership Team (TILT), a decision making body composed of senior management for Virginia's child, youth, and family serving state government agencies.

Although Federal grant funding ended in March 2021, Virginia HEALS has been incorporated into the state budget, sustaining the project and affording Virginia the opportunity to expand agency and system-specific technical assistance for implementation of the screening tool (SEAS), the Referral and Response Protocol, and other tools and resources. Virginia HEALS staff will continue to provide training and technical assistance statewide to service providers and multi-disciplinary teams on how to most effectively utilize the toolkit and implement the service delivery model. Finally, state support will also allow for the development and implementation of an evaluation plan to measure outcomes of Virginia HEALS and an overall increased focus on trauma-informed and healing-centered approaches at VDSS and other state and local agencies.



COHORT TWO: ILLINOIS

The Illinois Criminal Justice Information Authority (ICJIA) was funded to administer the LSC grant.

Mission: Identify and promote healing for victims of crime, provide and coordinate prevention and intervention services to youth and families experiencing trauma and victimization, and build capacity within communities to meet the needs of youth exposed to violence by bringing together experts, service providers, community groups, young people and their families, and other stakeholders to implement strategies to identify children, youth, and families impacted by violence in Illinois and connect and engage them with services that facilitate healing.

Purpose: To advance a comprehensive, coordinated approach for serving children and adolescents who have been directly victimized or exposed to violence that will guide service delivery and shape referral and service acquisition. To facilitate protective identification and implementation of strategies across the various systems that interface with children, youth, and their families, ensure consistent application across multiple systems, and allow for careful consideration of how those strategies must be adapted to meet the unique needs of Illinois' diverse communities no matter the door they enter.

The overarching vision for Illinois is to alleviate the burden of finding services to address victimization by ensuring that appropriate care and services are made available to all victims no matter whose door they first enter, whether it is their doctor's office, their school, or the local police station or sheriff's office.

Activity and Accomplishments: During the planning period, the Illinois LSC site convened a Leadership Network meeting of senior level policy makers to inform the LSC planning and project. The Leadership Network, staff, and other stakeholders explored the six domains that represent frequent points of entry for children needing services following incidents of victimization.³ Illinois also conducted web-based surveys to learn about the scope of services available to victims of crime across the state.

³The six domains included child welfare systems, civil/family courts, education systems, integrated health systems, justice/public safety systems, and victims services and community resources.

Illinois began in-depth discussions across the state with state agencies, system partners, community stakeholders, service providers, and young victims impacted by violence and their families. Through these discussions, Illinois learned:

1. how providers and systems responded to victimization and victim recommendations for how to improve these responses, provider ability to refer and support victims: and;
2. practitioner perspectives on identifying and responding to victims, current capacity of systems to identify, refer and support victims: and
3. any past or current initiatives that involve cross-system collaboration that focused on child and youth victims.

Illinois concentrated these interviews in two geographic areas, Cook County and the southeastern region of the state. These communities were selected based on statistics that included victimization rates, stakeholder input, and demographics. Researchers conducted direct service provider surveys and victim interviews in order to gain an understanding of services and processes and how services met the needs of youth and family members. Finally, Illinois conducted research to better understand victims' experiences of harm and contact with providers. The goal was to identify the needs of child and youth victims, family members, and caregivers and to explore the capacity of systems of care to meet those needs from Illinois' extensive perspectives of adults with childhood victimization histories.

Illinois' extensive planning resulted in a framework that identified a relational approach to linking systems and introduced Recognize-Connect-Engage (RCE). RCE is a model that stresses not only the importance of strong linkages among stakeholders but also meaningful responses that are centered by trusting and respectful relationships and built on accountability and resource sharing. The RCE approach requires recognition of victimization indicators and connection between individuals and appropriate resources, and it can be facilitated by anyone who interacts with children and youth at any time.

Following thorough and thoughtful research, informed by the lived experience of victims, their families, and service providers, Illinois developed an action plan to support community driven pilot sites that incorporates the Guiding Principles. The action plan includes:

- Training on the impact of violence on children and their development. This training is available to professionals who interact with children and youth and are in a position to put training into practice.
- Creating multi-disciplinary teams that coordinate services and identify resources that benefit children exposed to violence and trauma. These teams should be guided by the LSC Guiding Principles to increase access to needed services that are comprehensive, holistic, and address the complex needs of children and youth.
- Identifying service gaps due to insufficient resources and a lack of quality service providers and addressing these gaps and barriers to increase services available to children, youth, and their families or caregivers impacted by trauma and exposure to violence.

ICIJA leveraged funds received through the Victims of Crime Act (VOCA) to support cross systems projects whose service models focused on increased access, availability of services, and encouraged engagement of victims and families. Seven programs received combined funding of 2.5 million dollars. The programs implement cross systems Illinois HEALS projects to improve victim identification, connection, and engagement services in:

- Chicago – Catholic Charities
- Chicago – Erie Neighborhood House
- Suburban Cook County – University of Illinois/Village of Park Forest Police Department
- Collar County – Lake County Crisis Center
- Northern – City of Rockford
- Central – Macon County
- Southern – Egyptian Public and Mental Health Department

Illinois, which became known as Illinois HEALS (Helping Everyone Access Linked Systems), supports these community-driven pilot projects as they incorporate the Guiding Principles and create systems of care for children, youth, their families, and caregivers who have experienced or been exposed to violence. These projects vary based on community need and resources. For example, while the Egyptian Public and Mental Health Department served children with serious emotional disturbances, they expanded services, for the purposes of LSC, to children, youth, and families who have experienced violence and broadened their program's service area by enhancing and linking systems of care.

Illinois HEALS is currently working to develop a training program module to deliver more in-depth information about the project and its RCE framework to assist service organizations, agencies, and communities to better identify, refer, and serve young victims of crime. The module is designed to add to and complement existing trainings developed through the Illinois HEALS project. It will include both a stand-alone training and case studies that offer practical exercises in recognizing, connecting, and engaging victims and their families in healing. The training will be provided by Illinois HEALS staff and implementation site staff, and it will include a facilitator's guide.

At the time of this writing, Illinois HEALS was still funded by the OVC. Illinois is currently continuing research based interviews, mapping additional communities, and continuing to develop resources for children, youth, and their families and for providers, and it is launching new pilot sites to sustain the project.



COHORT TWO: OHIO

The Ohio Attorney General's Office (OAG) was funded to administer the LSC grant in partnership with the Ohio Domestic Violence Network (ODVN) and the Jack, Joseph, and Morton Mandel School of Applied Social Sciences at Case Western Reserve University (CWRU).

Mission: Improve the identification and community response to child, youth, and young adult victims of violence in Ohio. This population includes those victimized by family or household members, children in foster care settings, homeless and runaway youth victimized by family members, and transitionally housed youth. It includes those who have experienced physical, sexual, and community violence and youth who are proximal to severe violence and trauma.

Purpose: To ensure Ohio children and youth who have been victimized are identified in a wide range of community settings and are linked to high quality resources in or near the communities in which they live, ensuring that systems are linked at the state level for enhanced coordination to improve outcomes, responsiveness, and efficiency. Thereby, increase leveraging of resources to support children and youth and build connections between systems to enhance healing, safety, and justice.

Activity and Accomplishments: The Linking Systems of Care for Ohio's Youth (LSCOY) serves victims from birth to 26 years of age. This extended age range was determined with the help of stakeholders and includes victims older than 18 years who still may receive health care benefits through a parent or guardian's health care coverage or through programming for transitional aged youth. LSCOY conducted an environmental scan to identify problems and barriers faced by children and youth exposed. Ohio then completed a needs assessment/gap analysis, literature reviews, interviews, surveys, listening sessions, and a review of key data related to children and youth in Ohio that have been victimized to inform their action planning. A strategic planning process helped to identify action steps, which are being implemented through the end of the project.

In addition to this data collection, Ohio is developing a web site and has completed waves of surveying of services that provides evidence-based practices, and holistic interventions and victim services. LSCOY is partnering with the Red Treehouse (a program of the Ronald McDonald House Charities of Northeast Ohio, Inc.) to update its web-based resources portal with resources for children, families, caregivers, and other service providers.

While Ohio's demographic encompasses an extended age group, their screening instrument was designed for age groups four to twelve years of age and for nonverbal children and children with language delays. CWRU determined the need for this type of tool following a literature review and developed it with members of this project team.

At the time this report was written, LSCOY was completing its pictorial screening tool, resource directory, and implementing action steps around objectives. The new objectives are as follows:

- Access to Care – ensure that young people receive the mental health services, benefits, access to education, housing, and other resources regardless of life circumstances, status as minors, or barriers created by parents or caretakers.
- Information Sharing – facilitate information sharing among systems that is beneficial and sensitive to child and youth victims of crime.
- Training – implement training and learning opportunities for identified systems of help to promote the best interest of child and youth victims.
- Refute Misinformation – refute and correct pervasive misinformation that impacts decisions in case planning and legal decisions (civil and criminal) affecting the safety of children and youth.
- Navigation – promote the development of navigation mechanisms to help families locate and make informed choices about the necessary services that are sensitive to their diverse needs, including cultural, financial, access, etc.
- Trauma Informed Approaches – expand trauma-responsive approaches throughout the state.
- Cost Reduction – reduce the cost barriers to achieving safety for child and youth victims of crime.

At the time of this writing, Ohio LSCOY was still funded by the OVC.

Replicating Linking Systems of Care

Community leaders considering the goals and outcomes of LSC may reasonably be seeking guidelines for replication. The NCJFCJ, OVC, the four LSC demonstration sites, and our many partners and stakeholders certainly hope that this publication will provide readers with insight and inspiration for committing to this critical work. We would also direct you to resources available on the LSC website,⁴ including two Lessons Learned Reports, the LSC Coordinator Toolkit, and links to the website developed by the four LSC demonstration sites.

⁴<https://www.linkingsystemsofcare.org/>



This report, and the Lessons Learned Reports, provide a road map for this work.

- An ambitious planning phase: each of the LSC demonstration sites used at least 15 months to focus its projects. The four LSC demonstration sites found that this planning phase benefited from authentic engagement of stakeholders and listening to the lived experiences of victims, their families, and service providers so that the projects they developed were relevant, respectful of the communities within which they worked, and did not have unintended consequences. They also used this period for meaningful data collection asking questions such as: Who is in our community? Who are we providing services to? Why do some communities not feel safe seeking services? How many screening tools are in use in my community? How effective are these tools (and for what ages/populations)? What happens when a child is identified as a victim? Where do we have resources, and where do we have gaps? How do service providers learn about available services, and how do they know that the services are reliable, safe, and helpful?
- An inclusive group of stakeholders: The LSC demonstration sites developed and used working groups and subcommittees effectively, and they found that piloting tools, compiling resource directories, and introducing their projects at a community level depended on the relationships and commitments they built in stakeholder listening and planning sessions. Additionally, the sites learned that they needed to be creative and humble in accessing the support and building trust with communities that have historically been underserved or poorly treated by healthcare, courts, child welfare, schools, etc. The work will be wiser and more credible if, among stakeholders, survivors and families of survivors are included. Finally, keep lawmakers, community leaders, state and local funders, and the judiciary engaged in the work as they will be impacted by the linkages you made, and they can and or will become your champions.
- Values and Guiding Principles: Written by policy experts and seasoned practitioners, these values and guiding principles are important touchstones and sources of shared focus, ambition, and caution for diverse stakeholders. If the proposed activities are inconsistent with these values and principles, or inattentive to some, pause and seek input from your partners and stakeholders.

- Starting small with pilot projects: Some of the LSC demonstration sites found that by having trusted partners pilot their screening tools, they received invaluable feedback about its content, administration, and the training required before a larger roll out. This was also the case with training programs, referral protocols, and system linkages. Outcomes documented on a smaller scale project are easier to manage from a data analysis perspective, and they provide persuasive data for support of more ambitious programs.
- Training of service providers: The LSC demonstration sites found that their partners and stakeholders believed that screening, referrals, and systems linkages would be stronger and safer if child and youth serving professionals were trained about child victimization and were equipped to provide trauma-informed care. They also invested significant time and resources into ensuring that these curricula were designed for adult learners and designed to impart knowledge and shift practice.
- Seek support and connection with like-minded leaders: Throughout the project, the LSC demonstration sites frequently met with one another (in-person and virtually) to discuss challenges, strategies in data collection, community outreach, tool development, and pilot site support. The Cohort Two sites learned a great deal from the experiences and mentoring from Cohort One; additionally, they were inspired by the work of other LSC partners' youth programming.
- Consistent engagement of stakeholders: As projects gained momentum, the LSC demonstration sites found that consistent updates with their stakeholders created opportunities for unforeseen support and systems linkages. As the LSC demonstration sites learned about the successes and challenges with their tools or pilot sites, so too did their champions that included OJP and OVC.

Appendix 1: LSC Values

The following overarching values inform linked systems of care:

- Good communication leads to informed decisions.
- For the best results, both families and practitioners must keep each other informed on a continual basis.
- All efforts must be trauma informed and support the healing and growth of children, families, and communities.
- Systems of care and communities will provide holistic services with a life-course perspective.
- Consideration must be given to trauma experienced across lifespans and generations, including historical and structural trauma and racism.
- The work must avoid retraumatization and include eliminating processes and practices that re-traumatize individuals.
- Children, youth, parents, caregivers, teachers, service providers, practitioners, and administrators must be included in the process.
- The approach is strength based, focused on resiliency, and empowers youth and their families to make informed decisions about accessing services, support, and community-based programs.



Appendix 2: LSC Guiding Principles

I. **Healing Individuals, Families, and Communities.** Linked Systems of Care communities are concerned with the healing of individuals, families, and communities who have experienced or have been exposed to violence. Healing includes safety, justice, the opportunity to make positive social-emotional connections, and self determination. Opportunities for healing occur at all points of contact; healing interventions are accessible, trauma-informed, strength-based, individualized, and gender responsive, and culturally responsive. Parents, caregivers, and children should be meaningfully engaged in decision making for prevention, intervention, and healing. Parents and caregivers are offered coordinated treatment to address their own trauma histories and their reactions to their child's traumatic experience(s). Organizations and communities understand traumatic impact on providers, and they institute policies that minimize vicarious and secondary trauma.

II. **Linking Systems of Care.** All systems of care are connected and aspire to maximize collective impact through communication, collaboration, and coordination. To guide effective Linked Systems of Care, we must:

1. Clarify roles;
2. Create a common vocabulary related to your goals and outcomes;
3. Share information (while ensuring safety and autonomy for individuals and families) to avoid duplicative screening and re-traumatization;
4. Engage traditional and nontraditional community-based partners, including survivor groups;
5. Leverage your resources;
6. Build community capacity to meet victim needs, including: a.) seamless and equitable access to appropriate interventions and supports, and b.) meaningful referrals;
7. Invest in common screening and assessment tools and principles;
8. Be accountable to one another and the families you serve; and
9. Create mutually informed policy agendas.

III. **Informed Decision Making.** Linked Systems of Care provide as much information as possible to families and practitioners so that the most targeted, holistic, safe, and effective interventions are available. Further, Linked Systems of Care are committed to continuous quality improvement to improve and target interventions to meet the needs of children and youth. Decisions are best when informed by circumstances, research, and the needs of children, families, and communities as identified during meaningful engagement processes. Decision makers are best poised when they receive regular, ongoing, and meaningful training, technical assistance, and resources on the effects of trauma.



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