



THE CONNECTICUT COLLABORATIVE ON EFFECTIVE PRACTICES FOR TRAUMA (CONCEPT)

PLANNING YEAR SURVEY FINDINGS



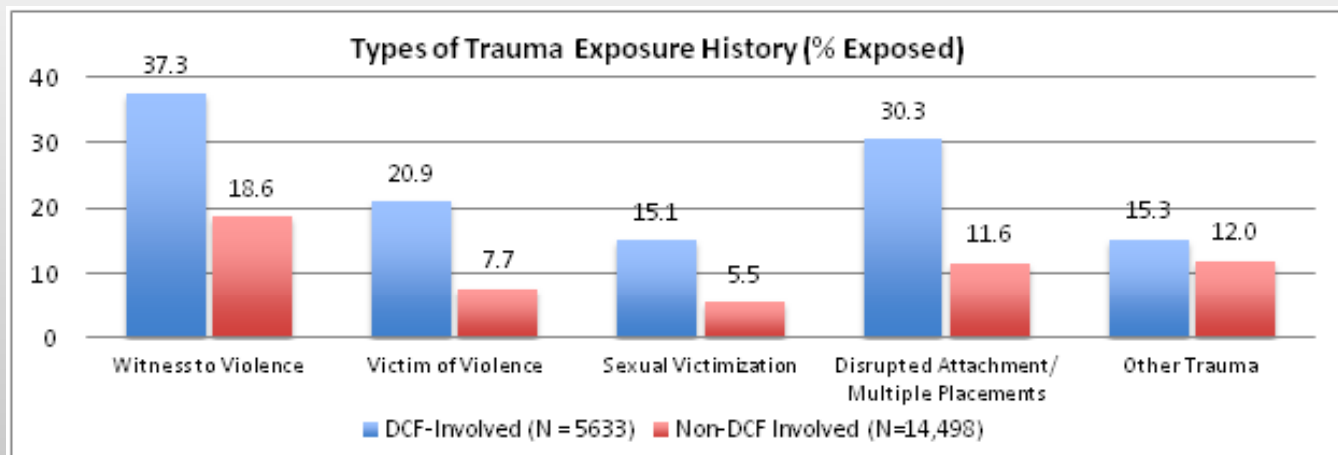
**Christian Connell, Ph.D. & Cindy Crusto, Ph.D.
The Consultation Center at Yale University**

PLANNING YEAR EVALUATION ACTIVITIES

- Assess DCF and Community Agency readiness and capacity to implement trauma-focused interventions
- Conduct focus groups with DCF CPS/residential supervisors and staff, providers, and family and consumer representatives
- Analyze state-level administrative data to clarify the population of focus for CONCEPT
- Identify public behavioral health services available to trauma-exposed children involved with DCF

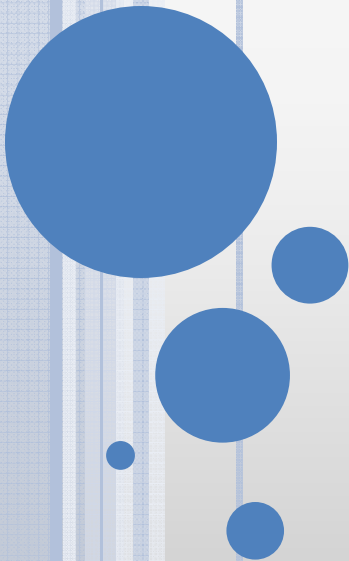
STATEWIDE CONTEXT

- **37,000** youth involved in CPS investigations
- Nearly **10,000** youth experienced substantiated maltreatment
- Over **20,000** youth received services in DCF-contracted community settings – 28% were DCF-involved
- DCF-involved youth have significantly higher rates of trauma-exposure at service entry



Source:
LINK; PSDCRS FFY2011

DCF READINESS & CAPACITY SURVEY



DCF SURVEY METHODOLOGY

- Web-based modification of Chadwick Trauma System Readiness Tool (TSRT)
- Incorporated additional items to assess:
 - agency collaboration
 - knowledge of trauma-focused services
 - availability of trauma-focused services
- Sampling Plan: Stratified Random Sample of 492 supervisors and staff across 6 regions, 3 Facilities, and DCF central office
- Response Period: 3-week period, Spring 2012
- Survey completers entered into raffle for one of twenty \$25 gift cards

SURVEY RESPONDENTS

- Response Rate: 45% (5 sites had rate over 50%)
- Overall Characteristics
 - 77% Female
 - 56% Caucasian; 24% African American; 11% Hispanic
 - 47% Bachelors (or lower); 49% Masters; 3% MD/Ph.D.
 - 3% Director /Admin; 28% Manager/Supervisor; 58% Caseworker/Clinical Staff; 12% Other
 - Mean Years in Child Welfare: 13.4 years (sd=6.6 years)

SURVEY RESPONDENTS (CONTINUED)

- DCF Sector/Division of Respondents
 - Intake & Disposition (CPS): 16%
 - Intake & Disposition (FAR): 8%
 - Ongoing Services: 48%
 - Area Resource Group: 8%
 - Foster Care & Adoption Service Unit: 7%
 - Admin & Quality Improvement: 6%
 - Other/NA: 11%

SELECTED FINDINGS FROM SURVEY

	State wide
	Mean (SD)
Training and education	3.8 (0.83)
Staff reduce impact of trauma	3.6 (0.67)
Staff facilitate contact/relationships	3.6 (0.73)
Agency knowledgeable of parental trauma	3.7 (0.71)
Agency has supervision, training, etc. to address vicarious trauma	2.5 (0.82)
Agency manages birth families assessment and needs	2.9 (0.73)
Agency manages resource families educational and support needs	3.1 (0.76)
Agency collaborates with local mental health agencies	3.4 (0.64)
Local mental health agencies support trauma-informed care	3.3 (0.72)
Agency addresses children's physical and psychological safety	3.5 (0.72)
Respondent has personal knowledge of trauma-informed child welfare work	3.6 (0.73)
Comprehensive trauma-informed assessment is accessible to children	3.3 (0.84)

○ Rating Scale

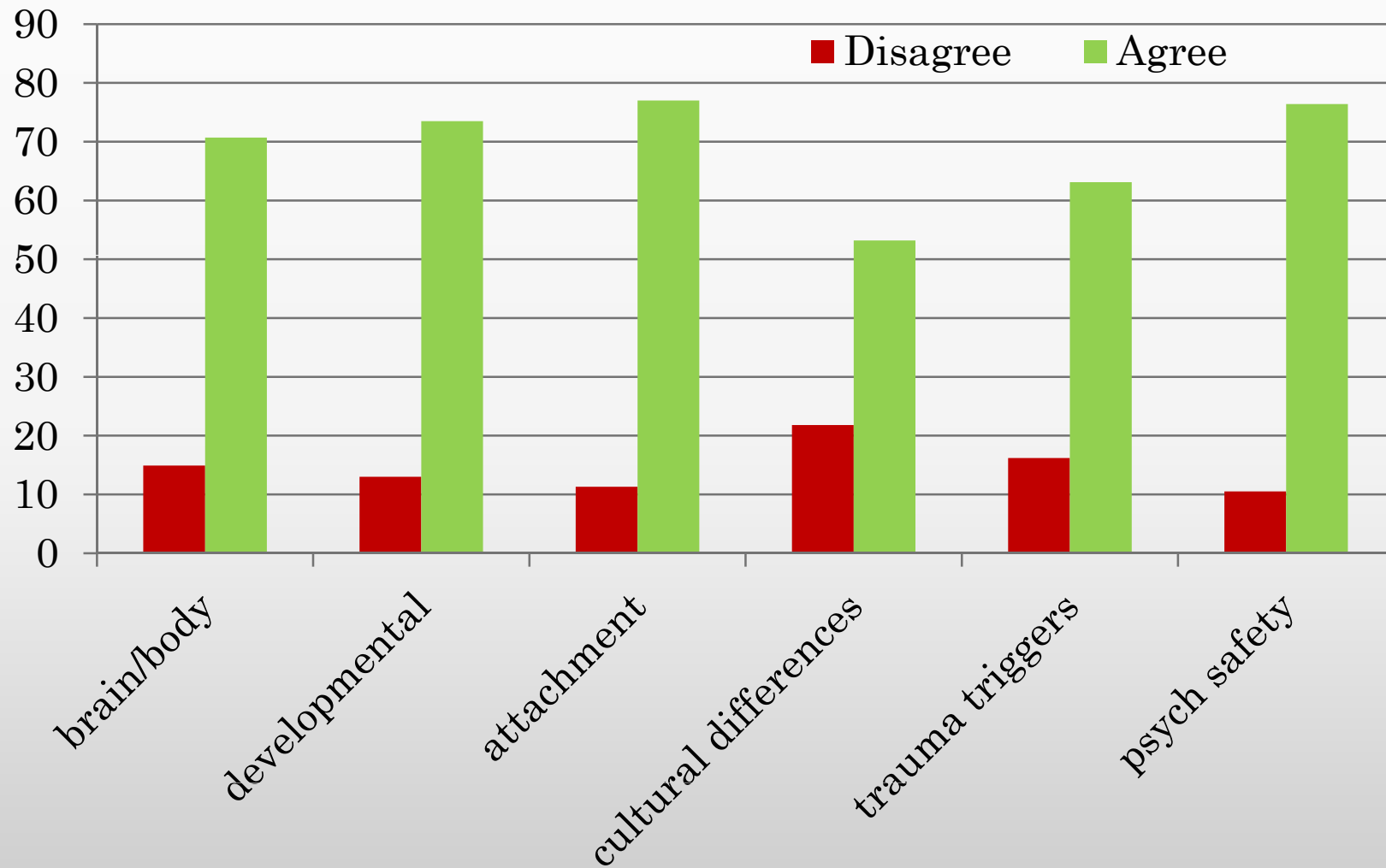
- Strongly Disagree (1) to Strongly Agree (5)
- Higher Scores are more favorable ratings of domain

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- Domains with more favorable ratings
 - Trauma training and education
 - Knowledge of parental trauma
 - Staff practices to address trauma in children
 - 1) Reduce trauma impact
 - 2) Facilitate contact/relationships

RESPONSES TO TRAINING AND KNOWLEDGE (A STRENGTH)

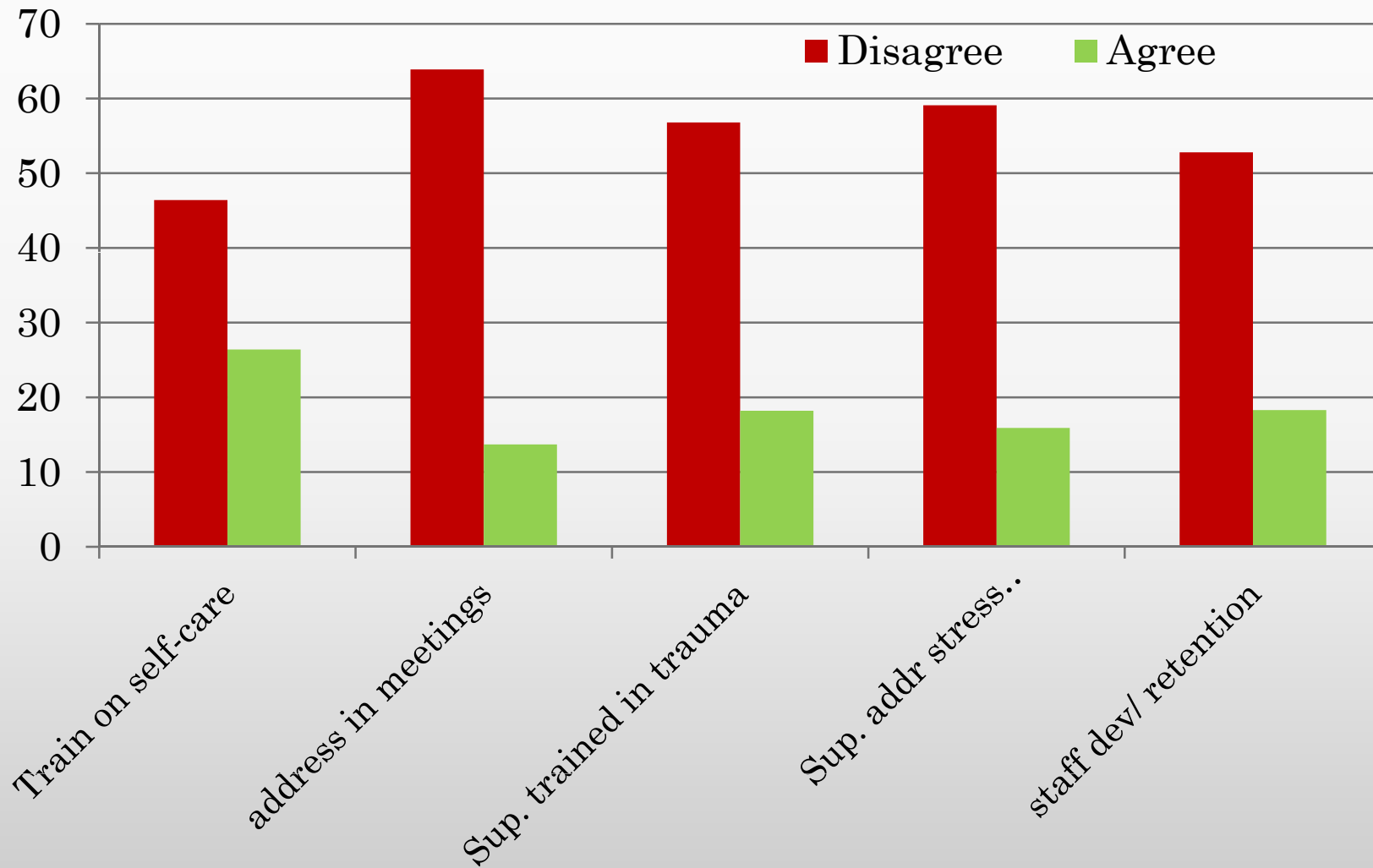


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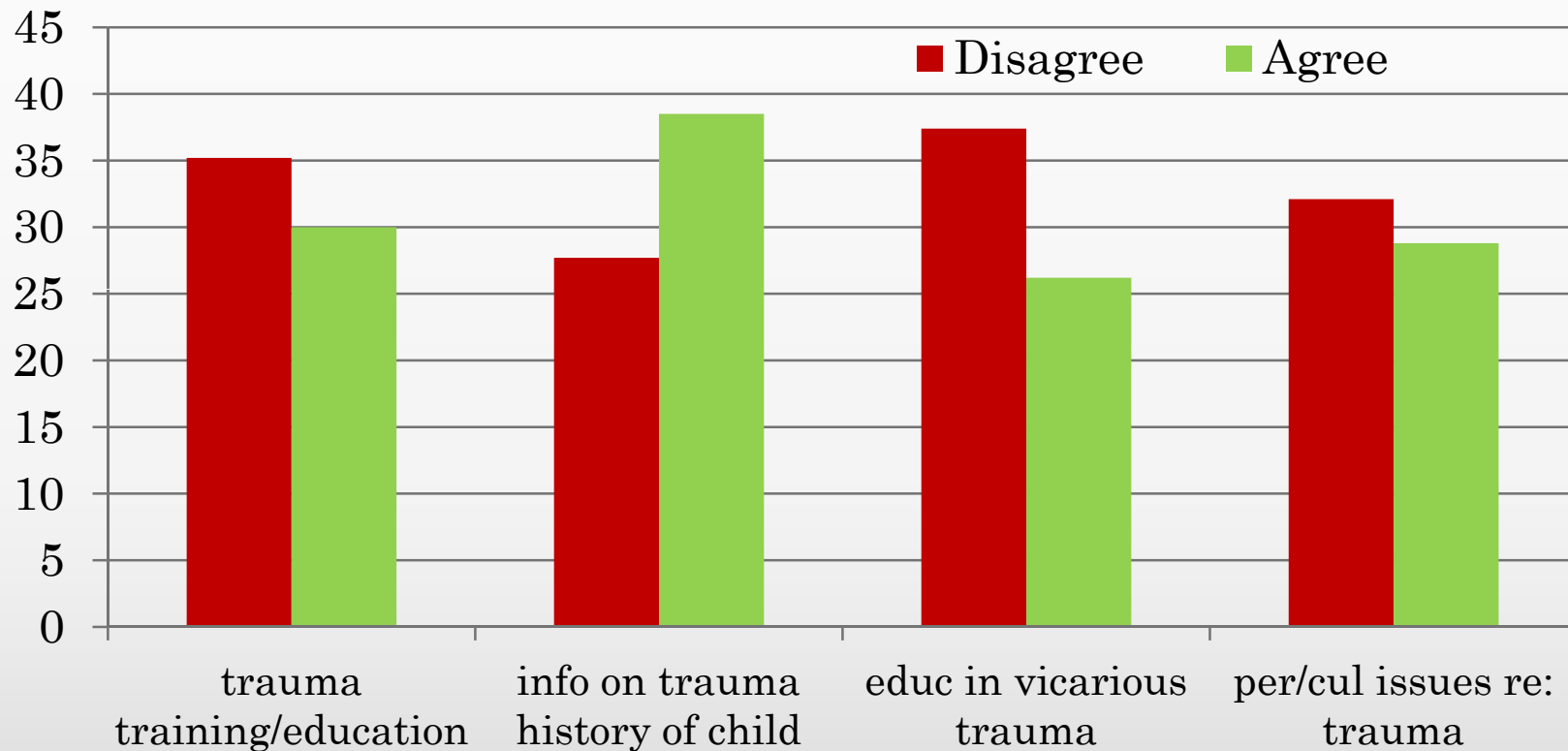
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- Domains with less favorable ratings
 - Supervision & training for vicarious trauma
 - Assessment of birth family needs
 - Management of resource family needs

RESPONSES TO SUPERVISION/TRAINING FOR VICARIOUS TRAUMA (RELATIVE WEAKNESS)



RESPONSES TO SUPPORT FOR RESOURCE FAMILIES (RELATIVE WEAKNESS)



COLLABORATION DOMAIN

	State wide
	Mean (SD)
Child Welfare Service Providers	2.9 (1.44)
Courts	2.5 (1.37)
Early Childhood Programs	2.3 (1.40)
Medical	2.2 (1.24)
Mental Health Agencies	2.8 (1.34)
Police Department	2.2 (1.41)
School System	2.3 (1.22)

○ Rating Scale

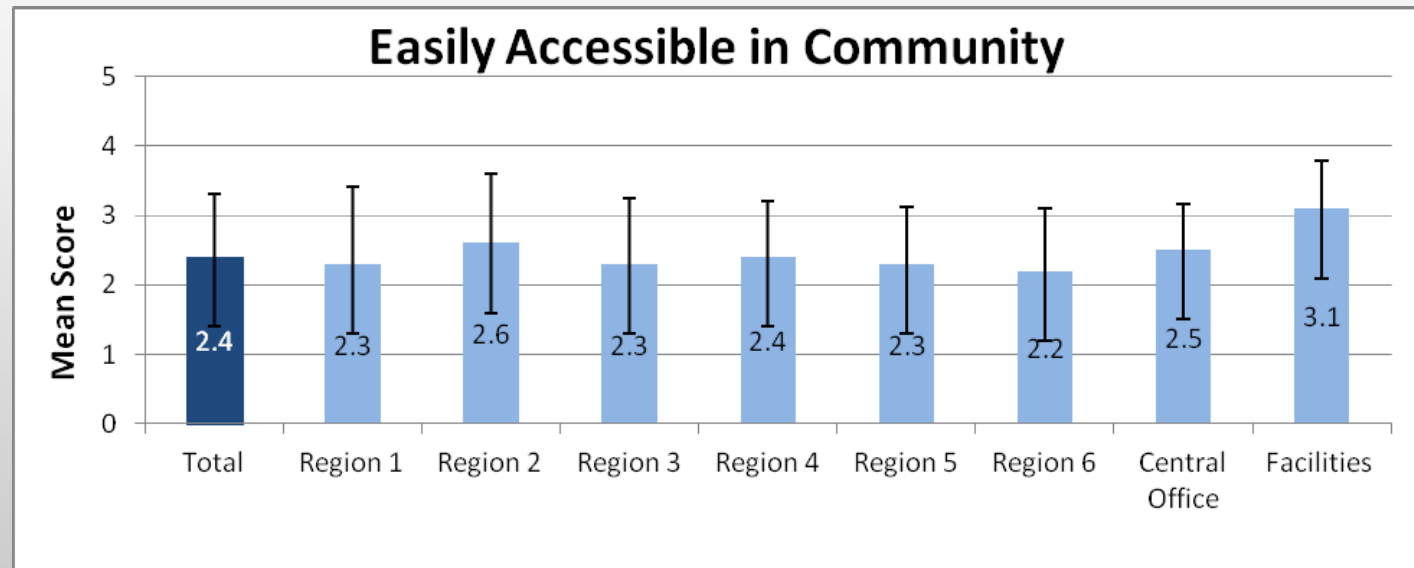
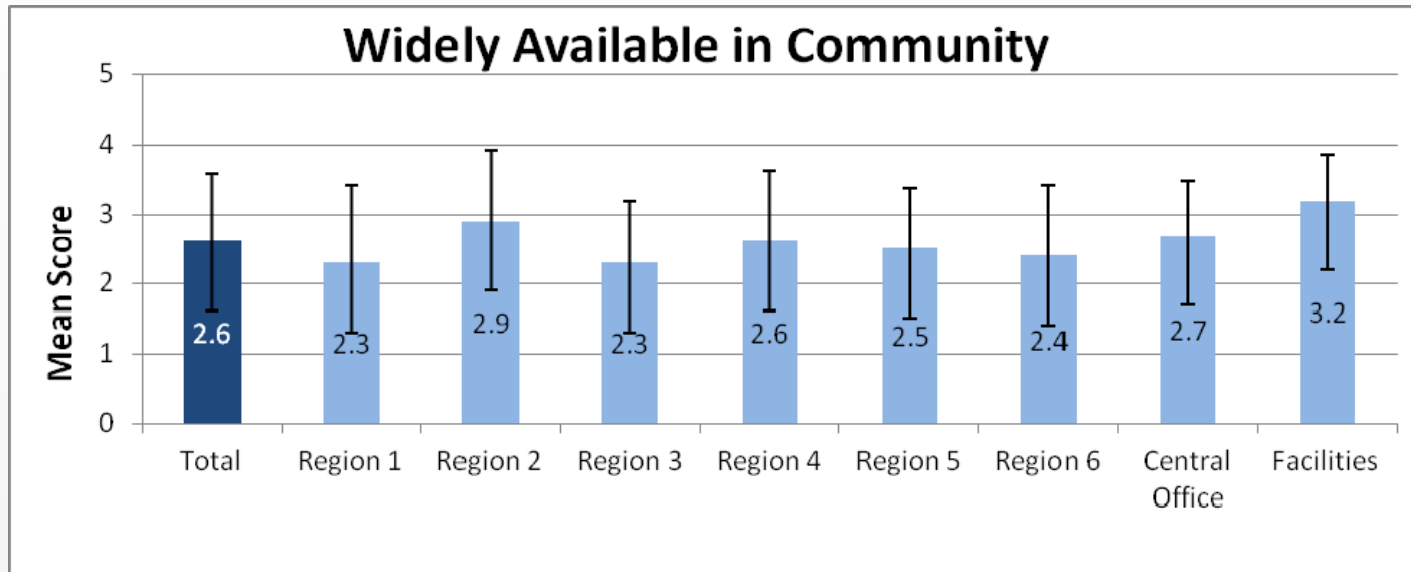
- No Collaboration (0)
- Networking (1)
- Cooperation (2)
- Coordination (3)
- Coalition (4)
- Collaboration (5)

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Police Department	2.2 (1.41)
School System	2.3 (1.22)

- Best with child welfare & mental health agencies
- Poorer with medical, police, and education settings
- Collaboration better around resource and information sharing, participation in interagency groups, or where mandated by law

AVAILABILITY OF TRAUMA-FOCUSED TREATMENTS



BARRIERS TO FAMILY ACCESS OF TRAUMA-INFORMED CARE

- 59% Families don't perceive need
- 55% Transportation issues
- 52% No trained clinicians
- 48% Family schedule (overwhelmed by work/home)
- 36% Family uninsured
- 20% Stigma of receiving treatment
- 15% Other



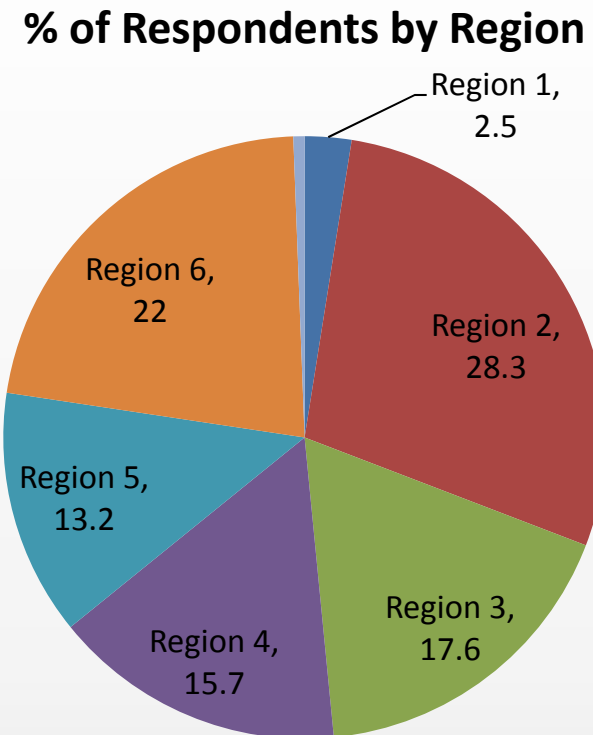
COMMUNITY AGENCY READINESS & CAPACITY SURVEY

PROVIDER SURVEY METHODOLOGY

- Web-based Trauma-Informed System Change Instrument (TISCI)
- Incorporated additional items to assess:
 - agency collaboration
 - knowledge of trauma-focused services
 - availability of trauma-focused services
- Sampling Plan: Survey sent to contacts at CT Community Providers Association (CCPA) and DCF-contracted Outpatient Care Clinics; Requested dissemination to staff
- Response Period: 3-week period, Spring 2012
- No compensation/incentive

SURVEY RESPONDENTS

- Total # of Responses: 159
- Overall Characteristics
 - 86% Female
 - 85% Caucasian
 - 4% Bachelors (or lower); 87% Masters; 9% MD/Ph.D.
 - 15% Director /Admin; 19% Manager/Supervisor; 62% Caseworker/Clinical Staff



SELECTED FINDINGS FROM SURVEY

	State wide	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Agency Policy	74.7 (14.52)	67.5 _{a,c,e} (.00)	84.3 _{a,b} (6.08)	65.7 _c (17.40)	72.4 _{c,d} (12.19)	85.2 _{b,e} (8.33)	65.5 _{c,f} (13.57)
Agency Practice	76.4 (9.23)	72.0 _{a,c,e} (.00)	82.3 _{a,b} (6.09)	72.7 _c (8.39)	74.6 _{c,d} (6.90)	83.5 _{b,e} (4.74)	69.4 _{c,f} (9.88)
Personal Practice	85.8 (12.03)	85.0 _{a,c,d,e} (.00)	91.7 _{a,b} (6.07)	73.7 _c (17.91)	91.0 _{b,d} (5.41)	93.0 _{b,e} (8.19)	79.9 _{c,f} (6.99)

- Agency Policy: organization has policies, practices, or structures that support trauma-informed service delivery for children and families
- Agency Practice: organization has adopted specific treatment methods or has resources available to support trauma-informed service care
- Personal Practice: personal knowledge and practices related to addressing trauma for children on their caseload

INDIVIDUAL PROVIDER SURVEY ITEMS

- Representative Strengths (Many True/Mostly True)
 - Families/children given systematic opportunities to voice need, concerns, and experiences
 - Respondent is “utilizing ... trauma informed interactions with children and families”
 - Respondent “feels equipped to help children make meaning of trauma history and current experiences from a trauma perspective”

INDIVIDUAL PROVIDER SURVEY ITEMS

- Representative Weaknesses (More Somewhat/not at all true)
 - Agency addresses impact of secondary trauma on staff
 - Child's "emotional safety" included in treatment plans
 - Agency has system to develop/sustain common trauma goals with other agencies
 - Agency has formal system to review staff use of trauma informed practice

COLLABORATION DOMAIN

	State wide
	Mean (SD)
Child Welfare Service Providers	3.0 (.56)
Courts	2.3 (.61)
Early Childhood Programs	2.6 (.87)
Medical	2.5 (.67)
Mental Health Agencies	2.9 (.67)
Police Department	1.8 (.62)
School System	3.1 (.62)

○ Rating Scale

- No Collaboration (0)
- Networking (1)
- Cooperation (2)
- Coordination (3)
- Coalition (4)
- Collaboration (5)

COLLABORATION DOMAIN

	State wide
	Mean (SD)
Child Welfare Service Providers	3.0 (.56)
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School System	3.1 (.62)

- Best with child welfare, mental health agencies, & school system
- Poorer with courts & police

BARRIERS TO FAMILY ACCESS OF TRAUMA-INFORMED CARE

- 72% Family schedule (overwhelmed by work/home)
- 64% Transportation issues
- 52% Families don't perceive need
- 30% No trained clinicians
- 27% Stigma of receiving treatment
- 13% Family uninsured
- 12% Other

SUMMARY

- DCF Survey
 - Supervisors and staff report highest ratings for training and education
 - Results highlight need for support around exposure to vicarious trauma
- Provider Survey
 - Critical to address agency-level policies and practices to support trauma-informed care
 - Attend to regional differences among providers across readiness domains
- Collaboration
 - Levels of collaboration across DCF and Provider surveys show primary emphasis on 'coordination' rather than higher levels of collaboration
 - Collaboration is lowest with court/policy systems; DCF also had lower rates of collaboration with educational settings



CONCEPT STAKEHOLDER FOCUS GROUPS

FOCUS GROUPS: PURPOSE

- Assess how trauma-informed the *current* child welfare system is;
- Assess perceptions of existing services for:
 - children/youth at risk for experiencing,
 - have already experienced, or
 - are currently experiencing trauma and their families; and
- Use results in conjunction with other planning year data to:
 - create plan to enhance trauma-informed care for child welfare in CT

FOCUS GROUPS: METHOD

- Seven groups conducted (March – June 2012)
 - DCF supervisors
 - DCF front line staff
 - Consumers/family members
 - Current learning collaborative providers
 - DCF contracted community providers
 - Foster parents
 - DCF residential facilities
- Refreshments, parents and foster care parents received \$20 gift card
- Conducted in English

FOCUS GROUPS: PROTOCOL

○ Chadwick Trauma-Informed Assessment and Feedback Protocol

- Screening and Assessment
- Referral and Mental Health Services
- Training
- Vicarious Trauma
- Goals
- Trauma-informed Child Welfare
- Trauma-informed policies and practices
- Strengths and Barriers
- Resources and Support

FOCUS GROUPS: PARTICIPANTS

	Parents (n=13)		Foster Families (n=11)		DCF Supervisors (n=6)		DCF Front- line Staff (n=7)		Community Providers (n=10)		Residential Staff (n=10)		Learning Collab (n=10)		Total (n=67)	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Gender																
Male	2	15%	1	9%	2	33%	1	14%	2	20%	2	20%	3	30%	13	19%
Female	11	85%	10	91%	4	67%	6	86%	8	80%	8	80%	7	70%	54	81%
Race																
Black/African American	4	31%	3	27%	--	--	2	29%	--	--	1	10%	1	10%	11	16%
White/Caucasian	3	23%	7	63%	5	83%	5	71%	10	100%	9	90%	9	90%	49	73%
Other	6	46%	--	9%	1	17%	--	--	--	--	--	--	--	--	7	10%
Ethnicity																
Hispanic	4	31%	--	9%	1	17%	2	29%	--	--	1	10%	--	--	9	13%
Non-Hispanic	--		10	--	4	67%	5	71%	10	100%	8	80%	10	100%	37	55%
Missing	9	69%	--	91%	1	17%	--	--	--	--	1	10%	--	--	21	31%
Age																
Mean	50 yrs		45 yrs		42 yrs		35 yrs		47 yrs		45 yrs		47 yrs		45 yrs	

FOCUS GROUPS: SELECTED FINDINGS

- Trauma Screening and Assessment
- Trauma Referral and Treatment
- Vicarious Trauma
- Trauma-informed Policies and Practices
- Service System Strengths and Barriers

FOCUS GROUPS: RECOMMENDATIONS

- Promote consistent DCF practice model for trauma informed care through integrated training on screening, assessment, referral, and service system
- Implement standardized trauma screen at DCF
- Enhance/create trauma-informed policies within DCF
- Address vicarious trauma needs among supervisors and staff
- Support broader training, education, and support for families (consumer and foster families) impacted by trauma

FOCUS GROUPS: RECOMMENDATIONS (CONTINUED)

- Enhance collaboration between DCF and community provider agencies
- Ongoing trauma-informed training and education for Learning Collaborative members
- Increase access to additional qualified service providers
- Address issues of affordable trauma services for consumers and providers



MOVING FORWARD: CONCEPT IMPLEMENTATION PHASE



EVALUATION NEXT STEPS: IMPLEMENTATION PHASE

○ **Process evaluation**

- document implementation and fidelity of program components
- identify facilitators and barriers to implementation

○ **Cost evaluation**

- Measure costs associated with CONCEPT program activities

○ **Outcome evaluation**

- Assess effects of CONCEPT program activities on planned outcomes at the child, family, agency/provider, and system levels
- Replicate DCF and Provider Surveys to assess change in readiness and capacity