
We will begin our webinar on **Tuesday at 3 PM (ET)**

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Brief Webinar Orientation

Marina Nalvarte, Webinar Coordinator

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Use the Q&A pod to ask a question. Click on the button that looks like a “thought bubble” or hit the Return key to submit your question or comment.


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Logistics

• Georgetown staff will respond to “housekeeping” or logistical questions

• Close all file sharing applications and streaming music/video

• Playback – please note that the call will be recorded and playback will be available by the end of the week at:
  http://gucchdtacenter.georgetown.edu/child_welfare.html#Upcoming
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Promoting Social and Emotional Well-Being for Vulnerable Children and Youth

Bryan Samuels, Commissioner
Administration on Children, Youth and Families
INFORMATION MEMORANDUM

TO: State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations

SUBJECT: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services

PURPOSE: To explain the Administration on Children, Youth and Families priority to promote social and emotional well-being for children and youth receiving child welfare services, and to encourage child welfare agencies to focus on improving the behavioral and social-emotional outcomes for children who have experienced abuse and/or neglect.

Framework for Well-being

The framework identifies four basic domains of well-being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, and handle responsibilities.
Elements of Social & Emotional Well-being

**Self-management** — Impulse control, stress management, persistence, goal setting, and motivation.

**Self-awareness** — Identification and recognition of one’s own emotions, recognition of strengths in self and others, sense of self-efficacy, and self-confidence.

**Social awareness** — Empathy, respect for others, and perspective taking.

**Responsible decision making** — Evaluation and reflection, and personal and ethical responsibility.

**Relationship skills** — Cooperation, help seeking and providing, and communication.
Making Meaningful and Measurable Improvements in Outcomes

Anticipating the challenges that children will bring with them when they enter the child welfare system

Rethinking the structure of services delivered throughout the system

De-scaling practices that are not achieving desired results while concurrently scaling up evidence-based interventions
Final Thoughts: Where We Are Going

A focus on well-being promotes the development of a child welfare workforce marked by:

- Focus on child & family level outcomes
- Progress monitor/screen for improved child/youth functioning
- Proactive approach to social and emotional needs
- Developmentally specific approach
- Promotion of healthy relationships

IMPLICATIONS FOR CASE-LEVEL WORK WITH CHILDREN & YOUTH

- Caseworkers are more aware of trauma, mental health needs, and evidence-based practices to get youth the right services at the right time.
- Caseworkers better understand, anticipate, and screen for the trauma-related challenges that children and bring with them when they enter care.
- Transition planning and promotion of social/emotional skills for adulthood begin well in advance of exit from care.
- Service plans include activities to promote relational competencies and efforts to find/engage siblings, relatives, etc.
Final Thoughts: Where We Are Going

A focus on well-being propels the child welfare system towards greater:

- Organization around positive outcomes
- Emphasis on continuous quality improvement to include review of child functioning indicators
- Allocation of existing resources from ineffective, generic practice to an array of specific, evidence-based interventions
- Workforce is prepared to support installation and implementation of evidence-based practices that promote social-emotional well-being

IMPLICATIONS FOR SYSTEM’S WORK WITH CHILDREN & YOUTH

- Data describing trauma and social and emotional well-being of youth are collected and analyzed regularly
- Research and data are used to drive decision-making, policies, program design, and contracting services.
- Evidence-based services that promote healing and recovery from trauma and build key skills and capacities in youth are available.
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Children’s Mental Health Awareness Day:

Findings in the 2012 Short Report
National Children’s Mental Health Awareness Day—May 9, 2012

- 134 national organizations and Federal agencies
- 1,100 communities
- Collaborating SAMHSA grantees:
  - Project LAUNCH
  - Safe Schools/Healthy Students
  - Children Affected by Methamphetamine in Families Participating in Family Treatment Drug Court
  - Residential Treatment for Pregnant and Postpartum Women
Collaborating Federal programs:

– Administration for Children and Families
  • Head Start
  • Child Welfare
  • Foster Care Managers
– Office of Juvenile Justice and Delinquency Prevention (Department of Justice)
– NIMH outreach partners
– Department of Education grantees
– SAMHSA regional administrators
National Children’s Mental Health Awareness Day—May 9, 2012

• **National Focus**
  – Children and youth ages birth through 18
  – Child welfare, juvenile justice, and education systems; and youth in military families
  – Celebrating “Heroes of Hope”—caring adults who provide ongoing support to children and youth
• **Impact of Traumatic Stress**
  
  – Children who suffer from child traumatic stress are those who have been exposed to one or more traumatic experiences over the course of their lifetimes and develop reactions that persist and affect their daily lives after the traumatic events have ended.\(^1\)

  – Exposure to traumatic events early in life can have many negative effects throughout childhood, adolescence, and into adulthood.

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Trauma and Resilience

• Defining Resilience
  – Resilience is the ability to adapt well over time to life-changing situations and stressful conditions.
National Children’s Mental Health Awareness Day—May 9, 2012

• Results of Short Report findings released on Capitol Hill

• National Event
  – Art exhibit coordinated by the American Art Therapy Association
  – Tribute program honoring youth
  – SAMHSA Special Recognition Award to Cyndi Lauper

• Live webcast can be watched via www.samhsa.gov/children
Overview of Short Report Evaluation Results

REPORT OVERVIEW
Format and Purpose

- Four-page, glossy fold-over
- Topics/results presented in sub-sections
- Anecdote of Heroes of Hope in System of Care Communities
- Summary of results
- Data sources
- References

- Describes:
  - Trauma and resilience of children and youth involved in child welfare and juvenile justice systems
  - Outcomes for children and youth served in CMHI and NCTSI
  - Trauma-informed workforce and EBPs
Data Sources

• CMHI
  – Describes child and family outcomes for children and youth ages 0 to 21 in CMHI Systems of Care
  – Data from communities funded in 2005–2006 (Phase V), and in 2008 (Phase VI)
  – Sample includes 6,609 children/youth in the outcome study with intake data on agency involvement who entered services from 2006 to 2011
• NCTSI
  – Describes outcomes for children and youth ages 0 to 21 in National Child Traumatic Stress Network (NCTSN)
  – Data from grantees funded from 2001 to 2010
  – Sample includes 15,343 children/youth with complete intake data, including system involvement, who entered NCTSN services through 2011
Content—Report Sections

- Need for Trauma-Informed Services in Child Welfare and Juvenile Justice
- SAMHSA Initiatives Providing Trauma-Informed Services
- Youth in Child Welfare or Juvenile Justice Who Have Experienced Traumatic Events
- SAMHSA Initiatives Support Recovery from Traumatic Events and Build Resilience
- SAMHSA Is Building a Trauma-Informed Workforce
- Spotlight on Heroes of Hope
Substance Abuse and Mental Health Services Administration

CHILDREN’S MENTAL HEALTH INITIATIVE (CMHI)
The Comprehensive Community Mental Health Services Program for Children and Their Families

• Funds government entities to adopt System of Care principles and values to create a network of effective community-based services and supports to improve the lives of children and youth with serious mental health conditions and their families.

• Systems of Care build meaningful partnerships with families, children, and youth; address cultural and linguistic needs; and use evidence-based practices to help children, youth, and families function better at home, in school, in the community, and throughout life.
The Comprehensive Community Mental Health Services Program for Children and Their Families

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Largest children’s mental health services initiative
- 173 grantees: 50 States, 2 Territories (Guam, Puerto Rico), 23 tribes/Tribal organizations, District of Columbia; 52 currently funded
- More than 113,000 children/youth served through FY2011
- 24 State-level expansion planning grants FY2011
- New RFA recently announced!!!
Overview of Short Report Evaluation Results

WHO ARE THE CHILDREN AND YOUTH RECEIVING SERVICES AND SUPPORTS IN CMHI?
Children and Youth Entering CMHI Who Have Experienced 4+ Potentially Traumatic Events

- (n = 904) Child Welfare: 34%
- (n = 640) Juvenile Justice: 28%
- (n = 3,482) Neither: 21%

Children/Youth Who Experienced 4+ Adverse Childhood Events
CMHI: Who Are the Children and Youth Involved with Child Welfare or Juvenile Justice?

• 14 percent in child welfare and 36 percent in juvenile justice enter services with substance use problems
• More likely than others to be living outside their home, often in foster care or residential treatment centers
• More likely than others to have attempted suicide
CMHI: Who Are the Children and Youth Involved with Child Welfare or Juvenile Justice?

• Struggled with *inter*personal skills, such as working with others
• Did not differ from others on *intrap*ersonal skills, such as talking about feelings and keeping a positive outlook on life
• May have more issues to address than others, but also have strengths on which to build resilience
Overview of Short Report Evaluation Results

IMPROVEMENT IN OUTCOMES FOR CHILDREN AND YOUTH RECEIVING SERVICES IN CMHI
CMHI: Improved Behavioral and Emotional Symptoms and Skills

• Caregivers report that children and youth involved with child welfare or juvenile justice:
  – Improved on their behavioral and emotional symptoms and strengths in the first year after entering services in Systems of Care
    • Child Welfare—33 percent improved
    • Juvenile Justice—40 percent improved
  – Improved ability to relate to others
CMHI: Reduced Youth Substance Use

• About one-third of youth 12 and older who had substance use problems at entry into Systems of Care reported no substance use problems after 6 months.
  – **Child Welfare**—36 percent of youth reported no problems.
  – **Juvenile Justice**—32 percent of youth reported no problems.
CMHI: Arrests and Suicide Attempts Decrease Among Children/Youth After Entering CMHI

- Percentage of Children/Youth Arrests for Youth Involved in Juvenile Justice:
  - Within 6 Months Prior to Entry: 37% (n = 201)
  - 6 Months After Entry: 27%
  - 12 Months After Entry: 21%

- Suicide Attempts for Children/Youth Involved in Child Welfare:
  - Within 6 Months Prior to Entry: 6% (n = 398)
  - 6 Months After Entry: 3%
  - 12 Months After Entry: 1%
CMHI: Supportive Adults Help Youth Increase Positive Outcomes

• Among youth who had no supportive adults—family or community members—in their lives at entry into CMHI services
  – About 50 percent connected with someone they could talk to in times of trouble in the first 6 months.

• Youth who connected with a supportive adult made greater improvements than those who did not in
  – Emotional and behavioral health
  – Academic performance
CMHI: Emotional and Behavioral Health and Academic Performance Improve When Youth Have a Supportive Adult*

Significantly Improved Emotional/Behavioral Health

- No Supportive Adult: 24% (n = 454)
- Supportive Adult: 33% (n = 310)

Grade Point Average of 3.0 or Higher

- No Supportive Adult: 29% (n = 339)
- Supportive Adult: 43% (n = 233)

*Supportive adult could include family member or someone from the community.
Substance Abuse and Mental Health Services Administration

NATIONAL CHILD TRAUMATIC STRESS INITIATIVE
The Donald J. Cohen National Child Traumatic Stress Initiative (NCTSI)

  - National Center for Child Traumatic Stress Centers (Category I): Duke University and the University of California, Los Angeles (UCLA)
  - Treatment and Service Adaptation Centers (Category II): 28 current and previously funded Centers
  - Community Treatment and Services Centers (Category III): 79 current and previously funded Centers
Overview of Short Report Evaluation Results

WHO ARE THE CHILDREN AND YOUTH RECEIVING SERVICES IN NCTSI?
Children and Youth Entering NCTSI Who Have Experienced 4+ Potentially Traumatic Events

- **Child Welfare**: 67% (n = 3,854)
- **Juvenile Justice**: 57% (n = 471)
- **Neither**: 37% (n = 6,559)
Problems Experienced at Intake by Children and Youth in NCTSI

- Children and youth involved in the child welfare or juvenile justice system show high levels of difficulty in school and in forming relationships with others and experience behavioral problems.
  - At intake, 61 percent of those involved in child welfare and 77 percent of those in juvenile justice experienced behavioral problems both at home and in their communities.
  - Substance use problems were reported at intake for 11 percent and 46 percent of youth involved in the child welfare and juvenile justice systems, respectively.
Overview of Short Report Evaluation Results

IMPROVEMENT IN OUTCOMES FOR CHILDREN AND YOUTH RECEIVING SERVICES IN NCTSI
NCTSI: Improved Academic Performance and Emotional and Behavioral Health

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Child Welfare</th>
<th>Juvenile Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Entry into Services</td>
<td>6 Months</td>
</tr>
<tr>
<td>Academic problems</td>
<td>50%</td>
<td>45%</td>
</tr>
<tr>
<td>Behavior problems at home</td>
<td>66%</td>
<td>58%</td>
</tr>
<tr>
<td>Difficulties building relationships</td>
<td>56%</td>
<td>46%</td>
</tr>
<tr>
<td>Law enforcement contacts</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td>Substance use problems</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

^aYouth aged 11 and older. ^bYouth aged 12 and older.
NCTSI: Improved PTSD Symptoms

UCLA PTSD Index

- Child Welfare Involved: $n = 640$
- Juvenile Justice Involved: $n = 139$

Average Score

Baseline: 30, 26
3 Months: 23, 19
Overview of Short Report Evaluation Results

SAMHSA IS BUILDING A TRAUMA-INFORMED WORKFORCE
Knowledge Increases Among NCTSI-Trained Child Welfare and Juvenile Justice Professionals

**Topics Covered in Training**

- **Child Trauma and Its Impact**
  - $(n = 1,405)$
  - $84\%$

- **Trauma-Focused Evidence-Based Interventions**
  - $(n = 1,343)$
  - $81\%$

- **Assessment for Trauma Exposure**
  - $(n = 1,276)$
  - $79\%$

- **Screening for Trauma Exposure**
  - $(n = 1,297)$
  - $77\%$

**Percentage of Trainees Reporting Greater Knowledge**
Overview of Short Report Evaluation Results

HIGHLIGHTS
Children and youth who have experienced traumatic events and receive services in CMHI or NCTSN have:

- Reduced behavioral and emotional problems
- Increased behavioral and emotional skills
- Reduced trauma symptoms
- Reduced substance use problems
- Improved functioning in school and in the community
- Improved ability to build relationships
Jim Wotring, Director

National Technical Assistance Center for Children’s Mental Health, Georgetown University
Outcome Measurement and Outcomes Management

Performance Measurement System
Various indicators of organizational performance

Outcomes Management
Interpretation and use of outcome data

Outcome Measurement
• Measure Outcomes
• Collect Data

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What’s the Impetus for an Outcomes Management System?

Demand for Increased Accountability

- Funders – performance considered in pay
- Consumers

Demand to Use Available Empirical Knowledge Base

- Empirically-based assessments
- EBTs
- EIPs

Increased Expectations about Data Availability

- From funders
- Practitioners need in order to provide effective services
- Timely data aggregation & analysis needed for CQI action cycle

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Performance Measurement System with Client Level Functioning and Outcome Data

Organizational Effort Measures

Services/Interventions

Billing/Costs

Functioning & Outcomes Data

IN REAL TIME

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When Do You Use Client Level Data?

At Entry: Each child
- Assess functioning and needs with objective, multidimensional assessment(s)
- Make a plan, with goals and services specified

During Services: Each child
- Track progress, adjusting services as needed
- Measure outcomes at end of services

After Services: All children
- Aggregated data includes critical information on all children, including outcomes
- Use data results for: developing & refining programs, policies, practices, & training initiatives

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Driving Towards a Satisfactory Outcome: “Outcome-ometer”

Start with best array of services based on data

Beginning of service

Midway

End of service

Impaired functioning

Check Progress - OK

Check Progress – Setback!
Change service array as needed

End result outcomes – Good!

Improved functioning

Being Accountable and Transparent to Consumers
IMPACT Level: Data collapsed across children is Aggregated Data

Aggregated Data to Inform Policy and Practice
Aggregated Data Used at All Levels

- Practitioners, Consumers
- Supervisors
- Program managers
- Agency
- Organization, System

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Youth Perspectives and Response

Larry Davis & Kate Lynn Morrison
QUESTIONS?