Executive Summary: Cross-Systems Mapping Events
Vision 21: Linking Systems of Care for Children and Youth
Commonwealth of Virginia

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Background

In 2015, the Commonwealth of Virginia was one of two states funded by the US Department of Justice, Office for Victims of Crime, as a Vision 21: Linking Systems of Care (LSC) for Children and Youth Demonstration Project. The goal of the project is to identify children and youth who have had crimes committed against them and to address the potential serious and long-lasting consequences of exposure to crime. The project grants the Commonwealth of Virginia an opportunity to ensure that children and youth are (a) screened for victimization and (b) provided comprehensive and coordinated services to fully address their needs. Collaborative partners are also interested in assuring that policy and practice reform occurs to *sustain* an improved coordination of care approach long-term.

During the project's 15-month planning phase, project staff[1] has conducted various activities to collect information from a variety of stakeholders on the gaps within the current systems. This information will be used to advise the project's five-year implementation phase. One such activity was to facilitate five[2] regional cross-systems mapping events. The goal of the regional events was to obtain information about current screening and assessment practices, strengths and challenges in the provision of services, and the availability of and access to resources throughout the Commonwealth of Virginia.

Method

The Vision 21: LSC staff in the Commonwealth of Virginia collected a list of potential participants from members of the project's Partner Agency Team (PAT) and the Cross-Systems Mapping Committee. PAT is made up of decision-makers from state government agencies. The Cross-Systems Mapping Committee consists of stakeholders from government agencies, as well as private and non-profit organizations. The Vision 21: LSC staff emailed invitations to individuals identified as potential participants. Individuals were asked to register for the regional

[1] Project staff were affiliated with the following agencies: Department of Social Services, Department of Criminal Justice Services, Department of Behavioral Health and Developmental Services, and Department of Education.

[2] Regional mapping events took place in the Central, Tidewater, Southwest, Shenandoah Valley and Northern Virginia regions between August and November 2015.

mapping event via an online link. Participants took part in a full-day event, with lunch provided by donations from the Criminal Injuries Compensation Fund. A total of 253 individuals participated in the five regional events. On average, each regional mapping event had 50 participants. Participants represented the following fields: Child Welfare, Behavioral Health, Courts/Justice, Advocacy, Juvenile Justice, Education, and others (e.g., Housing, Public Health, etc.).

Regional Mapping Event Activities. The agenda included four group activities and a participant ice-breaker. This report, however, will focus solely on the results from the three key activities. The first activity enabled to project staff to better understand what screening tools were currently used, who performed screenings, how these individuals were trained, strengths/challenges of working with these screening tools, and information about the referral post-screening process. The second activity allowed project staff to better understand the type of information professionals look for in cases,, the most common referral services, and challenges associated with making these referrals. The third activity was utilized to better understand what strengths and challenges professionals anticipated with launching a statewide screening tool for victims of crime, sharing client information between agencies and providers and the trauma-informed training needs of service providers.

Results

Activity 1 — Screening Tools. Participants reported an exhaustive list of screening tools currently being used in their jurisdictions, both between and within agencies. The five most commonly reported screening tools were: 1) Adverse Childhood Experience s Study (ACES), 2) Child and Adolescent Needs and Strengths (CANS), 3) Detention Assessment Instrument (DAI), 4) Massachusetts Youth Screening Instrument (MAYSI) and 5) Youth Assessment and Screening Instrument (YASI). Very few agencies reported using the same tools.

Overall, participants agreed that screening tools are helpful for identifying client's needs and advising the case management and referral process. Participants reported evidence-based tools are available. While some of these tools may be easy to administer, several participants were concerned with the subjectivity of administering these tools. They expressed that more training on the tools currently administered would be useful.

Participants also conveyed a need for more training on trauma-informed service delivery as a whole. Because the tools used by agencies and providers vary, participants also expressed concern over duplicative screenings which may re-traumatize children and youth. For this reason, participants were intrigued by the idea of using a single, brief screening tool across providers and settings. Participants also stressed that many of the currently used tools do not account for cultural differences (including language) and that a universal screening tool should address those issues.

Activity 2 – Victimization: How to Best Serve Clients. Participants expressed a need for (a) consistent and appropriate services with coordinated case management, (b) cross-agency collaboration, and (c) a commitment to youth and family engagement when planning service

needs and delivery Challenges existed for each system and locality. Some of the challenges specific to offering follow-up services to children, youth, and families include:

a) resolving lengthy waiting lists,
b) acknowledging limited accessibility to services,
c) delivering services that address the needs of the child *and* family,
d) sustaining funding for appropriate services (i.e., trauma-informed and evidence-based approaches),
e) maintaining coordinated and cross system communication about a child *and* family,
f) providing ongoing training to providers and staff, and
g) recognizing any challenges a family may have in maintaining appointments (e.g., transportation issues, financial concerns, etc.).

Activity 3 — Gaps Analysis. Participants expressed that, with proper training and referral guidance, the use of a universal screening tool may assist them in collaborating and information sharing between agencies and providers. They acknowledged that implementing a memorandum of agreement (MOA) would be pivotal to ensure consistency and transparency across systems. Participants also reported that a (a) statewide database to track a victim's history through systems and (b) centralized point of contact for directing children and families to available resources would reduce multiple screenings, duplication of services/interventions and re-traumatization of victims. When discussing gaps in the current systems, participants re-iterated the need for (a) providing *ongoing* cross-system training on the provision of services and current screening processes, (b) clarifying stakeholder's role in provision of services, and (c) expanding current collaborative efforts (e.g. Family Assessment and Planning Team) to engage a broader range of providers and advocates. Participants were mindful of the need to preserve confidentiality of the children, youth and families they serve. They requested guidance on how to balance the sharing of information between providers and maintaining client's privacy and confidentiality. Participants acknowledged that if a universal screening tool is to be implemented in the near future, an implementation phase would need to include (a) ongoing cross-system stakeholder training on the instrument, (b) a training manual developed for those who would administer the screening tool, and (c) direction on how client information would be shared and where it would be stored.

Conclusion

The Vision 21: LSC staff was pleased with participant attendance and how smoothly each of the five regional events went. In all five events, participants were engaged in the activities and candidly offered suggestions for improving the current systems in the Commonwealth of Virginia. In sum, the Project 21: LSC staff learned participants are open to utilizing a universal screening tool. They expressed that a universal screening tool may improve (a) collaboration and information sharing between agencies and (b) overall service delivery for consumers. For this endeavor to be successful, however, participants felt the planning and implementation phases would need to include strengthening collaborative partnerships by engaging traditional non-traditional stakeholders, developing MOAs between agencies to allow for information sharing, and ensuring ongoing cross-system training on the tool and proper referral process.

The Vision 21: LSC staff is appreciative to all stakeholders who participated in these events. Information gathered in the regional mapping events will be shared with Vision 21: LSC PAT members and stakeholders. Along with results from a stakeholder survey and a state-level organizational assessment, information gathered from the regional events will be used to inform the 5-year Implementation Phase of the Vision 21: LSC grant. Recommendations will guide further development of the screening tool, training manual, and policy and practice reform.

Regional Event – Richmond

Below is a brief summary of the results of the Regional Event which took place in Richmond, VA on August 26, 2015. This was the first of five regional events which were conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) state demonstration project.

The Commonwealth of Virginia is focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the regional events was to obtain information about current screening and assessment practices, strengths and challenges in the provision of services, and the availability of and access to resources throughout the Commonwealth of VA. This report will focus on responses gathered from individuals in three localities within the Central region (i.e., Richmond, Henrico and Chesterfield). The target sample for the events was direct service providers (i.e., front-line workers).

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia collected a list of potential participants from members of the project's Cross-Systems Mapping Committee and the Partner Agency Team (PAT). PAT is made up of decision-makers from state government agencies, and the committee is made up of stakeholders from both government and private/non-profit organizations. The Vision 21: LSC staff emailed invitations to individuals identified as potential participants. Individuals were asked to register via an online link if they were planning on attending. The regional event was a seven-hour event (with lunch provided).[3] Participants represented the following organizations:

12th District Court Service Unit	Henrico County Division of Police
13th Court Service Unit	Henrico County Victim/Witness Assistance Program
C2Adopt	Just Children Program of the Legal Aid Justice Center
Care Connection for Children	Justice Service/Richmond Detention Center
Central Virginia Legal Aid Society	Law Office of Christopher K. Peace

[3] Lunch was made available through donations from the Criminal Injuries Compensation Fund.

	PLLC
Chesterfield County Commonwealth's Attorney's Office	National Alliance on Mental Illness Virginia
Chesterfield County Victim/Witness Assistance Program	Private Practice with Leonard Lambert & Associates
Chesterfield Court Appointed Special Advocates	Richmond Behavioral Health Authority
Chesterfield Juvenile Detention Home	Richmond City Public Schools
Chesterfield Mental Health/Substance Abuse	Richmond City Social Services
Chesterfield Police Department	Richmond City Victim Witness Services
Chesterfield/Colonial Heights Comprehensive Services Act	Richmond Department of Justice Services
Chesterfield/Colonial Heights Department of Social Services	Richmond Detention Center
ChildSavers	Richmond Organization for Sexual Minority Youth (ROSMY)
City of Richmond Commonwealth's Attorney	Richmond Police Department
City of Richmond Department of Social Services	Safe Harbor
Department of Juvenile Justice/12th District Court Service Unit	St. Joseph's Villa
Department of Juvenile Justice/13th District Court Service Unit	The Circle Preschool Program-Greater Richmond SCAN
Department of Juvenile Justice/14th District Court Service Unit	The James House
Greater Richmond Stop Child Abuse Now	United Methodist Family Services
Henrico Area Mental Health Developmental Services	Virginia Department of Behavioral Health and Developmental Services
Henrico County Commonwealth's Attorney's Office	Virginia Home for Boys & Girls
Henrico County Court Appointed Special Advocates	Virginia Poverty Law Center
Henrico County Department of Social Services	YWCA of Richmond

The agenda included four group activities and a participant ice-breaker (See Appendix A - Agenda). However, this report will solely include results from the three key information-gathering activities:

Activity1 – Screening Tools. During this activity, participants were grouped with others from their same profession. The goal of this activity was to better understand what screening tools are

currently used, who performs screenings, how these individuals are trained, strengths/challenges of working with these screening tools, and information about the referral process. Participants were asked to visit six stations and report the following information:

- What screening tools are used by their organization?
- Who performs these screenings?
- How are these individuals trained?
- What are the strengths of using these tools?
- What are the challenges of using these tools?
- What occurs after a screening takes place?

A facilitator[4] (at each of the stations) acted as a scribe and reported group ***themes*** to the larger group at the end of the activity.

Activity 2 – Victimization: How to Best Serve Clients. During this activity, participants were grouped with others from different professions. The goal of this activity was to better understand the information professionals look for when presented with a case study, the most common services to which professionals refer and the challenges associated with making these referrals. Participants read a short scenario about a child[5] who had been victimized. Then, they were asked to answer the following questions about the scenario:

- Which topics received their attention?
- What services did they think might be appropriate for this child/youth?
- What challenges (and strengths) did they foresee with assisting this child/youth?

As part of a larger group discussion, participants were asked to present information on common challenges of (a) referring children/youth for services and (b) following up with these services.

Activity 3 – Gaps Analysis. During this activity, participants were grouped with others from different professions. The goal of this activity was to better understand what strengths and challenges professionals anticipated with launching a statewide screening tool for victims of crime, sharing information about victimization, and training service providers in the provision of trauma-informed services. Participants were presented with one of three future goals:

1) All child and youth victims will have been screened for victimization;
2) Information on victimization will be shared between agencies; and
3) All providers will be trained in trauma-informed provision of services.

Participants were asked to reveal *current* strengths and challenges with having these future goals come to fruition and then to list ***specific steps*** on how to move towards the future state. Responses for each of these three goals are reported in the next section.

[4] Facilitators were either Vision 21: LSC staff or trained volunteers. Trained volunteers were provided a brief manual on how each activity would be conducted prior to the event.

[5] This scenario described the experience of a 16 year old black female. The National Council of Juvenile and Family Court Judges provided the scenario to Vision 21: LSC staff.

Results

Participants. A total of 54 individuals participated in this event. These individuals held the following types of positions: Mental Health Clinician, Victim Advocate, Law Enforcement Officer, Prosecutor, Educator, Juvenile Probation Officer, Guardian Ad Litem and Child Welfare Worker.

Activity 1 – Screening Tools. In addition to social, behavioral, and educational history, participants reported that the following tools are often used by their staff to screen children and youth.

- Adverse Childhood Experiences Study (ACES)[63]
- Brief Psychiatric Rating Scale for Children (BPRS-C)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child and Adolescent Needs and Strengths (CANS)[3]
- Crisis Intervention Team (CIT) protocol
- Lethality Assessment (Maryland Network Against Domestic Violence)[3]
- Massachusetts Youth Screening Instrument (MAYSI-2)
- National Child Trauma Stress Network (NCTSN) Trauma Toolkit
- Primary Care – Post Traumatic Stress Disorder (PC-PTSD) Screener
- Prison Rape Elimination Act (PREA)
- Structured Decision-Making (SDM) Model
- Substance Abuse Subtle Screening Inventory (SASSI)[3]
- Suicide Risk Inventory
- Youth Assessment and Screening Instrument (YASI)
- Youth Outcome Questionnaire (YOQ)

Participants reported that a number of employees are responsible for performing these screenings. These individuals include front-line staff (e.g., case workers, juvenile correction officers, court service units, school resource officers, hotline and crisis intervention specialists, etc.), as well as mental health professionals. In some cases, volunteers and victim advocates also administer screening tools.

In-house personnel and 'Train-the-Trainer' events are often used to educate and train staff on these screening tools *within* given state departments/agencies. Webinars and online educational opportunities (e.g., national organizations like the NCTSN and Court Appointed Special Advocates (CASA)) are also accessed for training opportunities. Participants also reported that relevant groups (e.g., Virginia Poverty Law Center, Children's Service Board, Task Force/Workgroups, Virginia Sexual and Domestic Violence Action Alliance, Virginia Home for Boys and Girls, etc.) provide training on screenings and assessments, as well as special topics (e.g., trauma-informed care).

Participants reported both the strengths and challenges associated with screening tools currently being used. Participants appeared interested in using a single, uniform screening tool. It was

[6] Denotes that this screening tool was reported by individuals from more than one agency.

suggested that a single tool would lend itself to a more *immediate* response (i.e., early identification of needs), and provide a baseline for all children and youth. Participants also indicated that using a single tool would decrease duplicative screening efforts and ease their concerns about potentially re-traumatizing children and youth. Table 1 lists commonly reported strengths and challenges:

Table 1. Strengths and Challenges with Currently Used Screening Tools

Strengths	Challenges
• Focus on needs and strengths of children/youth	• Lack of uniform tool/measurement used *between* agencies
• Early identification of specific issues (i.e., safety concerns, trauma symptoms, etc.)	• Inconsistent training and application of tools
• Potentially improve service coordination/referral process *between* agencies	• Over-screening children/youth at *multiple* agencies and/or at multiple times.
• Establish a baseline for child/youth needs	

After screening a child/youth, the next steps in the process vary depending on the agency. In some cases, an official decision is made as to whether a case is opened or closed (e.g., VDSS). If a case is opened, a case plan which offers services to a child, youth and/or family may begin. Typically, a case plan results in on-going assessment and case management (including referrals to specialists).

Activity 2 – Victimization: How to Best Serve Clients. Overall, participants suggested a need to identify and build on resiliency and protective factors of the clients they serve. They also discussed the importance of coordinated care and case management *between* agencies (when possible). Below are some challenges of working with a victim population:

- Offering follow-up services to clients may be inconsistent (depending on agencies)
- Providing more opportunities to engage the full array non-traditional stakeholders (e.g., teachers, school counselors, etc.) who serve crime victims in conversations about needs and possible interventions for child/youth victims, including planning meetings to discuss academic performance, attendance, and behavioral shifts in other settings (e.g., school).

Activity 3 – Gaps Analysis. Participants were asked to discuss the strengths and challenges of reaching three different goals. Below is a summary of participants' responses to each of the three goals.

Goal #1. The groups who discussed the first goal (i.e., All child and youth will victims will have been screened indicated that the strengths associated with screening all children and youth for victimization included an opportunity to (a) develop a definition of victimization, (b) identify victims, (c) offer intervention and preventive services, (d) increase public and provider

awareness, and (e) increase community collaboration (including sharing information between agencies).

Some of the concerns participants discussed related to screening all children and youth included: (a) Clarifying the screening process (i.e., decision-making related to how and when clients will be screened), (b) Clarifying the referral process (i.e., decision-making related to how clients will be referred, to whom, and how information will be tracked), (c) Minimizing data duplication between agencies, (d) Obtaining parental permission and maintaining client confidentiality, (e) Developing a screening tool that is sensitive to trauma-informed care and re-victimization, and (f) Ensuring that the tool will be used reliably *across* providers.

Participants also reported specific steps they thought would be pivotal in developing and launching a universal screening tool. These steps included:

- Identifying specific indicators and developing a brief set of questions to assess these indicators,
- Documenting a process for administering the tool, including a training/certification process for employees/volunteers who will conduct the screening,
- Establishing *buy-in* regarding a universal tool from service providers and the community, which stresses the importance of *connection* between resources and clients, and
- Developing Memorandum of Understanding or Agreements (MOU/MOA) between agencies to avoid re-screening clients and sharing client information.

Goal #2. The groups that discussed the second goal (i.e., Information on victimization will be shared between agencies) indicated that sharing information increases collaboration amongst systems and helps to prevent children and youth from "falling through the cracks." Participants also acknowledged that lends itself to a higher level of transparency and accountability between and within agencies.

Challenges to sharing information include (a) limitations caused by federal and state regulations (e.g. Health Insurance Portability and Accountability Act (HIPAA), Family Educational Rights and Privacy Act (FERPA), (b) inconsistencies in the interpretation of those regulations and mandates at the local level, and (c) risks of compromising the investigation or potential prosecution of a criminal case (e.g., should a defense attorney subpoena a victim's records). All groups discussing this goal acknowledged a challenge in balancing the need to share information with the need to protect a child/youth/family's privacy and confidentiality.

Specific steps participants indicated that they thought would be critical to sharing information about victimization included:

- Providing more state-level coordination and guidance on sharing of information (e.g., developing standards on accessing and using victimization information),
- Consulting with Office of Attorney General to develop an agreement (MOU) on legal issues and barriers related to information sharing
- Continuing to bring stakeholders together for collaborative building, workgroups, and planning, and

- Using a family/consumer-driven model (such as Family Partnership Meetings) to share information. should be family/consumer-driven to decide who should be at the table and what information is being shared

Groups tasked with examining the third goal (i.e., All providers will be trained in trauma-informed provision of services) expressed that, for the most part, there is a good amount of collaboration between agencies and a shared vision related to children, youth, and families around trauma, which is viewed as a significant strength. In addition, participants expressed that literature supports the effectiveness of trauma-informed interventions.

Challenges to providing trauma-informed training include (a) lack of capacity (e.g., time, funding, staff turnover), (b) lack of standardized trauma training that can be used across systems and (c) lack of clear definition as to what qualifies a provider as "trauma-informed." Participants also stressed the need to more consistently and thoroughly address and educate secondary trauma experienced by front line workers.

Specific steps participants identified to train providers in the provision of trauma-informed services included:

- Ensuring opportunities to address secondary trauma with trained clinical professionals,
- Conducting Organizational Self Assessments to evaluate readiness for change and trauma-informed practices and services,
- Identifying trauma-informed champions within agency leadership,
- Developing partnerships with universities and colleges for staff training, as well as incorporating trauma-informed education/coursework to graduate students in relevant fields (e.g., Education, Social Work, Criminal Justice, and Sociology programs), and
- Establishing trauma-informed training protocol requirements for on-boarding and hiring new staff.

Conclusion

Collaboration between providers in the Central Region is strong. There was an overall consensus that trauma-informed care for victims of crime is a necessity, however, there needs to be a clearer definition of trauma-informed practice and how it is achieved. Providing educational opportunities for stakeholders may continue to foster collaboration between agencies, as well as developing a credential process for providers who offer trauma-informed services. Most of the participants believed that screening for victimization and trauma can lead to better child and family outcomes by providing an opportunity for early identification and intervention and improved case management. A *universal* screening tool that can be used across agencies, however, is needed. Additionally, barriers to information sharing present challenges in avoiding duplicative efforts and re-traumatization victims. Engaging families and building on a child/youth's resiliency factors are the baseline from which these participants feel that all service planning should occur.

Appendix A

Vision 21
Virginia
Linking Systems of Care for Children and Youth

Cross-Systems Mapping Regional Event
Location: Tuckahoe Library, Henrico, VA
Date: August 26, 2015

TODAY'S AGENDA

9 am-9:15am	Registration
9:15am-9:45am	Welcome, Staff Introduction, and Project Overview *Laurie Crawford, Vision 21 Project Manager* *Jenna Foster, Vision 21 Co-Convener*
9:45am-10:30am	Participant Introduction
10:30am-10:40am	BREAK
10:40am-12:10pm	Activity #1: Screening Tools
12:10pm-12:50pm	LUNCH Criminal Injuries Compensation Fund Presentation *Brienna Stammer, Training and Outreach Coordinator*
12:50pm-2:05pm	Activity #2: Victimization: How to Best Serve Clients?
2:05pm-2:15pm	BREAK
2:15pm-3:30pm	Activity #3: Problems and Solutions
3:30pm-4:15pm	Activity #4: Self-Care/Trauma-Informed Practices
4:15pm-4:30pm	Closing Remarks/Next Steps *What to expect from this project after today's session* *Laurie Crawford or Jenna Foster*

Regional Event – Chesapeake

Below is a brief summary of the results of the Regional Event which took place in Chesapeake, VA on October 1, 2015. This was the second of five regional events which was conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) state demonstration project.

The Commonwealth of Virginia is focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the regional events was to obtain information about current screening and assessment practices, strengths and challenges in the provision of services, and the availability of and access to resources throughout the Commonwealth of VA. This report will focus on responses gathered from individuals in three localities within the Tidewater region (i.e., Chesapeake, Suffolk and Norfolk). The target sample for the events was direct service providers (i.e., front-line workers).

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia collected a list of potential participants from members of the project's Cross-Systems Mapping Committee and the Partner Agency Team (PAT). PAT is made up of decision-makers from state government agencies, and the committee is made up of stakeholders from both government and private/non-profit organizations. The Vision 21: LSC staff emailed invitations to individuals identified as potential participants. Individuals were asked to register via an online link if they were planning on attending. The regional event was a seven-hour event (with lunch provided).[7] Participants represented the following organizations:

Carpe Diem of VA Inc.	Norfolk Interagency Consortium (NIC)
Court Appointed Special Advocates (CASA)	Norfolk Public Schools
Concerned Adults Teaching Children Hope (CATCH)	Norfolk Redevelopment & Housing Authority
Chesapeake Commonwealth's Attorney's Office	Sentara Obici Hospital
Chesapeake Department of Social Services	Seton Youth Shelters

[7] Lunch was made available through donations from the Criminal Injuries Compensation Fund.

Chesapeake Health Department	Skill Builders Independent Living
Chesapeake Integrated Behavioral Healthcare	Suffolk Commonwealth's Attorney's Office
Chesapeake Police Department	Suffolk Court Service Unit (CSU)
Children's Hospital of the King's Daughters Child Abuse Program	Suffolk Department of Social Services (DSS)
Child Help	Suffolk Family Assessment and Planning Team (FAPT) and Comprehensive Services Act (CSA)
Children's Health Insurance Program (CHIP) of South Hampton Roads	Suffolk Public Schools
Department of Human Services (DHS)-Division of Community Programs	Suffolk Redevelopment and Housing Authority
Department of Juvenile Justice 4th District CSU (Norfolk)	Suffolk Social Services (CSA)
Department of Juvenile Justice 1st District CSU (Chesapeake)	The Center for Sexual Assault Survivors
Eastern Virginia Medical School - Norfolk Loving Steps	The Children's Center
Help and Emergency Response Shelter	The Up Center
Infant and Toddler Connection of Chesapeake	Tidewater Youth Services Commission
Intercept Youth Services	Virginia Beach CASA
Norfolk CASA	Virginia Beach Justice Initiative
Norfolk Community Services Board	Voices for Kids CASA Program of Southeast VA
Norfolk DHS	Western Tidewater Health District
Norfolk Department of Public Health	

The agenda included four group activities and a participant ice-breaker (See Appendix A - Agenda). However, this report will solely include results from the three key information-gathering activities:

Activity 1 – Screening Tools. During this activity, participants were grouped with others from their same profession. The goal of this activity was to better understand what screening tools are currently used, who performs screenings, how these individuals are trained, strengths/challenges of working with these screening tools, and information about the referral process. Participants were asked to visit will six stations and report the following information:

- What screening tools are used by their organization?
- Who performs these screenings?
- How are these individuals trained?
- What are the strengths of using these tools?
- What are the challenges of using these tools?
- What occurs after a screening takes place?

A facilitator[8] (at each of the stations) acted as a scribe and reported group ***themes*** to the larger group at the end of the activity.

Activity 2 – Victimization: How to Best Serve Clients. During this activity, participants were grouped with others from different professions. The goal of this activity was to better understand the information professionals look for when presented with a case study, the most common services to which professionals refer and the challenges associated with making these referrals. Participants read a short scenario about a child or youth who had been victimized. Then, they were asked to answer the following questions about the scenario:

- What specific treatment/interventions would your system provide to the child[9] in the scenario?
- What strengths and challenges would you face in providing appropriate services and referrals for this child?
- Are there programs/services that your system would need (or like to have) in order to better serve this child?

As part of a larger group discussion, participants were asked to present information on common challenges of (a) referring children/youth for services and (b) following up with these services.

Activity 3 – Gaps Analysis. During this activity, participants were grouped with others from different professions. The goal of this activity was to better understand what strengths and challenges professionals anticipated with launching a statewide screening tool for victims of crime, sharing information about victimization, and training service providers in the provision of trauma- informed services. Participants were presented with one of three future goals:

1) All child and youth will victims will be screened for victimization);
2) Information on victimization will be shared between agencies; and
3) All providers will be trained in trauma-informed provision of services.

Participants were asked to reveal *current* strengths and challenges with having these future goals come to fruition and then to list ***specific steps*** on how to move towards the future state. Responses for each of these three goals are reported in the next section.

[8] Facilitators were either Vision 21: LSC staff or trained volunteers. Trained volunteers were provided a brief manual on how each activity would be conducted prior to the event.

[9] Because the team felt the previous questions were not capturing the information needed, these questions were changed slightly from previous mapping events.

Results

Participants. A total of 53 individuals participated in this event. These individuals held the following types of positions: Child Protective Services Worker, Foster Care and Adoption Worker, Mental Health Clinician, Victim Advocate, Law Enforcement Officer, Public Housing Staff, Home Visitor and Early Intervention Specialist, Educator, Probation Officer, and Public Health Nurse.

Activity 1 – Screening Tools. In addition to social, behavioral, and educational history, participants reported that the following tools are often used by their staff to screen children and youth.

- Adverse Childhood Experiences Study (ACES)[10]
- Ages and Stages Questionnaire (ASQ)
- American Society of Addiction Medicine Patient Placement Criteria, Second Edition-Revised (ASAM PPC-2R)
- Behavior Assessment for Children, 2nd Edition (BASC-2)
- Caregiver Trauma Screening
- Casey Life Skills Assessments
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child and Adolescent Needs and Strengths (CANS)[3]
- Child Study Team Meeting (referred to as Student Support Team in Norfolk)
- Crisis Intervention Team (CIT) protocol
- Daniel Memorial Independent Living Skills Assessment
- Detention Assessment Instrument
- Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT)
- Edinburg Postnatal Depression Scale (EPDS)
- Lethality Assessment (Maryland Network Against Domestic Violence)[2]
- Los Angeles Symptom Checklist (Adolescent Version)
- Massachusetts Youth Screening Instrument (MAYSI-2)
- Prenatal Substance Abuse Screen For Alcohol and Drugs (5P's)
- Relationship Assessment Tool (RAT)
- Screen for Child Anxiety Related Disorders (SCARED)
- Structured Decision-Making (SDM) Model
- Substance Abuse Subtle Screening Inventory (SASSI)[3]
- Virginia Enhanced Maintenance Assessment Tool (VEMAT)
- Virginia Uniform Assessment Index (UAI)
- Virginia Independent Clinical Assessment Program (VICAP)
- Virginia Uniform Assessment Index (UAI)
- Vulnerability Index-Service Prioritization and Decision Assistance Tool (VI-SPDAT)
- Women's Experience with Battering (WEB)
- Youth Assessment and Screening Instrument (YASI)

[10] Denotes that this screening tool was reported by individuals from more than one agency.

Participants also reported utilizing less formal ways of screening youth and families such as using genograms in child welfare to identify family risks and needs, personal interviews, and information collected throughout the application and intake processes with various service agencies (including hotline calls, domestic violence shelters/programs, etc.).

Participants reported that a number of employees are responsible for performing screenings. These individuals include front-line staff (e.g., case managers, probation officers, nurses, home visitors, etc.), as well as licensed mental health professionals. In some cases, interns, and victim advocates also administer screening tools.

In-house personnel (e.g., peers, supervisors) are often educate and train staff on these screening tools *within* given state departments/agencies. Webinars and online educational opportunities (e.g., national organizations like the National Child Traumatic Stress Network (NCTSN) and Substance Abuse Mental Health Services Administration (SAMHSA)) are also accessed for training opportunities. Participants reported relevant training accessed through the state offices or the learning management system at the Department of Behavioral Health and Developmental Services (DBHDS), Department of Social Services (DSS), and Department of Juvenile Justice (DJJ). Participants also reported that relevant groups and local organizations (e.g., Community Services Board, Home Visiting Consortium, Children's Hospital of the King's Daughter (CHKD), The Planning Council, The Up Center, Court Improvement Team, etc.) provide training on screenings and assessments, as well as special topics (e.g., trauma-informed care, substance abuse, collaborative planning).

Participants reported both the strengths and challenges associated with screening tools currently being used. Participants appeared interested in using a single, uniform screening tool. However, there was concern noted as to <u>*how*</u> one screening tool would be used consistently and appropriately utilized across multiple systems. Each system identified a number of tools that are utilized for various purposes and functions, with some agencies within a system administering additional tools to capture *more detailed* information. For instance, a regional public agency reported administering a fee-based screening for resiliency and protective factors in conjunction with ACES. It was suggested that a single tool would lend itself to a more *collaborative* response (i.e., early identification of needs, appropriate referral) and provide a baseline for all children and youth. Participants also indicated that using a single tool would decrease duplicative screening efforts and ease their concerns about potentially re-traumatizing children and youth. Table 1 lists commonly reported strengths and challenges:

Table 1. Strengths and Challenges with Currently Used Screening Tools

Strengths	Challenges
Availability of evidence-based tools	Lack of rapport prevents trust and truthful reporting
Assist with service planning and referral to other service providers and services	Inconsistent training and qualification for those who administer the screening tools
Standardized and reliable scales may prevent subjectivity and bias	Risk of over-screening children/youth at *multiple* agencies and/or at multiple times

	Concerns about reliability and reporting errors
	Concerns about cultural bias, and cultural/linguistic concerns

Activity 2 – Victimization: How to Best Serve Clients. Overall, participants suggested a need to identify and prioritize interventions and services, especially for high risk families (e.g., foster care, crossover youth) and collaborate with all system providers as to not overwhelm a family. They also discussed the importance of building a "system of care" that focuses on evidence-based practices and collaborative partnership. Lastly, they expressed the importance of a family-driven approach, with the inclusion of children and family in all aspects of collaboration and planning. Below are some challenges of working with a victim population:

- Offering follow-up services to clients may be inconsistent due to high caseloads and lengthy waiting lists for services, high-risk families not making and/or keeping appointments, etc.
- Ensuring that all stakeholders (e.g., educators, prosecutors, advocates) are on the *same page* (e.g., utilizing best practices and engaging in planning meetings to discuss academic performance, social-emotional needs, and other supports (i.e., community and legal advocacy),
- Developing collaborative partnerships and finding innovative ways to streamline services and pool resources that may not be offered or available within one system, and
- Minimizing transportation issues that families may experience (e.g., inability to pay for reliable transportation, service providers are often not located near a bus line, etc.).

Activity 3 – Gaps Analysis. Participants were asked to discuss the strengths and challenges of reaching three different goals. Below is a summary of participants' responses to each of the three goals.

Goal #1. Participants discussed the first goal (i.e., All child and youth victims will have been screened) and indicated that strengths associated with screening are (a) providing an opportunity for early intervention and prevention, (b) minimizing the number of children and youth that "fall through the cracks," (c) preventing children/youth from involvement with juvenile justice and other systems, and (d) preventing re-victimization.

Some of the concerns participants discussed related to screening all children and youth included: (a) creating a tool that identifies all victims (b) empowering youth and children to disclose their experiences with victimization, (c) accounting for cultural and language barriers, and (d) lacking trauma-informed and trained staff to administer a screening tool. Participants also expressed concern with adding another tool to the "bucket" of screenings/assessments that are already being performed.

Participants also reported specific steps they thought would be pivotal in developing and launching a universal screening tool. These steps included:

- Developing a database to keep track of the screening tool,
- Providing services to support children after positive screens,
- Hiring staff to provide screenings and support case management so not to overwhelm current staff and systems,
- Collaborating with other system and non-system workers to gather information,
- Sharing information within and between agencies to minimize duplication,
- Providing universal trauma training to help to identify reactive behaviors,
- Developing a mobile unit to screen and assist with accessing services, and
- Obtaining screening tools that are currently being used and rate them by effectiveness to identify elements that should be included in the universal screening tool.

Goal #2. The groups that discussed the second goal (i.e., Information on victimization will be shared between agencies) indicated that information sharing provides continuity in care, reduces re-traumatization, provides for more efficient access to services, and leads to greater awareness as to whom (i.e., agencies and service providers) is involved with the child.

Challenges to sharing information identified were (a) limitations caused by federal and state regulations (e.g. Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act), (b) reliability and validity of a screening tool (e.g., using closed and open-ended questions may address these issues), and (c) "labeling" a child or youth involved in multiple systems and identifying them as "at-risk" for adjudicatory and dispositional matters. All groups discussing this goal acknowledged a challenge in balancing the need to share information with the need to protect children/youth and family confidentiality.

Specific steps participants indicated that they thought would be critical to the sharing of information about victimization included:

- Developing a database that identifies services and providers that the child is currently utilizing (including contact information) to assist unifying services,
- Establishing Memoranda of Understanding/Memoranda of Agreement (MOU/MOA) between agencies that will be utilizing the screening tool and shared database,
- Providing a security/access level clearance for staff accessing the shared database,
- Developing a Universal Disclosure or Consent,
- Providing the child and family with an opportunity to choose service providers who have access their information
- Broadening the scope of the services afforded under the Children's Services Act (CSA) to allow all families even those who are uninvolved in the child welfare, juvenile justice, or the court systems to have access to these services, and
- Continuing to bring stakeholders together for collaborative building, workgroups, and planning.

Goal #3. Groups tasked with examining the third goal (i.e., All providers will be trained in trauma-informed provision of services) expressed that there are some collaborating partners who have been trained in trauma-informed care, and there are some trauma informed awareness trainings offered in the community Participants believed that such training would provide the opportunity for providers (both public and private) to *speak the same language*. In addition, they

believe that the training will also help providers to collaborate from a perspective of "what has happened" to the child rather than a punitive perspective.

Challenges to providing trauma-informed training include (a) a lack of standardized training on trauma-informed care that can be used across systems as agencies often work in silos, (b) a lack of clear definition as to what qualifies a provider as "trauma-informed," and (c) a need for trauma-informed practice and structure to be a more tangible rather than an abstract construct.

Specific steps participants identified to training providers in the provision of trauma-informed services included:

- Taking a *proactive* versus reactive approach to better understanding the needs children, youth and families,
- Identifying a training hub/organization that can lead training efforts and coordination of trauma-informed care,
- Developing certification and continuing education procedures for service providers,
- Stressing the need for system and statewide agency changes that reflect mandates from the state and agency leadership,
- Providing large summits or conferences (such as the annual CSA conference) to bring an array of providers together for strategic planning on training and future policy needs, and
- Requiring clinical supervision practices that include opportunities for addressing secondary trauma and debriefing.

Conclusion

Because providers in the Chesapeake area frequently serve children, youth and families from other localities within the region, participants expressed a desire for more opportunities to interact and train with one another. They also identified needs to better share information with one another. While they support a need for a universal screening tool, participants were interested in knowing which systems a child/family has accessed (in order to prevent repetitive screenings and duplication of services). Developing such things as MOAs/MOUs and a universal consent form were identified as effective strategies for improving collaborations between agencies and a coordinated delivery of services. Participants emphasized the need to institutionalize trauma-informed care, including standardizing training across systems, ensuring providers credentials, and utilizing evidence-based tools and treatments. Unique to the Chesapeake region are the transportation barriers that families face, and addressing basic accessibility to services.

Appendix A

Vision 21
Virginia
Linking Systems of Care for Children and Youth

Cross-Systems Mapping Regional Event
Location: Tidewater Community College Chesapeake, VA
Date: October 1, 2015

TODAY'S AGENDA

9 am-9:15am	Registration
9:15am-9:45am	Welcome, Staff Introduction, and Project Overview *Laurie Crawford, Vision 21 Project Manager* *Jenna Foster, Vision 21 Co-Convener*
9:45am-10:30am	Participant Introduction
10:30am-10:40am	BREAK
10:40am-12:10pm	Activity #1: Screening Tools
12:10pm-12:50pm	LUNCH Criminal Injuries Compensation Fund Presentation *Brienna Stammer, Training and Outreach Coordinator*
12:50pm-2:05pm	Activity #2: Victimization: How to Best Serve Clients?
2:05pm-2:15pm	BREAK
2:15pm-3:30pm	Activity #3: Problems and Solutions
3:30pm-4:15pm	Activity #4: Self-Care/Trauma-Informed Practices
4:15pm-4:30pm	Closing Remarks/Next Steps *What to expect from this project after today's session* *Laurie Crawford or Jenna Foster*

Regional Event – Wytheville

Below is a brief summary of the results of the Regional Event which took place in Wytheville, Virginia on October 23, 2015. This was the third of five regional events which were conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) state demonstration project.

The Commonwealth of Virginia is focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the regional events was to obtain information about current screening and assessment practices, strengths and challenges in the provision of services, and the availability of and access to resources throughout the Commonwealth of VA. This report will focus on responses gathered from individuals in six localities within the Southwest region (i.e. Wythe, Tazewell, Bristol, Abingdon, Marion and Lebanon). The target sample for the events was direct service providers (i.e., front-line workers).

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia collected a list of potential participants from members of the project's Cross-Systems Mapping Committee and the Partner Agency Team (PAT). PAT is made up of decision-makers from state government agencies, and the committee is made up of stakeholders from both government and private/non-profit organizations. The Vision 21: LSC staff emailed invitations to individuals identified as potential participants Individuals were asked to register via an online link if they were planning on attending. The regional event was a seven-hour event (with lunch provided).[11] Participants represented the following organizations:

27th District Court Service Unit (CSU)	Highlands Community Services Board (CSB)
28th District CSU	Holston Family Services
29th District CSU	Mercy House
Blue Ridge Housing Authority	Mountain Empire Older Citizens
Bristol City Public Schools	Mt. Rogers CSB

[11] Lunch was made available through donations from the Criminal Injuries Compensation Fund.

Bristol Department of Social Services	Mt. Rogers Health District
Clinch Valley Community Action	Russell County Public Schools
Comprehensive Services Act (CSA) Services: Bristol/Washington County	Russell County Department of Social Services
Cumberland Mountain Community Services	Smyth County Department of Social Services (DSS)
Department of Juvenile Justice	Tazewell DSS
Family Resource Center, Inc.	Wythe County Health Department
Frederick County Commonwealth's Attorney's Office	Wythe County Public Schools
Harrisonburg/Rockingham DSS	Wythe County Sheriff's Office

The agenda included four group activities and a participant ice-breaker (See Appendix A - Agenda). However, this report will solely include results from the three key information-gathering activities:

Activity 1 – Victimization: How to Best Serve Clients. During this activity, participants were grouped with others from their same profession. The goal of this activity was to better understand the information professionals look for when presented with a case study, the most common services to which professionals refer and the challenges associated with making these referrals. Participants read a short scenario about a child or youth who had been victimized. Then, they were asked to answer the following questions about the scenario:

- What specific treatment/interventions would your system provide to the child in the scenario?
- What strengths and challenges would you face in providing appropriate services and referrals for this child?
- Are there programs/services that your system would need (or like to have) in order to better serve this child?

We also asked each group to provide a step-by-step map of how the victim would move through their respective system. This information supports the creation of a cross-systems map.

As part of a larger group discussion, participants were asked to present information on common challenges of (a) referring children/youth for services and (b) following up with these services.

Activity 2 – Screening Tools. During this activity, participants remained grouped with others from their same profession. The goal of this activity was to better understand what screening tools are currently used, who performs screenings, how these individuals are trained,

strengths/challenges of working with these screening tools, and information about the referral process. Participants were asked to visit will six stations and report the following information:

- What screening tools are used by your organization?
- Who performs these screenings?
- How are these individuals trained?
- What are the strengths of using these tools?
- What are the challenges of using these tools?
- What occurs after a screening takes place?

A facilitator[12] (at each of the stations) acted as a scribe and reported group ***themes*** to the larger group at the end of the activity.

Activity 3 – Gaps Analysis. During this activity, participants were grouped with others from <u>different</u> professions. The goal of this activity was to better understand what strengths and challenges professionals anticipated with launching a statewide screening tool for victims of crime, sharing information about victimization, and training service providers in the provision of trauma- informed services. Participants were presented with one of three future goals:

1) All child and youth victims will have been screened for victimization;
2) Information on victimization will be shared between agencies; and
3) All providers will be trained in trauma-informed provision of services.

Participants were asked to reveal *current* strengths and challenges with having these future goals come to fruition and then to list ***specific steps*** on how to move towards the future state. Responses for each of these three goals are reported in the next section.

Results

Participants. A total of 47 individuals participated in this event. These individuals held the following types of positions: Probation Officer, Court Service Unit Director, Family Services Specialist, Assistant Commonwealth's Attorney, School Social Worker, Registered Nurse, CSA Coordinator, Social Worker, Clinical Services Coordinator, School Psychologist, Mental Health Child and Family Coordinator, Program Manager, Child Protective Services Worker, Child Protective Services Investigator, Deputy Sheriff (School Resource Officer), and Health & Safety Coordinator.

Activity 1 – Victimization: How to Best Serve Clients. Overall, participants suggested a need to identify and build on resiliency and protective factors of the clients they serve, as well as the importance of incorporating the family into treatment planning. They also discussed the importance of coordinated care and case management *between* agencies (when possible). Below are some challenges of working with a victim population:

[12] Facilitators were either Vision 21: LSC staff or trained volunteers. Trained volunteers were provided a brief manual on how each activity would be conducted prior to the event.

- Offering follow-up services to clients may be inconsistent (depending on agencies), Increasing the number of opportunities to engage both traditional and non-traditional crime victim stakeholders (e.g., teachers, school counselors, etc.) in collaborative efforts,
- Allowing for client information to be shared between system stakeholders,
- Difficulty obtaining consents to perform services due to the lack of parental involvement.

Activity 2 – Screening Tools. In addition to social, behavioral, and educational history, participants reported that the following tools are often used by their staff to screen children and youth.

- Adverse Childhood Experiences Study (ACES)
- Behavioral Health Risk Screening
- Child and Adolescent Needs and Strengths (CANS)
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Columbia Suicide Severity Scale
- Current Symptoms Checklist
- Department of Medical Assistance Servcies-50 (I/M)
- Detention Alert
- Detention Assessment Instrument (DAI)
- Developmental Indicators for the Assessment of Learning (DIAL)
- Patient Health Questionnaire (DHQ-9)
- Emotional Learning Activity Plan
- Family Risk Assessment
- Massachusetts Youth Screening Instrument (MAYSI-2)
- Minnesota Multiphasic Personality Inventory (MMPI-2)
- Phonological Awareness Literacy Screening (PALS)
- Reasonable Candidacy Documentation Form
- Revised Children's Manifest Anxiety Scale (RCMAC)
- Structured Decision-Making (SDM) Model
- Substance Abuse Subtle Screening Inventory (SASSI)
- Title IV-E Eligibility/Screening Workshop
- Trauma Assessment
- Youth Assessment and Screening Instrument (YASI)
- Youth Outcome Questionnaire (YOQ)

Participants reported that a number of employees are responsible for performing these screenings. These individuals include front-line staff (e.g., case workers, juvenile correction officers, court service unit workers, school resource officers, teachers, tutors, school counselors, hotline and crisis intervention specialists, etc.), as well as mental health professionals

In-house personnel (e.g. supervisors) often educate and train staff on these screening tools *within* given state departments/agencies. Webinars and online educational opportunities are also accessed for training opportunities. Participants noted that some training opportunities are required for certification, whereas others are designed for on-the-job learning. The Juvenile

Justice group noted that their agency commonly uses a certified trainer to provide all staff training on various topics including their screening tools.

Participants reported both the strengths and challenges associated with screening tools currently being used. They expressed that many tools are evidence-based and relatively easy to administer, allow for better data collection, and provide useful information that helps determine appropriate interventions. Table 1 lists commonly reported strengths and challenges:

Table 1. Strengths and Challenges with Currently Used Screening Tools

Strengths	Challenges
• Tools are evidence-based and easy to administer	• Lack of uniform tool/measurement used *between* agencies
• Early identification of specific issues (i.e., safety concerns, trauma symptoms, etc.)	• Inconsistent training on tools
• Sense of safety (clients feel safe and comfortable enough to share their experience with their case worker)	• Time consuming process (i.e., delay in assessment and receiving services)
• Collect data for interventions	• Lack of reliably using tools
• Document a baseline to measure progress	• Lack of focused on family support and/or resiliency factors

Wytheville participants noted that if a more sophisticated screening tool is developed, then there will be higher qualifications needed (e.g., education, training) for those administering it. Participants can benefit from a tool that is less clinical but maintains merit despite simplicity and ease of use. The language of the tool must also reach across systems and professions. Finally, participants also stressed the need for developing a uniform consent form.

Activity 3 – Gaps Analysis. Participants were asked to discuss the strengths and challenges of reaching three different goals. Below is a summary of participants' responses to each of the three goals.

Goal #1. The groups who discussed the first goal (i.e., All child and youth will victims will have been screened) indicated that the strengths associated with screening include (a) an existing workforce of professionals who administer screening tools, (b) that trauma-informed services are viewed as a best practice model for service provision, (c) partner agencies collaborate with one another, and (d) communication between partner agencies is effective.

Some of the concerns participants discussed related to screening all children and youth include: (a) lacking a uniform tool, (b) avoiding duplication, (c) increasing community awareness of adverse experiences, (d) funding to implement screening, (e) limited staff, and (f) focusing on staff development and education to administer a new tool.

Participants also reported specific steps they thought would be pivotal in developing and launching universal screening tool. These steps included:

- Developing a shared tool,
- Providing time to establish rapport with child/youth who are screened, and
- Establishing a shared database to store and update information.

Goal #2. The groups that discussed the second goal (i.e., Information on victimization will be shared between agencies) indicated that sharing information fosters strong working relationships amongst providers and ensures for a more centralized access to services. The primary challenge to sharing information was identified as the limitations caused by federal and state regulations (e.g. HIPAA, FERPA). Inconsistencies in the interpretation of these regulations and mandates at the local level make it difficult for agencies, providers, etc. to serve the client.
Specific steps participants indicated that they thought would be critical to the sharing of information about victimization included:

- Ensuring that federal privacy laws include a component on shared data and establishing a protocol,
- Inviting victim advocates to be part of workgroups, and
- Creating a uniform release of information.

Goal #3. Groups tasked with examining the third goal (i.e., All providers will be trained in trauma-informed provision of services) expressed that collaboration between agencies and a shared vision related to children, youth and families around trauma, which is a significant strength. Continuous trauma-informed training in this region can further support the elimination of re-traumatization of clients and redundancy of interventions.

Challenges to providing trauma-informed training include (a) limited opportunities for staff training and development in rural localities, (b) varied knowledge about trauma-informed services, and (c) ensured training despite staff turnover. Participants also stressed a need to provide education on secondary trauma experienced by front line workers.

Specific steps participants identified to training providers in the provision of trauma-informed services included:

- Increasing trauma awareness and understanding,
- Reforming agency policies,
- Offering training in all localities, across systems,
- Securing funding for trainings and application of trauma-informed services,
- Standardizing authorization process to receive services, and
- Retaining a dedicated staff which embraces a trauma-informed model.

Conclusion

Wytheville is in the rural, southwest region of the state. Like in many rural regions, clients in Wytheville struggle with access and transportation to services. Because of their location, some agencies offer services to clients in a multitude of cities and counties. For this reason, providers are cognizant of different agency regulations and data sharing policies. Participants reported a high level of collaboration within agencies. They expressed support for a uniform screening tool, but stressed a need for education and training for providers and the larger community related to trauma. Participants reported frequently utilizing community-based resources to assist children and youth. They also noted the importance of engaging families and focusing on resiliency/protective factors in case planning and management.

Appendix A

Vision 21
Virginia
Linking Systems of Care for Children and Youth

Cross-Systems Mapping Regional Event
Wytheville Community College
October 23, 2015

TODAY'S AGENDA

9 am-9:15am	Registration
9:15am-9:45am	Welcome, Staff Introduction, and Project Overview *Laurie Crawford, Vision 21 Project Manager* *Jenna Foster, Vision 21 Co-Convener*
9:45am-10:30am	Participant Introduction *I Believe* Exercise
10:30am-10:45am	Break
10:45am-11:45am	Activity #1: Victimization: How Best to Serve Clients
11:45am-12:30pm	LUNCH Criminal Injuries Compensation Fund Presentation *Brienna Stammer, Training and Outreach Coordinator*
12:30pm-1:30pm	Activity #2: Screening Tools
1:30pm-1:45pm	BREAK
1:45pm-3:00pm	Activity #3: Problems and Solutions
3:00pm-3:45pm	Activity #4: Self-Care/Trauma-Informed Practices
3:45pm-4:00pm	Closing Remarks/Next Steps *What to expect from this project after today's session* *Laurie Crawford or Jenna Foster*

Regional Event – Harrisonburg

Below is a brief summary of the results of the Regional Event which took place in Harrisonburg, VA on November 4, 2015. This was the third of five regional events which were conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) state demonstration project.

The Commonwealth of Virginia plans on focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the regional events was to obtain information about current screening and assessment practices, strengths and challenges in the provision of services, and the availability of and access to resources throughout the Commonwealth of VA. This report will focus on responses gathered from individuals in six localities within the Shenandoah Valley region (i.e. Harrisonburg, Rockingham, Augusta, Frederick, Clark and Winchester). The target sample for the events was direct service providers (i.e., front-line workers).

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia collected a list of potential participants from members of the project's Cross-Systems Mapping Committee and the Partner Agency Team (PAT). PAT is made up of decision-makers from state government agencies, and the committee is made up of stakeholders from both government and private/non-profit organizations. The Vision 21: LSC staff emailed invitations to individuals identified as potential participants. Individuals were asked to register via an online link if they were planning on attending. The regional event was a seven-hour event (with lunch provided).[13] Participants represented the following organizations:

Blue Ridge Care Connection for Children	Harrisonburg-Rockingham Children's Services Act
Blue Ridge Criminal Justice Board	Harrisonburg-Rockingham Community Services Board
Blue Ridge Legal Services, Inc.	Harrisonburg-Rockingham Department of Social Services
Buena Vista City Schools	Harrisonburg Redevelopment & Housing Authority
Court Appointed Special Advocates 4 Children	Infant/Toddler Connection of Harrisonburg & Rockingham

[13] Lunch was made available through donations from the Criminal Injuries Compensation Fund.

Central Shenandoah Valley Office on Youth	James Madison University
Choices Council	Mercy House
Clarke County Victim/Witness Assistance Program	National Counseling Group, Inc.
Compass Counseling Services of Virginia	Page County Department of Social Services
Crossroads Counseling Center	Page County Public Schools
Department of Juvenile Justice 25th District Court Services Unit	Private Licensed Professional Counselors
Department of Juvenile Justice 26th District Court Services Unit	Rockingham County Public Schools
Department of Juvenile Justice Beaumont Juvenile Corrections Center	The Collins Center
Family Educational Services	The Laurel Center
Family Preservation Services	Valley Child Advocacy Center
First Step: A Response to Domestic Violence	Valley Community Services Board
Frederick County Commonwealth's Attorney's Office	Valley Mission, Inc.
Frederick County Victim/Witness Assistance Program	Winchester Department of Social Services
Grafton Integrated Health Network	Winchester Police Department
Harrisonburg City Schools	

The agenda included four group activities and a participant ice-breaker (See Appendix A - Agenda). However, this report will solely include results from the three key information-gathering activities:

Activity 1 – Victimization: How to Best Serve Clients. During this activity, participants were grouped with others from their same profession. The goal of this activity was to better understand the information professionals look for when presented with a case study, the most common services to which professionals refer, and the challenges associated with making these referrals. Participants read a short scenario about a child[14] who had been victimized. Then, they were asked to draw a map which showed how the child would navigate through their particular system, and explore what specific treatments or interventions their system would provide.

[14] In an attempt to acquire information on younger children (6 year old) and special populations (i.e., immigrant families), a different scenario was used for this mapping event. The scenario was adapted from a scenario obtained through National Child Traumatic Stress Network ((NCSTN) materials.

After their system was mapped out, participants were asked to identify gaps or concerns within their system by responding to the following questions:

- What strengths would you face in providing appropriate services and referrals for this child?
- What challenges would you face in providing appropriate services and referrals for this child?
- Are there programs/services that your system would need (or like to have) in order to better serve this child?

As part of a larger group discussion, participants were asked to present information on common challenges of (a) referring children/youth for services and (b) following up with these services.

Activity 2 – Screening Tools. During this activity, participants remained grouped with others from their same profession. The goal of this activity was to better understand what screening tools are currently used, who performs screenings, how these individuals are trained, strengths/challenges of working with these screening tools, and information about the referral process. Participants were asked to visit will six stations and report the following information:

- What screening tools are used by your organization?
- Who performs these screenings?
- How are these individuals trained?
- What are the strengths of using these tools?
- What are the challenges of using these tools?
- What occurs after a screening takes place?

A facilitator[15] (at each of the stations) acted as a scribe and reported group ***themes*** to the larger group at the end of the activity.

Activity 3 – Gaps Analysis. During this activity, participants were grouped with others from different professions. The goal of this activity was to better understand what strengths and challenges professionals anticipated with launching a statewide screening tool for victims of crime, sharing information about victimization, and training service providers in the provision of trauma- informed services. Participants were presented with one of three future goals:

1) All child and youth victims will have been screened for victimization;
2) Information on victimization will be shared between agencies; and
3) All providers will be trained in trauma-informed provision of services.

Participants were asked to reveal *current* strengths and challenges with having these future goals come to fruition and then to list ***specific steps*** on how to move towards the future state. Responses for each of these three goals are reported in the next section.

[15] Facilitators were either Vision 21: LSC staff or trained volunteers. Trained volunteers were provided a brief manual on how each activity would be conducted prior to the event.

Results

Participants. A total of 47 individuals participated in this event. These individuals held the following types of positions: Victim Advocate, Child Welfare Worker, Housing Occupancy Specialist, Assistant Commonwealth's Attorney, Detective, Educator, Clinician and Juvenile Probation Officer.

Activity 1 – Victimization: How to Best Serve Clients. In general, participants mentioned that some type of referral was deemed as a necessary next step after identifying child and youth victims. The emphasis, however, was on an "appropriate" referral based on the best information that could be gathered from a brief screening. "Appropriate" in the sense that all available options should be explored across "all available systems." Several challenges relating to how best serve clients were also discussed. Below are some challenges of working with a victim population:

- Funding appropriate and suitable services,
- Ensuring that responding to client's needs is timely and efficient, , and
- Addressing safety and risk issues adequately.

Activity 2 – Screening Tools. In addition to social, behavioral, and educational history, participants reported that the following tools are often used by their staff to screen children and youth.

- Adverse Childhood Experiences Study (ACES)[16]
- Baxter Alcohol and Drug Screening
- The CAGE Questionnaire – Alcoholism Screening Test
- Child and Adolescent Needs and Strengths (CANS)[4]
- Detention Assessment instrument (DAI)
- Eyberg Child Behavior Inventory (ECBI)
- Massachusetts Youth Screening Instrument (MAYSI-2)
- Michigan Alcohol Screening Test (MAST)
- Mini-Mental State Exam (MMSE)
- National Child Trauma Stress Network (NCTSN) Trauma Toolkit
- Patient Health Questionnaire: Quick Depression Assessment (PHQ9)
- Sedation Scoring System (SED Screening)
- Substance Abuse Subtle Screening Inventory (SASSI)[4]
- Suicide Risk Inventory
- Visual Analogue Self-esteem Scale (VASE)
- Wechsler Preschool and Primary Scale of Intelligence (WISPI)
- Woodcock Johnson Test of Cognitive Abilities
- Youth Assessment and Screening Instrument (YASI)

[16] Denotes that this screening tool was reported by individuals from more than one agency.

Participants indicated that a variety of staff (both volunteers and employees) routinely administer screenings. These individuals included certified pre-screening clinicians, hotline staff, school psychologists, school social workers, nurses, victim advocates, psychiatrists, case managers, central intake workers, foster home coordinators, law enforcement officers, and court clerks.

It was reported that a wide variety of methods were used to train staff on screening tools. Formal training focuses on the use of web-based modules and state-mandated training (online or in-person). Other training is generally obtained from the developer of the specific screening tools. In educational settings, teachers receive training from school psychologists and social workers. In some instances, in-house training is conducted by co-workers who have attended a train-the-trainer course. Online training on CANS and other "state-mandated" training (e.g. Structured Decision Making (SDM) training) were also mentioned.

Participants reported both the strengths and challenges associated with screening tools currently being used. They indicated that screening tools are helpful in that they assist in case management and planning for referrals and services and that they provide a means for obtaining funding for those services. However, they expressed concern over the lack of training on how to administer the tools which may lead to inadequate or inappropriate follow-up. Table 1 lists commonly reported strengths and challenges:

Table 1. Strengths and Challenges with Currently Used Screening Tools

Strengths	Challenges
• Provide guidance for decision-making with respect to case planning and treatment service	• Lack of training on tool administration
• Develop consistent a decision-making plan regarding resource and treatment to use across the state	• Language barriers between clients and providers
• Tools allow for evidence-based decisions	• Tools do not address populations with special needs or cultural/diversity issues (i.e. "one size does not fit all")
• Needs are identified early	• Limited parental involvement

After screening a child/youth, next steps in the process would include (a) identifying who and when to screen, (b) clarifying the time and purpose of the screening because as it may differ by agency/organization, (c) developing a process for appropriate referrals and resources, (d) changing interagency policy to share information between key agencies (e.g., law enforcement and Child Protective Services)and (e) developing a tracking system to share information between service providers. The groups consistently mentioned that they make referrals to other agencies/organizations. These referrals, however, range from intense case monitoring to advocating for their client to job placement.

Activity 3 – Gaps Analysis. Participants were asked to discuss the strengths and challenges of reaching three different goals. Below is a summary of participants' responses to each of the three goals.

Goal #1. The groups who discussed the first goal (i.e., All child and youth will victims will have been screened) indicated that the strengths associated with screening all children and youth for victimization included an opportunity to (a) help educators identify and properly work with those victimized (e.g. develop Individualized Education Programs (IEPs), recognize disabilities, etc.), and (b) engage community partners who have a passion for the well-being of children and their families.

Some of the concerns participants discussed related to screening all children and youth included: (a) subjectivity of tools may make it difficult to accurately collect information, (b) barriers to information sharing between providers (c) lack of direction for front line workers after receiving a positive screen, (d) language and culture barriers between providers and clients, and (e) instability of families may play a factor in some youth "falling through the cracks.".

Participants also reported specific steps they thought would be pivotal in developing and launching universal screening tool. These steps include:

- Identifying who and when to screen,
- Developing a procedure for next steps , including referrals and resources,
- Developing a state registry for tracking services and sharing information with other service providers, and
- Branding the Vision 21: LSC initiative to ensure that the community is aware of the development and importance of a universal screening tool.

Goal #2. The groups that discussed the second goal (i.e., Information on victimization will be shared between agencies) indicated that sharing information increases collaboration between systems and creates a general sense of openness and a willingness to work together eliminating the territorial silo effect.

Participants also expressed the need for (a) a release of information to disclose information between service providers across systems, (b) additional training on HIPPA/FERPA and other federal regulations that prohibit disclosure of information, and (c) to communicate about general barriers across systems that need to be addressed to better serve this population.

Specific steps participants indicated that they thought would be critical to the sharing of information about victimization included:

- Utilizing similar computer and data reporting systems,
- Designating Child Protective Service (CPS) as a centralized place for gathering and releasing data (as it relates to mandated reporting),
- Implementing a standardized release of information disclose information between service providers.

Goal #3. Groups tasked with examining the third goal (i.e., All providers will be trained in trauma-informed provision of services) expressed that: a) Some agencies have already received and continue to receive training in trauma-informed care and 2) that those agencies who do not have trauma-informed service providers often make referrals to other trauma-informed agencies/organizations .

Challenges to providing trauma-informed training include: a) lack of capacity (i.e., time, funding, staff turnover), b) lack of training available in the local area, c) need for more "buy-in" from the administrative level, and d) reliably applying trauma-informed care into daily practice.

Specific steps participants identified to meet the goal of training providers in the provision of trauma-informed services included:

- Holding regional trainings events,
- Creating a training on basic information related to trauma for all employees to access within and between agencies,
- Developing a Train-the-Trainer Program, and
- Incorporating components of trauma-informed care into secondary education programs at colleges and universities) to better prepare graduating students to enter the workforce

Conclusion

Unlike the other regional mapping events, Harrisonburg had a large representation of advocacy professionals. Most agencies were centrally located allowing for increased collaboration between providers because of physical proximity to one another. Developing a universal database in order to effectively and efficiently share information across systems was a primary focus of the discussion. Participants believed that a universal database would decrease duplication of services and screenings. The need for trauma-informed advocacy and response training was highlighted by this group of participants. Some agency representatives noted that they had already begun to explore possible options. Overall, participants expressed that training and understanding of resources in and around the region would help support child and youth victims of crime.

Appendix A

Vision 21
Virginia
Linking Systems of Care for Children and Youth

Cross-Systems Mapping Regional Event
Harrisonburg, Simms Center
November 4, 2015

TODAY'S AGENDA

8:45 am-9:15am	Registration
9:15am-9:45am	Welcome, Staff Introduction, and Project Overview *Laurie Crawford, Vision 21 Project Manager* *Jenna Foster, Vision 21 Co-Convener*
9:45am-10:30am	Participant Introduction *I Believe* Exercise
10:30am-10:45am	Break
10:45am-12:00pm	Activity #1: Victimization: How Best to Serve Clients
12:00pm-12:45pm	LUNCH Criminal Injuries Compensation Fund Presentation *Jack Ritchie, Director*
12:45pm-1:45pm	Activity #2: Screening Tools
1:45pm-2:00pm	BREAK
2:00pm-3:15pm	Activity #3: Problems and Solutions
3:15pm-3:45pm	Activity #4: Self-Care/Trauma-Informed Practices
3:45pm-4:00pm	Closing Remarks/Next Steps *What to expect from this project after today's session* *Laurie Crawford or Jenna Foster*

Regional Event – Fairfax

Below is a brief summary of the results of the Regional Event which took place in Fairfax, VA on November 6, 2015. This was the last of five regional events which were conducted as a deliverable for the Vision 21: Linking Systems of Care (LSC) state demonstration project.

The Commonwealth of Virginia plans on focusing on a target population defined as follows:

> Children, youth, and transitioning young adults up to 21 years of age who have been victims of crime through personal experience or observation. This target population may include, but is not limited to, those who have been the victims of physical and sexual abuse, trafficking, bullying, community violence, and domestic violence. However, children and youth who have experienced trauma unassociated with a crime (e.g. natural disaster, loss of a loved one) will be excluded from this population.

The goal of the regional events was to obtain information about current screening and assessment practices, strengths and challenges in the provision of services, and the availability of and access to resources throughout the Commonwealth of VA. This report will focus on responses gathered from individuals in three localities within the Northern Virginia region (i.e. Fairfax, Prince William and Stafford). The target sample for the events was direct service providers (i.e., front-line workers).

Methodology

Procedure. The Vision 21: LSC staff in the Commonwealth of Virginia collected a list of potential participants from members of the project's Cross-Systems Mapping Committee and the Partner Agency Team (PAT). PAT is made up of decision-makers from state government agencies, and the committee is made up of stakeholders from both government and private/non-profit organizations. The Vision 21: LSC staff emailed invitations to individuals identified as potential participants Individuals were asked to register via an online link if they were planning on attending. The regional event was a seven-hour event (with lunch provided).[17] Participants represented the following organizations:

15th District Court Service Unit - Stafford Branch	Office of the Commonwealth's Attorney for Stafford County
Fairfax County Dept. of Family Services	Prince William County Department of Social Services
Fairfax County Health Department	Prince William County Health Department
Fairfax County Juvenile and Domestic Relations Court	Prince William County Police Department
Fairfax County Police Department	Prince William County Public Schools

[17] Lunch was made available through donations from the Criminal Injuries Compensation Fund.

Fairfax County Office for Women & Domestic and Sexual Violence Services	Quantico Family Advocacy
Fairfax County Police Department	Rappahannock Legal Services, Inc.
Fairfax County Public Schools	Stafford County Public Schools
Fairfax County Public Schools FECEP/Head Start Program	Stafford Department of Social Services
Fairfax-Falls Church Community Services Board	The Gil Institute for Trauma, Recovery and Education
Juvenile and Domestic Relations Circuit Court	Victim-Witness Assistance Program-Stafford County
Legal Services of Northern Virginia	Department of Juvenile Justice- Central Office
Neighborhood and Community Services	

The agenda included four group activities and a participant ice-breaker (See Appendix A - Agenda). However, this report will solely include results from the three key information-gathering activities:

Activity 1 – Victimization: How to Best Serve Clients. During this activity, participants were grouped with others from their same profession. The goal of this activity was to better understand the information professionals look for when presented with a case study, the most common services to which professionals refer and the challenges associated with making these referrals. Participants read a short scenario[18]about a child or youth who had been victimized. Participants were asked to provide a step-by-step map of how the victim would move through their respective system.

After their system is mapped out, participants in their groups were asked to the list gaps or concerns within their system by responding to the following questions:

- What strengths and challenges would you face in providing appropriate services and referrals for this child/youth?
- Are there programs/services that your system would need (or like to have) in order to better serve this child/youth?

Activity 2 – Screening Tools. During this activity, participants remained grouped with others from their same profession. The goal of this activity was to better understand what screening tools are currently used, who performs screenings, how these individuals are trained, strengths/challenges of working with these screening tools, and information about the referral process. Participants were asked to visit will six stations and report the following information:

[18] This scenario was the same one used in Harrisonburg with minor modification of the child's age. (The age was increased from 6 to 12 years of age to ensure that all stakeholders would be able to contribute to the conversation.)

- What screening tools are used by your organization?
- Who performs these screenings?
- How are these individuals trained?
- What are the strengths of using these tools?
- What are the challenges of using these tools?
- What occurs after a screening takes place?

A facilitator[19] (at each of the stations) acted as a scribe and reported group ***themes*** to the larger group at the end of the activity.

Activity 3 – Gaps Analysis. During this activity, participants were grouped with others from different professions. The goal of this activity was to better understand what strengths and challenges professionals anticipated with launching a statewide screening tool for victims of crime, sharing information about victimization, and training service providers in the provision of trauma- informed services. Participants were presented with one of three future goals:

1) All child and youth victims will have been screened for victimization;
2) Information on victimization will be shared between agencies; and
3) All providers will be trained in trauma-informed provision of services.

Participants were asked to reveal *current* strengths and challenges with having these future goals come to fruition and then to list ***specific steps*** on how to move towards the future state. Responses for each of these three goals are reported in the next section.

Results

Participants. A total of 52 individuals participated in this event. These individuals held the following types of positions: Mental Health Clinician, Victim Advocate, Law Enforcement Officer, Prosecutor, Educator, Juvenile Probation Officer, and Child Welfare Worker.

Activity 1 – Victimization: How to Best Serve Clients. Participants indicated that there are a number of strengths which better enable them to effectively serve children, youth and families. They reported that a strong collaboration between agencies a growing awareness of the impact of trauma, and a significant number of high quality resources in the region.

Below are some challenges of working with a victim population:

- Acknowledging the "need to know" perspective as well as the advantages of sharing client information,
- Tolerating wait lists and delays in service delivery ,
- Recognizing language and cultural barriers associated with serving special populations,
- Lacking an awareness of available resources outside of their particular system, and
- Needing trauma-informed training for staff.

[19] Facilitators were either Vision 21: LSC staff or trained volunteers. Trained volunteers were provided a brief manual on how each activity would be conducted prior to the event.

Some of the changes participants indicated that they would like to see were:

- Opportunities for cross-systems training, communication and collaboration,
- A centralized "hub" for identifying and accessing appropriate resources and referrals, and
- Engaging the family in planning and decision-making.

Activity 2 – Screening Tools. In addition to social, behavioral, and educational history, participants reported that the following tools are often used by their staff to screen children and youth.

- Adverse Childhood Experiences Study (ACES)
- Adult Attachment Inventory
- American Society of Addiction Medicine (ASAM) – Substance Abuse (SA) Screening
- Ages and Stages Questionnaire (ASQ and ASQ-SE)
- Beck Depression Inventory
- CAGE Questionnaire – Alcohol Screening Test
- Career Inventory Assessment
- CASEY Life Skills Assessment
- Child and Adolescent Needs and Strengths (CANS)
- Child Sexual Behavior Checklist
- Collaborative Assessment and Management of Suicide Scale (CAMS)
- Crisis Intervention Team (CIT) protocol
- Detention Assessment Instrument (DAI)
- Edinburg Postnatal Depression Scale (EPDS)
- Massachusetts Youth Screening Instrument (MAYSI-2)
- Posttraumatic Stress Disorder Checklist (PCL)
- Signs of Suicide (SOS)
- Substance Abuse Subtle Screening Inventory (SASSI)
- Trauma System Checklist
- Uniform Assessment Inventory (UAI) for Children
- Virginia Adoption Assistance Screening Tool (VEMAT)
- Virginia Independent Clinical Assessment Program (VICAP)Youth Assessment and Screening Instrument (YASI)

Participants reported that a number of employees are responsible for performing these screenings. These individuals include front-line staff (e.g., case workers, juvenile correction officers, probation officers,, police officers, advocates, teachers, emergency services workers, etc.), as well as mental health professionals and health care providers. In some cases, administrative staff persons also administer screening tools.

In-house personnel (usually senior staff) are often educate and train staff in a classroom setting on these screening tools *within* given state departments/agencies. Webinars and online educational opportunities (e.g., George Mason University and the Praed Foundation) are also accessed for training opportunities. Participants also reported that relevant groups (e.g., Office

for Women) provide training on screenings and assessments, as well as special topics (e.g., trauma-informed care).

Participants reported both the strengths and challenges associated with screening tools currently being used. Participants indicated that most tools are standardized and easily administered. They also felt that the current tools quickly gather client information, direct clients to services, and that most are well-vetted and reliable. Challenges identified were that many tools do not address language and cultural barriers. They also indicated that it is unclear when tools are administered between agencies and that this process should be clearer. Table 1 lists commonly reported strengths and challenges:

Table 1. Strengths and Challenges with Currently Used Screening Tools

Strengths	Challenges
• Determine level of care and services needed in an individualized manner	• Lack cultural and linguistic competency
• Comprehensive, consistent and evidence-based	• Coding responses to tools are often too subjective
• Identify needs (e.g., behavioral health, risk of suicide, safety, etc.)	• Lack guidance on next steps and where to refer client after the screen

After screening a child/youth, the next steps in the process vary depending on the agency. In some cases, a follow-up assessment is administered by the same agency, while other agencies make referrals to other agencies and organizations for further assessment and services. Typically, the findings of a screen result in the development of a case plan.

Activity 3 – Gaps Analysis. Participants were asked to discuss the strengths and challenges of reaching three different goals. Below is a summary of participants' responses to each of the three goals.

Goal #1. The groups who discussed the first goal (i.e., All child and youth will victims will have been screened) indicated that the strengths associated with screening all children and youth for victimization included an opportunity to (a) identify client risk factors, (b) identify victims early in the process, and (3) comply with mandated reporting laws.

Some of the challenges participants discussed related to screening all children and youth include: (a) lacking adequate training on how to screen clients, (b) lacking an understanding of proper follow-up for referrals, and (c) lacking access to client information because of confidentiality/privacy requirements.

Participants also reported specific steps they thought would be pivotal in developing and launching universal screening tool. These steps included:

- Developing policy to clarify and alter confidentiality standards,
- Approaching medical providers to the screening tool,

- Developing a clearinghouse or tracking system to grant all agencies access to contact information, as well as history of abuse and neglect allegation,
- Providing comprehensive training on victimization and trauma (including annual refreshers courses),
- Creating a step-by-step process next steps for those who administer the screening tool, and
- Evaluating the effectiveness of the screening tool.

Goal #2. When discussing the second goal (i.e., Information on victimization will be shared between agencies), participants identified the following strengths of their current system: (a) a general willingness to communicate and collaborate with other agencies, (b) judicial support of multi-disciplinary teams, (c) existing structures to communicate and share information between providers (e.g. Family Planning Meetings), and (d) availability of an array of community resources.

Challenges to sharing information included (a) the need to develop a universal release of information form, (b) the time delay when coordinating services with other providers and (c) professionals from different agencies often vary in their perspectives on sharing client information.

Specific steps participants indicated that they thought would be critical to the sharing of information about victimization included:

- Engaging community groups and consumers in project planning and implementation,
- Standardizing technology (e.g., software, client data management) across systems,
- Developing a common language (i.e., avoiding acronyms),
- Establishing a centralized resource database,
- Expanding multi-disciplinary teams to include all community agencies/partners,
- Enhancing hotline services with case management and screening protocol (e.g., possibly expanding 211 capabilities), and
- Developing a universal release form and training for all who use the release form.

Goal #3. Groups tasked with examining the third goal (i.e., All provider will be trained in trauma-informed provision of services) believed that training is important as it builds employees knowledge base on trauma.. They felt it would also enhance communication within and between agencies about common goals.

Challenges to provide trauma-informed training include: (a) lack of consistency in training content, (b) staff turnover, and (c) costs associated with providing and attending training.

Specific steps participants identified to training providers in the provision of trauma-informed services included:

- Developing training modules for varied levels of knowledge, skills and expertise of the individuals being trained,
- Offering Continuing Education Units (CEUs) for training participation,
- Developing an on-going training plan with continued follow-up and support,
- Training providers across systems at the same time to promote interaction and collaboration, and
- Conducting a gaps analysis to identify what trainings are currently being offered.

Conclusion

Northern Virginia, including Fairfax, Stafford, and Prince William Counties, has a longstanding reputation for excellent services for victims of crime. These services are readily available and easily accessible. Participants were very knowledgeable about services in the region. The group, as a whole, also expressed interest in implementing promising practices used by other local and national programs. Most participants were trained in trauma-informed provision of services. Due to the demographic makeup of this region, language and cultural barriers can be challenging across systems. Bi/tri-lingual professionals in the field are greatly needed. Some participants also expressed a concern about human trafficking in the region.. The need for training and additional services focused on human trafficking victims, including housing programs, is paramount.

Appendix A

Cross-Systems Mapping Regional Event
Fairfax, Mott Community Center
November 6, 2015

TODAY'S AGENDA

8:00 am-8:30am	Registration
8:30am-9:00am	Welcome, Staff Introduction, and Project Overview *Laurie Crawford, Vision 21 Project Manager* *Jenna Foster, Vision 21 Co-Convener*
9:00am-9:30am	Participant Introduction *I Believe* Exercise
9:30am-9:45am	Break
9:45am-11:00am	Activity #1: Victimization: How Best to Serve Clients
11:00am-12:00pm	Activity #2: Screening Tools
12:00pm-12:45pm	LUNCH Criminal Injuries Compensation Fund Presentation *Brienna Stammer, Training and Outreach Coordinator*
12:45pm-2:00pm	Activity #3: Problems and Solutions
2:00pm-2:45pm	Activity #4: Self-Care/Trauma-Informed Practices
2:45pm-3:00pm	Closing Remarks/Next Steps *What to expect from this project after today's session* *Laurie Crawford and Jenna Foster*