



# JUDICIAL SUMMIT ON MENTAL HEALTH

## DFPS and Trauma-Informed Care

Presented by: Kristene Blackstone

Associate Commissioner

Child Protective Services

October 22, 2018

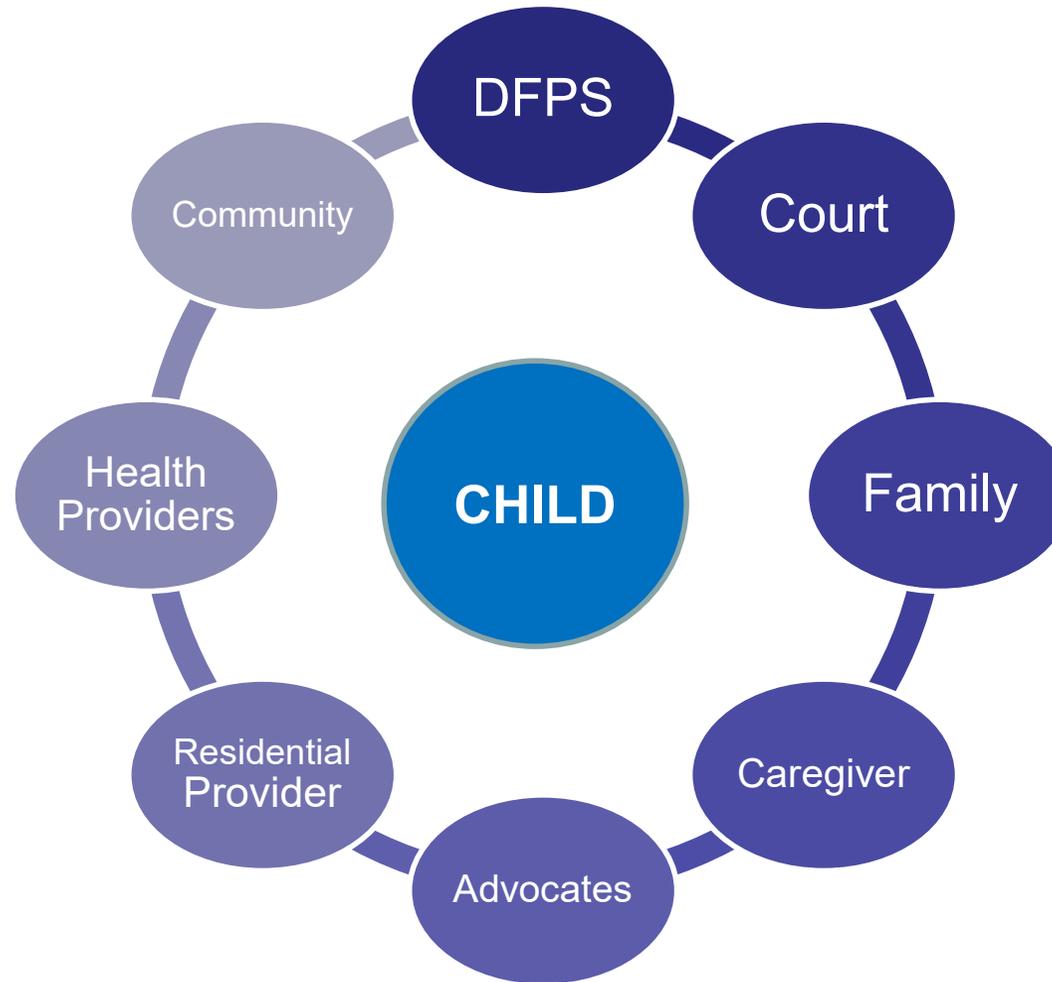


At DFPS, Trauma-informed Care  
is more than an implementation;  
it is a *perspective shift*





# Circle of Care/System of Care



- 2009 – TIC Training for caseworkers and caregivers
- 2010 – TIC Training for Residential Providers
- 2012 – Annual training required for caregivers; DFPS two-hour training live on public site and CLOE Learning Station
- 2015 – RCC increase to 8 hours of TIC training prior to being the only caregiver responsible for a child in care



- 2016 – CANS Implementation
- 2017 – TIC Program Specialist Position
- 2017 – Building Resiliency in the Face of Trauma (BRIFT):
  - TBRI-based Secondary Trauma training for CPS Staff
  - 2017 - 2018 – Statewide Collaborative on Trauma-informed Care



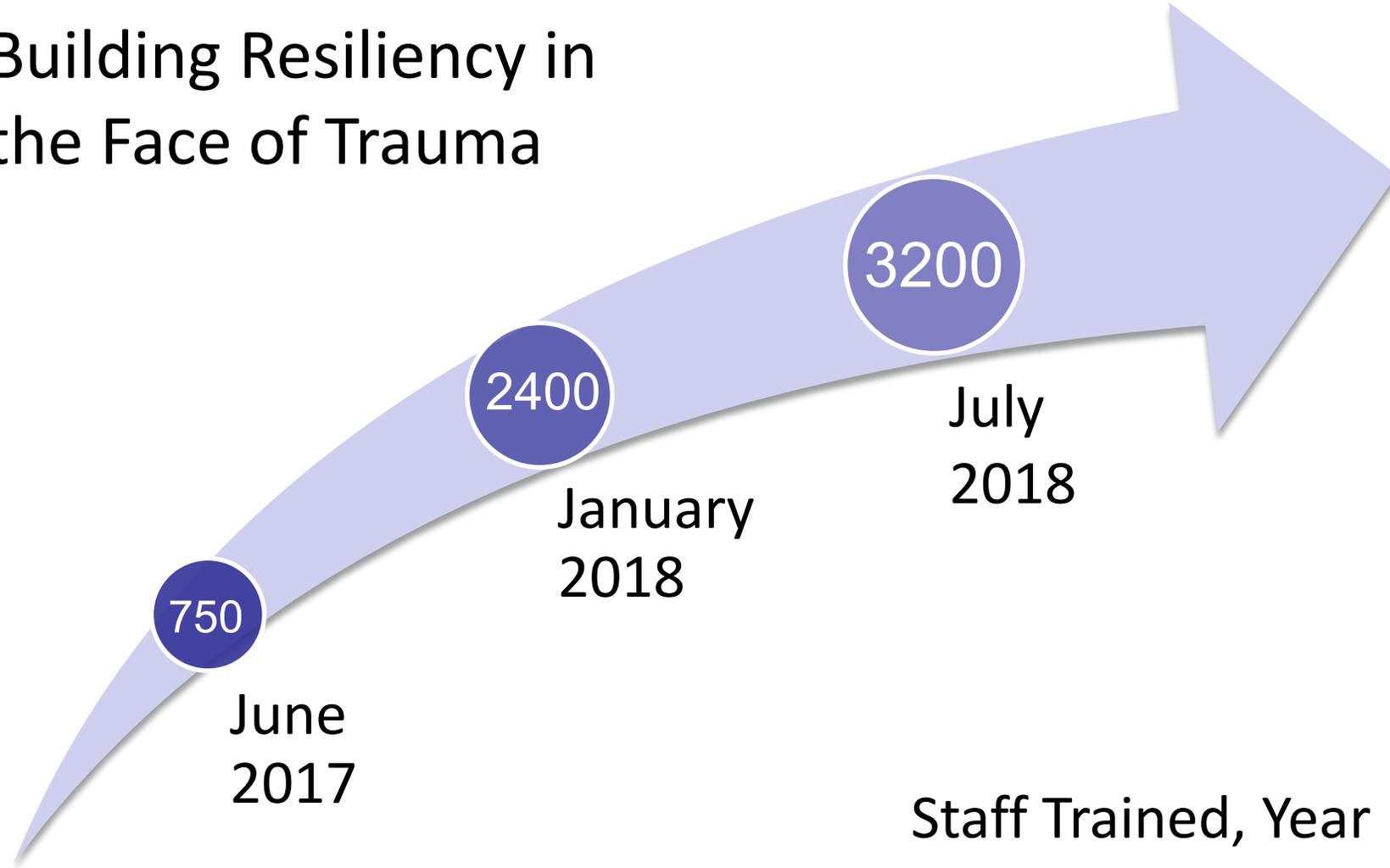
- **Initial training for new staff based on National Childhood Traumatic Stress Network (NCTSN) curriculum**
  - Provided by Cenpatico/STAR Health and CLOE
- **TIC Refresher training, annual**
- **Secondary Trauma Training: Building Resiliency in the Face of Trauma (BRIFT)**
  - TBRI-based curriculum





# Secondary Trauma Training

Building Resiliency in  
the Face of Trauma





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Department of Family  
and Protective Services

# Secondary Trauma Support Legislative Appropriations Request



# Required Training for Residential Providers

- **Minimum of 8 hours including:**
  - Adverse Childhood Experiences (ACEs)
  - Secondary Trauma prevention and management
  - Practical applications for caregivers
- **TIC Refresher training, annual**
- **Providers have choices, including:**
  - NCTSN, STAR Health / Foster Care EDU, TBRI, Sanctuary Model



**Training**

**Knowledge**

useful abilities.

backbone of co

quired for a tr

today



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Family and Protective Services**

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## Trauma Informed Care Training

DFPS provides this training to assist families, caregivers and other social service providers in fostering greater understanding of trauma informed care and child traumatic stress.

DFPS Home > Training > Trauma Informed Care > This Page

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The Department of Family and Protective Services (DFPS) recognizes the long-term effects of adverse childhood experiences such as child abuse and neglect. The need to address trauma is increasingly viewed as an important component of effective service delivery. The impact of trauma is experienced by children, families, caregivers, and the social service providers who serve them.

DFPS is providing this training opportunity to assist families, caregivers and other social service providers in fostering greater understanding of trauma informed care and child traumatic stress. We hope this will help you understand the effects that trauma can have on child development, behaviors, and functioning, as well as recognize, prevent and cope with compassion fatigue.

**Take the Training**

Estimated time to complete: 2 hours  
Best viewed in Full Screen Mode



# Trauma Screening and Assessment

## 3 IN 30

### A COMPLETE APPROACH TO BETTER CARE FOR CHILDREN

- 1 3-Day Initial Medical Exam**

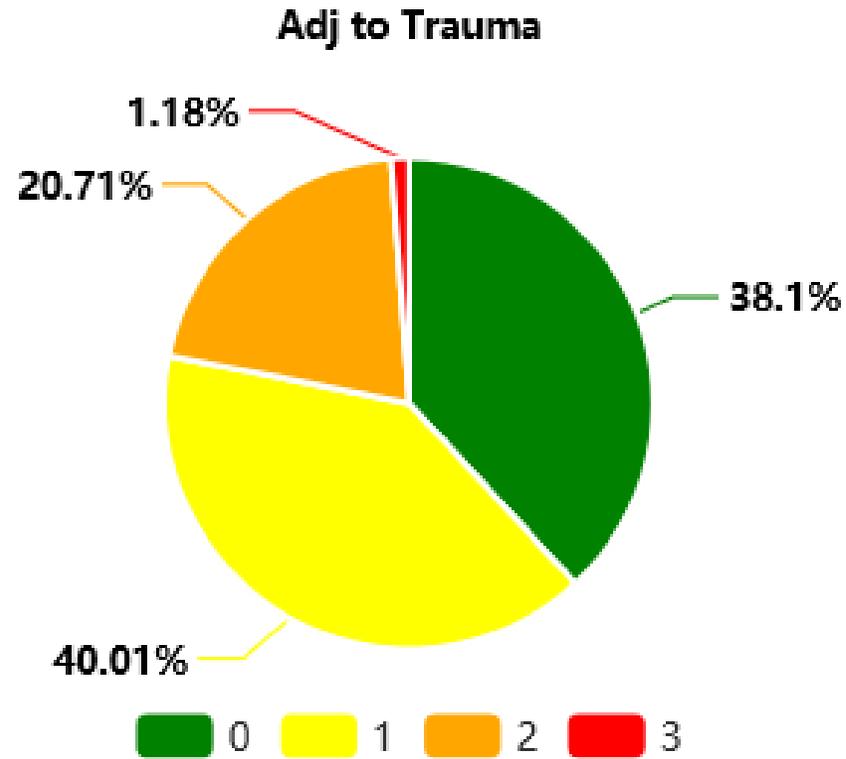
In 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need.
- 2 CANS Assessment**

In 30 days, children (ages 3-17) must get a CANS assessment. This review helps us understand how trauma is affecting a child, and how the child is doing. CANS tells us which services may help the child, such as counseling. It also shows strengths we can build on, like good relationships.
- 3 Texas Health Steps Medical Check-Up**

In 30 days, each child must see a doctor for a complete check-up with lab work. This makes sure:

  - We address medical issues early.
  - Kids grow and develop as expected.
  - Caregivers know how to help the child grow and develop.





Initial CANS assessments from  
9/1/17-8/31/18



**The voices of those we serve are critical to a trauma-informed system**





# Treatment Foster Family Care

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# Partnerships and Workgroups

## STAR Health



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Contrast  On  Off [a](#) [a](#) [a](#) language ▾

FOR MEMBERS & CAREGIVERS

FOR PROVIDERS & AGENCIES

### Welcome to STAR Health

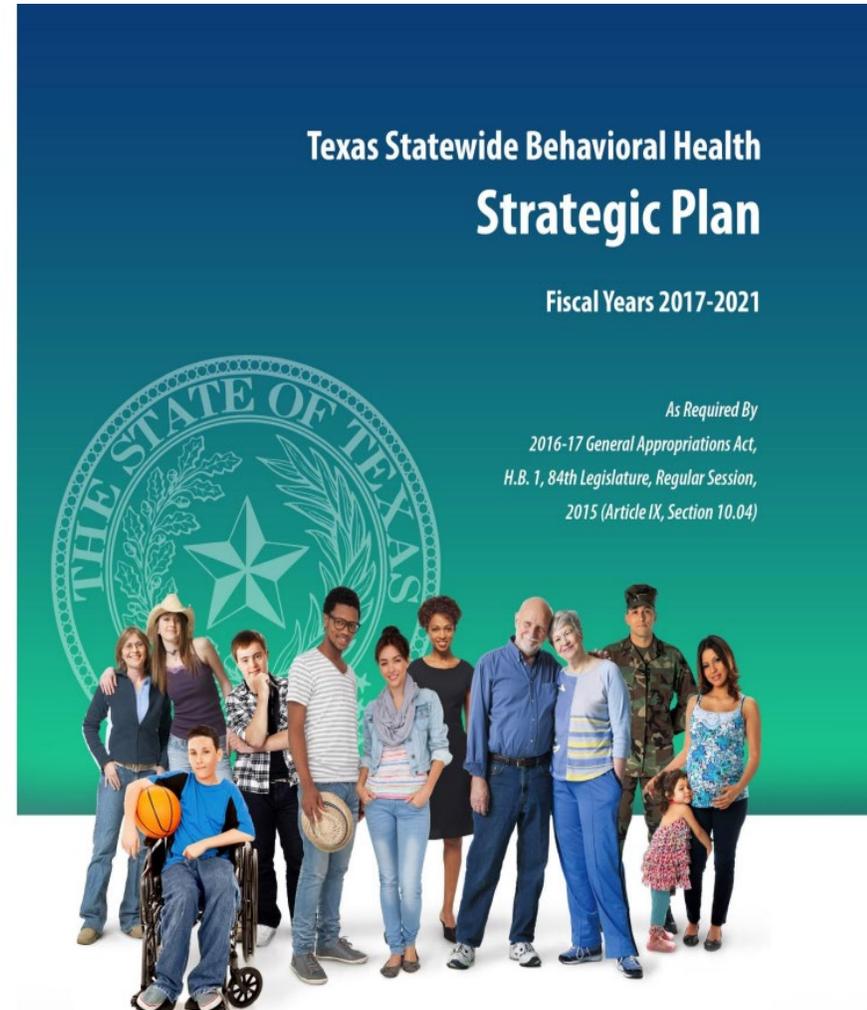
Superior helps children in the  
Texas foster care program get  
well and stay well.



# Partnerships and Workgroups

## Texas Health and Human Services

- HHS/ Behavioral Health Strategic Plan
  - Office of Mental Health Coordination
  - IDD and Behavioral Health Collaboration
  - Wraparound Services
  - Local Mental Health Authorities





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# Partnerships and Workgroups

## Texas System of Care



**Texas System of Care**

*Achieving Well-Being for Children and Youth*

**A Better Future**  
for Texas Children

The Impact of System of Care





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# Partnerships and Workgroups

## Texas Building Bridges Initiative

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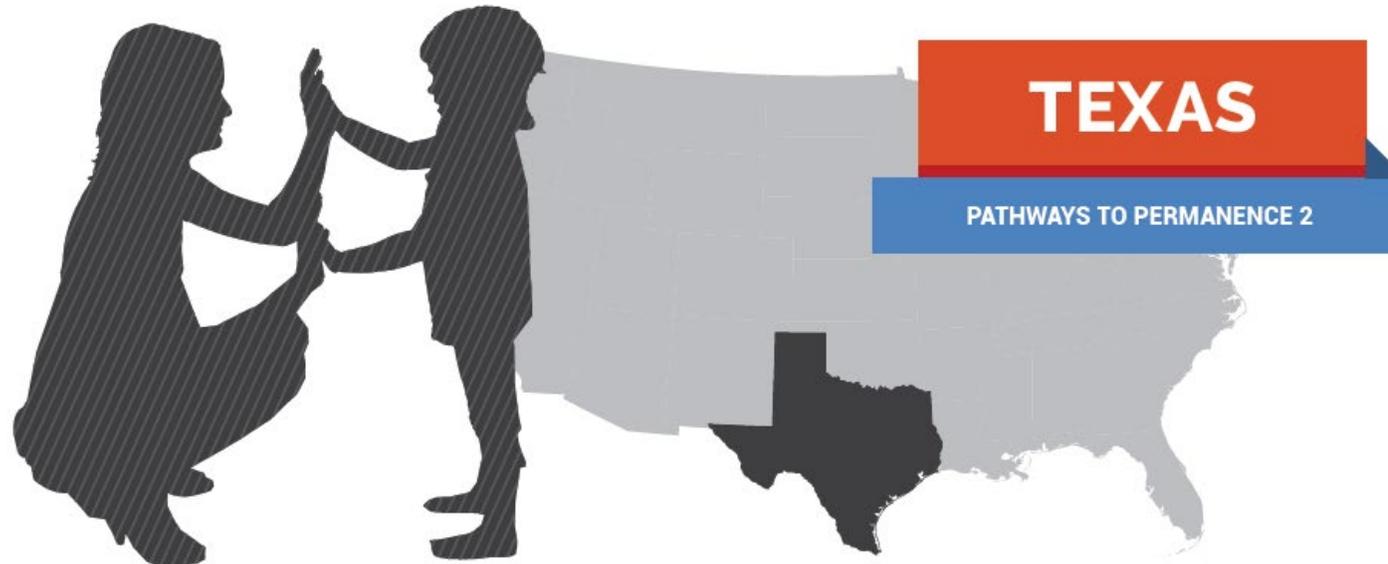


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# Partnerships and Workgroups

## Texas QIC-AC Project

**QIC•AG** Quality Improvement Center for  
Adoption & Guardianship Support and Preservation





# Partnerships and Workgroups

## Travis County



TRAVIS COUNTY COLLABORATIVE FOR CHILDREN

### Rees-Jones Center for Foster Care Excellence Healthcare Enhancement Workgroup (Region 3)

children'shealth<sup>®</sup> 

## Foster Care

Rees-Jones Center for Foster Care Excellence





- **Applying trauma-informed lens agency wide**
- **Policy and practice review**
- **Assess/update caseworker introductory training**







# JUDICIAL SUMMIT ON MENTAL HEALTH

## Becoming Trauma-Informed

Presented by: Seth Christensen  
Texas Juvenile Justice Department  
Director of Stakeholder Relations

October 22, 2018



TEXAS  
JUVENILE JUSTICE  
DEPARTMENT



# Our goals

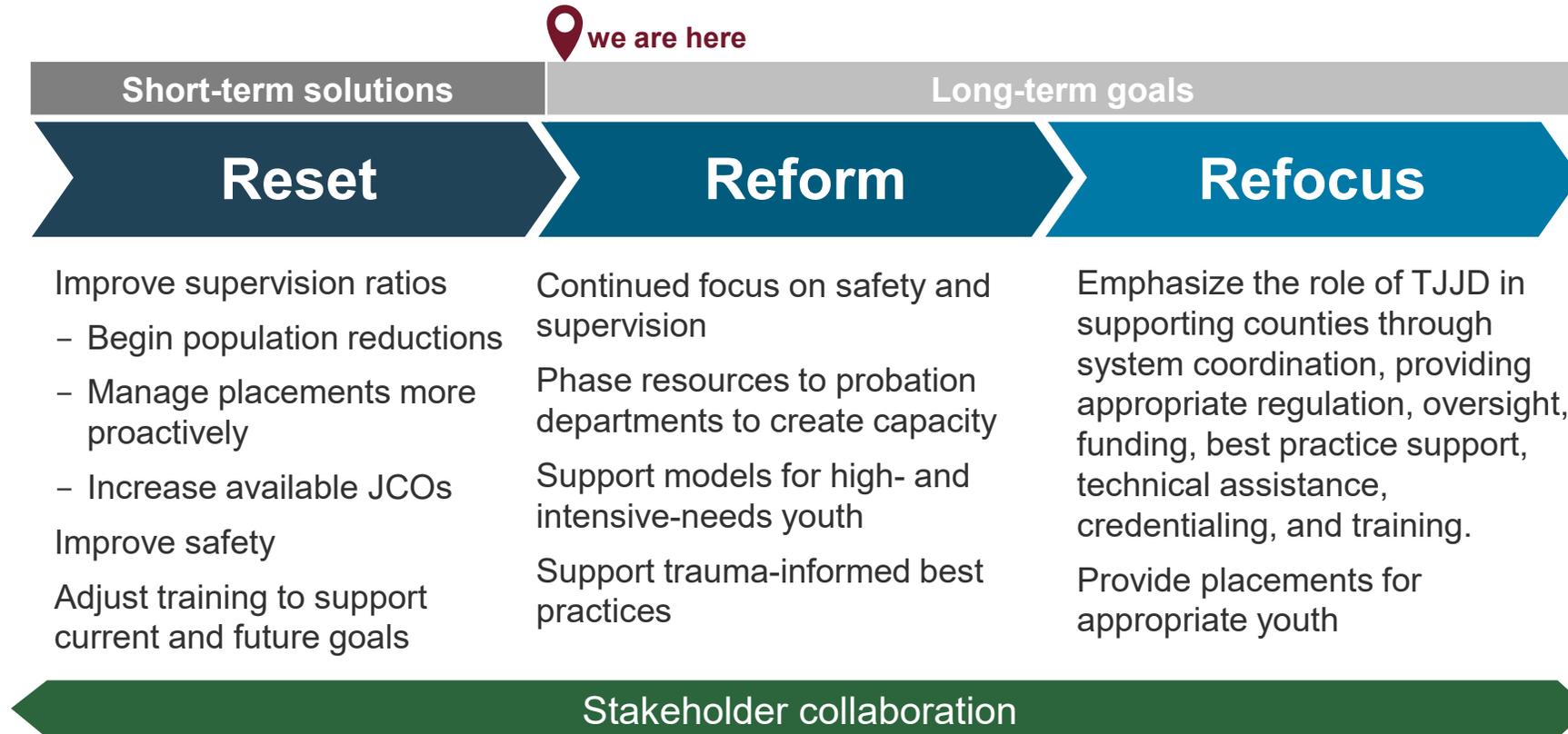
We will strive for a single system approach that meets the needs of each young offender

We envision a juvenile justice system that:

- Protects Texans by reducing future crime
- Embraces a single system approach with the state, counties, and other stakeholders working and leading together
- Holds youth accountable for behavior and intervenes with that behavior through pragmatic, science and evidence-based approaches
- Is flexible and scalable to meet emerging changes and system needs across Texas
- Supports flexibility and local control
- Is accountable for specific, agreed upon outcomes

# Short-Term Solutions and Long-Term Goals

Our overall efforts are in three high-level phases



*In June of 2018, we sent our Short-Term Solutions and Long-Term Goals to Governor Abbott outlining our plans. The chart above summarizes those plans.*

# The Texas model

Our vision for the model includes a set of principles for the overall design of the system along with a set of key intervention principles

## System Principles

- A focus on need and risk levels of youth.
- A graduated set of options to meet youth and system needs, which may change over time.
- A greater focus on a single juvenile justice system as a partnership between county juvenile probation departments and TJJD.
- A commitment to the shortest appropriate length of stay.<sup>1</sup>
- Youth stay closer to their communities in every possible case.
- Youth stay as shallow in the system as possible.
- Provide for scalability to meet changing or emerging needs.

## Intervention Principles

- A foundation in trauma-informed care <sup>2</sup>
- A treatment-rich environment and direct care staff who reinforce treatment goals
- An approach founded in evidence-based practices
- Transparent plans between agency and youth to understand requirements and the consequences of their actions—both positive and negative—with strong accountability
- An aftercare and reentry plan that begins early
- The ability for the young person’s family and community to see and interact with them as often as possible.

<sup>1</sup> See “Research on Pathways to Desistance”, Models for Change, MacArthur Foundation, December 2009. [https://www.macfound.org/media/article\\_pdfs/PATHWAYSREPORT.PDF](https://www.macfound.org/media/article_pdfs/PATHWAYSREPORT.PDF)  
See also “Ten Strategies to Reduce Juvenile Length of Stay”, Juvenile Law Center, March 2015. <https://csgjusticecenter.org/youth/publications/ten-strategies-to-reduce-juvenile-length-of-stay/>

<sup>2</sup> See Trust-Based Relational Intervention, Karyn Purvis Institute of Child Development, Texas Christian University. <https://child.tcu.edu/about-us/research/#sthash.YvvOHmOf.dpbs>

# Legislative Appropriation Request

# LAR at-a-glance: Reform package

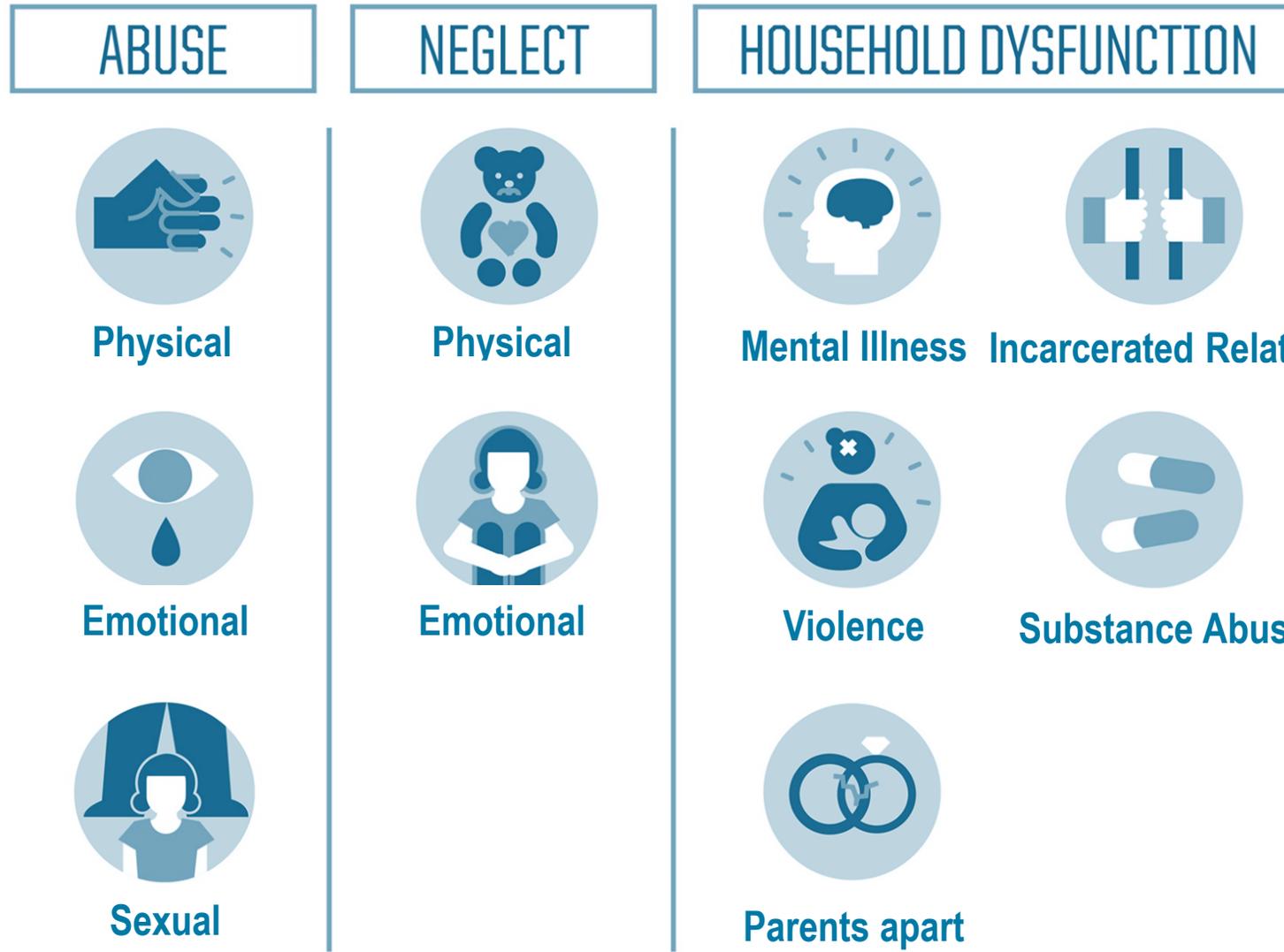
To continue meaningful reform of the juvenile justice system and put youth first, TJJD will need funds for a set of dependent, interconnected needs

<b>Reform \$37.1m</b>			
<b>New probation resources \$22.8m</b>		<b>Trauma-informed practices \$5.9m</b>	
• Offset increased non-secure placement cost	\$5.6m	• Continued trauma-informed training	\$0.2m
• Build new resources and capabilities	\$3.0m	• Family reentry specialists	\$0.5m
• Probation funds to enhance regionalization	\$4.4m	• Contract care case managers	\$0.2m
• Staff support for probation	\$0.8m	• Alternative placements	Up to \$5m
• Emergency mental health stabilization	\$1.0m		
• Continue statewide risk and needs assessment	\$3.0m		
• Alternative placements	Up to \$5m		
<b>High-needs youth \$2.9m</b>		<b>Continued focus on safety \$5.6M</b>	
• Intensive mental health treatment beds	\$2.9m	• JCO staff needed to achieve PREA compliance	\$2.4m
		• Continued service for body cameras (\$2.4m in future biennia)	\$3.2m

*The success of this reform package is contingent on TJJD maintaining its base level funding of \$605.2m as requested in our LAR. Our requested changes to costs per day reflect the system's needs to maintain operations and ongoing improvements.*

# Trauma-informed care

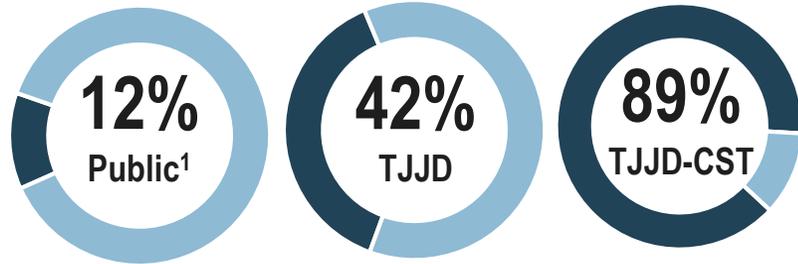
# Adverse Childhood Experiences (ACEs)



# Adverse Childhood Experiences (ACEs)

TJJD youth are 3.5x more likely than the public to have 4 or more ACEs.

People with 4 or more ACEs



TJJD Prevalence		
ACEs	%	#
0	6.0%	92
1	16.2%	250
2	18.4%	285
3	17.9%	276
4	14.2%	219
5	12.6%	195
6	7.8%	120
7	4.9%	75
8	1.7%	27
9	0.5%	7

TJJD Prevalence by Factor		
ACEs Factor	%	#
Parents Separated/ Divorced	69%	1070
Incarcerated Household Member	64%	989
Family Violence	45%	697
Household Substance Abuse	41%	636
Physical Abuse	27%	411
Emotional Abuse	24%	370
Physical Neglect	20%	309
Emotional Neglect	15%	231
Sexual Abuse	14%	211
Household Mental Illness	9%	140

Childhood experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. Adverse Childhood Experiences have been linked to risky health behaviors, chronic health conditions, low life potential, and early death <sup>1</sup>.

# Trauma-informed care

Where are we headed?

## Upstairs Brain

- problem solving
- judgement
- impulse control
- empathy
- appropriate social and sexual behavior

WE THINK BEFORE WE ACT.



## Downstairs Brain

- survival instincts
- fight, flight, freeze
- emotions

WE ACT BEFORE WE THINK.

# Trauma-informed care

Where are we headed?

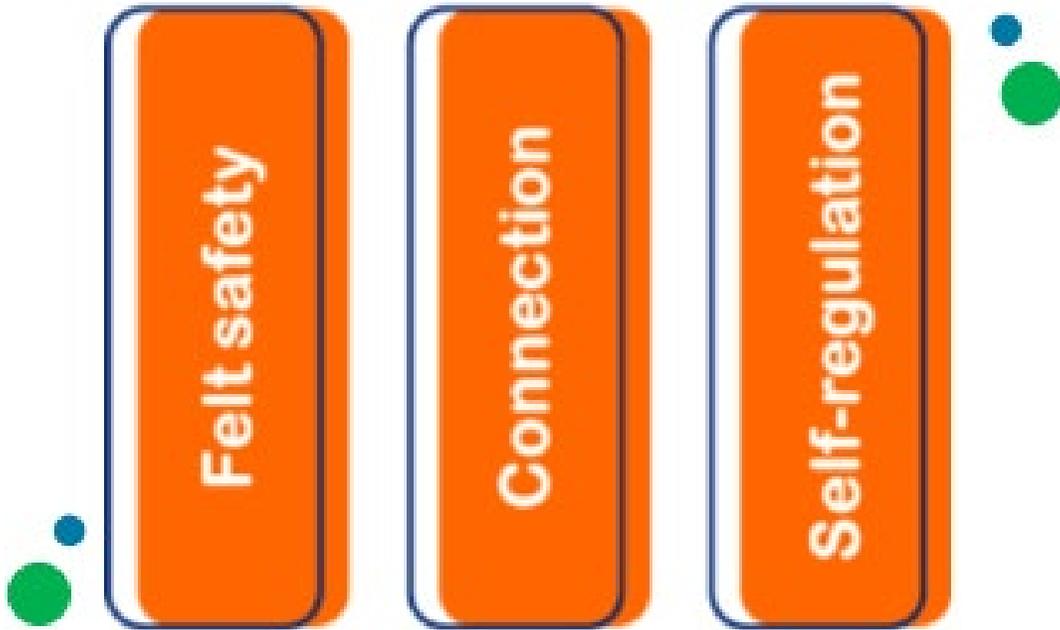
“ Don't ask your kids to be any more perfect than you...  
--Dr. Karyn Purvis ”

“ Relationship IS the evidence-based practice.  
- Dr. Allison Jackson ”

Thinking of a kid as behaving badly makes us think of punishment.  
Thinking of a kid as struggling to handle something that is hard for them encourages us to help them through their distress.

# Trauma-informed care

Where are we headed?



**Felt Safety.** Kids can't learn, can't listen, and can't take responsibility if they don't feel safe.

**Connection.** To listen and learn kids must also trust you. They can't trust you if they don't connect to you.

**Self-regulation.** Kids do things that seem crazy and illogical to us. We have to help them understand their own reactions to stress and learn to regulate their own behavior.

# Trauma-informed care

Where are we headed?

- Trained more than 800 staff.
- Opening two model dorms in November.
- Developing training models.
- Will learn and adjust. Training will be available to counties.



# Trauma-Informed Model Dorms

## Brownwood & Mart Juvenile Facilities



# Agency contacts

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Texas Juvenile Justice

Department