# Linking
# Systems of Care
### for Children and Youth Project



# State Demonstration Project
# Planning and Implementation
## LESSONS LEARNED REPORT

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# Linking Systems of Care

### for Children and Youth Project

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# Linking Systems of Care: A State-led Demonstration Project

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

- bringing together all relevant child-serving systems and professionals;

- establishing a coordinated approach that ensures every child entering child-serving systems is assessed for victimization and referred to comprehensive services; and

- sustaining the established policies and practices that link systems of care in the short and long term.

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

The Guiding Principles: **I. Heal Individuals, Families, and Communities; II. Linked Systems of Care; and III. Informed Decision Making** were developed by the LSC National Steering Committee[1], staff from OVC and the National Council of Juvenile and Family Court Judges (NCJFCJ).[2] The Guiding Principles were designed to provide guidance regarding linking systems of care for children, youth, families and communities that have experienced violence and/or been exposed to violence in their communities with comprehensive, connected, and holistic supports.

### *Activating the Guiding Principles*

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

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

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

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

# The Guiding Principles

## 1 Healing Individuals, Families, and Communities

### PLANNING LESSONS

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

- Illinois found that many statewide projects faced challenges in fully representing the diversity of the communities across the state and that creating a statewide plan that allowed for variation at the community level could be empowering for victims, families, and communities. To do this, Illinois conducted parallel needs analyses in heavily populated urban areas (Chicago) and more rural communities (southeastern Illinois) that incorporated the input of victims, families, and providers.

- Virginia found that identifying and tracking complementary state grant activities allowed them to coordinate with other state grant administrators to leverage resources.

> *When I read the 1st Guiding Principle, I think it demonstrates an acknowledgment of the harm state and federal systems have done to communities. And of how important it is to let the community inform the planning.*
>
> - **Reshma Desai**, Strategic Policy Advisor and Project Director, Illinois HEALS

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

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

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

- Montana found that other aspects of collaboration could not move forward until they engaged several tribal nations interested in collaborating to develop a screening tool that was uniquely sensitive to the historical and present-day traumas experienced by their children, youth, and families.

- Montana also found that hiring a consultant who serves as a liaison to the tribal nations worked well. The liaison was able to develop relationships with tribal members and elders, explain the goals and objectives of the LSC project, and encourage the tribal nations to have a voice in the project by actively participating in meetings, focus groups, advisory and policy groups, etc. When interacting with tribal members, it is strongly encouraged that the initial introduction between tribal leaders and project staff be made face-to-face, with the assistance of a member or a friend of the tribe. In addition, Montana found that their connections with the National Native Children's Trauma Center and a particular LSC committee member were helpful in developing initial connections to the local tribal nations, due to their existing relationships with some of the tribal nations and knowledge of Native American cultures.

- Illinois found that engaging communities in a manner that is sensitive to the culture and language of residents is complex and has implications for budgeting. Budgets should include language access training for researchers and conveners, translation of screeners and other documents, and provision of interpretation for interviews and meetings.

- Ohio found that differential strategies were beneficial to engage culturally-specific organizations meaningfully. Two examples were the use of in-person project introductory meetings with the organizations Deaf Phoenix and ASIA, Inc. In both cases there were positive existing relationships between Project Team organizations and the invited stakeholder organization from past collaborative work. That said, both organizations appreciated a dedicated individual meeting to discuss interests, intersections, and challenges/opportunities with respect to sensitive collaboration. ASIA, Inc. also requested follow up calls to those meetings. Engagement and idea exchanges are building in both cases and inform the work of the needs assessment and its resulting strategic planning.

- Ohio found that attention to cultural implications (bias, equity, under/over representation) was of such significant weight to their intended outcomes that it should be visible as a stand-alone needs assessment category, as well as an embedded concern within all other needs assessment categories.

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

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

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

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

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

- The Montana Demonstration Site is made up of one full-time staff from the Montana Board of Crime Control, with research support from two staff members from the University of Montana, and it has contracted with a Tribal Liaison.

- The Virginia Demonstration Site is made up of two full-time staff members of co-convening agencies (Department of Social Services and Department of Criminal Justice Services), with support from part-time staff from the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Education (DOE). Although funds were available to staff a member of the Virginia Department of Juvenile Justice (DJJ) as a project staff, a person was not hired to fill the position. During the implementation phase, the Virginia team decided to re-allocate these funds for research support through Virginia Commonwealth University (VCU).

- Each of these agencies signed a Memorandum of Understanding (MOU) agreeing to participate actively in project activities prior to the grant being awarded. Since the project's inception, both demonstration sites have reported that additional staff would be helpful to accomplish project activities and complete grant deliverables.

- Montana and Virginia found that if screening instructions and questions are clear and direct, it is possible for a screening tool to be administered by non-clinical professionals. This is important when identifying the workforce that will be able to conduct screening instruments developed and/or purchased.

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

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

victimization, and witnessed or indirect victimization); and

- behaviors and/or symptoms associated with victimization and/or trauma (e.g., feeling sad, having trouble concentrating, contemplating hurting oneself, etc.) through their screening tool.

- Illinois found, through a statewide provider survey, that 38 different types of screening tools were being used, thus identifying an emerging theme that suggests moving to one model for screening may not be feasible. Given the resources required to create a new tool or build consensus around using one of the many tools currently being used, it may be that promoting identification of victims more generally and focusing on other aspects of process that leads from identification to healing may be more effective and efficient ways to improve the experience of victims.

- Ohio also identified numerous screening tools that were used across the state and chose to create a new tool which met a gap in screening (e.g., a pictorial tool to aid in screening of children ages 4-12 or those with language delays).

### IMPLEMENTATION LESSONS

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

- Virginia developed and negotiated MOUs between the implementation sites. While crafting the MOUs, it was crucial to list involved parties, keep the language clear, and make the objectives consistent.

- Virginia also set timelines for training and technical assistance that would be provided so that pilot sites had a firm understanding of what was expected of them.

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

- In order to provide trauma-informed services, Virginia addressed trauma in their screener by including a section that indicates a potential traumatic response to their victimization (e.g., difficulty sleeping, change in eating habits, self-harm, etc.).

- Due to the sensitive nature of victimization and the commonality of line workers being survivors themselves, Virginia found that line workers might be uncomfortable with asking invasive questions on the screener. This can be addressed by training the line workers on trauma, self-care, etc. It also should not be assumed that line workers are easily able to administer this screener without the proper training.

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

- Virginia found that it is important to develop a protocol to guide practice from the initial screening to the response and referral process. This response and referral protocol, currently in development, will include guidance on determining immediacy of need, obtaining releases of information, soliciting youth and caregiver input on appropriate referrals, etc.

- Montana prioritized the creation of a list of current victim services and resources; however, the team found that creating resource matrices are much more involved work than originally thought, so the team began working with established agencies to use their existing referral lists. If such a list or matrix does not already exist, it can be a larger undertaking. Upkeep is also required as organizations change, move, and experience turnover.

# 2 Linking Systems of Care

### *PLANNING LESSONS*

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

- Virginia created a decision-making body to provide oversight of the project through its Partner Agency Team (PAT), which is slightly different from the other sites in that the Virginia PAT has veto capability.

- Ohio found that the stakeholder group was eager to move forward on the project due to previous groundwork that had been done by both the Ohio Attorney General's (OAG) Office and the Ohio Domestic Violence Network (ODVN).

- Illinois found that to identify existing practices and opportunities systematically in a dynamic environment, they needed to collaborate with state agencies involved in administering behavioral health services to follow changes and initiatives born from consent decrees and the statewide Health and Human Services Transformation. Aligning the LSC project with the likely outcomes of such changes

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

may help lower barriers to care for children, youth, and families, especially those covered by Medicaid.

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

- Victimization versus Traumatic Stress. The sites have indicated a need for educating communities about victimization and trauma. Because these topics are associated, many individuals use these terms interchangeably. While victimization relates to the nature and frequency of certain experiences (e.g., assault, theft, abuse, neglect, etc.), traumatic stress is the consequence of being victimized. According to the National Child Traumatic Stress Network (NCTSN), signs of traumatic stress can include but are not limited to feeling numb or shocked, having nightmares, feeling hopeless, etc. While building relationships with communities, the Virginia Demonstration Site discovered that some jurisdictions within the state had developed trauma-informed multi-disciplinary networks advocating for trauma-informed services, practices, and policies (Greater Richmond Trauma Informed Community Network at http://grscan.com/trauma-informed-community-network).

- Screening versus Assessment. Clarifying the difference between screening and assessment has also been a reoccurring conversation with administrators and family-serving professionals in each state. Through the service provider survey, Illinois found that much of the workforce used screening and assessment interchangeably. Understanding this type of training need in local communities will help guide the demonstration sites as they begin to create plans for targeted training and technical assistance.

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

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

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

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

### *IMPLEMENTATION LESSONS*

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

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

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

- Prior to launching the screener, Montana implemented online trainings for the workforce. Online trainings should include clear instructions in order to promote consist use of the screening tool. Montana has found that there are successes and challenges with the online training modules – it reduces travel time for in-person training, but may be more difficult to complete the training without face-to-face instruction.

- Virginia developed a training manual for administering their screening tool. This training manual addresses all five phases of the VA screening process and has a supporting PowerPoint.

- Virginia provided training to pilot site agencies, staff, and interested stakeholders by coordinating subject matter experts to conduct topic-specific training sessions on trauma-informed services, including training for workers on secondary trauma and self care.

- Additionally, Virginia created training effectiveness surveys. This was crucial to ensure that training was contributing to increased knowledge. Surveys can also be used to gather additional information about the line workers' experience and needs, as well as the training delivery.

# 3 Informed Decision-making

## PLANNING LESSONS

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

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

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

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

- Colleagues from the Defending Childhood Initiative (DCI) participated on webinars and in site-specific conference calls, and they shared materials (e.g., screening tools and reports) from their work geared toward similar efforts.

- Illinois found that highlighting the great work that was already taking place on a state and local level was important to creating buy-in from stakeholders. In addition, Illinois found that partners and community stakeholders consistently share insights and innovative practices whenever convened. Illinois believes that working with existing initiatives and building on those efforts is an opportunity to maximize impact and create more efficient and aligned projects.

## IMPLEMENTATION LESSONS

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

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

- Virginia found that it was necessary to conduct fidelity checks among those who were implementing the screener. Protocols were created to ensure consistency existed between the screeners at the pilot sites. In order to maintain this fidelity, one-page sheets clarifying who can and should be screening were later generated and distributed.

- Virginia realized the importance of tracking service referral types. It is helpful for organizations and service providers to keep a record of where clients are referred in order to prevent duplication of services, streamline coordination and communication among providers, and measure how effective referrals are.

- According to Virginia, "Pilot process and data collection take a lot longer than you anticipate. This affects the statewide implementation planning greatly." For example, multiple amendments required by the Institutional Review Board (IRB) were not anticipated by either state. Montana and Virginia had to reorganize and plan for ongoing amendments to get their screener approved.

- Virginia also found that it was necessary to recruit a data specialist for the LSC project. If a data person does not already exist in-house, it is often recommended to hire an individual who has the capacity to oversee and evaluate data related to the project.

> *The Montana project's efforts to foster in-person collaboration among statewide child-serving organizations, in addition to our work facilitating greater online connectivity for those providers, stems from the Linking Systems of Care (LSOC) guiding principles. In particular, Guiding Principle Number Three, which articulates the importance of informed decision making, is helping to shape efforts underway by the LSOC Montana Policy Work Group. Comprised of judges, clergy, state agency administrators from the justice and child welfare systems, and other experts, the work group is committed to using our knowledge about evidence-based practices to help reshape the way our state interacts with children and families who have experienced severe adversities.*
>
> - **Jessica Mayrer**, Policy Coordinator, Vision 21: Linking Systems of Care for Children and Youth in Montana

## Additional Considerations from the Steering Committee and NCJFCJ TTA Providers

- During the planning phase, stakeholder groups attempting to link systems of care should place an emphasis on understanding current state-level policy as it relates to young victims. This action may lead to identifying needed changes in statewide policy.

- It is important to bring grassroots organizations to the table early on in the process, which will allow stakeholder groups to identify better non-traditional systems where young victims may already receive services.

- Stakeholder groups should balance their focus and approach between identifying victims (e.g., developing/implementing screeners) and building capacity in communities (e.g., implementing interventions/services that ameliorate the effects of victimization).

- It is extremely important to develop a well-defined elevator speech about the project. Placing an emphasis on this early on will help stakeholder groups reach out to agencies, organizations, and people; seek funding; and begin working on sustainability.

- Stakeholder groups are encouraged to be cognizant of cultural needs; however, it is important to go beyond knowing that there are cultural implications. For example, stakeholder groups should proactively: use data to ensure equity in service delivery; garner feedback from non-English speaking cultures; provide culturally relevant and appropriate services; etc.

- It is important to gather information on what is working in communities – what are communities already doing to increase capacity, link systems, and identify, refer, and provide services to young victims and families?

- Stakeholder groups are encouraged to help collaborative partners understand terminology around trauma and victimization; however, it is also extremely important to build capacity for service providers to be able to implement interventions that address symptoms related to violence, trauma, and victimization.

- Be knowledgeable of relevant literature and data on child and youth victimization. Prior to moving forward with planning activities, demonstration sites were encouraged to become familiar with the literature on child/youth victimization. Finkelhor and colleagues have published numerous articles on choosing and using child victimization questionnaires, as well as current statistics on juvenile victimization in the U.S. (see Children's Exposure to Violence, Crime and Abuse: An Update). The literature offers demonstration sites a basic foundation on the types of child/youth victimization witnessed and/or experienced across the nation which may be a good starting point for developing screening tools and supplemental manuals.

- Victims of Crimes Assistance (VOCA) administrators in every state are critical partners to engage early and frequently as partners to ensure state VOCA resources (e.g., VOCA experts, existing state VOCA grantees, new grant programs) are leveraged throughout all phases of the project.

# Appendix I: Guiding Principles Scope of Work Matrix

| | HEALING | LINKED SYSTEMS | INFORMED DECISIONS |
|---|---|---|---|
| **PLANNING** | During the planning phase, stakeholder groups should begin by understanding how systems promote opportunities or not for healing for victims, at any point of contact and among service providers across systems. Services should be accessible, trauma-informed, strength-based, individualized and gender- and culturally-responsive. Statewide and local departments, agencies, and service providers must come together to identify gaps in identification, referral to services, and needed services to heal individuals, families and communities effectively. | During the planning phase, stakeholder groups should create a structure that promotes cross-system collaboration by clarifying roles, creating common goals and outcomes, sharing information across systems, and engaging both traditional and non-traditional partners. In addition, toward the end of the planning phase, stakeholder groups will begin narrowing the scope of their work to form implementation plans that will ultimately link systems of care in their ability to identify youth victims of crime and connect them to appropriate and needed services. | During the planning phase, stakeholder groups should gather information about the needs of their clients, as well as service providers' practices, policies, and processes for engaging and serving families. Stakeholder groups should rely heavily on the data and information collected, as well as the relationships built throughout the planning process, to learn from and engage local communities and statewide decision-makers. Data should be collected from service provider surveys, victim interviews, resource mapping, funding stream exploration, and other available administrative data. |
| **IMPLEMENTATION** | During the implementation phase, stakeholder groups should capitalize on the learning and collaboration done in the planning phase. Work together to articulate shared goals around the first Guiding Principle, finalize action/implementation plans, and enter into MOUs with pilot/implementation sites to test the strategies identified during the Planning Phase. Stakeholder groups and local pilot sites should aim for a balance between a top-down approach with formal procedures and bottom-up community-led processes when developing community-based strategies. | During the implementation phase, stakeholder groups should use pilot and/or demonstration sites to test agreed upon strategies (e.g., information sharing agreements, screening instruments, protocols, etc.) created to effectively link systems of care. It's important to work closely with communities to create a selection process for pilot sites; develop individualized implementation strategies that are based on the communities' needs; and proactively train service providers. | During the implementation phase, continuous and ongoing feedback should inform process changes and modifications in the pilot sites. This step is critical to institutionalizing changes in states effectively that are attempting to link systems of care for victims of violence. For example, a pilot site may have difficulty implementing a new screener or protocols associated with identifying victims. It is incumbent on the statewide stakeholder group to work together to analyze causes for challenges and/or unexpected outcomes and make the necessary adjustments. |
| **SUSTAINABILITY** | During the sustainability phase, stakeholder groups should ensure that victims, advocates, and non-traditional partners in service provision and healing have a seat at the table when discussing sustainability plans. Find champions who will promote the activities funded under the project and work hard to keep them in place. Including victims and advocates in all phases will increase continued engagement and buy-in from local communities and will aid in institutionalization. | During the sustainability phase, stakeholder groups should ensure that linked systems remain linked. This requires stakeholder groups to develop sustainability plans proactively that outline contingencies for workforce transition/training; decreased/increased funding; political shifts, etc. Stakeholder groups should see sustainability as an ongoing activity with the goal of institutionalization of procedures, policies, and/or implementation and analysis of specific screening instruments, referrals and service delivery. | During the sustainability phase, stakeholder groups should continue to collect and analyze data, which will allow stakeholders to lobby for increased funding or create opportunities to blend funding streams. Data regarding gaps in service, workforce training, and/or other areas of need will allow stakeholders to advocate effectively for filling those gaps. Data regarding the impacts and outcomes of linked systems of care can also be persuasive to project champions and funders. |

# Appendix II: Linking Systems of Care Site Representation Matrix

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

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

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