

# Linking Systems of Care for Children and Youth Project



## How Four Jurisdictions Are Coordinating Services



The National Council of Juvenile and Family Court Judges® (NCJFCJ) provides cutting-edge training, wide-ranging technical assistance, and research to help the nation’s courts, judges, and staff in their important work. Since its founding in 1937 by a group of judges dedicated to improving the effectiveness of the nation’s juvenile courts, the NCJFCJ has pursued a mission to improve courts and systems practice and raise awareness of the core issues that touch the lives of many of our nation’s children and families.

For more information about the NCJFCJ or this document, please contact:

National Council of Juvenile and Family Court Judges

P.O. Box 8970

Reno, Nevada 89507

[www.ncjfcj.org](http://www.ncjfcj.org)

©2021, National Council of Juvenile and Family Court Judges. All rights reserved.

Anyone may use the content of this publication as is for educational purposes as often and for as many people as wished. All we ask is that you identify the material as being the property of the National Council of Juvenile and Family Court Judges. If you want to use this publication for commercial purposes in print, electronic, or any other medium, you need our permission. If you want to alter the content or form for any purposes, educational or not, you will also need to request permission.

Acknowledgments: This publication was supported by cooperative agreement number 2018-V3-GX-K014, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors/contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice, Office for Victims of Crime.

Suggested citation: Siegel, G. and Hurst, H. (2021). *Linking Systems of Care: How Four Jurisdictions Are Coordinating Services*. Reno, Nevada: National Council of Juvenile and Family Court Judges.



## How Four Jurisdictions Are Coordinating Services

### Authors:

**Gene Siegel**, Senior Research Associate, NCJFCJ  
**Hunter Hurst, IV, MS**, Senior Research Associate,  
NCJFCJ, National Center for Juvenile Justice

## Table of Contents

- 2** INTRODUCTION
- 5** Linking Services for Young Victims Whose Families Are in Crisis:  
The Alternative Community Engagement Services (ACES) Center,  
Pima County, Arizona
- 12** Keeping Young People with Mental Health Challenges and Trauma  
in School and Out of Court: Connecticut's School-Based Diversion  
Initiative
- 19** Creating Community-Based Assessment and Multi-Service Centers:  
The Harbor Program, Clark County, Nevada
- 28** Coordinating Services to Survivors of Commercial Sexual Exploitation:  
The King County Commercially Sexually Exploited Children (CSEC)  
Task Force
- 34** SUMMARY

# Introduction

Children, youth, and young adults who are survivors of traumatic events during their formative years often encounter multiple human service and legal systems. Serving youth with multi-system experiences requires an approach that recognizes multi-system involvement, is aware of trauma histories, and links services by building upon resilience factors that encourage healing.

The National Council of Juvenile and Family Court Judges (NCJFCJ) is a non-profit membership organization for juvenile and family courts across the country (go to [www.ncjfcj.org](http://www.ncjfcj.org) for more info). The NCJFCJ provides a wide range of resources, training, technical assistance, and research pertaining to issues and topics relevant to juvenile and family courts. From 2014 to 2021, the NCJFCJ has been the national technical assistance provider for a national demonstration project known as the Linking Systems of Care for Children and Youth Project (LSC).

The primary purpose of the LSC systems integration case studies publication is to highlight efforts that have successfully linked two or more systems that serve child victims of maltreatment and/or family violence. These highlighted efforts appear in the form of site profiles that present specific examples of programs that reflect key aspects of the LSC national demonstration project. Each of the sites selected for these profiles provides

interventions and exhibits practices that reflect the LSC guiding principles and values, which are outlined below.

The LSC project team selected four jurisdictions to profile in this document. These sites are different in important ways and have different target populations for their services, but all share principles that are aligned with the LSC guiding principles, and the work done by the four LSC States (described below). First, they all aim to divert young victims away from formal interventions and toward therapeutic and healing services. Second, each example links an array of services across human service, legal/court, and behavioral health systems.

The first profile focuses on the Pima County (Tucson, Arizona) Juvenile Court's Alternative Community Engagement Services (ACES) Center; the second describes the Connecticut School-Based Diversion Initiative (SBDI); the third covers The Harbor Program in Clark County (Las Vegas) Nevada; and the fourth highlights the King County (Seattle) Washington program for Commercially Sexually Exploited Children.

## Guiding Principles and Values of the Linking Systems of Care project

The LSC project involves guiding principles and values that serve as the foundations for improving services for children and youth who have been exposed to violence and their families and caregivers. These are designed to guide efforts to develop and better align the systems of care that respond to the needs of children, youth, families, and caregivers who have experienced victimization and/or been exposed to violence in their homes, schools, and communities. While not exhaustive, these principles and values illustrate the fundamental goals for communities working to meet the comprehensive and holistic needs of children and youth exposed to violence (see tables 1 and 2).

There are four LSC demonstration states: Illinois, Ohio, Montana, and Virginia. These states are engaged in developing a range of policies, resources, and best practices to address the too often fragmented nature of systems that are intended to serve children, youth, and their families who have been exposed to violence. To address this fragmentation, these states are attempting to develop resources that provide more consistent and coordinated responses to the serious challenges including but not limited to child maltreatment, domestic violence, trauma, mental/behavioral health issues, substance

abuse, poverty, homelessness, juvenile justice and/or criminal justice system involvement, faced by so many child and youth victims. The goal of LSC is to integrate the different systems formally – including the courts, child welfare, juvenile justice, education, mental health, criminal justice, family violence services, and others – to respond in a more coordinated fashion that better serves the needs of young victims, their families, and their communities.

In addition to LSC, there are many local initiatives that mirror many of the key characteristics of LSC. These local programs have demonstrated sustained efforts for integrating services for young victims who have experienced trauma and exposure to violence.

It is important to clarify and reinforce that, in many of these cases, child and youth victims come into contact with multiple systems. In some of these systems, particularly the juvenile justice system, these young victims may be labeled or perceived as offenders rather than victims. In describing programs that are consistent with LSC principles and values, one must recognize the strong connections between prior victimization and subsequent system involvement. This reflects another important underlying aspect of the LSC project – to reach young victims effectively before adverse childhood experiences prompt negative trajectories and long-term problems.

**Table 1: LSC GUIDING PRINCIPLES**

<b>I. Healing Individuals, Families, and Communities</b>	<ul style="list-style-type: none"><li>• Healing for violence victims or those exposed to violence</li><li>• Opportunities to heal at all points of contact and no matter the system entry point</li><li>• Family engagement</li><li>• Coordinated response</li><li>• Minimize vicarious trauma</li><li>• Culturally responsive</li><li>• Increase resilience</li></ul>
<b>II. Linked Systems of Care</b>	<ul style="list-style-type: none"><li>• Clear roles and common vocabulary</li><li>• Information sharing</li><li>• Engage traditional and non-traditional partners</li><li>• Leverage resources</li><li>• Build community capacity</li><li>• Create mutually-informed policy agendas</li><li>• Partner and stakeholder accountability</li><li>• Common screening and assessment tools and principles</li></ul>
<b>III. Informed Decision-making</b>	<ul style="list-style-type: none"><li>• Provide information to families and practitioners</li><li>• Committed to Continuous Quality Improvement (CQI) activities</li><li>• Research – informed and evidence based</li><li>• Utilize resources, training, and technical assistance where available</li></ul>

**Table 2: LSC VALUES**

<p><b>Purpose Statement:</b> <i>Guiding principles for the Linking Systems of Care for Children and Youth Project are designed to guide efforts to develop and better align all of the systems of care that respond to the needs of children, youth, families, and caregivers who have experienced victimization and/or been exposed to violence in their homes, schools, and communities.</i></p> <p><b>Programs reflecting LSC values have procedures that promote:</b></p> <ul style="list-style-type: none"><li>• Strong, ongoing communication loops across and within systems that lead to informed decision-making.</li><li>• Holistic services that are offered with a life-course perspective.</li><li>• Healing and growth of children, families, and communities through trauma-informed care.</li><li>• Recognition that lifespan cycles of victimization and operation with awareness about historical and structural trauma that diverse communities of youth are experiencing.</li><li>• Mitigation of re-traumatization risks.</li><li>• Broad stakeholder engagement to include service providers, families, and others.</li><li>• Parent/caretaker engagement.</li><li>• Strength-based approaches that emphasize autonomy, empowerment, and resilience.</li></ul>
--

For additional detail regarding the LSC guiding principles, see <https://www.linkingsystemsofcare.org/about/guiding-principles.html>.

## Linking Services for Young Victims Whose Families Are in Crisis:

# The Alternative Community Engagement Services (ACES) Center, Pima County, Arizona



**T**he roots of the ACES Center can be traced back to the creation of the Pima County Juvenile Court's Domestic Violence Alternative Center (DVAC) in 2007. The DVAC was established to serve safely the substantial numbers of youth referred to the juvenile court on charges of misdemeanor simple assaults and related misdemeanor domestic violence (DV) offenses. Many of these youth were being briefly detained on these charges but were subsequently released after charges were dismissed. The DVAC offered a range of services to youth and families, including crisis intervention and other supports, to help address immediate family tensions so common in these circumstances.

The ACES Center was developed with an overall goal of reducing recidivism and re-victimization by providing Pima County youth and families with assistance locating and accessing needed community resources, regardless of court status. Additionally, the ACES Center served (and still serves) as an alternative to secure detention, allowing a cooling off period for youth and families when there has been an alleged domestic violence incident. Any youth between the ages of eight

and 18 and their families are eligible for the program.

In April 2016, the DVAC model was reimagined and expanded to engage a broader range of community-wide resources. The expansion is aligned with the LSC guiding principles and values. In general terms, these resources include but are not limited to:

- Behavioral/mental health and counseling services;
- Substance abuse treatment services;
- Parenting classes;
- Support groups for domestic violence, relatives caring for children, victims of sexual abuse, children with mental illness, human trafficking, victims of crime, LGBTQ community, and families dealing with death or serious illness;
- Health and wellness;
- Employment and education services; and
- Leisure activities and mentoring.

All of the above resources, offered through partnerships with community providers, are intended to promote effective and safe interventions for child and youth victims and their families, including a range of services

that are either evidence-based or promising practices, with a strong focus on addressing the trauma experienced by so many of these young people. While participation in the ACES program is voluntary, when youth are referred by law enforcement (e.g., for status offenses and/or misdemeanors), they must agree to follow ACES policies. While the vast majority of youth engage in the program, regardless of whether they are referred by law enforcement, self-referred, or referred by another source, those refusing to agree to program policies are redirected to the juvenile court's Intake Unit.

Based on interviews with ACES staff, the ACES Center provided referrals, resources, and services for more than 600 youth and families during FY2019, and more than 95% of the children/youth who arrived at the ACES Center during that period did not leave until after their individual plans were put in place to ensure their safety and well-being.

## Trauma-Informed Practices

One of the key goals of the LSC approach is to address the trauma experienced by young victims exposed to family violence and other adverse experiences. This approach is evident in every aspect of the ACES Center program. The following listing provides brief examples of how ACES has adopted a trauma-informed approach beginning with intake screening and assessment through the provision of referrals to community resources that have all adopted trauma-informed models:

### *ACES provides timely pre-screening and develops voluntary participant agreements.*

Upon arrival at ACES, the youth participate in an intake screening interview conducted by an ACES staff person who has been trained in motivational interviewing techniques and trauma informed methods. The staff person completes the initial ACES Center pre-screen form, a one-page form that can generally be completed in about 15 minutes compared to other intake processes that often approach 45 minutes or longer. Again, this process reflects the ACES emphasis on not re-traumatizing young people who arrive at the ACES Center.

In many of the cases referred to ACES, there are high levels of family tensions that may include anger, threats, yelling, and other dynamics that need to be addressed. In situations where these dynamics are evident, the ACES Center asks children/youth and their parents to complete a voluntary safety plan agreement that asks all family members to agree to avoid these volatile behaviors that can draw youth into formal juvenile justice responses (e.g., arrest records, secure detention, and formal juvenile court cases).

The focus on developing a family safety plan is intended to diminish the chances for re-traumatizing and unsafe behaviors and incidents. Safety planning identifies services to help families address what are often long-standing issues including anger, family violence, and a lack of adequate parenting skills.

*The ACES Center develops a success plan for each youth.*

The ACES Center statement of purpose reads, “The Pima County Juvenile Court’s ACES Center is a community resource; enhancing public safety; and, reducing the need for, and use of, secure detention by providing youth and families with timely interventions and referrals to community supports.”

The statement of purpose is recited to youth and parents at the time of program admission as staff assist the child and parents complete an ACES Center success plan. This plan includes agreed-upon goals for the youth and parents/guardians/caretakers. The emphasis is on positive, strength-based steps that each person agrees to take to begin to address the issues that brought him or her to ACES.

The success plan also informs the youth, parents, and others that they will receive a list of community resources available, as well as recommendations for specific services based on the screening tools listed below, and that are administered during program intake following the pre-screening process. The two screening tools, neither of which require extensive time to complete, include:

- The GAIN-SS – a validated tool used to identify accurately and quickly persons who may have one or more behavioral health disorders.
- Child and Youth Resilience Measure-28 – a validated tool designed to explore the resources available to individuals that may bolster their resilience to adversity/trauma.

*The ACES Center links children/youth and families to community resources and services.*

Once the screening processes are completed and the safety and success plans have been signed by the appropriate persons, the youth are referred for appropriate evidence-based and/or promising services to address the needs identified through the interview and assessment components. The assigned intake staff provide the youth and parents/caretakers/others with a list of available services and those services are specifically identified to reflect the youth’s and family’s needs. However, the referral process is not as simple as the youth/parent is given a list of resources and then told to follow up and contact the identified providers. Instead, ACES staff are specially cross-trained to know how different systems work including how to explain the system and programmatic processes to youth and families in terms they can understand.

Pre-COVID, ACES staff were physically available at the ACES Center 24/7 to respond to any questions or situations that may have arisen though, once again, ACES is a voluntary model – the program does not make a formal referral for services although staff always check to make sure that the identified services are available.

One practical example of how the ACES Center engages with community resources and services involves the Pima County Community Mental Health Center and the local Mobile Crisis Intervention Unit. Many of the youth and families referred (or self-referred) to ACES present multiple mental health issues. The

ACES Center is located across the street from the county's Community Mental Health Center, and youth and families can be referred to the Center on a moment's notice. If the situation involves the need for crisis intervention, the Center will call the county's Mobile Crisis Intervention Unit and the unit will promptly come to ACES and, when needed, transport youth to the Community Mental Health Center in acute circumstances.

The ACES Center also offers temporary respite services for youth when needed. There are currently three rooms designed for private occupancy by youth (with additional space potential for up to 12) and the living area offers lounge-like services for several more. Overall, what was once a detention pod has been modified to offer appropriate comfort and privacy without exuding an institutional feel. The availability of respite services is particularly valuable in child abuse and neglect cases when the Department of Child Safety is not able to respond immediately to either find a suitable placement for a child or reunify a child with a parent or other responsible adult.

## Discussion: How the ACES Center's practices reflect LSC Values

*Strong, ongoing communication loops across and within systems.*

The ACES Center is a participant in the juvenile court's county-wide Juvenile Justice Collaborative which is composed of Pima County's 12 law enforcement agencies, the County Attorney's (Prosecutor) Office, the State Department of Child Safety (formerly

Child Protective Services), the juvenile probation department, community mental health providers, substance abuse treatment providers, school districts, and other key stakeholders. This collaborative group meets at least quarterly to discuss issues of mutual concern surrounding the safety and well-being of children, youth, families, and communities.

Similar to the LSC demonstration sites, the ACES Center stresses the importance of lived experience in each community and how that experience could benefit and promote a greater sense of connection, trust, and ultimately healing. Some of the methods that the ACES Center uses to sustain these connections include:

- Active participation in the juvenile court's county-wide Juvenile Justice Collaborative.
- Ongoing maintenance of relationships with law enforcement agencies and schools to educate and inform these key partners continuously about the ACES Center services.
- Linkages to the juvenile court's education liaison to ensure educational continuity.

Efforts to establish strong understanding and rapport with Indian tribes and address barriers they may have to utilizing ACES Center services.

*Holistic services are offered with a life-course perspective.*

The guiding philosophy of the ACES Center is referred to as "Kids At Hope." To that end, Kids At Hope reflects a commitment to create generations of adults and institutions that

adopt a research and evidence-based protocol and strategic, cultural framework based on three leading principles and practices:

- We believe that all children are capable of success, no exceptions.
- We connect with all children in a meaningful, sustainable way.
- We teach children to time travel mentally to their future with emphases on responsible parenting, other caring adults, having high expectations, and promoting opportunities to succeed.

***All efforts must be trauma informed.***

As indicated, being trauma informed is one pervasive aspect of the ACES Center, starting with the initial intake process and proceeding through all steps leading to community referrals. All staff working at the ACES Center have received extensive training on providing trauma-informed services. One example, previously noted, is the manner in which program staff take the time to make sure that youth and families understand the oftentimes complicated processes associated with engaging with the mental health system, schools, or housing resources. Staff incorporate their explanations with trauma-sensitive aspects to ensure that families are not overwhelmed and that they have a very clear understanding of what steps they need to take to engage with services that, quite often, cross multiple systems.

**Capstone themes shared with the national LSC demonstration project.**

Similar to the LSC demonstration sites, the ACES Center meets a need for therapeutic services where none previously existed, placing young victims at risk of falling into child welfare or juvenile justice trajectories. This profile of the ACES program summarized some of the methods that ACES uses to communicate with agency and community partners and reduce client exposure to re-traumatizing experiences including:

- The Pima County Juvenile Court's Strategic Planning process has developed shared definitions of key terms through a consensus model that involved multiple stakeholders.
- Many of the youth entering ACES via law enforcement are referred for misdemeanor law violations related to family disputes. ACES recognizes that the law violation for domestic violence may be a behavioral symptom of a young person's exposure to violence or trauma.
- ACES staff members are trained to assume that, although relative to the individual, youth/family entering the facility have been exposed to trauma.

***Consideration provided to lifespan cycles of victimization and the challenge of addressing historical and structural trauma.***

In addition to those program components already noted above, when one examines the list of community resources and services offered to youth and families, it is clear that the ACES program has intentionally identified and included service providers for families that have experienced multi-generational victimization, including histories of child maltreatment, family violence, and other adverse and traumatic events.

***Procedures that mitigate the chances of re-traumatization.***

ACES staff indicated that virtually every youth and family that have been referred or self-referred to the program have experienced at least some levels of trauma. Many have experienced severe trauma. There are multiple indicators of deliberate efforts at ACES to mitigate the chances of re-traumatization. One is the environment of the ACES Center. When one enters ACES Center, it is immediately apparent that the space was designed to be child and family friendly. It is a welcoming setting with individual rooms for youth if they must stay overnight, and a comfortable gathering space that seems like a large family room. There are also private showers, hygiene items, a clothing bank, backpacks, and meal services from detention. There are no bars, no holding cells, and nothing that suggests an institutional or secure environment. The screening tools reflect another intentional aspect to reduce re-traumatizing youth and families.

***Broad stakeholder engagement.***

In addition to the county-wide Juvenile Justice Collaborative described earlier, there are multiple examples of continuing efforts by ACES to engage the community and key stakeholders. One example is how ACES works with law enforcement officers who bring youth to the ACES Center. ACES has designed the intake process to relieve law enforcement of what had been quite time-consuming intake processes at the detention center. Instead, ACES Center staff meet with officers when a referral occurs, gathering essential information while also minimizing the time requirements that officers have to spend on site. In addition, law enforcement is able to begin the calming process on the drive to the ACES Center by advising youth of the ACES Center's mission/facility/expectations which are different from detention intake. The ability of on-the-ground law enforcement officers to begin the process of reducing the stress and trauma experienced by so many of these youth has helped prompt sustained positive relationships with street patrol officers and has directly translated into very strong community-wide professional relationships with all local law enforcement agencies.

***A strength-based approach to parent or caretaker engagement.***

The intrinsic inclusion of parents or caretakers is evident in the pre-screen, voluntary participant agreement, voluntary safety plan agreement, and the ACES success plan aspects of the program. But it is more than that. Oftentimes, parents who are experiencing challenges with their children will call the ACES

Center to seek help, without coming in. ACES Center staff are trained to interact with family members in responsive and sensitive ways that link distressed adults with community resources without having to engage formally in the court or child welfare systems. The Kids At Hope guiding philosophy of the program further illustrates the recognition of a strength-based, resilience model at the ACES Center.

### Keys to success

The Pima County ACES Center reflects a sustained effort to link services for youth and families in need without formal involvement in the court and other systems. During the more than 20 years since it first opened its doors as a domestic violence alternative center for youth, it has evolved into an essential community resource that effectively transcends historical system barriers and silos. During this time, it has kept abreast of evidence-based practices, trauma-informed practices, and other promising approaches consistent with the guiding principles and values of the LSC program model. In many respects, the ACES Center reflects the tangible realization of what LSC can achieve at the local level when a community joins together and commits to reducing trauma and re-victimization for youth and families.

## Keeping Young People with Mental Health Challenges and Trauma in School and Out of Court: Connecticut's School-Based Diversion Initiative



**T**he Connecticut School-Based Diversion Initiative (SBDI) was established in 2008 and piloted in three schools in 2009 and now is in 48 schools. The Child Health and Development Institute of Connecticut (CHDI) co-developed the model with state agency partners and serves as the statewide Coordinating Center for the SBDI initiative. The following bullets provide an overview of the purpose, structure, outcomes, and meaning of the program for communities:

- The SBDI promotes positive outcomes for both schools and students. Instead of arresting and suspending children with behavioral problems, SBDI schools support students and connect them to community-based behavioral health services.
- By transforming school discipline and helping at-risk students, SBDI schools (2010-2018) have reduced court referrals by 34% and connected 47% more students to behavioral health services.
- SBDI has trained 85+ school resource officers and police officers and 4300+ teachers and staff to recognize trauma

and mental health concerns and manage behavioral health crises in schools.

- SBDI has helped schools implement restorative practices and develop a graduated response model of discipline.
- SBDI has facilitated collaboration with law enforcement and community mental health providers so schools call Mobile Crisis (2-1-1) instead of the police or school resource officers (9-1-1) to manage a behavioral health incident.
- There were roughly 47,000+ students enrolled in the 48 Connecticut schools implementing SBDI (2009-2019), with 45 of the 48 schools representing the lowest academically performing schools in the state.

For additional information on the program's background, purpose, and research, go to [chdi.org](http://chdi.org) and [ctsbdi.org](http://ctsbdi.org).

The following sections, illustrate how the SBDI applies and incorporates various aspects of core LSC values.

## Discussion: How the SBDI's practices reflect LSC values

### *Strong, ongoing communication loops across and within systems.*

The SBDI emphasizes the development and strengthening of family, school, and community connections and partnerships. The training and technical assistance provided by the SBDI is intended to help schools and their broader communities form partnerships and reach decisions on how best to address wellness and establish policies and systems to integrate safe and effective approaches. The SBDI focuses on interventions across schools for students who exhibit behavioral health challenges. And, while these collaborative efforts emphasize the needs of young people, the program also has positive systemic impacts within and across schools, service providers, and others to achieve broader community health and wellness.

Briefly, research has long shown that schools are a major source of referrals to law enforcement (for example, go to <https://www.aclu.org/blog/racial-justice/race-and-inequality-education/federal-data-shows-public-schools-nationwide-are> and <https://www2.ed.gov/about/offices/list/ocr/docs/school-climate-and-safety.pdf>). Too often, these referrals stem from behaviors that could be safely responded to in schools without the need for arrests and suspensions. The SBDI recognizes that keeping kids engaged in school can help prevent academic failure and subsequent delinquency. When, for example, a student with an underlying mental health condition is frustrated in a class and that

student expresses anger by yelling at his or her teacher or throwing an object, the first reaction is not to call law enforcement. Instead, school staff are trained in how to de-escalate such situations safely and to enlist community mental health services, when needed, with the ultimate goal of safely keeping the student in school.

The SBDI helps facilitate memorandums of agreement (MOAs) between schools, law enforcement agencies, mental health providers, and others. This facilitation role requires strong communication skills to address the various missions or goals that guide different entities, and the common disagreements that may arise in forging system integration. For example, there may be disagreements over the thresholds of behaviors that should be tolerated in schools for students with behavioral health challenges versus behaviors that require law enforcement intervention. Simply put, the program has established clearly defined and consistent processes across multiple school districts for maintaining communication among key stakeholders. These include reaching consensus for decisions related to behaviors that, previously, may have resulted in the arrest of students. Instead, participating schools and their community partners have achieved and maintained formal agreements and policies to enact graduated responses that do not include arrest or resulting re-traumatization of students with mental health needs. This is particularly important for vulnerable students who have histories of abuse and trauma.

## Capstone themes shared with the national LSC demonstration project.

Similar to the LSC demonstration sites, the SBDI promotes trust among participants that trauma-informed approaches are embedded in the model. The SBDI profile summarizes some of the methods that the SBDI uses to communicate with agency and community partners and reduce client exposure to re-traumatizing experiences including:

- Broad stakeholder engagement with law enforcement, education, mental health crisis intervention, and youth services boards and juvenile review boards supporting juvenile court diversion.
- Integration with community efforts to reduce racial and ethnic disparities in the juvenile justice system and those promoting restorative justice.
- Support of trauma-informed school environments that address behavioral and mental health challenges and recognize the need to understand the effects of cyclical trauma and the intersection with structural and historical victimization.
- Parent/caretaker engagement and strengths-based practices.

### *Holistic services are offered with a life-course perspective.*

The range of mental health, restorative justice, and trauma-informed services offered through the program reflect a holistic approach. The program focuses on child and adolescent development and increasing staff awareness of these issues and improving capabilities to respond in holistic ways. By keeping more students in school and out of the juvenile justice system, it seems extremely likely that the life-course trajectories of these young people are significantly enhanced.

### *All efforts must be trauma-informed*

Trauma-informed approaches are embedded in the SBDI model. The program structure emphasizes a trauma-informed school mental health model and incorporates a public health paradigm for prevention which is consistent with Connecticut's framework for child health services and aligned with the needs of families and the program's community partners (go to [ctsbd.org](https://ctsbd.org) for more information).

The program uses restorative practices and trauma-informed approaches as guiding principles. This includes assessments of school/district mental health quality and sustainability, extensive training, practical support, community building, restorative justice peace circles, and conferencing with students, families, and staff, with sustained efforts that focus on healing aspects when there has been a breach in relationships and a need for healing from harm.

The SBDI employs the trauma-informed school-based approach in everything they do. Staff are

trained on trauma-informed practices, crisis de-escalation, brain development, cognitive behavioral therapy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back, which are all evidence-based practices. CBITS includes group approaches for children who have been exposed to traumatic stress. Not all schools or community providers do all of these practices but they all can receive this training and support.

### ***Consideration provided to lifespan cycles of victimization and the challenge of addressing historical and structural trauma.***

Over the span of 11 years since the program was implemented, the SBDI has taken a very close look at the children, youth, and families it has served. Not surprisingly, many of these families display extensive histories of trauma and victimization, contributing to intergenerational cross-system involvement (for more information, go to [ctsbi.org](https://www.ctsbi.org)). This attention to historical detail has enabled the program to expand its key partners and expand the program across the state, leading to sustained funding from the state and documentation of positive impacts.

### ***Procedures that mitigate the chances of re-traumatization.***

To implement the program and to provide a program implementation resource for schools and communities throughout the state, the SBDI developed The SBDI Toolkit: A Community Resource for Reducing School-Based Arrests. Establishing a trauma-informed environment in schools and preventing re-traumatization of students who exhibit

behavioral and mental health challenges are core aspects and are clearly reflected in the toolkit and the technical assistance and training provided by the SBDI to participating schools. For more information on the toolkit, go to <https://www.chdi.org/publications/resources/sbdi-toolkit-community-resource-reducing-school-based-arrests>).

Avoiding re-traumatizing students is a critical priority of the program. In brief, there are specific training modules on how schools and their partners can implement a trauma-informed approach, as well as cultural responsiveness and inclusiveness. The Connecticut Alliance to Benefit Law Enforcement has been one key partner in helping to foster strong commitments across law enforcement agencies to receive training and implement changes in practices that reduce the likelihood of re-traumatization, including safe de-escalation techniques in response to difficult behavioral episodes. The Post Traumatic Stress Center in New Haven is another key partner and plays an important role in the professional development piece to reduce the likelihood of re-traumatization. Overall, trauma-informed approaches and the restorative justice model permeate every program component.

### ***Broad stakeholder engagement.***

The SBDI has established close and collaborative relationships with a range of community partners. Mobile Crisis Intervention Services provides children's mental health crisis services free of charge to all children in Connecticut through a network of 14 provider sites across the state and represents a core aspect of the program. For this reason, it

is described in greater detail in this profile. Trained mental health clinicians are deployed to homes, schools, and community locations to provide in-person crisis stabilization services and linkage to ongoing care for children.

This program feature is somewhat different from other diversion models as the SBDI prioritizes access to mental health services. SBDI maintains a close relationship with the statewide mobile crisis provider, and the service is quite unique compared to other states. In short, mobile crisis services are paid for by the state, completely free to youth and families. To access crisis intervention services, anyone can dial 211 and the caller is linked to a service provider. Callers do not have to dial a long phone number - it is a direct connection. There are no restrictions on what the crisis is; they accept every call. In effect, the mobile crisis line is a portal to access services, and schools are the number one referral sources

The Performance Improvement Center at the Child Health and Development Institute (CHDI) is another important aspect of the initiative. The CHDI is a critical partner in the SBDI, serving as the statewide coordinating center for the program. It also provides quality improvement, fidelity monitoring, training, and technical assistance services for best practice and other interventions operated in a number of child-serving systems. The CHDI also receives all of the statewide data related to how the mobile crisis services system is working and tracks a variety of pivotal information related to the need for ongoing services and where there are service gaps in different areas of the state.

Not surprisingly, some of the calls to the crisis line involve allegations or incidents of

child maltreatment and/or family violence, and the providers are trained to respond to such calls as appropriate (e.g., contacting law enforcement and the child welfare agency if family violence and/or child maltreatment is reported). Trained mental health clinicians are available to be dispatched to the home, school, or community for a face-to-face evaluation within 45 minutes from 6 am to 10 pm, Monday through Friday, and 1 pm to 10 pm on weekends and holidays. Additionally, they are available immediately to talk by phone and evaluate the situation, 24 hours a day, 365 days per year. To learn more about Mobile Crisis Intervention Services visit: <https://www.empsct.org/>.

Other key program partners that reflect broad stakeholder engagement include:

- FAVOR, Inc. is a non-profit statewide family organization serving families, children, and youth dealing with a broad spectrum of behavioral and mental health needs by providing family peer support and policy initiatives. To learn more visit: <http://www.favor-ct.org/>.
- Juvenile Review Board (JRB) is a community-based diversion process for youth that may otherwise be referred to the juvenile court for minor violations of the law. To learn more about JRBs visit: <https://www.ctyouthservices.org/Diversion/>.
- The Connecticut Alliance to Benefit Law Enforcement (CABLE) is a grassroots, non-profit 501 (C)(3) research and training collaborative whose mission is to serve as an interdisciplinary resource and catalyst for law enforcement and community collaboration, support,

and education. To learn more about CABLE visit: <http://www.wrapct.org/Collaboratives.aspx>.

- Local Interagency Service Teams (LIST) is a system development strategy for the establishment of an integrated system for planning, implementation, and evaluation of juvenile justice service delivery in Connecticut. LIST provides a venue for community-level interagency coordination and formal communication and planning between state agencies and local communities around juvenile justice issues. To learn more about LIST visit: [https://www.ctyouthservices.org/Custom-Content/WWW/CMS/files/LIST\\_Team\\_Contact\\_information\\_12.2012.pdf](https://www.ctyouthservices.org/Custom-Content/WWW/CMS/files/LIST_Team_Contact_information_12.2012.pdf).
- The Racial and Ethnic Disparity Committee (RED) develops work plans to address the overrepresentation of youth of color in the juvenile justice system. To learn more about the Racial and Ethnic Disparity Committee visit: <https://cca-ct.org/racial-justice/>.
- The Restorative Justice Practices Project (RJPP) provides restorative justice practices trainings to schools participating in the SBDI. To learn more about RJPP visit: <https://www.newhaven.edu/academics/centers-institutes/tow-youth-justice-institute/restorative-justice-practices/>.
- Youth Service Bureaus (YSB) provide a network of resources and opportunities for children, youth, and their families. To learn more about the YSBs visit: [https://www.ctyouthservices.org/Find\\_A\\_YSB/](https://www.ctyouthservices.org/Find_A_YSB/).

### *Parent or caretaker engagement.*

This critically important program aspect has continued to evolve over 11 years, it was not initially a core component. Program staff and partners realized over time that the program cannot have the desired and sustained positive impacts without engaging parents, caretakers, and kids. As noted, the SBDI has engaged with a statewide family services organization, FAVOR, that provides professional development services for school staff, engages with family and youth to ensure inclusion of their perspectives and input at all levels of the program, and advocates on behalf of students and their families to connect them to appropriate services and supports.

The SBDI has also placed strong emphasis on integrating parent and caretaker engagement into state and local policy approaches. This has become a core aspect of the program model and has helped make the program sustainable to the point where it now receives line-item funding through the state budget.

### *Strength-based and focusing on empowerment.*

In addition to local efforts like SBDI that seek to focus on the strengths of children and youth as well as restoring community and individual harm, there is a bigger, state-funded initiative across Connecticut that further reflects the guiding principles and values of LSC. In brief, the SBDI has aligned its efforts with the state's Connecting Children and Families to Care (CONNECT) initiative, also coordinated by the CHDI. This broader collaborative approach goes beyond individualized systems of care, particularly for kids with serious emotional

disturbances. The broader approach has expanded to all child-servicing systems including juvenile justice, mental health, child welfare, pediatric primary care, and schools, while also working hard to improve system coordination at the local levels through a care hub approach that enhances local coordination and empowers children and families. For more information on Connecting Children and Families to Care go to: <https://www.plan4children.org/about-connecting/>.

### ***The importance of independent convener status and sustained funding.***

The CHDI, the organization that serves as the statewide coordinating center for the initiative, and the SBDI, are somewhat unique in that they are not direct service providers nor are they state or local government agencies. As noted, the program is fully funded by a distinct state budget line item. This sustained funding has been critically important in enabling the program to expand across the state and maintain quality improvement and data informed efforts. The independent convener and coordinating status of the CHDI seems to help the SBDI facilitate strong engagement across schools and other agencies that, historically, may have had competing or conflicting missions and goals. This is particularly true for schools, whose primary goal is to educate students, and law enforcement, whose primary goals are to enforce the law and protect communities. By merging mental health and other providers into this mix and by carefully tracking the impacts of its trauma-informed and restorative justice approaches, the program has achieved sustainability and documented

its positive effects over time (again, readers are encouraged to go to [ctsbdi.org](https://ctsbdi.org) for more information on program impacts and outcomes).

### **Keys to Success**

The SBDI experience across multiple communities and schools in Connecticut offers important lessons for other jurisdictions that are interested in safely diverting children and youth with mental health issues from the juvenile justice system, lessons that not only produce positive outcomes for students but also a range of important benefits for the systems that serve these young people and communities.

In sum, the SBDI combination of adhering to best and evidence-based practices, emphasizing trauma-informed approaches that do not re-victimize vulnerable young people, engaging families and communities, and carefully tracking program impacts, serves as an exceptional reflection of key Linking Systems of Care principles and values.

## Creating Community-Based Assessment and Multi-Service Centers: The Harbor Program, Clark County, Nevada



**T**he Harbor opened in October 2016 as a community-based juvenile assessment center. In the program brochure, The Harbor is described as “a safe place for youth age 17 and under and their families to receive guidance and referrals” (to view The Harbor brochure and other information, go to <https://theharborlv.com/>). In brief, the program offers help for youth and families, at no cost to those seeking guidance, who may be experiencing mental/behavioral health issues, drug use, and/or other problems. There are currently four Harbor sites strategically located in areas in the Las Vegas metropolitan area, that have been primary sources of referrals to the Clark County Department of Juvenile Justice Services (DJJS), and that have been historically underserved in terms of community-based resources that can safely divert youth from juvenile justice system involvement.

The Harbor houses multiple community agencies under the same roof. These providers offer a wide range of approaches and services including conflict resolution, drug education,

individual counseling, family counseling, anger management, and mentoring to address the challenges faced by so many youth and families who are at risk of system involvement.

Until the advent of COVID, the main Harbor location had been open 24 hours/7 days a week. The pandemic has forced reductions in hours of operation with the four locations open seven days a week from 8am until 10pm. Youth and their families can call the closest location to schedule an appointment for an assessment or simply walk in. Referrals to the program can also be made by law enforcement, schools, community service providers, the child welfare system, mental health services, and others.

The Harbor’s Mission Statement reads:

“The mission of The Harbor is to provide a safe place for guidance and to be responsive to the well-being of youth, families, and victims, and the Clark County community by providing meaningful services to youth and families to address their immediate needs.”

As noted, The Harbor reflects an exceptional community partnership including the following agencies and service providers:

- Clark County DJJS;
- Clark County Department of Family Services;
- Nevada Division of Child and Family Services;
- Nevada Division of Welfare and Supportive Services;
- Nevada Division of Public and Behavioral Health;
- Clark County District Attorney's Office;
- Clark County School District;
- Las Vegas Metropolitan Police Department
- City of Las Vegas;
- City of North Las Vegas;
- Eagle Quest (a behavioral health services provider, for more information, go to <http://www.eaglequestofnevada.org/index.html>)
- Henderson Police Department;
- HELP of Southern Nevada (a non-profit social services agency that provides a range of services to youth and families; for more information go to <http://helpsonv.org/programs.php> ); and
- Nevada Partnership for Homeless Youth.

All of the above resources are intended to promote effective and safe interventions for youth victims and their families, including a range of services that are either evidence-based or promising practices, with a strong focus on addressing the trauma experienced by so many of these young people.

## Data-driven Continuous Improvement

Before discussing how The Harbor reflects the LSC guiding principles and values, it is informative and important to briefly examine how the program uses data to help guide its operations. The examples shown below were drawn from The Harbor's Executive Director's Report which covers key program information for each quarter (three months), each year to date, and from program opening to date. This information stretches from the onset of program operations in October 2016 through August 2020 (the September through November report is pending) and is produced through the program's stand-alone case management system developed by Tyler Technologies. These data snapshots represent only a small portion of a much wider range of program data produced and tracked by The Harbor, information that is shared with all program stakeholders, staff, and the community.

For the October 2016 through August 2020 period:

- The Harbor received 14,697 referrals – these referrals included self-referrals (parents, youth), referrals from multiple law enforcement agencies, multiple schools, and other sources.
- 13,534 (92% of all referrals) of the referrals to The Harbor were not “escalated” (i.e., formally referred to the DJJS) and 1,163 (8%) were escalated. This is one initial indicator of the program's positive diversion impact.
- The program served 8,850 males (60%)

and 5,847 females (40%).

- Race breakdown indicated 39% of youth referred were Hispanic, 31% were Black, 18% were White, 4% were Mixed, with American Indian and other race groupings comprising the remaining percentages.
- The top five offenses for which youth were referred to the program included possession of marijuana (38% of the top five offenses), battery (18%), affray/fighting (16%), battery DV (14%), and possession of drug paraphernalia, (14%).

The Executive Director's Report also contains detailed information on referrals by zip codes, customer service tracking reports (e.g., tracking average waiting and assessment times), school referrals, and other data.

### Discussion: How The Harbor's practices reflect LSC Guiding Principles and Values

The Harbor's focus on healing is reflected in various aspects and levels of the program. It begins with the ways the program is advertised and communicated to communities throughout Clark County. In encouraging youth, families, and others to contact the program, the message throughout the region is one of encouraging anyone who is experiencing challenges to call.

In terms of the physical layout, each of the four sites was specifically developed to be "a safe place for guidance." In order for healing to take place, people must have a safe environment.

The program intake process is not rushed, and staff really take the time to get to know each youth and their families. This all begins with that first call when staff immediately begin to communicate their openness to help for any reason.

#### *The Harbor services young victims of violence that are on a juvenile justice trajectory.*

Every youth and family who contacts The Harbor experiences a structured interview that includes an initial assessment for exposure to violence. All staff and program providers have received special training in trauma-informed practices, and this philosophy and value is pervasive throughout every phase of the program. It begins at initial contact and continues through the initial assessment through service referrals and other support.

#### *Opportunities for healing occur at all points of contact.*

The Harbor reflects the "no wrong door approach" so intrinsic to Linking Systems of Care. Youth and families can access the program in any manner that works for them – phone, in person, referrals by other community members, etc. As noted, all services offered through the program are free so there are no financial obstacles. If transportation is an issue, as is the case for so many youth and families, free bus passes are offered.

#### *The emphasis on healing pervades all program aspects.*

Any barriers that may inhibit or prevent access to services are promptly addressed by staff. Once again, all staff have received

training in trauma-responsive care and the program consistently reflects resilience or strength-based approaches, beginning from the initial contact through the assessment and subsequent engagement with a wide range of available services. Gender-specific services, services that are specifically directed toward communities of color, and other carefully designed opportunities for healing, have been implemented with intention at The Harbor, with affected communities directly involved in developing the services most needed by those communities.

### ***Parents, caregivers, and children are meaningfully engaged.***

The Harbor has an Executive Steering Committee that meets on a quarterly basis and includes all program partners as well as a parent and youth representative. All persons who engage with The Harbor are offered client surveys to express anonymously what their experiences have been like with the program. The program is also establishing a Youth Council with the intent to expand client voices as The Harbor continues to evolve and expand.

### ***The Harbor links services and treatment to young victims.***

The Harbor provides an environment with multiple providers under one roof. There is immediate access to a range of subject/treatment experts. Case plans are developed with the family directly involved, not for families. If a family/youth is already system involved (e.g., with the child welfare system), providers and staff coordinate, for example, with a family's existing multi-disciplinary team or other entity in order to ensure that

recommended services are not contradictory or disjointed for that family.

### ***The Harbor uses trauma-informed practices across operations.***

In addition to the aforementioned training that every staff member and provider receives, the physical layout at each of the four program sites has been designed to minimize secondary trauma that can be experienced within juvenile justice. The environment is welcoming for youth and families with no institutional feel. Families feel welcome, comfortable, and safe. The collaborative approach involves everyone at each site, including youth and families, to ensure that all voices are heard and input from everyone is valued. The following quote from The Harbor's program director best captures the program's emphasis on being trauma-informed:

“With our ongoing training, we take universal precautions. We estimate up to 80% of our kids have experienced at least one traumatic event. Choice and voice are very important at The Harbor; we don't tell a family what they need to do, we want them to have choice and voice. We may inform them, but we want them to make those decisions. Family having a choice, the client having a voice at all stages, we make that happen throughout our program.”

### ***The Harbor seeks to reduce vicarious trauma.***

The Harbor attempts to minimize vicarious trauma in a number of ways including consistent meetings and open forums that allow staff to share their experiences.

These meetings are very active, engaging management and staff, and allowing time to hear what staff have to say. Staff are permitted to “tap out” if they need to so; for example, if an experience with a family or case triggers a staff member, they can work with their colleagues at the site to take necessary self-care steps without the program dropping the guidance being sought. Self-care represents a critical ingredient of The Harbor’s approach as so many of these youth and families share their traumatic experiences and exposure to violence.

The Harbor’s assistant director was in charge of trauma consultation and training for the entire DJJS before being assigned to the program. Before her assignment, she was responsible for a trauma audit and developed a trauma-informed committee for the DJJS. This process was replicated with The Harbor and now the program has an internal staff support committee. In addition, the program (and the organization) has allotted space for meditation and yoga, as well as self-care classes that all staff can participate in.

### ***The Harbor relies upon strong communication, collaboration, and coordination.***

There are many ways these key principles are evident at The Harbor. These aspects began with the effort to raise initial funding for the program. In brief, the DJJS initiated cooperative funding agreements from a variety of stakeholder agencies and other non-traditional funding sources.

Today, the Executive Steering Committee plays an important role in informing and guiding the

program. Each of the four sites has established guiding program management approaches that also reflect the program’s commitment to these aspects. Three of the four Harbor locations are managed by a community vendor while the fourth is managed by the county. In order to maintain appropriate structure and have fidelity to the program’s model, program management

### **Capstone themes shared with the national LSC demonstration project.**

Clark County’s experience developing The Harbor shows how systems can be linked to keep youth who have contact with police for law violations out of the juvenile court system. The Harbor profile summarizes methods for linking services for youth across multiple agencies with:

- Broad stakeholder engagement for promoting juvenile diversion that includes more than a dozen different agencies and several geographic regions in a sprawling county.
- Bringing together local behavioral health experts to adopt evidence-informed approach to universal screening for trauma.
- Youth and their parents have input into their case plans and collectively help to inform service expansion.
- Organizing data on a continuous basis for planning and program improvement.

teams from the four sites meet on a monthly basis. At these meetings, participants are particularly focused on the extent to which the program is adhering to core principles. There are also regular opportunities for all community partners for ongoing engagement including those who are providing services directly to youth and families.

### ***The Harbor links 14 agencies to services for young victims and families.***

In terms of roles, there are now 14 agencies at The Harbor as the program continues to evolve. This has led to an interesting transition in terms of how a program can continue to maintain exceptional responsiveness to meet the wide range of community and family needs. All providers frame their discussions with other Harbor team members wearing “their Harbor hats.” No one is viewed as a separate entity but, instead, all are viewed as team members for the program.

All staff and providers are cross-trained to do the initial program intake which is a structured interview process that does not require a clinical background. If indicated by the initial intake, subsequent clinical assessments are provided by specialty providers. Whether it is staff, management, or providers, all communicate and share appropriate roles that prioritize guidance to youth and families, and all possess the understanding of when a referral to a specialty provider is needed.

### ***The Harbor has developed a common vocabulary and/or recognition of differences.***

The Harbor exhibits both of these important attributes. At the onset of the program, staff from different agencies had to talk out their different missions and, ultimately, they had to reach consensus on the shared mission of The Harbor. This has been achieved in a variety of ways.

There are aspects to the program that are very specific. For example, The Harbor started as a diversion program for youth who were referred to the DJJS or who were at high risk of referral. But now the program has evolved beyond what has historically been done in the juvenile justice system. In effect, it has become much more of a community hub to serve youth and families in need, with a collaborative and coordinated community-based approach.

### ***Information is appropriately shared while ensuring safety and avoiding duplication.***

The Harbor’s stand-alone case management system is used by all staff and providers housed at the program sites. Having staff and providers under one roof, again, allows for readily available communication and contact. More broadly, The Harbor and its partners have implemented information-sharing agreements that permit appropriate information to be shared and that reduce the chances of conflict and duplication.

### ***Traditional and non-traditional community-based partners are engaged including survivor groups.***

The Harbor intentionally pursues self-examination on a regular basis to identify gaps in services and how those gaps can be addressed. One agency, Taking Back Hope, a key program partner, focuses on working with survivors of family violence, sexual abuse, abuse/neglect, and sexual exploitation (for more information, go to <http://www.takingbackhope.net/>). Taking Back Hope has played a particularly strong role in helping the program transcend its juvenile justice focus by providing effective services for survivors. The faith-based community is also actively engaged with The Harbor, with representatives volunteering their time to assist with the program.

### ***The Harbor builds community capacity to meet victim needs.***

The Harbor has instituted provider vetting and continuous quality improvement processes, and the program referral process reinforces community capacity to meet victim needs. The program is constantly examining its service referrals to ensure that these are meaningful. Youth and families are not just given a card or a phone number and told to call a service provider. Program staff try to help families with appointments and other aspects tied to their service needs, as appropriate. For example, there are times when outside specialty providers are asked to come to the program site to meet families in person. More recently, due to COVID and the needs of youth and families, the program is developing an online

provider portal on the Tyler Technologies system that will be designed to expedite communication between Harbor staff and community providers.

### ***The Harbor coordinates a common screening and assessment tools and principles.***

The program strives to achieve an appropriate balance between appropriate screening and assessment tools and avoiding over-assessment. Before the program launched, the DJJS assembled an interagency assessment tool committee with clinicians, case managers, and others. This was a very inclusive group and their input led to the development of the current structured intake interview process and subsequent evolutions. As part of this process, the group selected evidence-based screening tools including the Pediatric Symptom Checklist (go to [https://www.brightfutures.org/mentalhealth/pdf/professionals/ped\\_symptom\\_chklst.pdf](https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_symptom_chklst.pdf)), a parent-report questionnaire that addresses a range of difficulties in psychosocial functioning including factors linked to trauma, and the CRAFFT tool (go to [crafft.org](http://crafft.org)) for initial substance abuse screening. In addition, The Harbor program director serves on the board of the National Assessment Center Association which will be publishing guiding principles for assessment centers. Through this involvement, The Harbor is pursuing a grant opportunity to establish a common national assessment process for emerging programs akin to The Harbor.

### *The systems involved are accountable to themselves and their communities.*

As illustrated earlier, the data produced through the program's case management system are shared on a regular basis within the program and with the community. This is a very transparent approach that reflects how The Harbor pro-actively encourages communities to explore what the program is doing and what it has accomplished. It also helps explain why the program has expanded to soon-to-be five sites throughout the county. In addition to the quarterly Executive Steering Committee meetings, ongoing efforts to engage youth and families, and regular provider group meetings, the program has also participated in a mental health community consortium and other community groups that help keep the program accountable.

### *The program provides relevant information to families and practitioners and is committed to continuous quality improvement (CQI).*

As previously emphasized, CQI issues are discussed at every Executive Steering Committee meeting and routinely discussed at the program management levels. Staff are consistently reviewing the data and reports produced by the program case management system to ensure the information is correct, and there are specific protocols for maintaining accuracy. All families that engage with the program are asked to respond to anonymous client satisfaction surveys and the results of these surveys are shared internally and with the broader community.

### *The program provides holistic services with a life-course perspective.*

The program recognizes the significance of generational issues although, for some families, program management emphasizes the importance of not transposing one's own values upon others. The Harbor philosophy emphasizes that families, themselves, should play the lead role in identifying their own concerns and needs and that this approach is more likely to produce positive outcomes.

That said, program experience and data to date have revealed some important trends in this regard. The program is experiencing referrals from older siblings who are raising younger siblings as well as grandparents raising grandchildren. These situations require more support and specialized services. While the program started with the goal of safely diverting youth from the juvenile justice system and an emphasis on behavioral health services, it has grown beyond that.

The program allows clients to help drive service expansion. For example, while so many youth and families just need some guidance and/or someone to talk to who cares, the service array has been expanded based on the needs of youth and families, to include bullying prevention and mentoring, with services offered in English and Spanish. In addition, examination of service gaps and data, as well as continuously clarifying community needs, have reinforced the need for a truancy prevention program that will be based at The Harbor.

### *Developing shared definitions across systems regarding who is a victim.*

This represents one ongoing challenge for The Harbor as this can vary among the different populations served by the program. In short, the program emphasizes resilience with the focus on needs and strengths and being sure that youth and families get the services and support they need and want.

### *How and why did the program expand and how is it being sustained?*

In the first four years, the program expanded to four sites. Stakeholders and community members believed and still believe that services are best provided in the communities where youth and families reside. This includes accessibility considerations. The program maintains an up-to-date map showing the highest referral areas in the county, and The Harbor continues to use that map to identify areas of greatest need. Local communities continue to express their support for The Harbor through regular community meetings. Most recently, the City of Henderson, the second largest city in Nevada, south of Las Vegas, looked at the data and saw the need for The Harbor to be established in the city in close proximity to vulnerable youth in their community.

## Keys to Success

The fact that The Harbor expanded to four sites in approximately four years reflects the positive impacts of the program and strong community support. While expansion challenges have occurred, including but not limited to maintaining fidelity to the program model, the positive impacts of the program have been well-documented by The Harbor, as illustrated in this summary. Clearly, The Harbor is achieving a number of important objectives including improved coordination of services to meet client and community needs while safely diverting youth from formal system involvement.

COVID has forced The Harbor to scale back hours of operation. Distance learning has kept many students out of schools, and many middle and high schools are continuing to devise ways to work best with kids and families in need. In response, the program is conducting more remote (e.g., phone) assessments and exploring other virtual options. The Harbor has seen increases in requests for food and clothing, parents facing evictions, and homelessness. This has led The Harbor to establish even stronger relationships with community service providers including Three Square (<https://www.threesquare.org/>) and other agencies that provide emergency funding and support for families to allow them to stay in their homes. The fact that The Harbor has stayed open through turbulent times has been essential for so many youth and families, and it remains a viable and effective source of guidance and services for the Clark County area.

## Coordinating Services to Survivors of Commercial Sexual Exploitation: The King County Commercially Sexually Exploited Children (CSEC) Task Force



The King County CSEC Task Force was established in 2013 when Superior Court Judge Barb A. Mack chaired the first CSEC Task Force meeting. Judge Mack continued to chair the group until 2019 and the effort continues to be judicially led by the current chair, Superior Court Judge Regina S. Cahan. During the seven years it has been operating, the Task Force has raised awareness by: training more than four thousand individuals, linking social services between several government and advocacy agencies, actively engaging smaller organizations in the network, collaborating with academic partners to develop a child welfare agency CSEC screening tool, and creating an overall evaluation of the Task Force efforts.

### *How CSEC referral, screening, and response works.*

The Task Force adopted a community advocate model for working with youth ages 12-24 who have been commercially sexually exploited or are at risk of exploitation. Many of the community advocates are survivors of violence or exploitation and help to connect youth to voluntary services. The advocates engage family members and informal support systems

first in developing case plans. The community advocates also help navigate the appropriate formal supports through the Task Force partner agencies. For example, they can help CSEC survivors access multi-disciplinary teams that provide services to exploited youth, including expert screening and specialized foster care placements.

Referrals are made by staff in schools, juvenile court, law enforcement, the child welfare agency, and treatment provider agencies through a CSEC hotline or by email to [CommunityAdvocate@YouthCare.org](mailto:CommunityAdvocate@YouthCare.org). Community advocates screen referrals by assessing safety and placement needs and identifying immediate needs requiring law enforcement or children's protective services involvement. The advocates also learn about which systems the youth may already be involved with (e.g., juvenile court probation, child protective services, and behavioral health treatment services), identify trusted service providers and adults in the youth's life, and pinpoint gaps in current assistance to the youth or services that are ineffective. By the end of the intake, the community advocate determines if the youth is open to

receiving voluntary CSEC services through the Task Force network. Community advocates are recruited from neighborhood-level organizations (many employ survivors) and work to develop rapport during the assessment and intake. If services are not initially wanted, advocates continue to connect informally and remind youth that help is available, including requesting a multidisciplinary team, run by the Children's Justice Center of King County, to address safety during a crisis or long term needs of the youth that are not being met, such as homelessness, educational attainment or employment skills.

In addition to the phone and email hotlines staffed by community advocates, the Task Force supported and developed a screening instrument for youth involved in the child welfare system. All state-dependent children ages 11 and older are screened for CSEC. Screening may also occur during crisis events such as running away from home or a new placement. A Washington Department of Children, Youth and Families (DCYF) social worker may initiate a screening if there are additional concerns. Screening results are tracked in the DCYF electronic case management system, which is helping to advance data on CSEC prevalence for abused and neglected youth in the formal child protection system.

The community advocate intake and DCYF screening procedures are supported with two important multi-agency collaboratives that bring much needed services to CSEC youth, the Bridge Collaborative and ConnectUP.

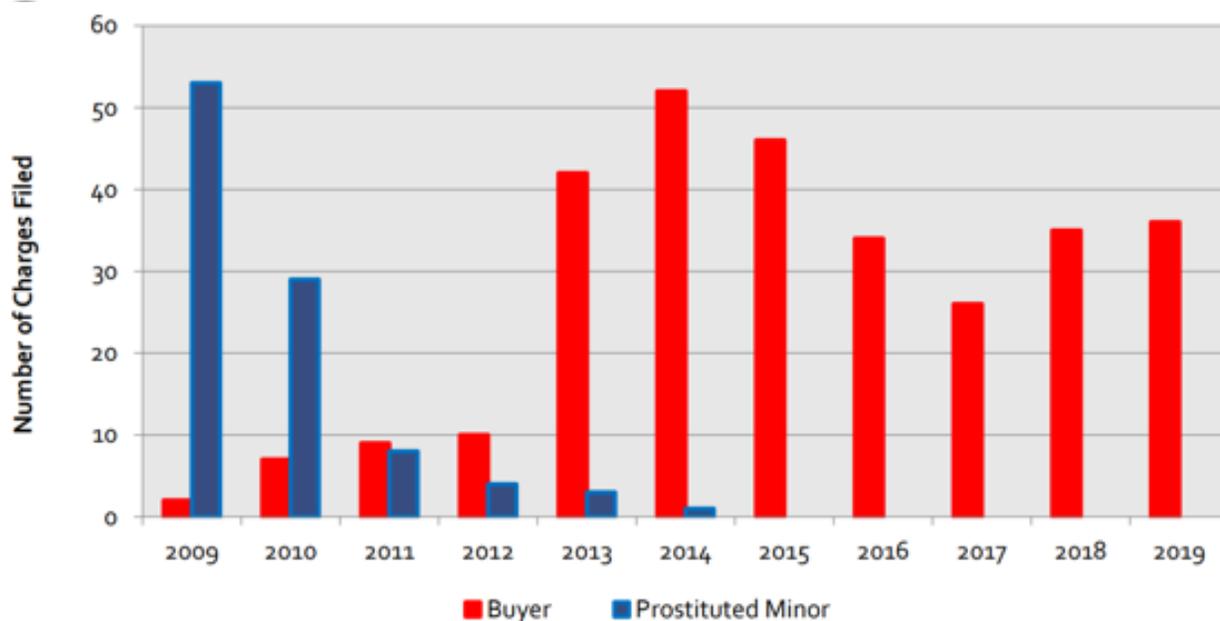
- Bridge Collaborative is a multi-agency partnership across King County focused

on providing case management, support, and resources to youth and young adults experiencing sexual exploitation and human trafficking. Services can include safety planning, housing support, and counseling services to address needs such as substance abuse intervention, employment, and setting educational goals. About half of the community advocates positions are supported through the Bridge Collaborative agencies.

- ConnectUP is a formal partnership between DCYF, King County Superior Court, Casey Family Programs, YouthCare, the YMCA Accelerator, and the Organization for Prostitution Survivors. Youth with DCYF cases are eligible for ConnectUP. The program was developed by the Task Force after recognizing a need for specialized, therapeutic foster care homes for children victimized by CSEC or at risk of exploitation. Services offered by the agency partner team can include crisis response, short and long-term care, and family finding services. The ConnectUP website ([www.ConnectUPWA.org](http://www.ConnectUPWA.org)) outlines requirements for caregivers, DCYF staff, and potential foster parents.

In addition to bringing services to youth, the Task Force is helping to hold exploiters accountable. The Child Exploitation Task Force receives referrals on identified youth and are screened for criminal investigations that are coordinated by the FBI. This partnership was so successful that the FBI is seeking to formalize a partnership with DCYF across all of Washington State. The figure below shows the

**Fig. 1: Minors Charged with Prostitution vs. Men Trying to Buy Sex from Minors**



Source: CSEC Task Force presentation, Racial, Gender and Economic Inequality in Commercial Sexual Exploitation

impact on leadership in this area in how CSEC is prosecuted in King County (Fig. 1).

### Discussion: How the CSEC Task Force reflects LSC values

*Broad stakeholder engagement to include service providers, families and survivors.*

From the beginning, cross-agency collaboration and networking have been at the heart of the Task Force activities. Upon convening the Task Force, there was a realization that the superior court had brought together many of the required stakeholders to create system change but that a set of dedicated positions was required to drive the

work and develop the service networks. With initial funding from King County, a part-time coordinator position was created within the superior court (juvenile court). The coordinator started by individually meeting with Task Force participants over lunch hours during 2013. The coordinator worked with the Task Force members to start catalyzing activities and searching for grant funding opportunities. Grant funding was secured through a 5-year federal Health and Human Services (HHS) grant. This opportunity helped to transition the coordinator position to full-time in late 2014, with the county supporting three-quarters of the position costs and the grant one-quarter. King County was among the first jurisdictions in the nation to create a full-time CSEC coordinator to facilitate communication and coordinate planning. The grant focus was

to continue expanding advocacy through the Task Force and develop a screening approach, policy, and procedures for response and referral. Inter-agency training and funding sources have expanded to include a mixture of federal, state, and local government sources as well as private fund raising.

While bringing together stakeholders from large and complicated organizations from many sectors, the Task Force structure is open and designed to promote inclusion and to provide a forum for organizations of all sizes, particularly those that are survivor centered, to participate. The CSEC program manager collaborates with the Seattle Mayor's Office on Domestic Violence and Sexual Assault by engaging in monthly meetings that have become a forum for networking and coordination between the city and the county. This coordination allows for the sharing of information and resources and the monthly distribution of an advocate list. The community advocates work in a variety of organizations that employ survivors of violence and sexual exploitation. The CSEC hotline and community advocate email addresses are posted on the Warning Signs a Child is at Risk for Commercial Sexual Exploitation (CSE), which has been widely distributed throughout King County to increase awareness and identification of trafficked youth and translated into multiple languages.

### ***Healing and growth of children, families and communities through trauma-informed care.***

The Task Force has connected more than 120 organizations and agencies to pursue its mission of ensuring the safety of CSEC

youth and providing supports to prevent further victimization. Strong communication and public relations have been important to achieving its goals. Training is free and open to the public and provided in eight modules that build upon core knowledge from Responding to the Sexual Exploitation and Trafficking of Youth, developed by a nationally recognized subject matter expert on the Task Force, Ms. Leslie Briner, MSW. The trainings help advocates and other service providers to recognize CSEC and respond to meet his/her safety and ongoing needs. In addition to robust and accessible training, the Task Force has a communications plan that includes podcasts, a comprehensive website, and email updates. Task Force meetings and trainings are open to the public at no cost. A University of Washington evaluation indicates the Task Force's communication efforts have helped to increase community awareness and networks for identifying CSEC victims and providing a response. In addition to online training, the King County CSEC program manager uses podcast as a medium to distribute information and the Task Force developed a Toolkit print publication that helps to support learning during in-person trainings and red flags/warning signs for commercial sexual exploitation (translated into Somali, Spanish and Vietnamese).

### ***The CSEC Task Force links lead agencies with formal written agreements that promote clear roles and common vocabulary***

From the beginning, five agencies have had a leadership role by coordinating resources to support specialized staff positions and entering

## Capstone themes shared with the national LSC demonstration project.

The King County CSEC Task Force mirrors capstone themes of flipping a historical narrative about youth who are trafficked from offenders to survivors of trauma and their exploiters as perpetrators requiring prosecution. This profile summarizes how a judicially-led initiative can begin by simply convening the multiple systems impacting youth and starting an ongoing dialogue:

- The Task Force integrates the lived experiences of survivors with outreach to the community and open meetings.
- Universal screening for CSEC has been adopted by the public child protection agency (DCYF).
- The Task Force sought funding to evaluate their efforts through partnerships with government, non-profit, and local universities.
- CSEC interventions are organized by community agencies led by survivors and have a life-cycle philosophy, realizing that some youth may initially not be ready for help but as healing occurs, they may change their minds, or a crisis situation might bring them back.

agreements to collaborate on the HHS grant. The relationships that the Task Force requires necessitated a range of formal agreements between agencies to achieve the project's goals, including data collection agreements. The five agencies include the King County Superior Court; the Washington Department of Children, Youth, and Families; the Center for Children and Youth Justice; YouthCare; and the University of Washington.

- The Superior Court provides ongoing leadership and supports the diversion of CSEC youth from formal juvenile court interventions.
- The Washington DCYF supports a CSEC liaison position for Region 4 that covers King County.
- The CSEC liaison within DCYF conducts CSEC screening and provides the youth with referral to support services. Both the court and DCYF have a history of leadership on collaboratively meeting the needs of dual-involved youth in juvenile justice and child welfare.
- The Center for Children and Youth Justice (CCYJ) has an important role in system reform efforts in the region and across the state on behalf of CSEC youth and developed the Washington State Model Protocol for CSEC youth. CCYJ also advises on administrative data for tracking CSEC services.
- YouthCare meets the needs of homeless youth in King County while increasing their progress toward self-sufficiency.
- The University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, through Dr. Michael Pullman, has been a research partner

for the project, recently completing an outcome evaluation for the Task Force's HHS grant project in 2019 (available online: <https://www.kingcountycsec.org/evaluation>).

### *The CSEC Task Force advances informed decision-making.*

Finally, through the collaborations described above the CSEC Task Force is supplied with ongoing data about the screening efforts that can help inform continuous improvement. Some highlights from an annual data report include:

- The number of DCYF referrals screened-in and screened-out;
- Lifetime referrals to DCYF for screened in and screened out children;
- Number of living situation changes;
- The likelihood of running away events and the total number of days on runaway status; and
- Secure detention experiences and admissions reasons.

The CSEC Task Force is learning that youth who screen in as experiencing trauma through exploitation have a high rate of placement instability and running away behaviors and that older youth (defined as 15 and older) are twice as likely to have running away behaviors.

## Keys to Success

The CSEC Task Force is a case study for how judicially-led collaboratives can impact complex challenges involving multi-system youth. Youth who have survived trauma and are at risk of exploitation are either ignored by the formal systems or are at risk of an over-response to behaviors that have an underlying root in victimization or a gap in services to meet needs. The focus on lived experiences and elevating the voice of survivors helps to keep the Task Force activities grounded, and ongoing open meetings and free training help to keep the CSEC topic on people's minds. This example also embodies the LSC Values of strong communication cycles, clearly defined roles and common vocabulary and strives to integrate data into informed decision making with university partnerships.

# Summary

This document explored how jurisdictions outside of the formal LSC project are integrating trauma-responsive practices and linking services for youth who may contact the legal system for behaviors that may be symptoms of exposure to violence. Clearly, with 50 states and the District of Columbia, more than 3,000 counties, and five territories, there can be no single solution for children and families in crisis, and there may be many points of friction where potential victims are touching the human service and legal systems.

Through the LSC Capstone lessons learned publication, LSC is documenting the experiences of its four demonstration states. In this document, we describe four local programs that have employed a range of collaborative approaches that reflect the LSC guiding principles and values despite some important differences in their program structure and target populations.

Despite these differences, all four of these programs exhibit and share prominent LSC values. First, all four sites recognize opportunities to divert from the legal system and provide therapeutic services no matter the system entry point. Second, all four sites have a vision for a coordinated response, bridging multiple agencies, and facilitating collaboration and system linkages through regular community forums. Third, each site uses a unifying goal to reduce harm for the purpose of

leveraging resources for unmet needs among children, youth, and families.

Finally, each jurisdiction is determined to make a difference and to continue using new strategies to reach the children and youth that formal systems frequently miss, or over-respond to for minor law violations. However, multi-system efforts such as these are vulnerable to sustainability challenges, particularly in the age of COVID. Even the programs that have achieved line-item funding face important challenges ahead. These jurisdictions are resourceful and flexible in locating opportunities. Outside pressures, such as changes in leadership among the core collaborators or the expiration of time-limited grants, can also complicate their efforts.

Other important challenges include:

- In Pima County, Arizona, the ACES Center must sustain regular communication with multiple law enforcement agencies to educate new patrol officers about recognizing behaviors that are flags for trauma and to de-escalate domestic calls involving teen youth and their parents, or those taking care of them in group care settings.
- In Connecticut, there are 169 cities and towns and more than 200 school districts with more than 1000 school buildings, and each acts independently and frequent staff changes are a

constant. The funding to coordinate an aggressive linking of healing services for school-based diversion is never guaranteed.

- In Clark County, Nevada, COVID has forced The Harbor to scale back hours of operation. Youth and parent suicides have been increasing in Clark County and this has increased demands for crisis intervention, mental health services, and other services.
- In King County, the expiration of demonstration grant funding requires agencies to plan for supporting the staff positions that tirelessly work to organize regular and inclusive communication forums, training, and the linking of services to young victims of commercial exploitation.

The LSC Capstone Lessons Learned publication is documenting similar sustainability challenges among the LSC states. Examples include the importance of shared definitions across agencies, canvassing systems for service gaps, approaches to developing or implementing universal screening for young victims that reaches a broad base of community agencies, and how to sustain efforts to link systems with continuous data and evaluation support.

This document highlights both the common and the site-specific approaches taken by these four different jurisdictions. The authors' purpose is to inspire, encourage, and empower other jurisdictions to develop solutions to multi-system youth that reflect the characteristics of their communities and agencies. They encourage jurisdictions to take advantage of the LSC Capstone Lessons Learned and additional LSC resources may be found at the LSC website at <https://www.linkingsystemsofcare.org/>.



NCJFCJ  
*est. 1937*

NATIONAL COUNCIL OF  
JUVENILE AND FAMILY COURT JUDGES

[WWW.NCJFCJ.ORG](http://WWW.NCJFCJ.ORG)