

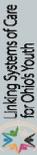


Linking Systems of Care for Ohio's Youth

A Report from the Heartland: Ohio's Efforts to Link Systems for Children and Youth



DAVE YOST
OHIO ATTORNEY GENERAL



This presentation 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 meeting are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice, Office for Victims of Crime.

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Project Origin and Planning

- RFP
- Three funded entities
- Demonstration Site
- Three Phases – 5 years



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Vision 21: Linking Systems of Care in Montana

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Project Structure

- Project and Research Team
- Key Stakeholder Organizations
- Workgroups
- Committees
- Consultants



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Original Workgroups



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Linking Systems of Care
for Ohio's Youth

Needs Assessment and Gap Analysis

PLANNING PHASE
Linking Systems of Care for Ohio's Youth:
Needs Assessment and Gap Analysis



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 **ODVN**

Linking Systems of Care
for Ohio's Youth

Planning & Implementation

- Planning continued for the first part of second phase
- Initial Implementation Phase
- Work on initial objectives:
 - Screening Tool
 - Resource Directory
 - Key Stakeholder group, workgroups, & more
- Original seven workgroups changed

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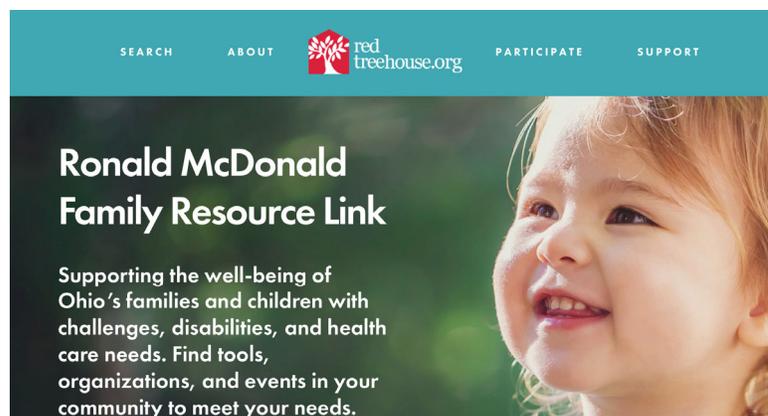
Pictorial Screening Tool

- Systematic literature review of existing measures
- Review of tools submitted via work group forms
- Identification of gaps:
 - Younger children
 - Child self-report
 - Developmentally appropriate
 - Both experiences AND impact



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Online Resource Directory



SEARCH ABOUT  redtreehouse.org PARTICIPATE SUPPORT

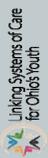
Ronald McDonald Family Resource Link

Supporting the well-being of Ohio's families and children with challenges, disabilities, and health care needs. Find tools, organizations, and events in your community to meet your needs.



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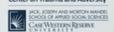
Evidence-Based Practice and Victim Services Surveys Report

Linking Systems of Care for Ohio's Youth

Evidence-Based Practice and Victim Services Surveys

JANUARY 2021
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for Ohio's Youth

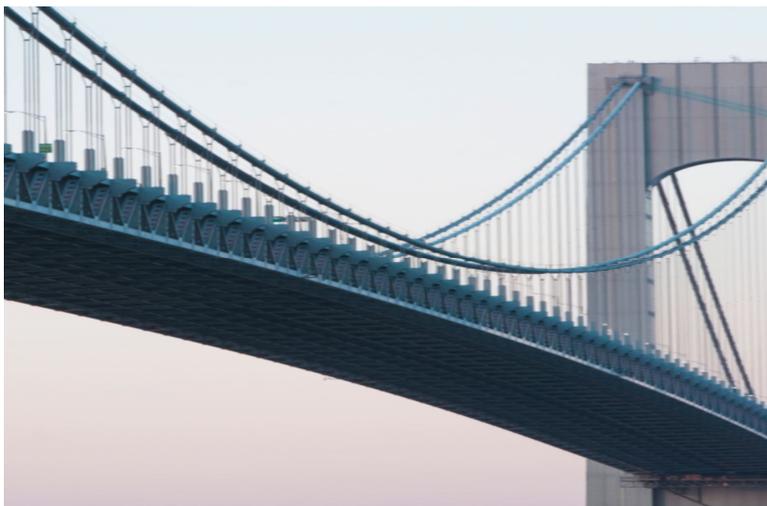
Next Survey: Holistic/Alterative Approaches

51% of agencies from EBP survey (n = 60) reported holistic, expressive, somatosensory, culturally-specific, and other interventions

Table 2. Holistic, Expressive, Somatosensory, Culturally-Specific, and Other Interventions Used by Reporting Agencies

Movement-based and/or mind-body therapies	Dance therapy Yoga Adventure/outdoor/nature-based therapy Reiki Mindfulness interventions
Expressive and sensory therapies	Art therapy Photo therapy Music therapy Sensory-based interventions Horticultural and gardening therapy Structured Sensory Integration for Traumatized Children (SITCAP) SITCAP-ART
Recreational and play-based therapies	Sand play therapy General play therapy Animal-assisted therapy Theraplay
Cultural	Culturally-specific interventions
Other therapeutic models	Neurosequential Model of Therapeutics (NMT) Parenting with Love and Limits Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Integrated Family & Systems Treatment (I-FAST) Sanctuary Model Aggression Replacement Training (ART) for adolescents Acceptance & Commitment Therapy (ACT) Dialectical Behavioral Therapy (DBT) Dyadic Developmental Psychotherapy (DDP) Trust-Based Relational Intervention (TBRI)

Bridging Research to Practice Series



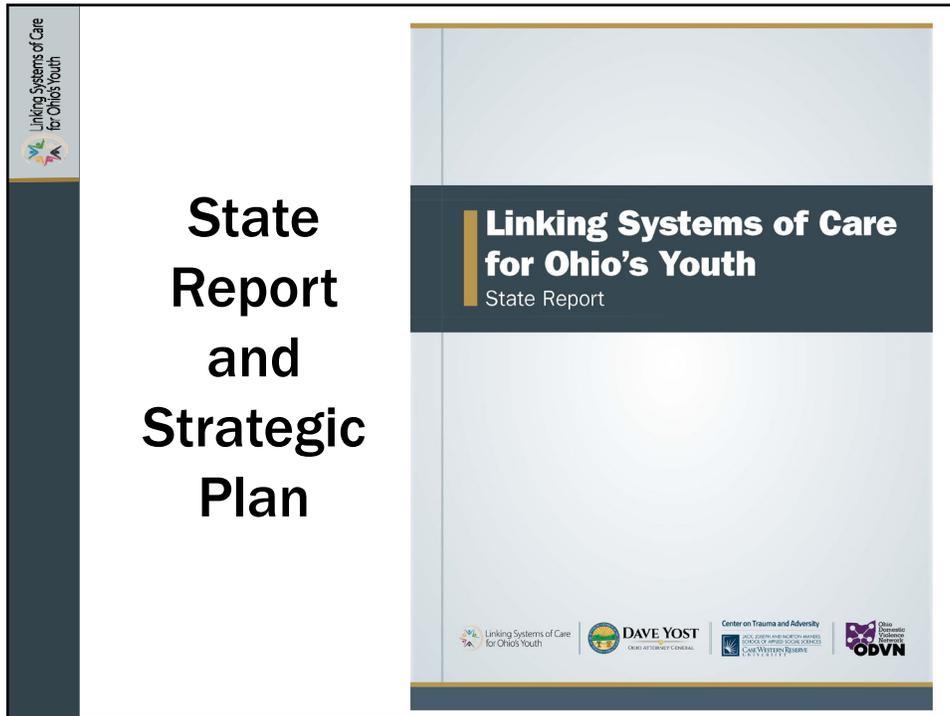
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Survivors and Families

Work group through all of the project phases



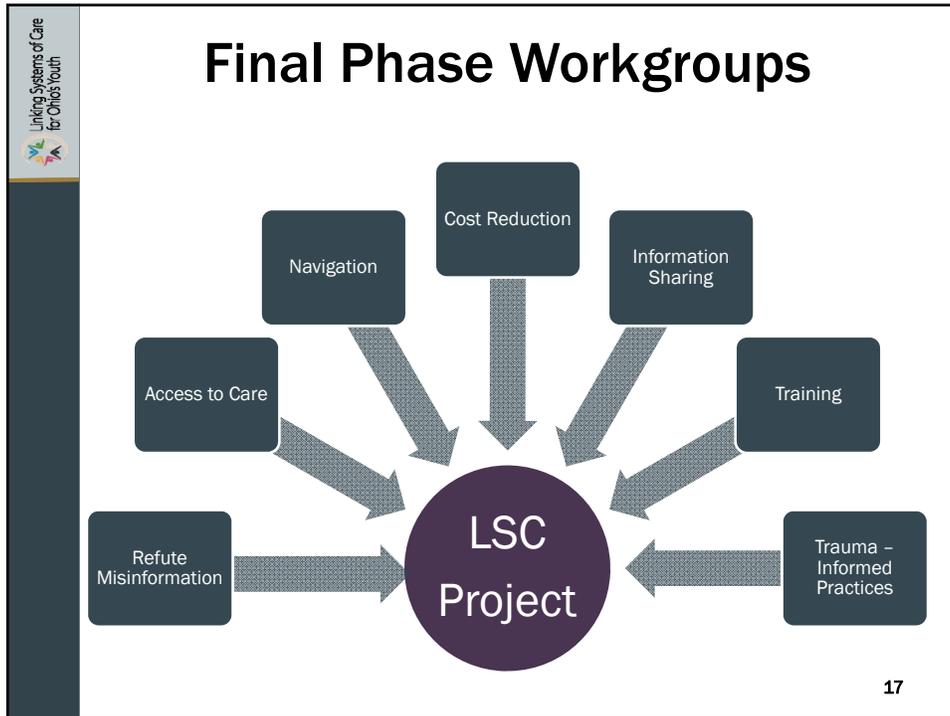
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Final Implementation Phase

- Screening Tool
- Resource Directory
- Research
- 7 new workgroups with additional objectives

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Linking Systems of Care
for Ohio's Youth

Access to Care

Ensure that young people **receive the mental health services, benefits, access to education, housing and other resources** they need, regardless of life circumstances, status as minors or barriers created by parents/guardians.

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Information Sharing

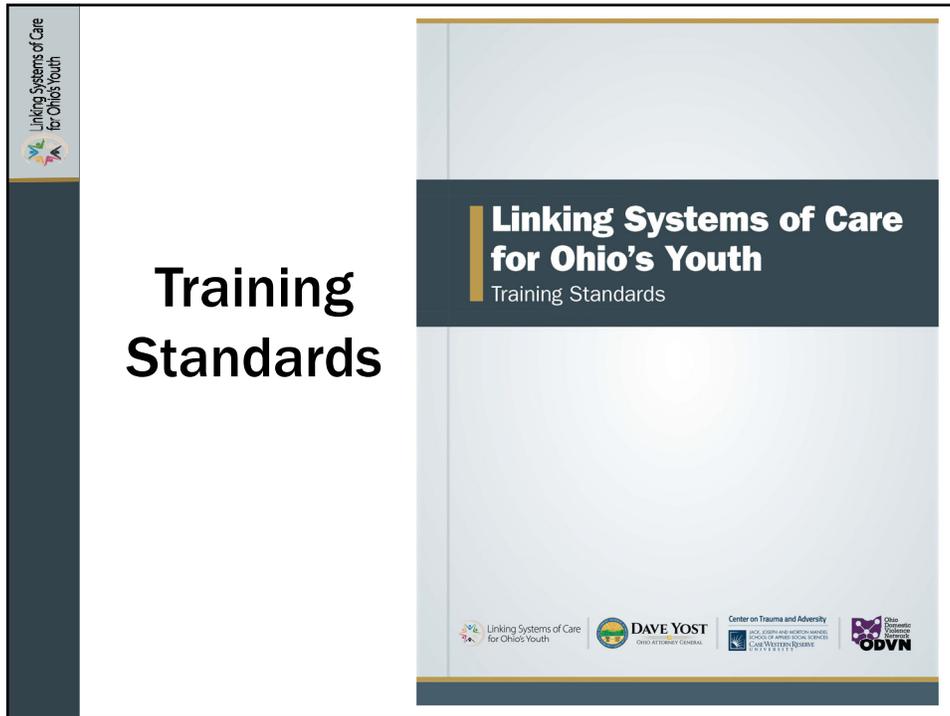
Facilitate information sharing among systems that is **beneficial and sensitive** to child/youth victims of crime.

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Training

Implement training and learning opportunities for identified systems to **help promote the best interest** of child/youth crime victims.

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Refute Misinformation

Refute and correct pervasive misinformation that **impacts decisions in case planning as well as legal decisions** (criminal and civil) affecting the safety of children.

22

Navigation

Promote the development of navigation mechanisms to help families locate and **make informed choices** about necessary services that are **sensitive to their diverse needs**, including cultural, financial, transportation, access, etc.

23

Trauma Informed Approaches

Expand trauma-responsive approaches throughout Ohio.

24

Cost Reduction

Reduce the cost barriers to
achieving safety for Ohio's
child/youth crime victims

Technical Assistance



**Center for the
Study of Social Policy**
Ideas into Action



Robert F. Kennedy
Children's Action Corps
RFK National Resource Center
for Juvenile Justice

Break Out Rooms

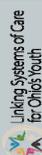
- Screening Tool
- Training
- Refute Misinformation
- Navigation
- Trauma
- Cost Reduction

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Final Questions?



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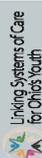
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Thank you



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Linking Systems of Care for Ohio's Youth

Evidence-Based Practice and Victim Services Surveys

JANUARY 2021

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for Ohio's Youth



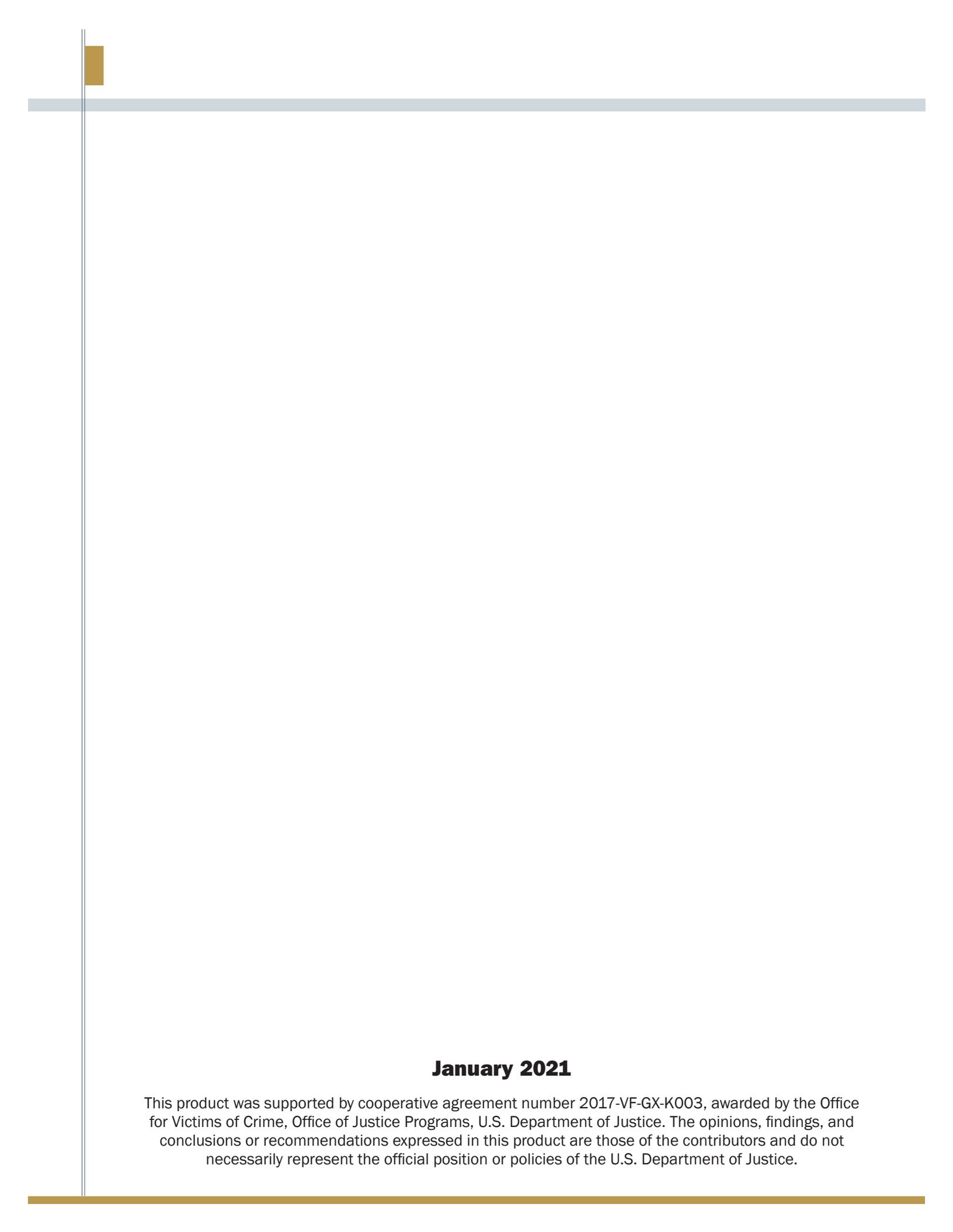
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January 2021

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INTRODUCTION

The Linking Systems of Care for Ohio's Youth (LSCOY) demonstration project seeks to achieve three primary goals:

- **Identify** victimized children and youth across a wide range of community settings.
- **Link** victims and their families to high-quality trauma-informed resources near their communities.
- **Build** connections between child-serving systems to enhance healing outcomes, system responsiveness, and efficiency.

To address the second goal — linking victims and their families to high-quality services — the Case Western Reserve University Center on Trauma and Adversity, the LSCOY research team, administered two statewide surveys to Ohio agencies that serve victimized youth and their families. Data from these surveys has been entered into the public-use website Red Treehouse (www.redtreehouse.org) and will be used for an LSCOY online resource directory.

The first survey focused on evidence-based practices (EBP), and was distributed in summer 2019 to determine agencies' capacities to provide therapeutic interventions that have demonstrated effectiveness in reducing child and youth trauma symptoms. Second, a victim service survey was distributed in winter 2020 to gather broad information about a range of services, including advocacy, shelter, culturally specific services, material resources, and educational supports, among others. This summary report provides an overview of findings from both surveys, including key definitions, sampling and survey procedures, and descriptive data on the amount and types of EBP child victim services available across Ohio.

Key Definitions

Trauma Exposure	Traumatic experiences occur when a child perceives a severe threat to their physical safety and well-being. A range of experiences qualifies as traumatic, including community violence, child maltreatment (physical, emotional, and/or sexual abuse), neglect, severe bullying, natural disasters, intimate partner violence, terrorism, refugee displacement, and medical trauma (Pynoos et al., 2014) ¹ .
Traumatic Reactions	Reactions to trauma vary significantly based on individual, family, community, and cultural factors that are unique to each child. Some children may display a range of challenging responses to trauma; others may appear to have none. In general, traumatic reactions fall under seven domains of impairment: attachment, affect regulation, dissociation, behavioral control, cognition, self-concept, and biology (Cook et al., 2017) ² .
Evidence Based Practices (EBPs) for treatment of child trauma	EBPs are interventions that have undergone rigorous scientific testing and have demonstrated clinical improvement in one or more child traumatic reactions related to any of the following domains of functioning: attachment, affect regulation, dissociation, behavioral control, cognition, self-concept, and biology. The continuum of evidence levels used to evaluate interventions is wide-ranging, with individual case studies offering the weakest evidence and multiple randomized clinical trials providing the most rigorous data. For additional details, we refer readers to the National Child Traumatic Stress Network Position Statement on Evidence-Based Practice.
Holistic, expressive, somatosensory, culturally specific, and other interventions	Several interventions that have not undergone the rigorous testing of randomized control trials have nonetheless shown promising benefits to children exposed to trauma. Artistic, movement-based, horticulture, musical, neurosequential, and/or a variety of culturally specific models can offer meaningful benefits to trauma-exposed young people.

1 Pynoos, R. S., Steinberg, A. M., Layne, C. M., Liang, L. J., Vivrette, R. L., Briggs, E. C., Kisiel, C., Habib, M., Belin, T.R., & Fairbank, J. A. (2014). Modeling constellations of trauma exposure in the National Child Traumatic Stress Network Core Data Set. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(S1), S9.

2 Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E. & van der Kolk, B. (2017). Complex trauma in children and adolescents. *Psychiatric annals*, 35(5), 390-398.

Evidence-Based Practice (EBP) Intervention Survey

Methods

Survey Development and Selection of EBPs for Inclusion

EBPs were identified through the child trauma intervention databases provided by the California Clearinghouse of Evidence-Based Practices (CCEBP) and the National Child Traumatic Stress Network. A list of EBPs was compiled from these databases in 2018 (see Table 1); interventions were included if they met all of the following criteria:

- Categorized as evidence level 1, 2, or 3, as indicated by the CCEBP:
 1. Well supported by research evidence
 2. Supported by research evidence
 3. Promising research evidence
- At least one peer-reviewed outcome study on the intervention was published and accessible.
- Outcome studies indicated effectiveness with children ages 12 or younger.
- Measured child outcomes fell into one or more of the following traumatic reaction domains: attachment, affect regulation, behavioral control, dissociation, cognition, biology, and/or self-concept.

This search yielded a total of 39 child trauma EBP interventions, with each categorized as an individual, parent-child, family-level, small group, or school-based intervention. It is important to note that EBPs are an ever-changing and constantly evolving list of practices. New approaches are assessed on an ongoing basis, and a list developed today would be longer than the original list generated by this project in 2018.

In addition to questions regarding EBP availability at an agency, the survey also inquired about:

- Additional treatment approaches offered that were not included in the EBP list (examples: artistic, somatosensory, movement-based, culturally specific, yoga, or neurodevelopmental approaches).
- Other trauma-focused service organizations that the agency does, or does not, refer clients to.
- Restrictions, limitations, or parameters around service provision (e.g., certain populations the agency does not serve).
- Agency policies related to parent involvement in treatment, court-involved clients, and commitment to underserved populations.

Survey Distribution

The EBP survey was distributed in summer 2019 to determine agencies' capacities to provide therapeutic interventions that have demonstrated effectiveness in reducing child and youth trauma symptoms. A snowball sampling method was employed, in which initial survey respondents refer the research team to additional agencies and potential survey respondents that would be appropriate for inclusion. The initial survey distribution list of Ohio agencies serving adult, youth, and/or child victims of violence was compiled using:

- The victim service agency database from the HealthPath Foundation of Ohio's "Impact of Domestic Violence Exposure" report (Holmes, 2017)
- County and regional Ohio 211 searchable databases
- County-specific community resource guides accessible online and published by local non-profits and/or social service agencies.

Evidence-Based Practices and Victim Services Surveys

An LSCOY project letter and instructions for survey access were emailed to agency directors and/or administrators. Within the survey, respondents were asked to list other agencies in their communities that also provide services to children exposed to trauma. An LSCOY project letter and survey instructions were then emailed to each agency referenced in a survey response.

Following the initial project letter and survey invitation, agencies received a weekly reminder email for three weeks. In cases in which no response was received, a member of the LSCOY research team conducted follow-up phone calls. A total of 244 agencies received the EBP survey, and 145 completed it (59% response rate).

Results

A total of 145 agencies responded to the EBP survey, representing 433 office locations throughout Ohio. Each of the 145 respondents provided an agency name, agency mission and purpose, and county location(s), all of which were entered into Red Treehouse, a public-use online community resource directory administered by Ronald McDonald House of Cleveland. The following summary highlights key findings from the survey.

Evidence-Based Practices for Children Exposed to Trauma

A total of 118 agencies responded to questions about evidence-based practices and intervention service delivery for children ages 12 years or younger who have been exposed to trauma. See Table 1 for a full summary of evidence-based interventions included in the survey, and the percentage of agencies reporting use of each intervention. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is the most widely implemented intervention throughout Ohio, with 69% of agencies (n = 81) reporting use of TF-CBT. Among the five most frequently reported interventions are Child Parent Psychotherapy (n = 70, 59% of agencies), Child & Family Traumatic Stress Intervention (n = 45, 38% of agencies), Strengthening Family Coping Resources (n = 40, 34% of agencies), and Child-Centered Play Therapy (n = 39, 33% of agencies). The majority of agencies reported widespread use of individual, family, and/or parent-child dyadic interventions, but small group and school-based interventions were less common.

An important caveat when interpreting these findings is the absence of information on staff training, certification, and/or fidelity to evidence-based intervention models. Results are based on the subjective responses of one individual in each responding agency, and it is unclear how closely staff adhere to the fidelity of EBP interventions as they were originally designed and tested in clinical trials.

Holistic, expressive, somatosensory, culturally specific, and other interventions

Among the 118 agencies that responded to intervention questions, 60 agencies (51%) reported providing additional interventions that were not included in the list of evidence-based practices. A summary of these interventions can be found in Table 2.

Availability of Evidence-Based Interventions in Ohio Counties

Responding agencies reported office locations in 86 of Ohio's 88 counties; no agency responses were received from Seneca and Sandusky counties. Among these 86 counties, more than one-fourth (27%, n = 23) had only one or two agencies reported to be located within the county to provide therapeutic interventions for children exposed to trauma. The three counties reporting the highest number of therapeutic agencies were Franklin (n = 28 agencies), Cuyahoga (n = 18), and Hamilton (n = 18). A summary of county-level data is presented in Table 3.

Six percent of Ohio counties (n = 5) had no agencies reporting the use of evidence-based practices for children exposed to trauma: Darke, Lawrence, Morgan, Noble, and Scioto. Thirty percent of counties (n = 26) had agencies that reported offering between four and 10 evidence-based practices. Similarly, 28% of counties (n = 24) had agencies that reported providing between 11 and 20 evidence-based practices. Lastly, 31% of counties (n = 27) reported providing between 21 and 39 evidence-based practices.

Evidence-Based Practices and Victim Services Surveys

Special Considerations: Court-Involved Clients, Medicaid, and Sliding Fee Scales

A total of 115 agencies responded to the question regarding service availability for court-involved clients. Eighty-eight percent of agencies (n = 101) reported providing services to court-involved clients, 3% (n = 3) do not serve court-involved clients, and 10% (n = 11) indicated “other” (e.g., the agency has stipulations or specific parameters around serving court-involved clients).

A total of 106 agencies responded to the question regarding a sliding fee scale, with 51% (n = 54) of them offering this service, and 49% (n = 52) agencies not providing a sliding fee. An important consideration when interpreting these figures is recognizing that some responding agencies are nonprofit entities, which generally have policies ensuring that no one is refused service for inability to pay. Only seven responding agencies reported that they do not accept clients with Medicaid.

Respondents were also asked whether their agency has a written policy about parental involvement in treatment after abuse disclosure/allegations have been reported by children. Ninety-two agencies responded to this question, and only 19 (21%) reported having a written policy.

Table 1. Reported Use of Evidence-Based Interventions for Child Trauma Exposure Among Ohio Agencies

Evidence-Based Interventions	Number of responding agencies reporting use of the intervention (N = 118)	Intervention level (e.g., individual, parent-child dyadic, family, small group, or school)
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	81 (68%)	Individual
Child Parent Psychotherapy (CPP)	70 (59%)	Parent-child dyadic
Child & Family Traumatic Stress Intervention	45 (38%)	Family
Strengthening Family Coping Resources	40 (34%)	Family
Child-Centered Play Therapy	39 (33%)	Individual
Trauma-Focused Integrated Play Therapy	37 (31%)	Individual
Combined Parent-Child Cognitive Behavioral Therapy		Parent-child dyadic
Eye Movement Desensitization and Reprocessing (EMDR)	36 (30%)	Individual
Stepped Care Trauma-Focused Cognitive Behavioral Therapy	34 (28%)	Parent-child dyadic
Parent-Child Interaction Therapy (PCIT)	32 (27%)	Parent-child dyadic
Trauma-Focused Coping (TFC)	31 (26%)	Individual
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	29 (25%)	School
Grief & Trauma Intervention for Children (GTI-C)	28 (24%)	Individual
Nurturing Parent Program	22 (19%)	Parent-child dyadic
Children with Problematic Sexual Behavior Cognitive Behavioral Treatment Program	22 (19%)	Individual

Evidence-Based Practices and Victim Services Surveys

Preschool PTSD Treatment (PPT)	21 (18%)	Individual
Seeking Safety for Adolescents	20 (17%)	Individual
Child & Family Traumatic Stress Intervention	19 (16%)	Family
Child-Adult Relationship Enhancement (CARE)	19 (16%)	Child-family dyadic
Attachment, Regulation, & Competency (ARC)	18 (15%)	Family
Child Witness to Violence Program	16 (14%)	Small group
Integrative Treatment of Complex Trauma for Children (ITCTC)	15 (13%)	Individual
Trauma Systems Therapy (TST)	14 (12%)	Family
Support for Students Exposed to Trauma (SSET)	13 (11%)	School
Alternatives for Family: A Cognitive Behavioral Therapy (AF-CBT)	13 (11%)	Family
Trauma-Grief Component Therapy for Adolescents	12 (10%)	Individual
Safety, Mentoring, Advocacy, Recovery, & Treatment (SMART)	9 (7%)	Individual
Trauma-Affect Regulation: A Guide for Education and Therapy for Adolescents (TARGET-A)	7 (6%)	Individual
Trauma-Adapted Family Connections (TA-FC)	7 (6%)	Family
Multi-Systemic Therapy for Youth with Problem Sexual Behavior	6 (5%)	Family
Kids' Club and Moms' Empowerment Program	6 (5%)	Small group
Bounce Back	4 (3%)	School
Superheroes Program	4 (3%)	Small group
Storybook Club	4 (3%)	Small group
Advocacy and Learning Club	4 (3%)	Parent-child dyadic
Preschool Kids' Club	3 (2%)	Small group
Real Life Heroes (RLH)	2 (1%)	Family
Cue-Centered Treatment (CCT)	2 (1%)	Individual
Project Family Rejuvenation and Empowerment Education Program (Project FREE)	1 (<1%)	Small group

Evidence-Based Practices and Victim Services Surveys*Table 2. Holistic, Expressive, Somatosensory, Culturally Specific, and Other Interventions Used by Reporting Agencies*

Movement-based and/or mind-body therapies	Dance therapy Yoga Adventure/outdoor/nature-based therapy Reiki Mindfulness interventions
Expressive and sensory therapies	Art therapy Photo therapy Music therapy Sensory-based interventions Horticultural and gardening therapy Structured Sensory Integration for Traumatized Children (SITCAP) SITCAP-ART
Recreational and play-based therapies	Sand play therapy General play therapy Animal-assisted therapy Theraplay
Cultural	Culturally specific interventions
Other therapeutic models	Neurosequential Model of Therapeutics (NMT) Parenting With Love and Limits Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Integrated Family & Systems Treatment (I-FAST) Sanctuary Model Aggression Replacement Training (ART) for adolescents Acceptance & Commitment Therapy (ACT) Dialectical Behavioral Therapy (DBT) Dyadic Developmental Psychotherapy (DDP) Trust-Based Relational Intervention (TBRI)

Evidence-Based Practices and Victim Services Surveys*Table 3. Summary of agency location and EBP availability by county*

County	# of agencies reporting an office location	# of evidence-based practices available	County	# of agencies reporting an office location	# of evidence-based practices available
Adams	4	37	Holmes	4	18
Allen	7	11	Huron	3	15
Ashland	4	16	Jackson	1	9
Ashtabula	6	27	Jefferson	3	4
Athens	5	17	Knox	1	15
Auglaize	2	10	Lake	9	29
Belmont	5	4	Lawrence	2	0
Brown	6	38	Licking	11	11
Butler	12	28	Logan	5	12
Carroll	2	10	Lorain	11	31
Champaign	3	12	Lucas	15	26
Clark	4	15	Madison	4	11
Clermont	11	38	Mahoning	9	23
Clinton	4	39	Marion	2	4
Columbiana	4	7	Medina	7	30
Coshocton	2	9	Meigs	1	9
Crawford	2	15	Mercer	3	9
Cuyahoga	18	29	Miami	2	9
Darke	1	0	Monroe	4	10
Defiance	6	22	Montgomery	11	28
Delaware	6	25	Morgan	0	0
Erie	2	4	Morrow	2	17
Fairfield	8	17	Muskingum	2	6
Fayette	3	38	Noble	1	0
Franklin	28	38	Ottawa	1	15
Fulton	4	18	Paulding	2	17
Gallia	2	9	Perry	1	9
Geauga	6	21	Pickaway	7	38
Greene	3	9	Pike	3	38
Guernsey	3	9	Portage	6	28
Hamilton	18	30	Preble	1	9
Hancock	9	28	Putnam	3	10
Hardin	3	10	Richland	2	16
Harrison	3	4	Ross	3	12
Henry	6	20	Sandusky	0	0
Highland	4	39	Scioto	1	0
Hocking	1	9	Seneca	0	0

Evidence-Based Practices and Victim Services Surveys

County	# of agencies reporting an office location	# of evidence-based practices available
Shelby	4	12
Stark	8	27
Summit	14	32
Trumbull	6	31
Tuscarawas	5	25
Union	4	14
Van Wert	6	27
Vinton	2	9
Warren	8	14
Washington	3	9
Wayne	3	9
Williams	4	19
Wood	4	17
Wyandot	2	9

Victim Services (VS) Survey

Methods

Survey development and included services

Content for the VS survey was developed by the LSCOE Resource Directory Committee, which consists of LSCOE research team members and stakeholders representing legal, culturally specific, and advocate perspectives. The VS survey included questions about availability of the following victim services:

- Emergency shelter
- Housing relocation
- Financial resources
- Transportation
- Survivor hotlines
- Legal advocacy and/or services
- Medical advocacy and/or services
- Specialized services for families involved in the foster care system
- Culturally specific services
- Accommodations and/or translation services for individuals with limited English proficiency
- Educational services
- Counseling and therapeutic services
- Childcare
- Food/hot meal/pantry services

The definition of each victim service category, and all services captured by each category, can be found in Table 4.

Survey Distribution

The VS survey was distributed in winter 2020 to gather broad information about a range of services, including advocacy, shelter, culturally specific services, material resources, and educational supports, among others. A snowball sampling method was employed. The initial survey distribution list for the victim services survey was compiled using the following:

- The database of agencies that received the LSCOE Evidence-Based Practice survey
- Agencies participating in Ohio's Trauma-Informed Care (TIC) Regional Collaboratives
- Database of Ohio agencies that receive Victims of Crime Act (VOCA) funds
- County and regional Ohio 211 searchable databases

An LSCOE project letter and instructions for survey access were emailed to agency directors and/or administrators. Within the survey, respondents were asked to list other agencies in their communities that also provide services to victimized children and families. An LSCOE project letter and survey instructions were then emailed to each agency referenced in a survey response.

Following the initial project letter and survey invitation, agencies received a weekly follow-up contact from a

Evidence-Based Practices and Victim Services Surveys

member of the research team for three weeks. In total, 533 individuals received the VS survey, and 234 completed the survey (44% response rate).

Results

A total of 234 agencies responded to the Victim Services survey, representing 299 office locations throughout Ohio. Each of the 234 respondents provided an agency name, agency mission and purpose, and county locations – all of which has been entered in the Red Treehouse searchable database. Among respondents that reported the type of agency they work in (n = 217), two-thirds were categorized as nonprofit and/or community practices (n = 144), and about one-third were categorized as “Other” (n = 71). The majority of agencies responding as “other” classified themselves as government agencies or prosecutor-based organizations, with a smaller portion identifying as law enforcement or university-based agencies. Less than 1% of agencies (n = 2) identified as clinical or medical practices. Virtual services were reported by more than half of respondents (n = 123, 54.7%). However, because data collection concluded at the onset of the COVID-19 pandemic (mid-March 2020), it is assumed that information about virtual service availability may have changed significantly.

Victim Services for Children, Caregivers, and Families Exposed to Trauma

Service availability will be reported within the context of total agency locations (N = 299), as some agencies reported multiple office locations throughout the state. A detailed summary is provided in Table 4. The most frequently reported victim services included mobile advocacy (n = 219, 73.2%), assistance applying for Victims of Crime Compensation (n = 210, 70.2%), legal advocacy (n = 211, 70.6%), educational services (n = 180, 60.2%), document translation for languages other than English (n = 176, 58.9%), and medical advocacy and/or accompaniment (n = 171, 57.2%).

Over one-third of agency locations reported emergency, crisis, or transitional shelter services (n = 117, 39.1%), and 43.8% (n = 131) reported having a survivor hotline. Among agencies reporting shelter services, the majority of shelter services are dedicated to survivors of intimate partner violence and their children (n = 78, 66.7%), and/or survivors of sexual exploitation or sex trafficking (n = 53, 45.3%). Shelters for youth runaways (n = 8, 6.8%) and street outreach to youth (n = 5, 4.2%) were the least-reported shelter services.

Just under one-third of agency locations (n = 95, 31.8%) reported offering culturally specific services, citing services for cultural groups including LatinX and Hispanic, immigrant and refugee populations, non-English speaking populations, African-Americans, individuals with disabilities, deaf and hard-of hearing populations, Asian, South Asian, Southeast Asian, Russian, Appalachian populations, Amish, Arabic, Nepali, East, West, and North African, Bhutanese, Kar'en, and Indigenous populations. The most commonly reported services were individual counseling (n = 53, 55.8%), legal referral (n = 40, 42.1%), and adult discussion/support groups (n = 30, 31.6%). The least available services for culturally specific groups included STI testing (n = 4, 4.2%), HIV testing (n = 5, 5.2%), and assistance obtaining HIV prophylaxis (n = 5, 5.2%). Over one-third of agencies (n = 112, 37.5%) reported offering services specifically for members of the LGBTQ+ community. The most commonly reported service was individual counseling (n = 78, 69.6%), followed by legal referral (n = 43, 38.4%).

Of particular note, the least-reported victim services overall included childcare referral (n = 50, 16.7%), attorney services (n = 50, 16.7%), direct financial assistance (n = 45, 15.1%), on-site medical services (n = 45, 15.1%), and forensic interviews (n = 44, 14.7%). 18.7% (n = 56) of agency locations reported offering onsite childcare; the majority of respondents indicated that childcare services are reserved for crisis or emergency situations, or when adult caregivers have group therapy, appointments, or court appearances.

Availability of Victim Services in Ohio Counties

Responding agencies reported office locations in 82 of Ohio's 88 counties; no agency responses were received from Auglaize, Hardin, Lawrence, Madison, Sandusky, or Seneca counties. Among the 82 counties with recorded responses, 39.7% have only one or two agencies within the county that reported offering victim services. Similar to findings from the EBP survey, the three counties reporting the highest number of victim service agency locations were Franklin (n = 18), Cuyahoga, (n = 12), and Hamilton (n = 11). A summary of victim services by county can be found in Figure 1.

Evidence-Based Practices and Victim Services Surveys

Table 4. Victim Service Category Definitions, Included Services, and Availability Reported by Total Agency Locations (N = 299*)

Service Category	Included services and/or definition of service category	Raw count and percentage of agency locations that offer one or more of the included services in this category
Mobile advocacy	Advocate will meet with a client in client's home or in another location outside of the agency setting.	n = 219 (73.2%)
Emergency, crisis, or transitional shelter services	Free sheltered housing services for individuals in crisis who meet agency eligibility guidelines and targeted service population.	n = 117 (39.1%) Raw count of responding agency locations reporting shelter for specific populations: <ul style="list-style-type: none"> • Domestic violence (78) • Sexual exploitation (53) • Labor trafficking (19) • Homeless adult (10) • Homeless youth (15) • Youth runaway (8) • LGBTQ+ (12) • Young or pregnant mothers with infants/children (18) • Family housing (20) • Street youth outreach (5) • Youth transitional (9) • Deaf and blind (9) • Underserved populations (21)
Housing relocation assistance	<ul style="list-style-type: none"> • Financial resources for housing relocation • Assistance with filing applications for housing relocation from another agency • Referrals for housing relocation assistance 	n = 86 (28.8%)
Emergency financial resources	<ul style="list-style-type: none"> • Direct financial assistance, including any of the following: cash assistance, utility or housing bill assistance, free materials or donated goods (clothing, books, etc.), medical or dental assistance, financial coverage for counseling or mental health services, moving assistance (movers, U-Hauls, etc.), coverage for vet care or pet services) • Referrals to another agency for direct financial assistance 	Direct financial assistance n = 45 (15.1%) Referral for financial assistance n = 120 (40.1%)
Transportation services	<ul style="list-style-type: none"> • Driving service with home pick-up or drop-off • Vouchers for public transit • Emergency bus tickets for long distance travel • Assistance with airfare • Gas cards • Taxi or rideshare services 	n = 134 (44.8%)

Evidence-Based Practices and Victim Services Surveys

<p>Hotline</p>	<p>Emergency phone support and referral for individuals in crisis who belong to a specific targeted population (e.g., sexual assault victims, suicide risk, members of the Deaf community, members of the LGBTQ+ community, etc.).</p>	<p>n = 131 (43.8%)</p> <p>Target populations reported for hotlines:</p> <ul style="list-style-type: none"> • Domestic violence • Human trafficking • Sexual assault and stalking • Runaway/homeless youth • Victims of trauma with developmental disabilities • Child abuse • Behavioral and mental health crises • Addiction • Victims of all crime • Families affected by homicide • “At-risk individuals, 18 – 24 years of age”
<p>Legal services</p>	<p>Attorney services, including:</p> <ul style="list-style-type: none"> • Family law • Protection orders • Criminal law • Immigration • Consumer credit/housing • Pro se legal clinic 	<p>Direct provision of attorney services:</p> <p>n = 50 (16.7%)</p>
<p>Legal advocacy</p>	<ul style="list-style-type: none"> • Family law advocacy • Court and legal meeting accompaniment • Protection order advocacy • Criminal court advocacy for victim witness • Criminal court advocacy for victim defendant • Referral to a community legal program • Courtroom preparation • Supervised visitation/exchange (e.g., court-ordered in divorce or child welfare/foster care) 	<p>n =211 (70.6%)</p>
<p>Medical advocacy and/or accompaniment</p>	<p>Accompany victims to medical appointments or hospital exams, including:</p> <ul style="list-style-type: none"> • Medical advocacy • Accompany to medical appointments • Accompany to emergency room visits • Accompany to SANE/SAFE sexual assault exams • Connect victims to services for STI testing • Connect victims to services for contraception 	<p>n =171 (57.2%)</p>
<p>Medical services</p>	<p>On-site medical exams and services by licensed medical provider</p>	<p>n = 45 (15.1%)</p>
<p>Prescription assistance</p>	<p>Assistance paying for prescribed medications, linking clients to community or private resources that will pay for medications, and advocating for clients at local clinics and/or insurance providers for prescription coverage.</p>	<p>n = 71 (23.7%)</p>

Evidence-Based Practices and Victim Services Surveys

Forensic interview services	Forensic interviews provided by the agency for child victims of sexual and/or physical assault.	n = 44 (14.7%)
Assistance with Safe at Home applications	Assistance completing "Safe at Home" address confidentiality application, which assists victims of domestic violence, stalking, human trafficking, rape or sexual assault by concealing their personal information from public record.	n = 112 (37.5%)
Specialized services for children and families involved in the child welfare and/or foster care system	Any services targeted for families involved in child welfare or foster care, including domestic violence education classes, human trafficking education classes, supervised visitation for child welfare involved families, staff specializing in youth emancipation, targeted residential housing, court-appointed special advocates, respite care, parenting classes, etc.	n = 116 (38.8%)
Specialized services for individuals from the LGBTQ+ community	Services to support members of the LGBTQ+ community, including: <ul style="list-style-type: none"> • Adult discussion/support groups • Youth discussion/support groups • Discussion/support groups for family members • Alcohol/drug abuse classes Health and wellness programming • Safe space drop-in hours • Individual counseling • Legal referral services • Social programming • STI testing • HIV testing • Assistance with obtain HIV prophylaxis • Parenting classes 	n = 112 (37.5%)
Specialized services for individuals from culturally specific groups	Services to support members of culturally specific groups, including: <ul style="list-style-type: none"> • Adult discussion/support groups • Youth discussion/support groups • Discussion/support groups for family members • Alcohol/drug abuse classes • Health and wellness programming • Safe space drop-in hours • Individual counseling • Legal referral services • Social programming • STI testing • HIV testing • Assistance with obtain HIV prophylaxis • Parenting classes 	n = 95 (31.8%)
Document translation	Translation of documents for individuals who do not speak English	n = 176 (58.9%)

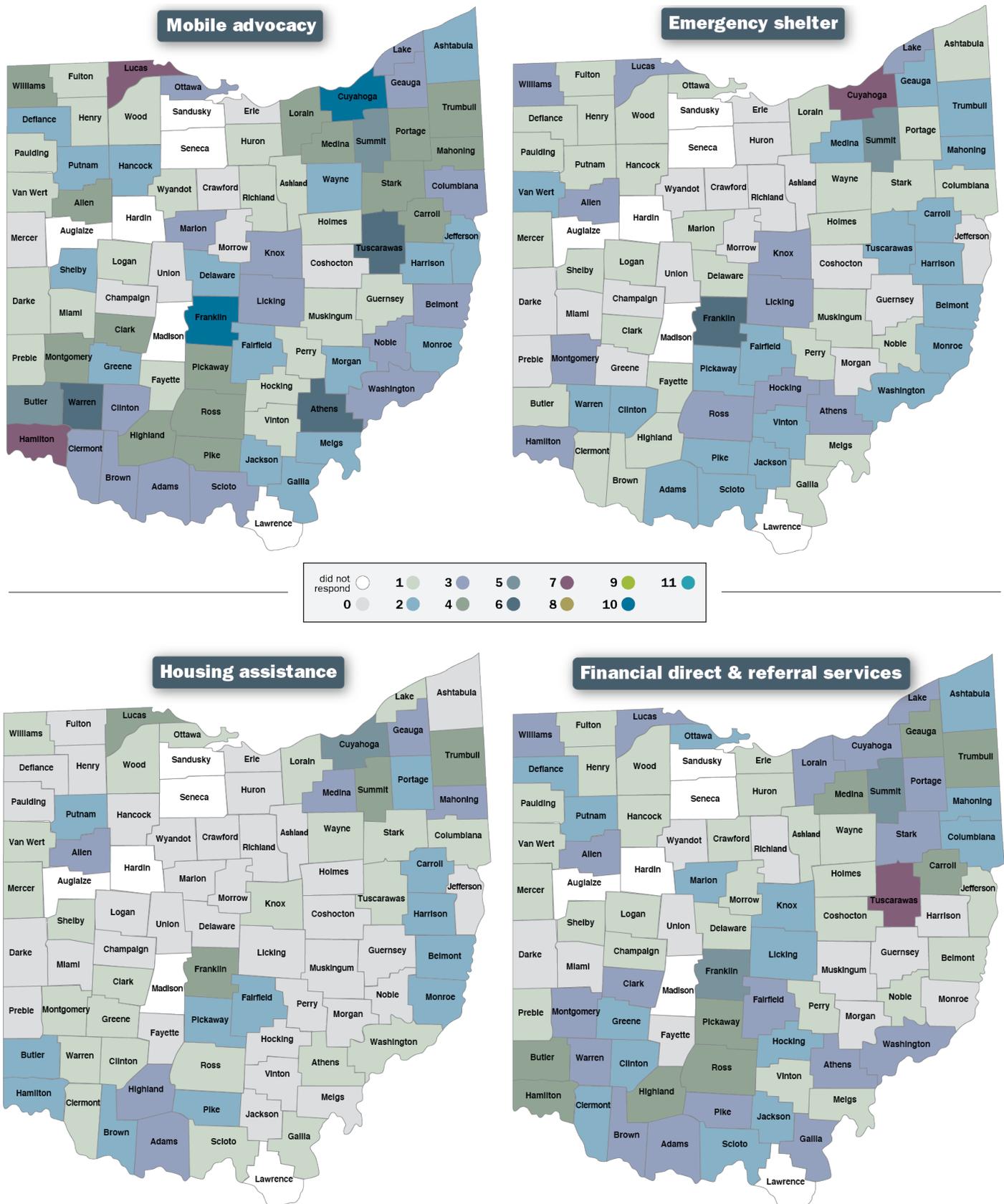
Evidence-Based Practices and Victim Services Surveys

Educational supports and/or services	<ul style="list-style-type: none"> • Assistance with school transfers • Assistance with transportation to/from school • Advocacy and support for securing Individualized Education Plans (IEP) for children in the public-school system • Educational programming provided by the agency (e.g., tutoring, homework help, etc.) • Alternative education setting for children who have experienced challenges in the traditional public-school setting • Linkage/referral to alternative education setting for children who have experienced challenges in the traditional public-school setting • Connection to technical training programs or college programs • Domestic violence/sexual assault/human trafficking prevention for teens • Male engagement programs • Aging out of foster care/educational life skills 	n = 180 (60.2%)
Grief counseling services	<ul style="list-style-type: none"> • Child individual grief counseling • Child grief support group • Adult individual grief counseling • Adult grief support group • Child grief summer camps 	n = 106 (35.5%)
Childcare services	On-site or referral childcare services, including: <ul style="list-style-type: none"> • Temporary full-shift childcare provided by the agency • Childcare assistance during appointments only • Linkage/referral to childcare • Crisis nursery/daycare • Emergency respite services • Assistance applying for government childcare assistance (Title XX) 	Direct provision of childcare: n = 56 (18.7%) Referral assistance for childcare: n = 50 (16.7%)
Food services	Direct supply of food, financial assistance for food, and/or referral and application assistance, including: <ul style="list-style-type: none"> • Community hot meals • Dry goods/non-perishable food pantry • Fresh food pantry (meat, dairy, fresh vegetables and/or fruit) • Vouchers for farmer's markets, CSA deliveries, food co-ops • Financial resources for food (cash, grocery gift cards, grocery vouchers) • Assistance applying for WIC or government food assistance 	n = 76 (32.6%)
Assistance filing for Victims of Crime Compensation (VOCC)	Application assistance and advocacy in filing for VOCC	n = 210 (70.2%)

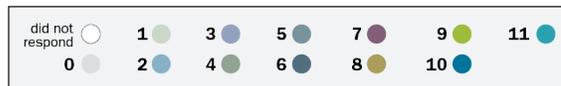
*234 agencies completed the Victim Services survey, representing 299 total office locations across the state of Ohio. Data presented here reflect the number of office locations reporting service availability.

Evidence-Based Practices and Victim Services Surveys

Figure 1. Raw count of agencies reporting service category availability in Ohio counties



Evidence-Based Practices and Victim Services Surveys

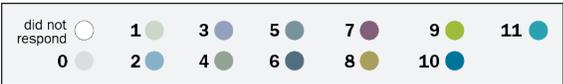
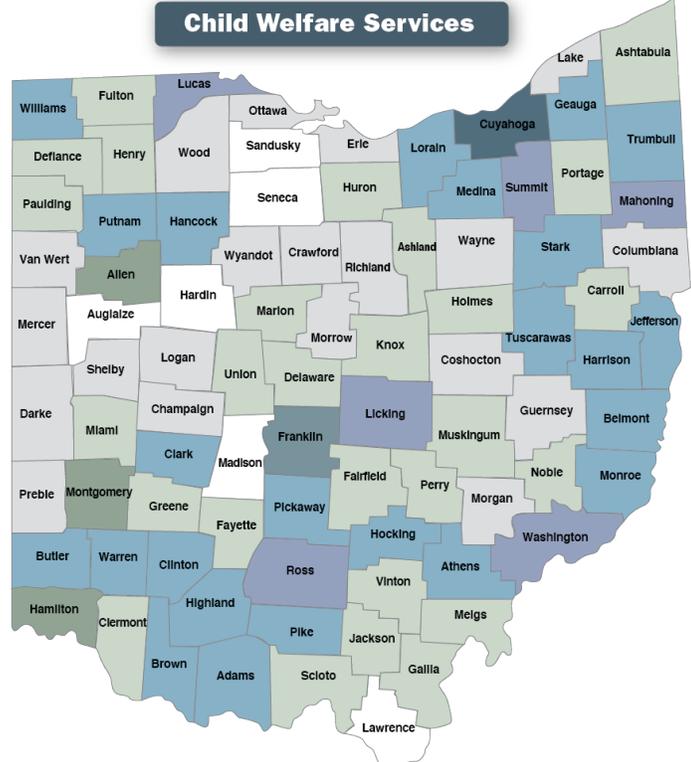


Evidence-Based Practices and Victim Services Surveys

Assist with Safe at Home



Child Welfare Services



LGBTQ+ Services



Culturally Specific Services

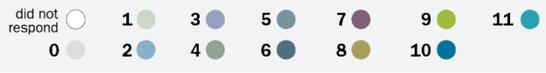


Evidence-Based Practices and Victim Services Surveys

Document translation



Assistance with VOCCA



Transportation Services



Legal Advocacy

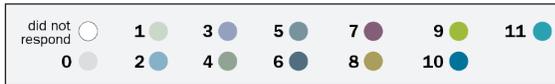


Evidence-Based Practices and Victim Services Surveys

Attorney Services



Medical Advocacy



Educational Services



Grief Counseling

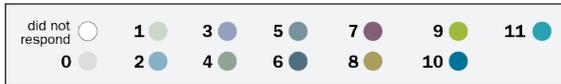


Evidence-Based Practices and Victim Services Surveys

Childcare Services



Food Services



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Linking Systems of Care for Ohio's Youth
**Evidence-Based Practice (EBP)
and Victim Services Surveys**



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PLANNING PHASE

Linking Systems of Care for Ohio's Youth:

Needs Assessment
and Gap Analysis



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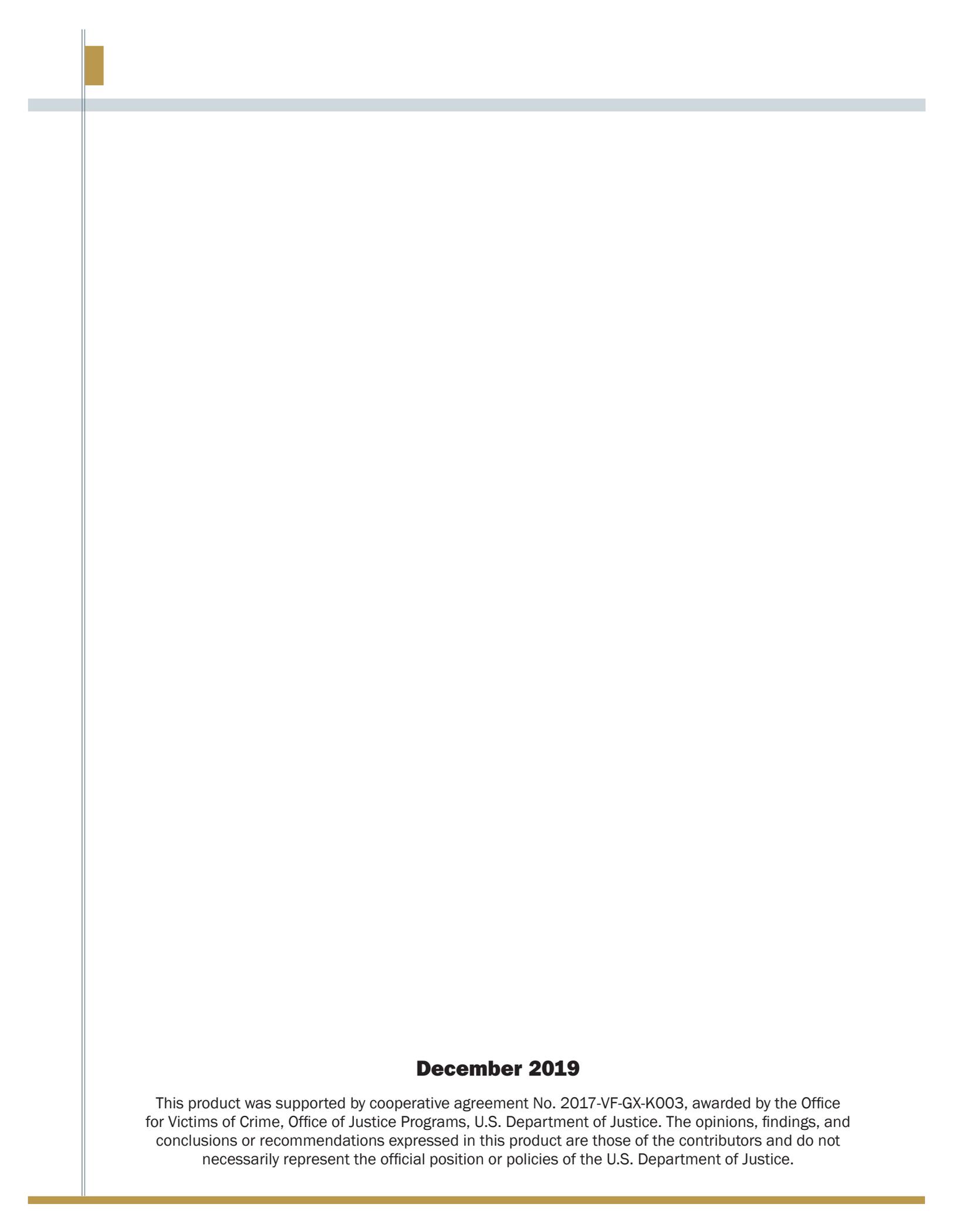
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December 2019

This product was supported by cooperative agreement No. 2017-VF-GX-K003, 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 product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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Acknowledgments

This Needs Assessment and Gap Analysis for the Linking Systems of Care for Ohio's Youth is the result of a highly collaborative effort.

The authors would like to acknowledge the project leaders in the Crime Victim Services Section of the Ohio Attorney General's Office for their guidance and support, especially project director Nancy Radcliffe, a crime victim analyst, and Venica Miller, deputy director of victim service initiatives.

The authors also acknowledge the contributions of the Linking Systems project team, the affiliated research team and the 121 stakeholder representatives who participated in seven project work groups (led by facilitators Graham Bowman, Micaela Deming, Kylie Evans, Tony Ingram, CeCe Norwood, Doug Stephens and Vanessa Stergios); five key stakeholder meetings; and two listening sessions. Many of the stakeholders helped locate data sources and, during the data review process, helped the analysis and project teams better understand it. This document relies heavily on that qualitative and quantitative data as well as work group support from Kathryn Wolf. The widespread dedication to improving family outcomes by linking care systems that support Ohio's child/youth victims is evident.

The authors express their gratitude to the report reviewers, who offered their time and expertise to improve the clarity and accuracy of the document. Included are Love Benton, Micaela Deming, Shannon Farley, Megan Holmes, Jenny King, Rose Larson, Bhumika Patel, Joan Schlagheck and Stephanie Smith-Bowman.

And the authors especially thank the many survivors and their relatives who shared their personal experiences and thoughts to benefit the project – fellow Ohioans, adults and young people alike, who continue to seek safety, healing and justice. They represent the heart of this report, this project and the work ahead.



Executive Summary

Background

Ohio is one of four demonstration sites in the United States that received Linking Systems of Care funding from the U.S. Department of Justice's Office for Victims of Crime (OVC). The grant money is being used for Linking Systems of Care for Ohio's Youth (LSCOEY), Ohio's effort to better coordinate and align health care, child welfare, justice, and other systems both statewide and locally to ensure that, regardless of the system of entry, young victims of traumatic violence and their families receive help in a timely and seamless manner.

LSCOEY is directed by the Ohio Attorney General's Office; managed by its partner, the Ohio Domestic Violence Network; and supported by the project's academic research partner, the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University. The project encompasses a broad group of 121 stakeholders representing more than 75 state, regional and local organizations whose work affects outcomes for child/youth victims throughout Ohio.

LSCOEY's guiding principle: Children and youth who have been victimized deserve sensitive, protective, effective and just responses from local communities and the state of Ohio.

LSCOEY's goals:

1. Ohio children and youth who have been victimized are accurately identified in a wide range of community settings.
2. Ohio children and youth who have been victimized and their families are effectively linked to high-quality resources in or near their communities.
3. Systems impacting child/youth victims are linked at the state level for greater coordination to improve family outcomes, responsiveness and efficiency and to increase leveraging and garnering of additional resources to support Ohio's child/youth victims.

Needs Assessment and Gap Analysis

This Needs Assessment and Gap Analysis (NAGA) is a key product of the Planning Phase of the LSCOEY project. The NAGA identifies:

- Major gaps related to identifying and responding to children and youth who have been victimized.
- Gaps in the training of professionals, available tools, policies and practices, and the current level of collaboration.

Themed findings

The Needs Assessment and Gap Analysis yielded the following seven themes:

1. **Linking systems of care to support child and youth victims of traumatic violent crimes requires not only collaboration but also a deep understanding of the relationship of trauma to the person as well as the person's greater social environment.**
 - Data indicates that traumas experienced by children and youth often occur in environments in which a child should feel safe, such as homes, schools and their communities. As a result, Ohio cannot effectively assist children who have been victimized without addressing the broader picture of the social context in which a child lives. This might include local and statewide employment rates and the availability of

Needs Assessment and Gap Analysis

affordable housing, transportation and accessible health care. Social context also includes political will and current public policies; issues of bias and oppression; institutional infrastructure and governance; the service landscape (or resource distribution); and the fair application of justice.

- Many Ohio organizations and systems are actively making changes to strengthen their internal capacity and competencies to improve outcomes for Ohio's child/youth victims. The NAGA cataloged 23 Ohio-focused task forces and policy efforts aimed at addressing unique areas of need that are relevant to the LSCOY project population. Linking these systems will allow us to coordinate more sustainable changes throughout Ohio.
 - Identifying opportunities where there is agreement on direction (e.g. building trauma-informed systems, addressing social determinants of health, etc.) and coupling that with measuring increments of change will help align messages and leverage resources. Understanding the intersection between systems and the services they provide to the child/youth victims and their families is crucial to successfully serving these children and youth.
2. **Ohio's systems must have a child-first focus and keep the child's needs, wants and safety as priorities.**
 - Service providers are encouraged to consider the complexities, strategies and realities of the various systems involved in caring for child/youth victims and to match services to the child/youth being served. Such an approach creates a person-centered system that balances the needs, wants and overall well-being of survivors, with each child or youth being seen as an individual, thus replacing "cookie cutter" interventions.
 - Successful outcomes should be based on what survivors say they need. A child-focused approach would measure survivor-driven, long-term goals when determining success before measuring system-driven goals (e.g. participation in prosecutions, family reunification, etc.).
 3. **A trauma-informed practice framework is needed to support young victims of crime and their families/caregivers.**
 - The NAGA identified a need for using trauma-informed approaches that help children and their families, community members and service providers recognize, report and respond to victims.
 - The NAGA also identified several means of improving trauma-informed practice in systems of care throughout Ohio:
 - » **Training:** Increased training on trauma topics would result in system professionals responding more sensitively to victims and, in turn, victims receiving more appropriate services and support.
 - » **Addressing secondary trauma:** Addressing secondary trauma and the resulting staff turnover ultimately improves outcomes for children and youth. By incorporating key trauma-informed principles in workplaces – recognition of trauma and the importance of support, training in self-care and resilience skills, trauma-informed supervision, employee assistance programs, healthy workspaces and schedules, and adequate leave policies – make for healthy service providers, which translate to better services for children and youth. The NAGA also noted a need to place responsible limits on caseloads, to ensure thorough follow-through with each client; expansion of the workforce across systems, to manage increasing workloads; and improved educational preparation, to build a pipeline of future systems and related service professionals who are adequately prepared and motivated to take on the work.
 - » **Screening:** One goal of LSCOY is to accurately identify Ohio children and youth who have been victimized. The project research team, from Case Western Reserve University, identified a gap in existing trauma screening tools that, if met through innovation, would help trauma-exposed children be identified earlier; screened more accurately; and, when necessary, referred appropriately. Additionally, stakeholders offered examples of poor screening (or none at all) that resulted in young people being overlooked, ignored, stereotyped, mislabeled, misunderstood or provided with inadequate and/or mismatched services.

» **Victim safety and perpetrator accountability:** The NAGA found that some current policies and practices are not aligned with the Substance Abuse and Mental Health Services Administration's trauma-informed principles of "safety" nor "empowerment, voice and choice" for victims. Physical and psychological safety are compromised when victims do not perceive responsible systems as protective or willing to hold perpetrators accountable. Coerced victim participation in unhealthy relationships or in "reparative" or "reunification" therapies against their protests or that assign shared blame and minimize or excuse perpetrator accountability place the child victim and nonoffending parent in unwarranted and potentially dangerous situations. Such practices often stem from a system's outdated knowledge about the dynamics of child abuse and domestic violence.

4. Ohio child/youth victims of violence and their families and caregivers must have equitable access to needed services.

- Ohio is not unique in its need to work harder to ensure equitable access to needed services. Project stakeholders identified several ways in which the biases of system agents and institutions, whether implicit or overt, affect the experience of victims in seeking or receiving help. Generally, stakeholders (and especially survivors) reported that statements and feelings of child/youth victims are too readily discounted and that the experiences of females are too routinely disbelieved. Given such biases, victims of trafficking, domestic violence and sexual violence are particularly hindered in their ability to receive the services they need and want. The biases play out in varying ways for different members of the system:
 - » **Communities of color:** Key informants cited numerous examples of how marginalized populations often experience policies and practices rooted in historic oppression or current biases that block access to the services families need and want or deliver harsher responses once they are involved.
 - » **LGBTQ+:** Data indicates that LGBTQ+ victims of crime are frequently treated unjustly. Informants shared that access to services for these youths is often blocked by parents who do not support their sexuality and refuse to give them the documentation required for assistance. Unfortunately, once youth enter the system, they are often served by adults who are unaware of their implicit bias. Key informants shared a need for all service providers to know how to provide safe, inclusive and affirming care for all youth victims.
 - » **Deaf individuals and individuals with hearing loss:** Deaf victims of crime, including children and youth, experience additional obstacles compared with their hearing counterparts when seeking and receiving help. The obstacles stem from language deprivation; unsupported biases about their cognitive abilities; and inaccessibility to translated materials, interpretation services, education and employment (Garberoglio, 2018).

5. Not all communities in Ohio have enough resources or services to address victim/family needs.

- Differences in community resources were identified as a barrier to timely and appropriate services. A review of directories and service area maps illustrated geographical gaps in resources and widely varying levels of services. Data indicates that:
 - » Only 32 percent of Ohio's counties are covered by Child Advocacy Center (CAC) services.
 - » A total of 44 court-appointed special advocate (CASA) programs and guardian ad litem (GAL) programs serve 53 counties.
 - » Service providers for homeless youth are found in just 13 of Ohio's 88 counties.
 - » Facilities specifically for children/youth accredited by the Commission on Accreditation and Rehabilitation are available in 81 of the 88 counties, but not all have a full range of programs for children/youth.
- Other vital services identified as widely varied by community include transportation services for families who do not own automobiles, sufficient housing for youth who are aging out of the foster care system,

representation for children in court proceedings, and forensic interviewers experienced in working with young children.

6. Participation in services is costly, financially and otherwise, for victims and their families and caregivers.

- Victims and their families are often referred to a multitude of mandatory services without consideration for how those obligations affect their lives, financially, emotionally, socially or otherwise.
- The financial cost of services can be a huge barrier to families, as the costs typically extend beyond services to those related to new housing, transportation to appointments and court cases, or integrative holistic treatment (which often is not covered by insurance). Also a burden are the costs associated with Domestic Relations Court when domestic violence or child abuse is an issue and protection is sought.

7. Information sharing between the various systems is challenging.

- The NAGA reinforced that a common language is needed so that linked systems can communicate clearly and effectively. It also identified the need to link information systems such as case files, screening and assessment results, and other relevant data to reduce the need for the victims to recount their victimization multiple times and to expedite service provision.
- Stakeholders, however, cautioned that mechanisms developed for shared information need to consider access issues as well as confidentiality requirements. For example, protections must be in place to prevent the improper interpretation or use of information by perpetrators against the non-offending parent in a Domestic Relations case or other legal proceeding.
- To support coordination in administration and policy at the systems level, systems need a coordinated exchange of aggregate data on service use, costs and effectiveness. The exchange and thorough understanding of relevant data have the potential to inform programming, innovations and funding for child/youth victims.

Recommendations

The LSCOY project team is encouraged to use the results of this NAGA to continue its strategic planning while keeping in mind the following recommendations:

- **Multi-system collaboration/mix of strategies:** The LSCOY project team should pursue a mix of strategies that leverage or extend current efforts throughout the state while also balancing efforts with strategies that address unique aspects that have been historically overlooked, require supportive leadership or have gone without a project home. Likewise, some needs are best suited to a system-specific solution that is created, owned and implemented by an individual system. The LSCOY project team should focus its attention on areas that would most benefit from and welcome multi-system collaboration and can unify critical messaging across many systems.
- **Cost-benefit:** Project resources are finite, so return on investment will be important. Resource-intensive strategies should be weighted by their potential for success, including the breadth and magnitude of impact. They should also be tempered by considerations for costs that may arise to survivors, families and stakeholders due to consequences of the strategy. Similarly, unless and until additional representation is garnered from lesser-engaged systems, the project should start by focusing on strategies that can be employed by capitalizing on the reach, expertise and will of the current roster of stakeholders.
- **Timeliness:** Strategies should be evaluated for optimal timing. Strategic planning should encompass matters such as prioritizing an action based on implications of current affairs or other issues occurring as part of the current state context; an action that would be easily and quickly completed, helping to galvanize the project team, or an action that lends itself to a higher degree of sustainable outcomes beyond the grant period.
- **Alignment with project goals:** The strategic plan should meet the three main LSCOY goals defined in the project logic model and referenced in the Background of this Executive Summary.

The State Landscape for Linking Systems of Care for Ohio's Youth

“A need is the difference (or measured discrepancy) between the current state and the desired state.” — Altschuld & Kumar, 2010

Project background and phases

In the spring of 2017, the Ohio Domestic Violence Network (ODVN) approached the Crime Victim Services Section of the Ohio Attorney General's Office (AGO) with the idea of pursuing a federally funded collaborative project to address the needs of young crime victims. This idea originated as the two entities worked together and with other key partners to develop Calling All Heroes, a multidisciplinary summit on the co-occurrence of child maltreatment and domestic violence. Simultaneously, then-Ohio Attorney General Mike DeWine directed his Crime Victim Services Section to incorporate a session on child protection into the AGO's annual Two Days in May Conference on Victim Assistance. That session, titled “The Idea Incubator: Protecting Our Children,” brought together a multidisciplinary group of Ohio professionals involved with child protection to brainstorm ideas and strategies for dealing with the impact of violence through enhanced prevention, intervention and accountability.

The cooperative efforts reinforced the general belief that Ohio needs interconnected and more sustainable approaches to aiding child/youth victims of crime. The ODVN and AGO agreed that the grants offered through the federal government's “Vision 21: Linking Systems of Care for Children and Youth” presented an opportunity to achieve this goal. The two entities identified numerous stakeholders throughout the state as well as an academic research partner – the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University in Cleveland – and submitted a grant proposal.

Ohio is one of four demonstration sites – the others are Illinois, Montana and Virginia – that received Linking Systems of Care grants from the U.S. Department of Justice's Office of Victims of Crime (OVC). The OVC seeks to coordinate, facilitate and improve efforts to align health care, child welfare, justice and other systems to ensure a timely and seamless response to young victims and their families and caregivers, no matter a child or youth's system of entry. The collective demonstration project is expected to last up to six (6) years, provided that funding continues.

The federal government's goal with the Linking Systems project is to improve responses to child/youth victims and their families and caregivers by providing consistent, coordinated responses that address the full presenting issues and full range of victims' needs. The project is guided by three principles: 1) healing individuals, families and communities; 2) linking systems of care; and 3) making informed decisions. (<http://www.linkingsystemsofcare.org/about/guiding-principles.html>, National Council of Juvenile and Family Court Judges, 2018)

The LSCOY project to date has encompassed a 15-month Planning Phase, during which the project team has laid the groundwork for the second phase, the Implementation Phase. The Planning Phase consisted of resource mapping, screening tool development, the needs/gap analysis and the development of a strategic plan. Ohio is currently transitioning from the Planning Phase to the Implementation Phase.

Ohio's framing values and principles

The team behind Ohio's Linking Systems project, called the Linking Systems of Care for Ohio's Youth (LSCOY), believes that the state's child/youth victims deserve the most sensitive, protective, effective and just responses possible from our communities and state. The team's overarching goals encompass more sensitive identification of victimized children/youth; more functional capacity and alignment to common principles across systems; and more seamless access to equitable, appropriate, coordinated and stable trauma-informed supports so that these young people and their families can find a path to healing and achieve their full potential in life. The project stakeholders affirmed early on that, as these children and their families are supported in such ways, Ohio communities likewise will realize benefits.

The project scope puts a priority on improving the identification of and community response to child/youth victims of violence (physical or sexual), including:

- Children victimized by family or household members or in foster care settings
- Homeless or runaway youth victimized by family members, community members or human traffickers
- Youth proximal to and affected by severe violence, including homicides in families, communities or neighborhoods

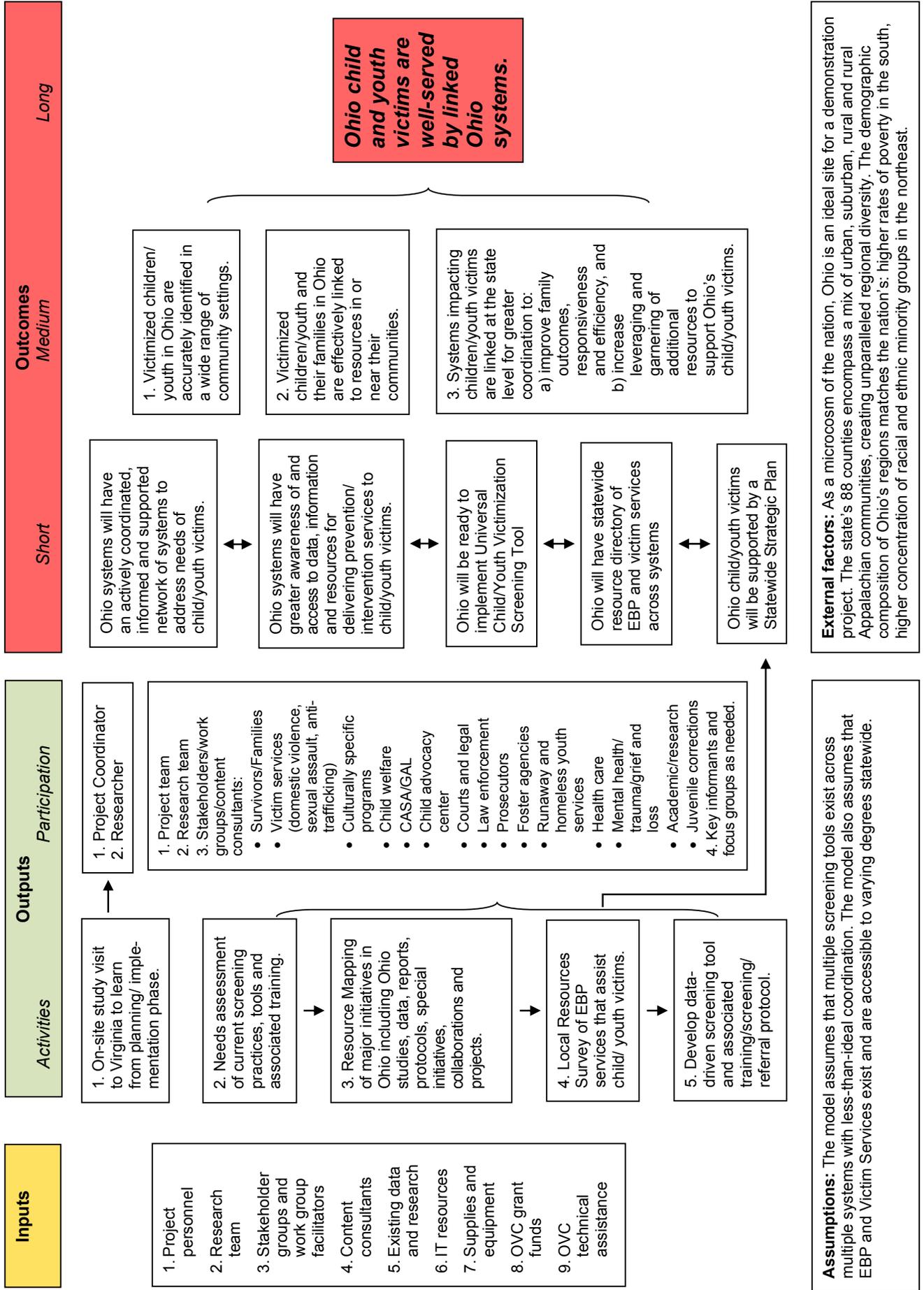
LSCOY encompasses victims from birth to 26 years old, a range determined with input from stakeholders that deliberately includes victims older than 18 years who might be in high school or college, are being served by programming for transitional-aged youth and/or are receiving health care benefits through a parent's health care coverage.

This document uses the terms *victims of crime* and *victims of traumatic crimes* to refer to those who have experienced incidents resulting in traumatic responses. The word *crime* in this context has no intended specific legal definition; it is understood that victims may not be known to the criminal justice system and/or that their cases may not be accepted or pursued by the criminal justice system. Further, it is important to acknowledge that victims and their families and caregivers seek safety, healing and justice from a variety of systems, including those involving child welfare, criminal justice, family court, health and behavioral health, social services and victim services.

The project scope also encompasses victims in the custody of the Department of Youth Services who have been charged with an offense and been adjudicated delinquent. Many of these youth face the duality of having been victimized and having themselves been perpetrators of crime and violence. The term *survivor(s)* is used to reflect empowerment over trauma and adversity, but it is important to note that, sadly, not all victims survive the crime or trauma they experience.

LSCOY aims to ensure that the state's child/youth victims are well-served by interconnected systems. This ultimate goal is supported by various outcomes, as presented in the logic model that follows. The overall framing of the desired outcomes is rooted in principles that are trauma-informed, safety-oriented and child-first-focused.

Figure 1: Ohio Linking Systems of Care for Ohio's Youth Logic Model



Needs Assessment and Gap Analysis (NAGA): Definition and Guidelines

This NAGA represents a foundational step and a vital product of the project's Planning Phase. The 121 stakeholders and seven project work groups were charged with identifying key gaps in professional training, assessment tools and levels of collaboration. In addition, the stakeholders and work groups pinpointed gaps related to the identification and assessment of victimized young people in the following settings:

- Juvenile Courts (abuse and dependency cases, custody cases of unmarried parents, juvenile protection order cases, delinquency proceedings against youth, and detention and probation programs for youth offenders)
- Domestic Relations Courts (protection order cases, private custody cases of married parents)
- Criminal courts (child advocacy centers conducting forensic interviewing, law enforcement, prosecution, judicial processing, and probation cases involving child victims or witnesses)
- The nonprofit and government-based services sector (rape crisis agencies, domestic violence shelters and programs, programs for runaway and homeless youth, mental health providers, health-based prevention and early intervention programs, child protective services, culturally specific programs and others)

To inform the overall work of the project team, including this needs/gap analysis, a work group of adult survivors of childhood violence and family representatives had been formed as subject-matter experts with "lived experiences." (See Appendix 1, Work Group Descriptions, and Appendix 2, Interview Questionnaire) The project team, made up of representatives of the Ohio Domestic Violence Network and Ohio Attorney General's Office as well as researchers from Case Western Reserve University, worked for several months with the survivors group and stakeholder representatives to collect data for analysis. Then, in early 2019, the AGO contracted with professional evaluators to conduct the analysis. The NAGA team consists of these evaluators as well as the project director and, from ODVN, the project manager.

To determine the needs and gaps in Ohio's systems of care, the NAGA team began reviewing the documents the project team had gathered – 178 in all – as well as data sources (Appendix 3, NAGA Data Scan) pertinent websites and other relevant reports. The NAGA team used the scope of the evaluators' work as outlined in their contract (Appendix 4, Scope of Work) as well as input from the LSCYOY project team to guide the analysis and this report. For much of the analysis process, the NAGA team focused on reviewing, organizing, storing and analyzing qualitative and quantitative data sets and literature regarding the project components. The NAGA team reviewed the strategic directions proposed by the project team to determine divergence and convergence of data in support of the proposed needs and gaps. As part of that work, the NAGA team developed lists of needs and gaps to guide the project team's strategic planning. The NAGA team also helped develop two (2) listening sessions involving stakeholders to identify needs and gaps in the care systems (Appendix 5, Listening Sessions Summary). In addition, an invitation to attend and participate in a foster youth conference, Fostering Pathways to Success, helped the NAGA team gain the perspective of foster care youths regarding system needs and issues for those aging out of the system (Appendix 6, 'Fostering Pathways to Success' Summary).

Distinct from but relevant to the NAGA team's work, the project research team, early in the second quarter of the grant, initiated a separate needs assessment with respect to a proposed universal screening tool. Using various approaches, the research team solicited input on the screening tool from the key stakeholders. Work

group members and the stakeholders completed a survey on current screening practices and receptivity to the proposed universal screening tool (Appendix 7, Work Group Member Survey of Screening Tools and Practices). In March 2018, a broader survey that also included the same screening tool-focused items (Appendix 8, Survey for “Calling All Heroes” Conference Attendees) was completed by 166 participants in the Calling All Heroes summit for child-serving professionals, which included stakeholder representatives as well as a broader audience (Appendix 9, Summary of ‘Calling All Heroes’ Survey, and Appendix 10, Combined Responses From Screening). The results of these surveys as well as an inventory of currently used screening tools in Ohio and a systematic literature review helped to narrow the recommended use of a screening tool (Appendix 11, Child Trauma Screening Tool), with the project and research teams determining that the screening tool would be offered for voluntary use in specific systems represented in the Linking Systems project but have no universal application. A detailed white paper on the screening tool needs assessment and the tool development process was completed, with feedback on the paper sought through a listening session in March 2019 (Appendix 12, Summary From Listening Session). A Screening Tool Development Committee was convened in April 2019. In July and August 2019, the Survivors and Families Work Group provided feedback on both the screening tool and an online resource directory.

A Summary of Themed Findings

“Systems have to be set up so everyone works together, regardless of who is in the specific job.”
 — interview respondent, the Survivors and Families Work Group

Numerous themes emerged during the NAGA team’s review of the voluminous data and during listening sessions. Together, the project and NAGA teams narrowed the original list to seven (7) themes, all of which underscore the need to link Ohio’s care systems for child/youth victims:

Table 1: Summary of Themes
1. Collaboration is a key element of linking care systems, but a deep understanding of the relationship of trauma to the child/youth victim and to the child/youth victim’s greater social environment are also essential.
2. Ohio’s systems must not only adopt a child-first focus but also retain the child’s needs, wants and safety as the priorities.
3. A trauma-informed practice is needed to support young victims of violence and their families and caregivers.
4. Young victims of violence and their families and caregivers must have equitable access to needed services.
5. Some communities in Ohio have insufficient resources and/or services to address victim and family needs.
6. Participation in services is costly, financially and otherwise, for victims and their families and caregivers.
7. Information sharing among the various systems is challenging.

Here is a closer look at the themes, including supporting data either provided by participants in the work groups and/or listening sessions or gathered from various state sources. Recommendations are also included.

1 Collaboration is a key element of linking care systems, but a deep understanding of the relationship of trauma to the child/youth victim and to the child/youth victim’s greater social environment are also essential.

Multiple stakeholders mentioned this theme throughout the research and planning processes.

The Substance Abuse and Mental Health Services Administration describes “trauma” as an individual’s personal equation of three (3) variable E’s: Event + Experience + Effect (SAMHSA’S Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Applying that framework to this project, we must consider the actual traumatic event that occurred to a child, how the child experienced that event and the event’s effect on that child. We know that children who endure the same traumatic event are likely to experience it differently. We also know that the same event typically affects children’s overall well-being differently. Further, much of the trauma being experienced by Ohio children is complex trauma – the kind that results when children have suffered

multiple traumatic events, often chronic or recurring threats to their sense of safety and stability. Even more complicated is trauma identified as criminal that occurs within a child's home or family or within some other trusted relationship. Too often, the reviewed data indicates, traumas experienced by children/youth happen in environments where a child should feel safe, such as a home, school or community.

Environment: Based on the data and comments submitted by stakeholders, one could argue that a fourth E variable is significantly relevant to the others for this project's system-level orientation: environment. We cannot effectively assist a child victim of crime without addressing the broader picture of the social context in which the child lives. Broadly, environmental factors noted by stakeholders that affect trauma's impact are the influence of family/community/state economy in terms of employment, affordable housing, transportation and accessible health care. In essence, the stakeholders identified what the public health field calls the "social determinants of health," which suggest that the framework extends to the child welfare system, justice systems and further. Other environmental influencers of childhood trauma are political will and public policy (state and federal), the potential issues of bias and oppression, equitable versus disparate outcomes, institutional infrastructure and governance, collaboration and leadership, the service landscape (or resource distribution), opportunities for financial recovery from crime, public trust in responding systems, accountability and the fair application of justice.

Therefore, it follows that to properly address the epidemic of childhood trauma in Ohio, we must position strategies that:

- Prevent and reduce the occurrence of traumatic *events*.
- Proactively build resilience for children to draw upon as they *experience* trauma.
- Respond to the full range of *effects* with which they may live.
- Address the *environment*-related concerns that exacerbate problems or limit the pursuit of help, healing and success.

Cross-system collaboration: SAMHSA's 10 domains of implementation of trauma-informed approaches are relevant to this first theme (SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Among them are cross-sector collaboration, training and workforce development, progress monitoring and quality assurance, evaluation, and financing. Currently, many Ohio organizations and systems are actively making changes to strengthen their own internal capacity and competencies and also taking important steps to not only end harmful practices and policies but also address any potential biases. Both the Policy Work Group and the Supportive Services Work Group discovered several initiatives that encompass cross-system strategies and references to implementing trauma-informed approaches. The Policy Work Group cataloged 23 Ohio-focused task forces and policy efforts addressing distinct areas of need that are relevant to the LSCOY project population (Appendix 13, Ohio Task Forces and Policy Initiatives). How might linking these evolving systems allow us to coordinate the change efforts to more sustainably bridge the gaps across the state?

Like the task forces and policy groups selecting similar strategies, stakeholders participating in the related efforts identified similar challenges. One challenge to collaborative success is that system transformation occurs at varying paces, for different reasons and with different levels of investment of time and resources. By definition, collaboration means "laboring together" – in this case, across multiple systems, each with its own advances in practice, emerging technologies and training capacities, shifts in policies through administrative changes, and setbacks or losses. These dynamic and variable factors present another challenge: knowing what works and what does not. With so many factors at play, understanding which factors (or constellations of factors) influence which outcomes is difficult. In other cases, it can be hard to determine the direction that change is occurring – positively, negatively or in both directions simultaneously. Too frequently, interventions are not fully evaluated

Recognizing that many individuals cope with their trauma in the safe or not-so-safe space of their communities, it is important to know how communities can support or impede the healing process. Trauma does not occur in a vacuum. Individual trauma occurs in a context of community.

— SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Needs Assessment and Gap Analysis

or have not considered the longitudinal effect or broader impact of the given intervention beyond the immediate system. In some instances, an intervention may become obsolete or ineffective by a change in a neighboring system. And, finally, initiatives may also be abandoned before their effects and contextual factors can be fully understood and the results disseminated.

Identifying the opportunities that inspire agreement on direction (e.g. building trauma-informed systems, addressing social determinants of health, etc.) and coupling those with processes for measuring incremental change will help us align messages and leverage the necessary resources. This is important not only for the systems' benefit but, ultimately, for the families and children who rely on the systems in times of urgent need.

The vast number of systems and services involved in the lives of young victims and their families and caregivers makes effective collaboration vital for linking systems. Stakeholders voiced multiple challenges to collaboration, attributing them to the varying policies, protocols and perspectives of their respective systems. In listening sessions, stakeholders commented that "systems have different takes on what is best for the child." First and foremost, there must be universal agreement on what is best for the child. Next, all the stakeholders need to work together to guarantee that what is agreed upon is accomplished. Several stakeholders acknowledged that their roles and resources limit what they can do to address the array of issues that young victims and their parents and caregivers present. Given such challenges, all stakeholders must have access to the available resources across systems to effectively address the needs of children/youth and their families.

Stakeholders also shared this feedback: "We don't really put enough emphasis on the fact that the systems impact each other, so the connection to the justice system may mean that they need to seek services with the MH [mental health] system, which could cause a requirement that they connect with the juvenile justice system. We've been told historically to 'pick one' system. We know now that doesn't work, so we need to link these systems."

A clearer understanding of each system's

options: The agents of different systems need to more thoroughly understand one another's

roles and respective systems. A grasp of the intersection among systems and the services they provide to child/youth victims and responses to their families is crucial for achieving the project goal. The cross-system collaboration also requires a common language that would allow all system service providers to better understand one another.

Vulnerable young people need a more robust state-level infrastructure with public and private collaboration. The systems need to work together to use the findings of ongoing state-level research – the juvenile trafficking needs assessment, the 2016 child welfare needs assessment and this LSCOY needs assessment, for example – to strategically co-develop a plan to address the issues facing child victims of violence and their families and caregivers.

...More than a focus on the outcomes, we need to work with funders to integrate trauma-informed grant making and survivor-informed outcomes into the requests for proposals and tracking mechanisms, including survivor-defined outcomes, which may be different from funders'. Some of the grants have outdated and offensive language, and these issues need to be addressed.

— Listening session participant

2 Ohio's systems must not only adopt a child-first focus but also retain the child's needs, wants and safety as the priorities.

“We, as multiple systems, need to focus on the child rather than the parents.”

“With laws as they are, children are treated more as property than as individual humans with rights.”

These two comments from LSCOEY stakeholders underscore a universal sentiment expressed throughout the needs/gap analysis process: A child-first focus is crucial and must remain a priority. Stakeholders cited various ideas, across a number of systems, for achieving that focus and priority. Among them are:

- Having children represented by legal counsel during court proceedings.
- Maintaining relationships with non-offending parents and removing required visitation between a child and his/her perpetrator.
- Allowing children to maintain healthy social relationships, pets, interests and activities that are important to them.
- Adapting court procedures that safeguard children from having to face a battering parent during the process.
- Improving the civil protection order (CPO) process to avoid re-traumatizing victims.
- Initiating charges against perpetrators rather than making survivors approach prosecutors about pressing charges.
- Making sure after-care is provided to young people leaving child care or shelters.
- Co-developing individualized safety plans and crisis strategies for young people.
- Changing problematic rules instead of having to bend rules to rightly support the child.
- Asking young people about what might help and, as appropriate, linking them to that help.

No one-size-fits-all response is appropriate for every child or youth victim of violence. Stakeholders encouraged service providers to consider the complexities, strategies and realities of the various systems involved and recommended that services be matched to the child or youth being served. Such an approach creates a person-centered system that balances the needs, wants and overall well-being of survivors, with each child or youth being viewed as an individual. “Cookie cutter” intervention would be eliminated.

Youth aging out of foster care: Professionals within the child protective services and advocacy systems suggested that we enhance the support networks (housing, employment, education, affordable health care, social/recreational) for youth aging out of foster care to ease young people's adjustment to adulthood. The same sentiment emerged during discussions with foster care youth. Last year, 956 youth were discharged from foster care (Summary of Children Discharged From Care Report 2018, 2019). These youth are acutely aware of the tenuous nature of safe and secure housing and the importance of familial and social connections. On average, the foster care youth¹ knew at least three peers who were “couch surfing” because they were living on their own. The Bridges program, offered through the Ohio Department of Job and Family Services (ODJFS) for youths transitioning from foster care, is an important initiative discussed later in this report (in Context: Related State Policies & Initiatives).

¹ Foster care youth attending the Fostering Pathways to Success conference in March 2019 responded to a question asking them how many of their peers are couch surfing.

Many of the youth aging out of foster care find themselves homeless. In surveying programs for homeless youth, the Policy Work Group found myriad needs, whether the youth were homeless as a result of aging out of foster care or some other circumstance, such as running away or being forced out of the home by unsupportive household members (Appendix 14, Survey of Ohio Programs Serving Runaway and Homeless Youth). Respondents cited as roadblocks unaffordable housing; a lack of personal documents to verify identification; and, even if they could afford monthly rent, ineligibility to sign a lease (many homeless youth are not yet of age). Prioritizing the basic needs of such youth over eligibility and/or documentation would constitute a child-first focus.

Survivor-defined outcomes: A child-first focus also incorporates measuring successful outcomes based on what survivors say they need. As several stakeholders noted, different systems have different (and oftentimes competing) outcomes for youth survivors. Stakeholders urged the project team to really think about equitable outcomes, regardless of the factors – as in, “You need flexibility and adaptability of the systems to address the issues/factors that the youth prioritize as needs.” Stakeholders mentioned the tradeoff between autonomy and service provision and how the immediate goals of the survivors do not always align with the long-term goals that service providers view as progress. The child-focused recommendation favors success based on survivor-driven, long-term goals before system-driven goals (e.g. participation in prosecutions, family reunification, etc.).

3 A trauma-informed practice is needed to support young victims of violence and their families and caregivers.

Stakeholders identified a need for using trauma-informed approaches that help everyone — children/families and systems workers as well as community members and service providers who interact with the child and their families — to recognize, report and respond to trauma victims.

Their insights nearly parallel SAMHSA's four assumptions (articulated in four R's) about trauma-informed approaches: “A program, organization or system that is trauma-informed *realizes* the widespread impact of trauma and understands potential paths for recovery; *recognizes* the signs and symptoms of trauma in clients, families, staff and others involved with the system; *responds* by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively *resist* re-traumatization (SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014).

Related to the concepts of “realization” and “recognition,” two members of the Survivors and Families Work Group stated:

- “I think all systems that interact with children and families should be educated on trauma and especially what the signs are. People forget that even children like me, who caused no trouble, can be experiencing trauma as well. We just show it differently.”
- “Statewide education for all entities working with children [is needed]. Why should people who are not educated in childhood trauma be able to make decisions for them?”

Training needs: As mentioned earlier, training is one domain for implementing trauma-informed approaches. Data collected to inform this needs assessment identified various training gaps that, if plugged, would help improve trauma-informed practice throughout the systems of care. Ideally, training on trauma topics matched with opportunities to build on and practice skills would result in system professionals responding to victims more sensitively and, in turn, victims receiving more appropriate services and supports. Stakeholders and survey participants noted that, in court-involved cases, judges, magistrates or juries responsible for decisions base such

Trauma is the link within all of our work.

We need to be able to recognize the real issues behind the problems/situations we are dealing with to find appropriate, workable solutions for victims and their families.

Trauma is a community issue, a quality issue and a quantity issue. How do we balance that? We need to focus on [improving] the quality of the services.

— Listening session participant

decisions on information presented by attorneys/prosecutors, law enforcement, child protective services, court-appointed special advocates and guardians ad litem, school counselors, educators, health care professionals and other experts serving children and families. As a result, it is in the best interest of child/youth victims for professionals who contribute case information or present evidence or arguments in court to be adequately trained and prepared. Incorporating knowledge and approaches for interacting with victims (child and adult), a trauma-informed framework for investigating and presenting evidence not only benefits victims in terms of safety and healing but also supports better legal outcomes.

Training topics suggested by stakeholders, listening session attendees and surveyed professionals include:

- Identifying trauma and trauma reactions.
- Creating trauma-informed spaces.
- Developing trauma-informed policies and conducting organizational assessments.
- Defining trauma resulting from domestic violence, sexual violence and child maltreatment to support better screening and intervention.
- Distinguishing trauma symptoms from other concerns (whether co-occurring or not).
- Understanding the exploitation of fear and trauma responses as used by batterers, child abuse perpetrators and sex offenders.
- Minimizing/removing barriers to services for individuals experiencing trauma reactions.
- Improving outcomes for children/youth experiencing trauma reactions.
- Assessing risk, danger and lethality for victims experiencing chronic traumatic events.
- Accounting for culture and identity when serving victims who are experiencing trauma reactions.
- Understanding how to challenge and refute misinformation, myths and junk science that directly conflict with trauma-informed practice (e.g. misapplication of parental alienation syndrome in the context of violence, for example, or the harm of reunification therapy).

Beyond suggested topics, stakeholders emphasized that the manner of shifting to a child-first, trauma-informed practice is crucial to its success. Consistent and clear practice boundaries and rules, experiential/simulation-based learning opportunities for each system role, development of systems-wide superintendence over this practice, and ongoing continuing education in best practices are important to making the shift stick and evolve effectively.

Addressing secondary trauma and staff turnover:

To help bolster the personal wellness and perceived value of system workers and bring more balance to a workforce facing high job stress, bloated caseloads and high turnover rates, the trauma-informed approach needs a focus, too, on the systems' own organizational culture. According to SAMHSA, a "trauma-informed organization's human resource system incorporates trauma-informed principles in hiring, supervision and staff evaluation. The organization will have procedures in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals with complex trauma" (SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014). Understaffed and under-resourced organizations will struggle to be truly trauma-informed because such a practice requires time and opportunities for training, employee support and healthy workspaces. As child-serving systems struggle to attract new professionals to the field, the situation worsens.

As noted in the Recovery Ohio Advisory Council's Initial Report from March 2019, which was provided by a key stakeholder: "An adequate supply of well-trained employees is the foundation for an effective service delivery system. Most of the new growth in the behavioral health workforce has been concentrated in urban areas, which exacerbates the problem of treatment access in Ohio's rural communities. In its most recent

If the point of contact is first responders such as police, medics or fire, then educate first responders not to ignore but to recognize flags for children who are abused or intimidated by perpetrators.

— Calling All Heroes participant

evaluation of the state of mental health in America, the nonprofit Mental Health America ranked Ohio 34th for mental health workforce availability with a ratio of 560 individuals to 1 health care provider. The Kaiser Family Foundation has cited Ohio as only meeting 53.23 percent of the state's behavioral health need (Recovery Ohio Advisory Council, 2019)."

The National Network To End Domestic Violence found that, in the past year, local domestic violence programs in Ohio were forced to eliminate 34 staff positions (National Network To End Domestic Violence, 2019). Most of these positions (94%) were direct service providers, such as shelter staff members or legal advocates, meaning that fewer advocates are available to answer calls for help or provide services. Each family receives less time and attention from workers, and each worker deals with more individuals experiencing trauma responses to events. In the 24-hour survey period, local and state hotlines in Ohio answered a combined average of 34 calls per hour.

Stakeholders recommended that steps be taken to prevent secondary trauma and associated worker turnover by incorporating key trauma-informed principles in workplaces. Included are recognition of trauma, support, worker training in self-care and resilience skills, trauma-informed supervision, employee assistance programs, healthy workspaces and schedules, and adequate leave policies. Stakeholders also recommend responsible limits on caseloads to ensure thorough follow-up with each client, expansion of the workforce across systems to manage increasing workloads, and improved educational preparation to ensure that a pipeline of future systems and related service professionals is adequately prepared and motivated to join in the work.

Stakeholders suggested that financial investments be explored to meet the needs of the system at all levels. Examples include student loan forgiveness/tuition reimbursement for existing and incoming workers to attract, recruit, retain, and motivate all types of workers (attorneys, guardian ad litem, case workers, school counselors, mental/behavioral health providers, advocates and law enforcement workers). Investing in workforce development could help alleviate frustratingly long waiting lists for client services, inadequate follow-through on some types of cases, and the lack of diversity and cultural knowledge needed to understand and meet client needs.

Identifying victimized youth: The first of three main goals of this project is to accurately identify victimized children/youth in Ohio in a wide range of community settings. The project's research team, from Case Western Reserve, was tasked with developing a screening tool. As part of its work, the team identified a gap in existing tools that, if met through innovation, would help trauma-exposed children be identified earlier; screened more accurately; and, when necessary, referred appropriately. Even with adequate screening, stakeholders cited examples of trauma being misdiagnosed as attention deficits or other behavioral concerns, which could result in unnecessary medications or prompt the removal of children from otherwise-supportive schools. In a different example offered by stakeholders working to end juvenile trafficking, the team noted that sex-trafficked youth too often are mislabeled as delinquent or sex workers. Members of the Survivors and Families Work Group also offered examples of young people being overlooked, ignored, stereotyped, mislabeled, misunderstood or provided with inadequate and mismatched services.

"[I] feel strongly that many of my teachers chose to ignore the obvious signs. Like other people, teachers don't want to talk about or deal with difficult subjects. I know now they didn't have the tools or courage to begin asking difficult questions."

— Victim/survivor of youth violence

Prioritizing victim safety, empowerment and voice with respect to perpetrator accountability:

Stakeholders recognized that current policies and practices are not aligned with SAMHSA's trauma-informed principles of "safety" nor "empowerment, voice and choice" for victims. Physical and psychological safety are compromised when victims do not perceive responsible systems as protective or willing to hold perpetrators accountable. An example of a disconnect in system responses and practices regarding perpetrator accountability is requiring visitation between the child and the offender even when the child exhibits resistance, fear and/or emotional discomfort. Coerced victim participation in unhealthy relationships, or in "reparative"/"reunification" therapies against their protests or those that assign shared blame and minimize/excuse perpetrator accountability, place the child victim and non-offending parent in unwarranted and potentially dangerous situations. Visitation with a parent perpetrator (even supervised) can be especially confusing, re-victimizing and trauma-producing. Survivors and other stakeholders pointed out that oftentimes

courts and/or caseworkers steer victims and non-offending caregivers into irrelevant or counter-indicated services (e.g. parenting classes, custody cases), and the offending perpetrators are not required to engage in any interventions. Stakeholders also identified the current practice of removing/displacing a child and his/her non-offending parent from the home environment (instead of removing the perpetrator) as counter to the need for perpetrator accountability.

4 Young victims of violence and their families and caregivers must have equitable access to needed services.

This theme is well-grounded in one of the values noted nationally by the Linking Systems of Care program:

Consideration must be given to trauma experienced across lifespans and generations, including historical and structural trauma and racism. — National Council of Juvenile and Family Court Judges, 2018

It is also endorsed by the last of SAMSHA's six key principles of building a trauma-informed approach across systems, which calls for systems to account for cultural, historical and gender issues:

... actively move past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offer access to gender-responsive services; leverage the healing value of traditional cultural connections; incorporate policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognize and address historical trauma.

— SAMHSA'S Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

Ohio is not unique in its need to work harder to ensure equitable access to needed services. Stakeholders identified a number of ways in which the biases of system agents and institutions, whether implicit or overt, affect victims' experiences in seeking or receiving help. Stakeholders identified a need for greater diversity in the workforce at all levels. In general, stakeholders and survivors maintain that victims are generally disbelieved, thought to be confused, exaggerating, coached or driven by spite or other motives in their allegations. "Isms" were a prominent theme – racism, heterosexism, ableism, classism, sexism, ageism, etc. These inequities, independently and combined, result too frequently in re-victimization and inequitable responses. The Ohio Revised Code limits youth differently than adults in their ability to access health care and benefits, a problem that has significant fallout for those lacking a parent who is available and willing to consent to their care.

Generally, stakeholders and especially survivors indicated that statements and feelings of child/youth victims are too readily discounted and that females' accounts of their experiences are too routinely disbelieved. As a result, victims of trafficking and domestic and sexual violence especially struggle to get the services they need and want. These biases play out in different ways with various members of the system.

Stakeholders supported such anecdotal accounts by pointing out empirical national data. Recent national research conducted by Joan Meier at George Washington University Law School demonstrates how protective mothers of abused children are routinely discredited (Mapping Gender: Shedding Empirical Light on Families' Courts Involving Abuse and Alienation, 2017). One respondent's experience exemplified what others noted as a gap in how systems discount victimization or are unaware of common dynamics found in abusive relationships:

"The court was harmful. The magistrate gave me a restraining order for domestic violence but still made my children go see their father unsupervised. She said, 'Just because he hits you doesn't mean he hits them.' I said, 'Good daddies don't hit mommies.'"

Needs Assessment and Gap Analysis

The survivor went on to describe how the magistrate and other system representatives were unaware of the abuse cycle that includes gift giving as a means of offering an apology after hurting the victim. The court personnel viewed such behavior as representing “good parenting” techniques and supporting the children, when, in fact, they were part of the abuse cycle.

“The visitation home was not educated on this behavior. I tried to give them the education and brought the electronic devices back to the next visit and was called names like ‘crazy mom.’ My ex-husband is a very charming man. I had a meeting with the director of the visitation house about the gifts, and she told me that all of her facilitators think he (the dad) is a great person. At this point, I became frustrated and felt that I just didn’t have anyone who understood child sexual abuse. I didn’t even understand it at this point, but I knew enough about him and the last nine years that we were married to know that what he was doing was control. No one would listen to my concerns for my children.”

Additionally, the NAGA team identified specific examples of inequity for the following three populations:

Communities of color: Each work group was able to identify institutionalized policies and practices that are neither sensitive to nor consider cultural implications for children/youth who have experienced a traumatic crime. A survivor noted that “even well-meaning service providers do not thoroughly understand the cultural overlay that intersects with victimization and the choices victims make.” Key informants cited numerous examples of how marginalized populations often experience policies and practices rooted in historic oppression or current bias that blocks access to the services families need and want or deliver harsher responses once they are involved. Communities of color are often treated differently by members of the response system, starting with police. Poor police community relationships create barriers to reporting violent crime victimization. Stakeholders also shared that domestic violence survivors of color are more often targeted by child protective services reporting than are their white counterparts. Key informants also shared ways in which agents of the courts perpetuate bias against youth victims, including youth victims of color and youth with disabilities, based on their perception of who makes a good witness in court.

LGBTQ+: Data gathered during the NAGA process indicates that LGBTQ+ victims of crime are frequently treated unjustly. Informants shared that access to services for such youth is often blocked by parents who do not support their children’s sexuality and refuse to give them the documentation required for assistance. Informants shared that once such young people enter the system, they often are served by system agents who are unaware of their implicit bias. As one service provider shared, “Some of these youth identified as LGBTQ+ – and, of those survivors, none of them had positive interactions with family or caregivers around being LGBTQ+. In fact, many of them were told they were just confused.” Some LGBTQ+ youth are asked by service providers whether their LGBTQ+ identity is the result of the sexual abuse. Such questioning has been shown to be harmful to the youth. Many LGBTQ+ youth victims find themselves homeless and without the support they need to heal from trauma. Members of the Survivors and Families Work Group recommended that all service providers be trained to provide safe, inclusive and affirming care for all youth victims.

Deaf² individuals and those with hearing loss: In terms of parity between the deaf and hearing communities, research has found that, like most other states, Ohio struggles to help people with hearing-related disabilities complete high school, earn a bachelor’s degree or find employment (Garberoglio, 2018). According to the National Deaf Center on Postsecondary Outcomes at the U.S. Department of Education, Ohio ranks 39th among states/territories in deaf-to-hearing gaps in high school completion, 40th in gaps

2 Please note that we honor the intersectionality of individuals with multiple identities and lived experiences to choose self-identification and degree of their affiliation with both deaf and hearing communities. The existing verbiage of labels is not meant to represent the mosaic of individuals who may choose to self-identify as deaf, deaf-blind, deaf with low vision, deaf-disabled, hard of hearing, hearing loss, hearing impaired, late deafened, or not at all.

with bachelor's degree completion, and 37th in gaps related to employment rates of deaf individuals, all much higher than the national average gap among states. The employment difference between hearing and deaf individuals is 23.8%. Deaf victims of crime, including children/youth, certainly experience additional obstacles compared with their hearing counterparts in seeking and receiving help because of language deprivation; unsupported biases about cognitive abilities; and inaccessibility to translated materials, interpretation services, education and employment (Garberoglio, 2018).

5 Some Ohio communities have insufficient resources or services to address victim and family needs.

Stakeholders described disparate community resources as a barrier to appropriate and timely services. A review of directories and service area maps illustrates geographic resource gaps and widely varying service levels. Ohio communities need certain resources in order to accurately identify, refer and support the myriad services needed by victimized children and their families. One foster care family shared that several of its children who were exhibiting extreme trauma symptoms remained on a behavioral health care waiting list for more than nine (9) months. The parent made the point that a resource database linked to the proposed screening tool would have questionable value if families in crisis have to wait for months for services.

The project team conducted statewide scans of various resources to availability. An annual report from the National Children's Alliance shows that Ohio child advocacy centers (CACs) saw 9,006 children/youth in 2018 (NCA National Statistics Report-Ohio, 2019), and a May 2018 scan of Ohio's child advocacy centers found that only 32 percent of the state's 88 counties have CAC services (ONCAC, Who We Are, 2019). The scan identified 26 CACs and 14 developing CACs statewide. A map from the Ohio CASA/GAL Association (court-appointed special advocates/guardians ad litem) illustrates that 44 court-appointed special advocate programs are serving 53 counties, with courts in the remaining 35 counties assigning a guardian ad litem to cases of abuse, neglect and dependency. CASAs are community members who volunteer yet generally receive more hours of training than their GAL counterparts do to advocate in court for the best interest of an abused or neglected child.

GALs, who are paid by the courts, are assigned to a child for the duration of a case, including some that can last years. Children with a CASA demonstrate better outcomes, spending less time in foster care, enjoying greater success in school and scoring higher on nine protective factors (University of Houston and Child Advocates, Inc.; Cynthia A. Calkins, 1999).

A study of homeless youth in Ohio found that 8,048 youth ages 14 to 24 years old accessed homeless shelters between 2012 and 2016 (Ohio Housing Finance

Agency, 2017). Moreover, 27,939 homeless students enrolled in Ohio public schools in the 2014-15 academic year, representing 1.6% of total enrollment (Student Homelessness Snapshot 2017-Ohio, 2017). The statistics underscore a large need for housing for youth throughout the state. A 2018 scan of the state's Homeless Youth Providers provided by the Coalition on Homelessness and Housing in Ohio (COHHIO) located housing programs in just 13 of Ohio's 88 counties, with providers having a combined 658 beds for homeless youth (ages 12-24). As mentioned previously, a disproportionate number of LGBTQ+ youth are homeless, and, of those 658 beds in the scan, only one program had beds (20) allocated specifically for LGBTQ+ youth.

The scan of Ohio's 88 county CARFs (Commission on Accreditation and Rehabilitation Facilities) revealed that Ohio has CARF programs ranging from prevention to outpatient treatment, with CARF-accredited facilities and programs specifically for children and youth available in 81 of the 88 counties. Among the counties with CARF programs, however, some lack the full range of programs for children/youth.

Considering the frequency of child sexual abuse, there should be ongoing support groups throughout the state, similar to the AA model, that can be accessed at any time and not connected to a mental health organization. Similarly, there should be comparable groups for co-survivors (i.e. Al-Anon).

— Youth victim caregiver

Beyond gaps in the services continuum specific to the medical and behavioral health care needs of child survivors, communities in Ohio also lack other critical services to support youth and their families. Among the critical services identified by stakeholders as widely varied by community are transportation services for families that do not own automobiles, housing for young people who are aging out of the foster care system, representation for children in court proceedings, and forensic interviewers experienced in working with young children. The Ohio Attorney General's Office provides forensic interviewing training for professionals through the Finding Words program and shares the goal of having trained providers in each county. There is typically a waiting list for such training, and a number of counties have not sent professionals to be trained. Courts in Franklin County report a lack of psychologists to perform court-ordered assessments of children and families. One magistrate reported knowing of only one provider of court psychiatric assessments for all of central Ohio.

Stakeholders pointed out that another major barrier to services and resources is timely access to interpreters and translated materials that represent the diverse linguistic needs of Ohioans. Also worth mentioning is the collective trauma that a community can suffer, such as the mass shooting in Dayton, Ohio, in the summer of 2019 that occurred just weeks after a devastating tornado swept through the area. The ability to mobilize trauma services for large numbers of casualties of violence needs review, too.

6 Participation in services is costly, financially and otherwise, for victims and their families and caregivers.

Service costs: Victims and their families are often required to seek many services without consideration for the financial, social or emotional costs to the families. The financial cost can be a huge barrier for many families. A case being heard by a Domestic Relations Court can run more than \$60,000. One survivor suggested that her legal costs equaled the value of her home. Non-offending parents often tap all of the financial assets or credit at their disposal in order to protect their children. The expenses might include court filing fees, a custody case attorney retainer, a guardian ad litem deposit, psychological assessments (currently starting at \$7,500 per family member in central Ohio for testimony in writing, with in-person testimony costing more), and a year of litigation for the services of the attorney and the guardian ad litem. Not factored are the costs of supervised visitation, which generally run from \$20 to \$35 per hour, or the mediation fees, which generally cost \$200 an hour. Some stakeholders cited that the most child-focused solution for this barrier would be to transfer the costs of services in the best interest of the child to the state, rather than becoming an expense to the victim/family/guardian that is accessible only to the financially privileged. Stakeholders also suggested developing a sliding fee scale for services that would account for the disparities in the financial resources of victims' families.

Transportation: Additional barriers are the availability of transportation and the related cost, which varies by the distance a family must travel to obtain services.

Ohio, with its mix of rural, suburban and urban residential settings, has great variability in transportation across the state's 88 counties. The availability of public transportation and the relative wealth of residents vary considerably across Ohio. Car ownership tends to be assumed, and yet not every family can afford a vehicle or the additional time or cost of arranging transportation required to participate in services. What one victim is able to receive locally might require another to travel a great distance to obtain. One stakeholder described the situation in the rural area where she served families this way: "The populations I outreached to included the LatinX and African American populations ... and the agency was not supportive of cultural inclusion (by) making services welcoming... The agency was more concerned with the numbers of underserved I could get in the door and less interested in supporting survivors in their own neighborhoods, in churches they attended or in their own

"Children's Hospital was hard to access due to the distance we had to drive. It was inconvenient, and, if I was not determined to get my children mental health services that were appropriate and if I hadn't had a decent vehicle, I wouldn't have been able to go there. Columbus is 95 miles from our hometown."

— Work group stakeholder

homes.” Stakeholders felt strongly that transportation barriers need to be removed for survivors in all corners of the state, suggesting that “transportation should be safe and free for any person wanting to talk with a service professional.” They also recommended that agencies work to “make services more accessible in communities where transportation is prohibitive.”

Housing: Affordable housing/shelter availability can also become a burden for victims and their families, especially when victims are forced to leave their homes to ensure their safety, avoid escalated abuse or receive requested help. Stakeholders shared a common example of domestic violence survivors being pressured by child protective services, for safety reasons, to leave their stable and affordable housing in favor of a temporary living arrangement at a domestic violence shelter. Such a move closes the child protective services case, but the adult and child victims then need to re-secure housing, oftentimes at considerable personal expense. Stakeholders advocated for policy and practice changes focused more on perpetrator intervention as a way to address the root cause of abuse or moving/removing the threatening individual. The goal, they said, should be to ensure that victims can safely remain in their homes and connected to positive existing support networks.

Insurance coverage: Some stakeholders cited the barrier of inconsistent insurance coverage for services and a lack of insurance coverage for integrative holistic wellness treatments. They also noted that some treatment providers do not accept certain insurance or Medicaid, so families are required to pay out of pocket for the services. Additionally, victims and families often have to pay out of pocket for evidence-based early treatment services. Holistic treatments such as reiki, massage and alternative mental health services are thought by many to be more effective than traditional treatments, whether used in tandem with or in place of traditional approaches, but their cost is prohibitive to some families, especially over time. Primary/early prevention services often are not covered by insurance, with few outside funding sources available to assist families, compared with secondary and tertiary interventions and assistance that is more accessible to victims after trauma has occurred. Engaging insurance companies in discussions about coverage of such services for all victims/survivors might help the companies see the value in extending benefits to help make treatment more affordable. If services were more consistently covered, a new stream of service providers might emerge to help meet needs and thus prevent the need for costlier services in the future.

Service navigation: Participating in services requires victims and their families to make time in what might be an already-full schedule of other commitments and responsibilities. And when more than one family member (or the whole family) is required to participate, the challenge of fitting appointments into the day grows. Praxis International offers a compelling infographic (and the video *The Story of Rachel*, which was shared at a meeting of key stakeholders) of one family’s struggle to simultaneously navigate criminal, civil and child protective service systems while meeting financial obligations and maintaining work, school and church obligations. (See Appendix 15, Praxis Infographic of Intersecting Systems, 2019.) Stakeholders emphasized the need for balancing required services for the victim with the rest of the family members’ needs. Stakeholders recommended use of a service navigator professional and tools to aid in creating a balanced multisystem or shared case plan for a family to lessen the time, redundancy and stress involved in the pursuit of services.

For years I had jobs that did not offer psychological benefits, so I had to pay out of pocket. It was hard paying \$90-\$100 per session. I considered it an investment in myself, but I worry about people who don't have the money at all. I now know there are community mental health service providers, but they are often staffed with new graduates and/or interns who are underpaid and don't specialize in trauma, DV or SV, or the organization is considered a 'steppingstone' in the professional's career. I know this is true because I work in child welfare and have had many kids who finally get a therapist they trust who can help them, and, midstream, the therapist leaves for another job. The kids are devastated and sometimes emotionally refuse to start over with a new therapist. Not helpful.

— Participant in Survivor and Families Work Group

Needs Assessment and Gap Analysis

Service delays: Many victims/families experience systems-related consequences of high turnover in staffing, inadequate staffing for caseloads and long waiting lists for services – all factors that delay their access to help they need. According to the Public Children Services Association of Ohio (PCSAO), high caseload, job trauma and low pay contributed to the resignation of one in every seven CPS caseworkers in 2016 (PCSAO Factbook 13th Edition, 2017). Caseworker turnover is costly not only to counties and the state but also to children/families, who must allocate more time to build a new relationship that leads them yet again to the help they need. Similarly, a shortage of qualified mental health providers results in long waiting lists for services (Recovery Ohio Advisory Council, 2019). One foster care stakeholder reported that her foster children who had witnessed a family homicide had to wait 12 months for mental health services and nine months for occupational health services. She considered the delays to be highly unreasonable, as the kids needed urgent help. Stakeholders also cited the lack of adequate guardians ad litem, attorneys, school counselors, qualified developmental disabilities staff members, and law enforcement officers to handle cases. Too few service providers mean too little time for employed service providers to understand the issues and needs of clients, not to mention the services best suited to help them.

The solutions to these issues proposed by stakeholders include instituting/offering more self-care/resilience training for systems workers; creating performance and accountability standards and caseload limits to ensure thorough care; providing incentives such as tuition reimbursement to new workers; and modifying higher education, credentialing and other training curriculums to build a new pool of qualified workers.

Stigma: Many stakeholders mentioned the social stigma that can result from victimization. One foster care youth attending the 2019 Fostering Pathways to Success conference told the NAGA team that “I’m the victim in the situation, but everyone keeps labeling me as a bad kid or a problem.” Stakeholders emphasized the need to devise plans for successful community re-entry for victims/survivors, with such plans focusing on immediate and appropriate care but not to the exclusion of community participation. Youth also emphasized the need for finding and keeping peer support/role models in familiar environments and engaging community members to help reduce stigma. In addition, youths recommended that system workers interact more with kids and their families, to get to know them better and help lessen any stigma.

Social barriers: When youth are involved in many services, those obligations limit their ability to engage with their communities. Foster care youth presenting at and attending the state conference described being unable to drive, buy clothes from stores they like to shop in, participate in after-school activities or sports, and do other such things that their peers often do. Such engagement is important because social connectivity is linked to resilience. Additionally, victimized youth can easily feel like outsiders when they cannot do what their peers do. To address this issue, stakeholders suggested having more school and community partners and youth peer-group members trained in trauma-informed practices. The training would enable community members to offer therapeutic, recreational, and life skills programs and support groups. More community-based trauma-informed activities could help young victims experience and enjoy activities that are common for people their age.

Cultural barriers: Victim and survivors also cited cultural barriers to appropriate and adequate treatment options. Stakeholders indicated a need for more diverse representation in the systems of care as well as additional training on the implications of culture and appropriate referral. A number of victims said they feel a greater comfort level and a better response to treatment when helped by someone who looks like them, speaks their language and understands any cultural implications or expectations.

Victims said they feel a greater comfort level and a better response to treatment when helped by someone who looks like them, speaks their language and understands any cultural implications or expectations.

Victims’ rights navigation: Victims and their families and caregivers also need help in navigating complicated systems and knowing their rights within those systems as a way to reduce associated stress and expedite access to services. Stakeholders noted that many victims and families struggle to understand the systems of care they must navigate as well as the service mandates they receive. They need help advocating for their needs and

“Not being able to find a therapist or group that was specific to my racial group was difficult. The therapists I had were helpful, but eventually we hit a brick wall. They didn’t understand the world in which I was raised. Therefore, their responses did not advance my healing.”

— Participant in Survivors and Families Work Group

their full spectrum of rights as victims. One stakeholder noted that it would have been a great help to have “a children’s advocacy center to guide me as a mother on what to do next. I had no one to tell me what my children needed long-term. I had no idea what the ramifications of childhood trauma were. My children suffer today from PTSD, anxiety and drug addiction. I think, although I took them to counseling while we were in court and had a guardian ad litem, we were not given the proper connections to services.”

7 Information sharing among the various systems is challenging.

The stakeholders discussed the need for common language to foster clear and effective communication among linked systems. In addition, the stakeholders discussed the need to link information systems such as case files, screening and assessment results and other relevant data to both minimize the need for the victims to recount their experiences and expedite service provision. Stakeholders also cautioned that any mechanisms developed to share screening and assessment results should consider access issues as well as confidentiality requirements related to information sharing. Protections must be in place to prevent the improper interpretation or use of such information by perpetrators against the non-offending parent in a domestic relations case or other legal proceeding.

Mental health providers and child welfare agencies that have a practice of refusing cases that are court-involved (i.e. Domestic Relations) or closing cases that become court-involved in order to avoid testifying or disclosing case records can also jeopardize child safety and well-being. Members of the Privately-filed Cases Work Group reported the alarming practice of clinicians or their employing agency abruptly closing cases of traumatized children when the case enters the court system. Such a practice not only interrupts the therapy of a child/youth but also creates logistical headaches, legal delays and financial expenses for the parties and insurers.

Besides a need to close the gap in case-level data, stakeholders also cited a need for coordinated exchanges of aggregate data on service use, costs and effectiveness in order to support systems-level coordination in administration and policy. The NAGA process underscored the complexity of gathering data from multiple sources within the systems of care. The project team had to reach out many times to various program administrators and researchers to track down relevant data for the needs/gap analysis. After the data was reviewed, the team needed to return to the contact to ensure that the data was clearly understood so it could be used correctly to inform the work. The project team should consider the learning curve for system agents trying to thoroughly understand partner data. The exchange of relevant data, if thoroughly understood, has the potential to inform programming, innovations and funding for child and youth victims.

The Stakeholders in Ohio's Linking Systems Project

The Office of Victims of Crime notes on its website that the stakeholders involved in a demonstration site project should include, at a minimum, government, private and nonprofit agencies.

This might include survivor groups, tribal government and service providers, juvenile probation, child welfare, faith communities, local education agencies (LEAs), law enforcement, policy makers and state administrators of victim and child-serving federal dollars. Ohio's Linking Systems of Care project includes a broad stakeholder group of 121 people representing more than 75 statewide, regional and local organizations whose work affects outcomes of victimized children. Among the stakeholders represented are law enforcement, prosecutors, probation, judges, mental health service providers, child advocacy center staff, forensic interviewers, domestic violence and rape crisis advocates, court-based victim advocates, trafficking initiatives, culturally specific service organizations, court-appointed special advocates (CASAs), guardians ad litem (GALs), runaway and homeless youth service providers, parents (and caregivers) of youth survivors, adult survivors of childhood trauma and crimes, funders of services to victims of crime in Ohio, legal services providers, child welfare leaders, higher education, offender service providers, and public agency administrators and policy makers.

Table 2: Linking Systems of Care for Ohio Youth Stakeholder Representation

Stakeholder Group	# of representatives	Hours contributed	% of total
Adult survivors of childhood trauma and crimes	6	45	7.1
CASAs/GALs	2	30	4.7
Child advocates	4	39	6.2
Child welfare leaders	9	35	5.5
Court-based/general victim advocates	5	23	3.6
Courts and judicial representatives	6	25	3.9
Culturally specific service organizations	11	13	2.0
Domestic violence and rape crisis advocates	11	53	8.3
Forensic interviewers	2	1	.1
Health and mental health service providers	4	23	3.6
Higher education/research	10	51	8.3
Law enforcement	3	1	.1
Providers of legal services	12	67	10.6
Providers of offender services	1	8	1.3
Parents (Caregivers) of Youth Survivors	1	7	1.1
Probation	3	16	2.5
Prosecutors	3	1	.1
Public agency staff, administrators and policy makers	22	162	25.5
Providers of services for runaway/homeless youths	3	21	3.3
Trafficking initiatives	3	14	2.2
Total	121	635	100%

Note: Time period covered by the above table is 7/17 through 3/19.

The stakeholders were involved in seven (7) self-selected work groups based on interest and the system of care the person represents. Initially, there were four (4) work groups, which, two months into the project, were expanded to seven. The three additional work groups were established at the suggestion of various stakeholders during the kickoff event for Linking Systems of Care for Ohio's Youth and the first meeting of the work group facilitators. The seven work groups³ are:

1. Privately-filed (cases)
2. State-involved (cases)
3. Survivors and Families
4. Criminal Justice
5. Supportive Services
6. Policy
7. Research

Each work group included a facilitator who led regularly scheduled meetings to address current facets of the project. The groups then reported to the larger stakeholder groups during quarterly meetings that generally ran two (2) hours, with an additional hour allotted for networking. Stakeholders collectively contributed more than 260 hours to work groups during the Planning Phase of the project.

The project team documented work group and meeting participation for each of the stakeholders. In total, the stakeholders contributed more 635 hours⁴ to the project Planning Phase to inform the Needs Assessment and Gap Analysis processes and emerging strategic directions. Additionally, a Screening Tool Committee of stakeholder representatives and other subject matter experts was convened to guide the development of the screening tool.

³ The Criminal Justice and Research work groups started meeting in 4/18 and 5/18, respectively.

⁴ The sum for number of stakeholder hours was calculated at 2 hours per key stakeholder meeting and 1 hour per work group meeting. Meetings may have been longer, but the scheduled number of hours was used for the calculation since the record indicates attendance only (yes/no) by person/stakeholder group and not number of hours. The data in Table 2 does not account for numerous undocumented hours of effort contributed by stakeholders outside of formal meetings at the request of the project team.

Context: Related State Policies & Initiatives

Ohio has several contextual components that influence the systems of care for youths (See Appendix 13: Task Forces and Policy Initiatives, cataloged by the Policy Work Group). As stakeholders in listening sessions asserted, the various systems' policies and practices need to be considered, as do their potential effect on the needs and gaps for youths who enter the systems of care. Moreover, the current state policy and practice climates must be considered when developing the strategic plan for linking the systems of care. The LSCOY project team will select strategies that build on community will and are responsive to existing rule and infrastructure without duplicating efforts.

Relevant public policy

Family First Prevention Services Act (FFPSA): This national legislation, passed in February 2018, changes, among other things, the way that states can spend Title IV-E funds. Previously, Title IV-E money could be used only to assist with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; training for staff, foster parents and certain private agency staff members; adoption assistance; and kinship guardianship assistance. Now, states, territories, and tribes with an approved Title IV-E plan may also use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives. States are reimbursed for prevention services for up to 12 months. A written, trauma-informed prevention plan must be created, and services must be evidence-based.

The Family First Prevention Services Act also curtails the use of congregate, or group, care for children, instead placing a new emphasis on family foster homes. With limited exceptions, the federal government will not reimburse states for children placed in group-care settings for more than two weeks. Approved settings, known as qualified residential treatment programs, must use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. The child must be formally assessed within 30 days of placement to determine whether his/her needs can be met by family members, in a family foster home or another approved setting.

Gun reform policy: Like many other states, Ohio is dealing with concerns about gun violence, including mass shootings and the potential harm to students and staff members when guns are taken to schools and universities. During the Planning Phase of the LSCOY project, several gun policy proposals have been introduced in both chambers of Ohio's 133rd General Assembly. In addition, Gov. Mike DeWine has announced a 17-point policy package in the wake of the Aug. 4, 2019, mass shooting in Dayton's Oregon District. Gov. DeWine's package would expand background checks, create safety protection orders, and increase mental health treatment services and prevention programs (News and Media, 2019). As part of this effort, the governor signed an executive order to develop the Ohio School Safety Center as a division of Ohio's Homeland Security within the Ohio Department of Public Safety. During the summer, lawmakers increased state funding for Safer Schools Ohio, a tip line that allows students and adults to anonymously share information with school officials and law enforcement about threats to student safety — whether the threat involves a threat to the masses or a single student. The Senate is considering legislation (SB19) that includes provisions for emergency response

protection orders, or “red flag” laws. Another bill, unanimously passed by the House Education Committee (HB123), strengthens requirements for school threat assessment teams, anonymous reporting programs and data reporting, as well as training related to suicide awareness and prevention as well as social inclusion.

Marsy's Law: Passed by voters in November 2017 as an amendment to the Ohio Constitution, Marsy's Law took effect in February 2018, making Ohio the sixth state to adopt the constitutional amendment (also known as the Ohio Crime Victim's Bill of Rights). Marsy's Law for Ohio grants six (6) basic constitutional rights to crime victims:

1. The right to be treated with respect, fairness and dignity throughout the criminal justice process
2. The right to information about the rights and services available to crime victims
3. The right to notification in a timely manner of major proceedings and developments in the case, and the right to be notified of all changes to an offender's status
4. The right to be present at court proceedings and provide input to a prosecutor before a plea deal is struck
5. The right to be heard at pleas, sentence proceedings, or any process that may grant an offender's release
6. The right to restitution

Information about the rights granted in Marsy's Law is provided to crime victims in the form of a Marsy's Card. First responders and prosecutors distribute the palm-size cards to crime victims and their families. The card, created by the Ohio Attorney General's Office, has been available since March 2018 as a tool for law enforcement agencies to inform victims of their rights. Because the constitutional amendment is not uniformly implemented across states, many advocates are anticipating potential future legislative action to clarify protocols.

Ohio Joint Legislative Committee on Multi-Systems Youth: In a report in 2016, the Joint Legislative Committee on Multi-systems Youth recommended reforms designed to end the need for families to relinquish custody of their children who need expensive and intensive behavioral health services. The committee offered six (6) recommendations focused on effective strategies, programs and services that, taken together, should reduce – and, in many cases, eliminate – the need for custody relinquishment, thus helping families stay intact. The state budget passed in July requires the Ohio Family and Children First Council to develop and present to the General Assembly a comprehensive plan to reduce forced custody relinquishment by Dec. 31, 2019.

State budget implications: In the two-year state budget, the 133rd General Assembly invested in children and families, paving the way for some much-needed gains. Included is access to increased school-based health and mental health services. The budget invests \$675 million on K-12 education, directing much of the money to districts with higher poverty concentrations to help them pay for wraparound services such as mental health counseling and after-school programs. Funding for the Help Me Grow has been increased by \$30 million, allowing the evidence-based home visiting program to reach more of Ohio's most at-risk parents and children. The budget also invests \$20 million to provide Ohio's schools with free evidence-based prevention curricula and professional development for school personnel. In addition, it allocates \$22 million to increase treatment capacity in Ohio by providing crisis support for families.

The budget more than doubles the state's investment in children's services, with an additional \$220 million over the biennium, including \$70 million in additional funding to the state allocation for child protective services; new money to provide services for multi-system youth (\$25 million/year in new funding to ODJFS, \$6 million in FY20 and \$12 million in FY21 in new funding to Department of Medicaid), \$5 million for foster and kinship family recruitment and engagement efforts; \$8.5 million to establish a Kinship Navigator Program in Ohio; \$18 million in multi-system youth innovation; and \$11.4 million over the biennium to support transition-aged youth exiting foster care. Ohio START and other promising programs received new funding (\$4.65 million/year to ODJFS, plus \$6 million/year to the Ohio Department of Mental Health and Addiction Services, or OhioMHAS)), and supports for emancipated youth have been granted \$5.85 million per year in new money. The state is also investing more than \$99 million annually to improve the quality of Ohio's child-care system. Additionally, a one-time investment of \$10 million will go to help child-care providers access the resources they need to meet standards set in the Step Up to Quality rating and improvement system.

The LSCOY project has a high interest in supporting the advancement of trauma-informed organizations and communities, which, by definition, includes supports for primary and secondary trauma exposure in the workplace, including first responders to child victims. LSCOY will need to consider how policy efforts regarding PTSD might affect the project's strategic decision-making.

Relevant systems issues, specific initiatives and models

State system transformation and capacity building: Simultaneously with the LSCOY Planning Phase, the state's leaders have focused attention on the well-being of Ohio's children and youth. The Linking Systems project award to the Ohio Attorney General's Office allowed the AGO to create the full-time position of victims services analyst dedicated to the needs of child/youth crime victims. The position both serves as the LSCOY project director and oversees ongoing training from the office on the Finding Words curriculum, centered on interviewing and preparing children for court. The position also supports other child-centered victim services projects. Since his swearing-in in January 2019, Gov. DeWine has created specific positions in his administration, too, including a director of children's initiatives; a director of child welfare transformation; and a policy analyst, also within the office of Child Welfare Transformation.

Family and Children First Councils: Ohio Family and Children First (OFCF) is a partnership of state and local governments, communities and families that enhances the well-being of Ohio's children and families by building community capacity, coordinating systems and services, and engaging families. OFCF hopes to see every child and family succeed within healthy communities and thrive. Ohio Family and Children First (OFCF), established in 1993, is akin to the Governor's Children's Cabinet, focused on streamlining and coordinating government services for children and families. The OFCF Cabinet Council consists of the Ohio departments of Aging, Developmental Disabilities, Education, Health, Job and Family Services, Medicaid, Mental Health and Addiction Services, Opportunities for Ohioans With Disabilities, Rehabilitation and Correction and Youth Services and the Office of Budget and Management. Locally, the county commissioners establish the 88 county Family and Children First Councils (FCFC).

Juvenile trafficking initiatives: Juvenile trafficking, a growing concern throughout Ohio, has received increased public attention. In August 2011, the Ohio Attorney General's Office reconvened the Human Trafficking Commission, which includes elected and appointed officials; members of local, state, and federal law enforcement; public and private social agencies; religious groups; and schools. The group meets regularly to better understand the extent of the problem in Ohio, to find ways to help victims, and to learn how best to investigate and prosecute traffickers.

Additionally, the U.S. Justice Department's Office for Victims of Crime made an award in the fall of 2017 to Ohio's Office of Criminal Justice Services to assess and address the state's needs regarding juvenile sex and labor trafficking. Working with partners in the Ohio Department of Youth Services (DYS), the Ohio Network of Children's Advocacy Centers and the Public Children Services Association of Ohio, the Juvenile Trafficking Project Team has developed screening strategies for DHS and professional and community training initiatives.

Opioid epidemic and related initiatives: Ohio ranks among the top five states in rate of opioid-related overdose deaths. In 2016, the state had 3,613 opioid-related overdose deaths in Ohio – a rate of 32.9 deaths per 100,000 persons, more than double the national rate of 13.3 deaths per 100,000 (Ohio Opioid Summary, 2019). The current rate of opioid use disorders appears to be higher than those for other troubling drug epidemics. One result is a higher rate of family dysfunction and disruption, which affects many children and youth statewide. Children of parents addicted to opiates are flooding into Ohio's child protection system and straining extended family, kinship and community supports where they exist. Kids are the invisible victims of the opioid epidemic. A recent PCSAO survey found that parental drug use had been indicated for half of the children taken into custody in 2015 at the time of removal, with opioids (including opiates, heroin and fentanyl) being the drug of choice in 28 percent of those cases (Opiate Epidemic, 2017). The epidemic is largely responsible for an 11 percent increase in custody cases in just the past six years. During that same period, state funding for child protection declined 21 percent.

As it did with juvenile trafficking, the U.S. Department of Justice's Office for Victims of Crime awarded funding for an Ohio project in late 2018 aimed at addressing the needs of children/youth connected to the

opioid epidemic in 18 counties in Ohio's Appalachian region. As part of the project, proposed by Southeastern Ohio Legal Services in coordination with the Ohio Poverty Law Center, three OVC youth-focused projects coordinate efforts and exchange data and information to support one another's work and conserve resources.

Ohio Interagency Council on Youth (OICY): The council supports the creation and maintenance of a comprehensive continuum of care to facilitate timely access to appropriate services among youth with behavioral health needs. The council makes recommendations to state and local entities about policy and programming and promotes the use of evidence-based practices. Thus, the council functions as a multi-systems advisory group and coordinates multi-systems activities addressing the needs of children, youth and families experiencing behavioral health challenges. Its goals are to develop and forward multi-systems policy recommendations that:

1. Improve access to services for all children and youths ages 0-25 in Ohio.
2. Reduce disparities among all children and youths 0-25 with behavioral health challenges.

Although both the LSCOY and OICY projects share a common interest in childhood trauma, the latter is focused on behavioral health and the former on crime victims. Managers of each project participate in the other to support cross-initiative coordination and capitalize on synergy of efforts.

Ohio START (Sobriety, Treatment and Reducing Trauma): This intervention program provides specialized victim services, such as intensive trauma counseling, to children who have suffered victimization, with parental substance abuse being the primary risk factor. The program also helps parents of children referred to the program on their path to recovery from addiction. In 2017, Ohio START was created through the Ohio Attorney General's Office. Ohio START requires the partnering of county Public Children Services Agencies (PCSAs), behavioral health providers and juvenile/family courts. A key program element is family peer mentors, who are paired with a child welfare caseworker to provide intensive case management services. Ohio START emphasizes a wraparound approach for parents at risk of losing permanent custody of their children that includes frequent home visits and mentorship from people who have "lived experience" with recovery and the child protection system. The Ohio Department of Mental Health and Addiction Services, Casey Family Programs, United HealthCare Community Plans of Ohio, HealthPath Foundation of Ohio and PhRMA are joining the Ohio Attorney General's Office in investing in promising strategies for Ohio START.

Bridges: The voluntary program available to young adults in Ohio who left foster care at age 18, 19 or 20 and who are in school, working, participating in an employment program, or have a medical condition that prevents them from going to school or work. The program provides guidance and support as they transition to adulthood. Bridges is administered by ODJFS through a contract with the Child and Family Health Collaborative of Ohio. The collaborative works with member agencies throughout the state to provide housing and supportive services to eligible young adults in each of five regions: Northeast, Southeast, Central, Northwest and Southwest. All service-providing agencies have demonstrated expertise in helping young adults transition from the child welfare system to adulthood.

Bridges provides a wide range of supportive services tailored to participants' needs. Through regular meetings with Bridges' representatives, participants develop goals, learn skills and access services related to everything from employment and education to health care and household maintenance. All services are designed to help former foster youth become successful, self-sufficient adults. Most of these services center on housing, education, employment and/or well-being.

Help Me Grow, home visitation to support families: Help Me Grow is Ohio's evidence-based parent support program that promotes the comprehensive health and development of children by encouraging early prenatal and well-baby care as well as parenting education. The Help Me Grow system encompasses Central Intake, Help Me Grow Home Visiting and Help Me Grow Early Intervention. Individuals can refer themselves to the program or be referred by another entity. In March 2019, Gov. DeWine announced the formation of a pilot program, Pay for Success, a public-private partnership focused on increasing the availability of, and participation in, home visiting programs. In July 2019, with the passage of the state budget bill, Ohio's home visiting programs received an additional \$30 million over the biennium, bringing the total for evidence-based home visiting programs to \$70 million over two years.

Needs Assessment and Gap Analysis

Safe and Together: The Safe and Together Model Suite of Tools and Interventions is a child-centered, survivor-strengths approach to working with domestic violence. Developed originally for child welfare systems, the model has policy and practice implications for a variety of professionals and systems, including domestic violence advocates, family service providers, courts, evaluators, domestic violence community collaboratives and more. For more than eight years, the Ohio Department of Jobs and Family Services has funded Safe and Together training for county child protective service agencies and community partners throughout Ohio as a preferred model of practice in domestic violence cases. The model has also enjoyed support from the Ohio Supreme Court, which in 2016 issued a bench warrant on Assessing Allegations of Domestic Violence in Child Abuse Cases that prominently featured Safe and Together's "Critical Components." The model's behavioral focus highlights the "how" of the work, offering practical and concrete changes in practice. The model has demonstrated improvements in caseworker practice and, in Florida, the model's use was correlated with a reduction in out-of-home placements in child welfare cases involving domestic violence.

ACEs and ACEs Connection: The original Adverse Childhood Experiences Study (ACEs) was conducted by Kaiser Permanente in two waves of data collection from 1995 to 1997. More than 17,000 HMO members from Southern California who had physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. ACEs Connection, a social network that grew out of the ACEs research, recognizes the impact of adverse childhood experiences (ACEs) in shaping adult behavior and health. It promotes trauma-informed and resilience-building practices and policies in all families, organizations, systems and communities. ACEs Connection supports communities to accelerate the science of adverse childhood experiences to solve the most intractable problems. Many Ohio organizations and systems use ACEs-derived concepts, screening and assessment tools and training to help their staff better understand the relationship of traumatic experiences within the family system to lifelong health.

Technology initiatives: Ohio joins many other states that are expanding the use of tele-health technologies. Of particular interest to the LSCYOY project is the use of technology to support mental health. One recent service addition is tele-psychiatry for adults and children with developmental disabilities. According to the state's Mental Illness/Intellectual Disabilities Coordinating Center of Excellence website (<https://miidccoehio.org/otp>): "The intent of the project is to reach remote areas throughout the state or those with limited access to psychiatric services. Referrals for children can come from all counties. In order to be eligible, an individual must be:

1. A child or adult with co-occurring mental illness/developmental disability.
2. Enrolled in Medicaid.
3. In agreement to participate and provide consent; have access to a computer with a web cam and high speed, broadband internet connection." (Ohio's Tele-Psychiatry Project for Intellectual Disabilities, 2019)

Tina Evans, cross-system initiatives manager for the Ohio Department of Developmental Disabilities, reports that 220 youth under the age of 18 are currently utilizing tele-psychiatry services. The initiative employs four psychiatrists who work with children and 10 psychiatrists who work with adults to provide tele-psychiatry services to this population in Ohio (Evans, 2019).

In recent years, OhioMHAS and the Department of Developmental Disabilities launched a 24/7 Crisis Text Line for any person who needs help coping with a stressful situation. By texting Ohio's state-specific keyword, 4HOPE, to 741741, users are connected within five minutes to a trained crisis counselor. The Crisis Text Line is designed to move people from a hot moment to a cool calm. Ohio's online dashboard (available at <https://app.periscopedata.com/shared/c83901e1-e5a1-4422-b86c-72426ae480d3?>) shows that many children, youth and young adults have utilized the service. During the 365-day period between Sept. 4, 2018, and Sept 3, 2019, 83% of all Ohio users were under the age of 25; of those users, 20% were 13 or younger and 41% were 14 to 17. Also worth noting, a significant number (48%) of the users self-identified as LGBTQ+, which may suggest that the line is an attractive alternative for members of these communities (Crisis Text Line 4Hope Premium Dashboard, 2019).

The Ohio Department of Medicaid recently revised a rule that took effect July 4, 2019, expanding access to tele-health services for a larger number of Ohio's Medicaid-insured individuals (Ohio Administrative Code 5160-1-18 Telehealth, 2019). The expansion of tele-health services in Ohio will result in greater access to mental health

supports for Ohio children and families (without a required dual-diagnosis). This benefits families with children who have difficulty accessing services due to issues of geography, a lack of providers, transportation limitations and/or physical mobility.

Similarly, increasing the use of mobile devices and applications to provide free, confidential and anonymous services should help eliminate access barriers such as eligibility, parental consent and stigma. Sandy Hook Promise offers the Say Something Anonymous Reporting System mobile application for students and adults to anonymously report at-risk behaviors and school safety concerns (https://www.sandyhookpromise.org/anonymous_reporting_system). Safer Schools Ohio also offers a tip line to registered school districts for calls or text messages, and relays information to law enforcement and school personnel (https://saferschools.ohio.gov/content/tip_line_information).

Ohio Demographics

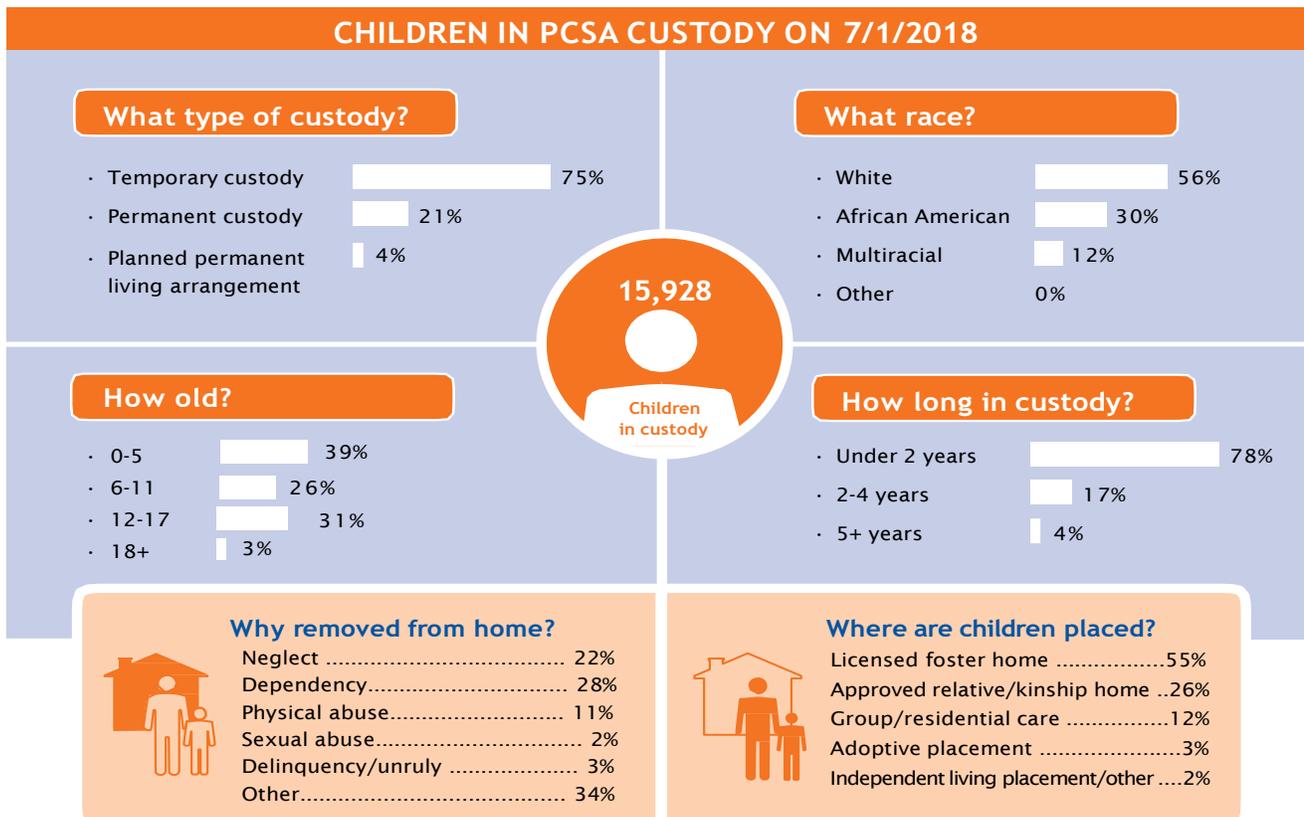
In 2017, Ohio's population was 11.5 million (Census Quick Facts-Ohio, 2017 estimates), including roughly 4 million people ages 0 to 26. The 2017 population estimates showed that 74% of those ages 0-26⁵ were white; 17%, black; 6%, Hispanic; 3%, Asian; and less than 1%, American Indian. Ohio's youth demographics are in flux. Among the state's general population between 2000 and 2017, white children/youth (ages 0-26) declined 14%, while Hispanic children/youth increased 90%, Asian children/youth jumped 87% and black children/youth rose 7%.

The children in Ohio's systems of care

The number of children and youth in Ohio's systems of care changes daily, but the racial makeup of those in the state custody remains relatively steady. Figure 2, provided by the Public Children Services Association of Ohio (PCSAO), presents a snapshot of the children/youth in Ohio's custody on a single day, July 1, 2018 (PCSAO Factbook 14th Edition, 2019). The graphic underscores that, compared with the racial composition of Ohio overall, African American and multi-racial children are overrepresented in the PCSAO custody data. African Americans as a whole make up 12% of Ohio's population but 30% of the population of children/youth in state custody. Likewise, multiracial Ohioans and Ohioans of other races make up a combined 3% of Ohio's population but 12% of the children/youth in state custody. (PCSAO Factbook 14th Edition, 2019).

⁵ The Census age categories are: Under 5 years, 5 to 9 years, 10 to 14 years, 15 to 19 years, 20 to 24 years and 25 to 29 years. The total population for ages 0-26 is based on summing the above five categories along with an approximation of age 25 and 26 from the 25-29 age category.

Figure 2: Children in Custody of Ohio Public Children Services Agencies



Although the majority of children in custody are returned to their families through reunification or placement with a relative, about 16% are adopted, and many await adoption. Biennial data accompanying the July 1 profile shows that, between 2016 and 2018, the out-of-home placements in Ohio increased about 14%. Additionally, 913 youth aged out of foster care in 2018 after spending a median of 888 days in custody.

In an earlier edition of the biennial report, PCSAO cited caseworker turnover as one of the biggest contributors to kids becoming stuck in foster care (PCSAO Factbook 13th Edition, 2017). The voluntary program Bridges, available through the Ohio Department of Job and Family Services, provides guidance and support to young adults who left foster care in Ohio at age 18, 19 or 20 and who are in school, working, participating in an employment program, or have a medical condition that prevents them from going to school or work. Shelly Boyd, the stakeholder representative from ODJFS, reported to the LSCOEY project team in August 2019 that the Bridges program is serving 568 youth. A needs assessment conducted by ODJFS found that about 1% of the youth in Ohio's Statewide Automated Child Welfare Information System (SACWIS) cited aging out of foster care as an issue upon intake (Ohio Department of Job and Family Services, 2016). Another noteworthy finding from the ODJFS needs assessment is that of the 91,586 cases reviewed, nearly 83% indicated self-protection as a concern for the subject of the report, resulting in self-protection being ranked the most common concern in the needs assessment.

The settings, conditions under which children are being harmed

Child welfare data makes it clear that child maltreatment is happening too regularly in Ohio's families and homes. The NAGA aims to bring greater understanding to this phenomenon and other circumstances under which children are victimized and/or exposed to violence. The cumulative data collected for the needs assessment confirms that children are exposed to violence in their communities/neighborhoods and schools as well as their homes.

Violent crime in Ohio has been on a downward trend, falling 3 percent between 2016 and 2017. Similarly, the violent crime rate for the state in 2017 was 297.5 per 100,000 population (Federal Bureau of Investigation-Criminal Justice Information Services Division, 2017), lower than the national average of 394.0 per 100,000 and the lowest among the five (5) states in the East North Central Region. Still, exposure to community violence has enduring detrimental effects on children and young adults, with those suffering such exposure facing higher rates of depression, anxiety and post-traumatic stress disorder (Kilpatrick & al, 2007). Runaway and homeless youth face a particularly high exposure to violence, beginning at home, where 70% of these youth experience violence and 32% experience sexual violence. Once homeless, research shows, they experience even higher rates of violence, typically in the form of dating violence and victimization (Lee & Schreck, 2005).

A 2017 Ohio report on Children Exposed to Domestic Violence estimated that each year in Ohio, 168,000 children are exposed to domestic violence at home and 657,000 children are exposed to domestic violence before the age of 18 (Holmes, Vortuba, Richter, Berg, & Bender, 2017). The 2018 Ohio Domestic Violence Fatality report indicates that children were at the scene of 22% of the domestic violence homicides statewide. In addition, 14 of the 53 victims (26%) of homicide resulting from intimate partner violence were between the ages of 1 and 26 (Ohio Domestic Violence Network, 2018).

Violence plays out, too, in Ohio's primary and secondary schools, places designed to be institutions of learning and forums for social and emotional development. For some students, schools offer a welcome refuge (safety, stability and distraction) from more difficult parts of their day. For other students, however, they can be a source of recurring pain and frustration. According to the U.S. Centers for Disease Control and Prevention, more than 1 in 5 (21 percent) high school students reported being bullied at school, and 1 in 7 (15 percent) reported being subjected to electronic bullying. Five percent of high school students reported missing school at some time because they felt unsafe. The same national survey noted that one in 10 high school students reported having experienced sexual dating violence (i.e., being kissed, touched or forced to have sex against their will by someone they were dating). The Office of Criminal Justice Services (OCJS) provided a snapshot of school-based violence the two years from January 2005 through December 2006 (Office of Criminal Justice Services). The report examined 9,499 violent offenses⁶ that occurred in Ohio's primary and secondary schools, including murder, forcible rape/sodomy, sexual assault with an object, forcible fondling, aggravated assault, simple assault and intimidation. The report shows that children's exposure to violence in school settings often begins well before high school.

The Ohio Department of Education hosts a School Report Cards webpage offering access to advanced reports and data. The team acquired school discipline data and sorted it by types of incidents perpetrated by students that are relevant to the LSCYOY scope of interest (Ohio Department of Education, 2019).

⁶ *Violent offenses* is the term used and based on the Uniform Crime Reporting offense definitions for violent crimes: murder and non-negligent homicide, rape (legacy and revised), robbery, aggravated assault.

Table 3: Number of Incidences Resulting in School Discipline (expulsion, suspension, alternative discipline, removal) of Students

School year	Firearm-related	Unwanted sexual contact	Serious bodily injury	Harassment and intimidation
2017-18	494	3,095	3,709	21,286
2016-17	518	3,036	3,715	17,156
2015-16	327	2,709	4,461	19,976
2014-15	285	2,633	3,773	18,298
TOTAL	1,624	11,473	15,658	76,716

Although the above data reveals nothing about the victims or responses to them, it does paint a picture of serious incidences, in aggregate, occurring in Ohio's public school buildings. The number of incidences of unwanted sexual contact and harassment, for example, hit a high in 2017-18, the most recent academic year represented in the chart. And firearm-related discipline has risen significantly since the 2015-16 academic year. (The data available includes only reported incidents that resulted in a disciplinary action.)

The project team also pursued data related to victimization by adults against students in school settings. During the NAGA review process, numerous disturbing reports surfaced in the media of school staff members (educators, bus drivers, coaches, etc.) being accused of serious crimes against students. The Ohio Department of Education's Office of Professional Conduct provided an annual report citing the number of investigations they had opened. In 2018, 1,354, including 214 from licensure applications, were flagged with a concern. An additional 1,140 were flagged based on reports regarding concerns about existing educators (Ohio Department of Education-Office of Professional Conduct, 2019). Referrals for investigations came from reviews of licensure applications and various other sources, including Children's Services agencies; school districts and fellow educators; citizen complaints; prosecutors; and, more commonly, Rapback fingerprint data hits related to criminal incidents. The 1,354 investigations in 2018 involved 1,872 offenses, including violent criminal offenses (187), sex offenses (51) and other drug, traffic and theft offenses and testing violations. The investigations encompassed the following offenses: conduct unbecoming (863), which encompasses a broad number of categories, with the most relevant being Children's Services findings (40); inappropriate relationships (46); bullying, harassment and intimidation (12); and physical altercations (10). Of the 1,185 cases resolved, 535 resulted in disciplinary action, including 169 license denials, revocations or permanent denials and/or permanent revocations.

Unfortunately, the disciplinary resolutions are not detailed by type of offense. The LSCOY project and its stakeholders would benefit from data that further amplifies on the abuses of authority against Ohio's primary and secondary students, including frequency, demographics of victims and perpetrators, duration or repetitive abuses, circumstances of disclosures, and responses to victims and community. The lack of information regarding the specific disciplinary resolutions limits the team's ability to determine strategies for improving identification and responding to youth victimized in schools.

The youth victims of traumatic crimes

The statistics are heartrending. Ohio children are exposed to or are direct victims of many forms of violence. Specific areas of focus for the Linking Systems project include child maltreatment; exposure to domestic violence; sexual abuse; human trafficking; proximity to violence, such as community violence; school-based violence; and gang violence. Also important to acknowledge is that too many of Ohio's children also face the duality of having been victimized and having been perpetrators of crime and violence.

In 2017, Ohio's public Children's Services agencies fielded 182,576 reports of child abuse and/or neglect. The agencies conducted 107,992 investigations or recommended an alternative response assessment based on those referrals. More than 27,000 (25%) of the investigations resulted in a "substantiated" or "indicated" finding. The top three reporters of suspected child abuse and/or neglect are teachers, police officers and lawyers.

In regard to the perpetrators, 49.6% were male and 48.6% female (in 1.8%, gender was not specified). Sixty percent of the perpetrators were a parent or the parents of the child; 25% were categorized as "other relative" or "other" (e.g. non-family member, parent's partner, neighbor, classmate). As of November 2019, the number of open cases tied to suspected child abuse and/or neglect numbered 153,590 (Office of Families and Children, Children Services Data Dashboard, 2019).

A study by the state child welfare supervising body found that more than 26% of Ohio's child welfare cases involved concerns about child abuse, neglect or dependency (one combined category), and 6.89% involved concerns about sexual abuse (Ohio Department of Job and Family Services, 2016). Domestic violence was a concern in 43% of the cases, a higher rate for both child abuse, neglect and dependency and sexual abuse combined.

Primary concern	Co-occurring concern		
	CADN	DV	CSA
Child abuse, dependency and neglect (n= 23,909) 26% of cases accepted	—	60% (n=14,439)	6% (n= 1,434)
Domestic violence (n= 39,401) 43% of cases accepted	36.6% (n=14,439)	—	6.6% (n=2,599)
Child sexual abuse (n= 6,311) 6.89% of cases accepted	23% (n=1,462)	41% (n= 2,599)	—

Among the 39,401 cases involving a domestic violence concern, child abuse, neglect or dependency concerns were a co-occurring factor in 36.6%, and sexual abuse was a co-occurring factor in 6.6 percent of cases. Zeroing in on the data a little more shows that, of the 23,909 cases involving concerns about child abuse, dependency and neglect, 60% (14,439) involved domestic violence concerns and 6% (1,434) involved concerns about child sexual abuse. In the 6,311 child sexual abuse cases, 41% (2,599) also indicated a domestic violence concern and 23% (1,462) also recorded concerns about child abuse, neglect and dependency.

The prominence of domestic violence in child welfare cases and domestic violence's relationship to other forms of abuse are significant for the LSCOEY project. The correlation supports the field-accepted construct that the safety of adult victims is imperative to the safety and well-being of child victims. It has implications for the concept of "failure to protect" against victimized parents and caregivers who may endure abuse in order to shield or defend their children – and, conversely, when children intervene in violence against a parent or other adult. Additional data here would help the project team more definitively identify how frequently there is a single primary perpetrator of harm in the family system. This interconnection of domestic violence; child abuse, neglect and dependency; and child sexual abuse highlights the need to improve the ability of intervening systems (advocates, mental health, law enforcement, child welfare, courts, etc.) to more holistically screen, assess, serve and support adult and child victims in a more coordinated fashion across intersecting systems. The LSCOEY project should also consider strategies for training agents of the various systems on complex trauma and poly-victimization as well as closer review of information-sharing policies and innovations.

Children with disabilities are particularly vulnerable to victimization. The 2016 Ohio Child Welfare Assessment from the Ohio Department of Job and Family Services found that, among the statewide cases reviewed, 36% had a concern in which “a child’s physical, cognitive or social development may affect the child’s vulnerability to abuse and/or neglect” and includes concerns about how these issues affect the parent’s response to the child. In addition, just more than 1% of the child welfare caseload included a concern about a child’s disability affecting the child’s vulnerability to abuse and/or neglect and/or includes concerns related to how these issues affect the parent’s response to the child.

The Department of Developmental Disabilities provided data on major unusual incidents from 2014 through 2018 involving youth ages birth to 26 years old. The table below includes children and youth victims with disabilities by year and type of violence (major unusual incident). The data demonstrates that Ohio’s most vulnerable youth suffer multiple forms of violence at the hands of family, paid supports (caregivers, transportation providers, attendants, etc.), friends, neighbors and acquaintances. During the five-year review period, 1,162 cases of physical abuse and 290 cases of sexual abuse cases involving children/youths with disabilities were substantiated. (See additional data in Appendix 16, Major Unusual Incident Data).

Table 5: Ohio Department of Developmental Disabilities, Youth Major Unusual Incidents (Ages 0-26) 2014-18

Year	# of youths served per year	MUI type	Allegation count	Substantiated count	% substantiated
2018	55,440	Alleged physical abuse	714	227	31.79%
		Alleged sexual abuse	205	54	26.34%
2017	55,886	Alleged physical abuse	709	229	32.30%
		Alleged sexual abuse	220	55	25.00%
2016	55,474	Alleged physical abuse	724	231	31.91%
		Alleged sexual abuse	224	54	24.11%
2015	55,896	Alleged physical abuse	786	241	30.66%
		Alleged sexual abuse	205	61	29.76%
2014	55,124	Alleged physical abuse	762	234	30.71%
		Alleged sexual abuse	211	66	31.28%

Needs Assessment and Gap Analysis

Each year, the Ohio Children's Trust Fund and Ohio Department of Health produce a summary of local county health department reviews of every death of a minor recorded in the state's 88 counties. The summary is then shared publicly as the Child Fatality Review. The 2018 review also reported on five-year trends. From January 2013 through December 2017, 139 deaths (2% of cases reviewed) resulted from child abuse or neglect (Ohio Department of Health and Ohio Children's Trust Fund Board, 2018). In 42% of those cases, the perpetrator was a parent (biological, step or adoptive); in 16%, the parent's partner was to blame. Thus, the majority of child deaths (58%) were caused by a parent or parent's partner. The perpetrator in 32% of the cases was unknown, or the data was otherwise missing. The perpetrators in the remaining 10% were "others," such as relatives, babysitters or friends.

Seventy-nine percent (110) of child abuse and neglect deaths occurred among children younger than 5 years old, with 36% (50) of such deaths reviewed indicating that the child had a prior history of child abuse and neglect. Twenty percent (28) of the deaths had an open child protective services case at the time of the incident, and 29% (41) of the reviews indicated the child's primary caregiver had a prior history as a perpetrator of abuse or neglect. A greater percentage of child abuse and neglect deaths involved black children/youth (40 percent) relative to their representation in the population of all Ohioans ages 0-26 (17 percent).

Human trafficking is another form of violence faced by youths in Ohio. Nationally, more than 100,000 children are thought to be involved in the sex trade (Anderson, Kulig, & Sullivan, 2019). The most recent data available from the National Human Trafficking website ranks Ohio fourth among states in reported cases of human trafficking. The first prevalence study of human trafficking in Ohio, conducted by the University of Cincinnati, replicated an earlier methodology used by the Ohio Attorney General's Office but sought to calculate more precise estimates of known victims and at-risk individuals who are minors or young adults, based on data sources from 2014 to November 2018. According to the study report, *Estimating the Prevalence of Human Trafficking in Ohio*, an estimated 4,209 individuals are at risk of being trafficked (Anderson, Kulig, & Sullivan, 2019). The report also estimated known trafficking victims at 1,032, including 888 minors (86%).

From the earlier study conducted by the Ohio Attorney General's Office and reported by the Governor's Office sample of 207 individuals, 49 percent were under 18 when first trafficked (Ohio Human Trafficking Task Force, 2017). Between July 2013 and September 2016, Ohio's child advocacy centers identified 251 children/young adults as survivors of human trafficking, referring them for services (Ohio Human Trafficking Task Force, 2017). Through screening in 2016, the Department of Youth Services identified seven youth as potential victims of sex trafficking and seven other youth as potential victims of labor trafficking. (Governor's Ohio Human Trafficking Task Force Report, 2017).

According to The Ohio Incident-Based Reporting System (OIBRS), law enforcement agencies reported 95,980 victims of violent crime in Ohio between January 2017 and December 2018. Forty-one percent of the victims of violence (39,335) were under the age of 18. The table below presents the types of violent crimes, mean age and median age of the victims of those violent crimes reported to OIBRS. The LSCYOY project has focused on children and youth ages 0-26.

Table 6 (below) and the other statistics provided reinforce that youth victims suffer a wide range of violent crimes reported by police to the state. Among child/youth victims, simple assault was the most serious offense against the victim for 47% of youth victims; 9.4% of the youth were victims of a sex offense (e.g., fondling, rape, forcible sodomy, incest, human trafficking/commercial sex acts and sexual assault with an object).

Table 6: OIBRS Violent Crime by Youth Ages 0-26⁷			
Uniform Crime Report offense type	Mean victim age	Median victim age	Total # victims
Simple assault	18.3	20	44,746
Intimidation	16.2	18	25,755
Aggravated assault	18.6	20	9,094
Robbery	20.1	20	5,316
Forcible rape	15.7	16	4,344
Forcible fondling	11.9	12	3,651
Kidnapping/abduction	16.8	19	1,685
Statutory rape	14.4	15	485
Forcible sodomy	11.0	10	482
Murder and non-negligent manslaughter	18.9	20	303
Incest	14.1	14	67
Human trafficking/commercial sex acts	19.0	19	23
Animal cruelty	9.9	1	22
Negligent manslaughter	18.0	18	3
Justifiable homicide (not a crime)	24.7	25	3
Sexual assault with an object	20.0	20	1
TOTAL			95,980

Note: The crime counts reported in the table are most serious offense against each child/young adult victim.

7 • Because reporting to the Ohio Incident-Based Reporting System (OIBRS) is voluntary, not all Ohio law enforcement agencies' data is available through OIBRS.
 • Law enforcement agency participation in OIBRS has increased through the years. As more agencies submit their data to OIBRS, more crimes are reported. Thus, year-to-year comparisons of statewide or countywide crime totals must be made with caution.
 • The accuracy of these crime statistics is based on the information reported by participating law enforcement agencies. Any verification of the crime totals must be done through the reporting law enforcement agency.
 • This crime data is based on information in the database as of the time the data was extracted (i.e. 08/30/2019). Results for the same report may change over time based on updated or new information reported by the participating law enforcement agency in future OIBRS crime data submissions to OCJS.

Needs Assessment and Gap Analysis

Table 7 takes a closer look at the OIBRS data regarding victim age and gender. The data demonstrates that black or African American children are disproportionately represented in the victimization data. The results also show that more black or African American females are represented in the victimization data. The percentage of white female victims is 57%, and the average age for white victims is 17 years. Whites comprised most victimizations (54%), followed by African-Americans (42%). However, about 82% of Ohio's population is white and only 12% is African-American; therefore, African-Americans were highly overrepresented as victims. The average (mean) age of victims was 17-18 years, and about 60% of victims were female, 39% male and 1% "other." Another notable result: 21% of the victims of violent crime were younger than 2.

Table 7: Victim Race, Average Age and Gender					
Victim race	Percentage of victimizations	Average age	% female	% male	% other gender
Asian	< 1%	18	50	49	< 1
Black or African American	42%	18	63	36	< 1
Hispanic or Latino	< 1%	15	87	13	0
American Indian or Alaskan Native	< 1%	18	50	46	2
Native Hawaiian or other Pacific Islander	< 1%	15	20	80	0
White	54%	17	57	41	< 1
Unknown/not reported*	4%	13	45	32	23
Total	100%	16			

The NAGA team decided to take an additional look at the OIBRS data to determine race and age of youth victims of violent crimes in OIBRS. The results are presented in Tables 6a-6c, which follow.

Table 6a (below) presents the data on murder, non-negligent homicide, negligent manslaughter and kidnapping/abduction. Justifiable homicide includes young people who are killed by law enforcement in the line of duty or by a private person when the young person was committing a felony. In general, these crimes make up less than 5% of all of the crimes against Ohio youth reported in OIBRS, but, of those victims with race reported for murder and non-negligent manslaughter, 70% of the victims were black or African American and 25.6% were white. For negligent manslaughter, 40% of the victims were black or African American, 40% were white, and the remaining 20% were reported as unknown/not reported. For justifiable homicide, black or African Americans represented 50% of those killed and whites represented the other 50%. In the kidnapping/abduction category, four of 10 of the victims were black or African American, and five of 10 were white. Unknown or unreported race represented 3.2% of those kidnapped or abducted.

Table 6a: Violent Crime by Race and Average Age of Victim			
Uniform Crime Report offense	Race	%	Average victim age
Murder, non-negligent manslaughter ($< 1\%$ of all victimizations)	Asian	1.1	17
	Black or African American	70.2	20
	White	25.6	17
	Unknown/Not reported	3.2	8
Negligent manslaughter ($< 1\%$ of all victimizations)	Black or African American	40.0	10
	White	40.0	19
	Unknown/not reported	20.0	18
Justifiable homicide (not a crime) ($< 1\%$ of all victimizations)	Black or African American	50.0	24
	White	50.0	24
Kidnapping/abduction ($\approx 2\%$ of all victimizations)	Asian	0.5	19
	Black or African American	42.4	16
	Hispanic or Latino	0.0	21
	American Indian or Alaskan Native	0.1	22
	White	53.8	18
	Unknown/not reported	3.2	13

Needs Assessment and Gap Analysis

Table 6b (below) presents the sexual assault and human trafficking cases reported in OIBRS. This table provides the race and average age of the youth victims of sexual assaults in Ohio. The data shows that, although whites make up a higher percentage of reported sexual assaults than other races, the average age for blacks or African American victims is younger than that for whites in every offense category except incest and statutory rape.

Uniform Crime Report offense	Race	%	Average victim age
Forcible rape (≈ 5% of all victimizations)	Asian	0.5	19
	Black or African American	29.8	15
	Hispanic or Latino	0.0	14
	American Indian or Alaskan Native	0.1	16
	Native Hawaiian or other Pacific Islander	0.0	11
	White	63.8	16
	Unknown/not reported	5.8	14
Forcible sodomy (< 1% of all victimizations)	Asian	0.4	11
	Black or African American	30.9	10
	White	63.7	12
	Unknown/Not reported	5.1	10
Sexual assault with an object (< 1% of all victimizations)	Black or African American	50.0	14
	White	50.0	20
Forcible fondling (≈ 4% of all victimizations)	Asian	0.7	12
	Black or African American	25.1	11
	Hispanic or Latino	0.0	10
	American Indian or Alaskan Native	0.1	12
	White	67.6	12
	Unknown/not reported	6.6	10
Incest (< 1% of all victimizations)	Asian	1.7	15
	Black or African American	14.7	15
	Hispanic or Latino	1.7	14
	White	76.7	14
	Unknown/not reported	5.2	15
Statutory rape (< 1% of all victimizations)	Asian	0.3	16
	Black or African American	21.3	14
	Hispanic or Latino	0.1	13
	White	72.0	14
	Unknown/not reported	6.4	14
Human trafficking/commercial sex acts (< 1% of all victimizations)	Black or African American	21.4	18
	White	71.4	20
	Unknown/not reported	7.1	9
Human trafficking/involuntary servitude	White	100.0%	15

Table 6c (below) presents the robbery, assault offenses, intimidation and animal cruelty offenses wherein a youth/child was a victim. The majority (82%) of the child/youth victimization cases in OIBRS are represented in these categories of crimes. Again, compared with the proportion of blacks/African Americans in Ohio's population, blacks/African Americans are represented disproportionately in the robbery, assault and intimidation cases. The average of black/African American and white victims is the same for aggravated robbery, but the average ages for blacks/African Americans is higher than that for whites with the other types offenses.

Table 6c: OIBRS Robbery and Assault by Victim Race and Average Age of Victim			
Uniform Crime Report offense	Race	%	Average victim age
Robbery (≈ 6% of all victimizations)	Asian	1.4	21
	Black or African American	46.5	20
	American Indian or Alaskan Native	0.3	20
	White	47.3	20
	Unknown/not reported	4.4	18
Aggravated assault (≈ 9% of all victimizations)	Asian	0.4	19
	Black or African American	56.4	19
	Hispanic or Latino	0.0	21
	American Indian or Alaskan Native	0.1	15
	Native Hawaiian or other Pacific Islander	0.0	22
	White	39.9	18
	Unknown/not reported	3.4	14
Simple assault (≈ 46% of all victimizations)	Asian	0.5	18
	Black or African American	45.2	19
	Hispanic or Latino	0.0	16
	American Indian or Alaskan Native	0.1	19
	Native Hawaiian or other Pacific Islander	0.0	14
	White	50.8	18
	Unknown/not reported	3.5	13
Intimidation (≈ 27% of all victimizations)	Asian	0.4	17
	Black or African American	33.6	17
	Hispanic or Latino	0.0	16
	American Indian or Alaskan Native	0.1	17
	Native Hawaiian or other Pacific Islander	0.0	14
	White	61.1	16
	Unknown/Not reported	4.8	11
Animal cruelty (< 1% of all victimizations)	Asian	2.7	20
	Black or African American	5.4	25
	White	40.5	16
	Unknown/not reported	51.4	3

Summary: The average age of victims was about 18 years old. About 97% of victimizations fell within six UCR codes: simple assaults (46%), intimidation (27%), aggravated assault (9%), robbery (6%), forcible rape (5%) and forcible fondling (4%). In all but one of the UCR codes evidenced that whites constituted most victimizations followed by African-Americans, who were highly overrepresented as victims given their relatively small representation in Ohio's overall population.

The service pathways for children/youth exposed to violence

Children and youths exposed to violence can enter the systems of care through various doors. Members of Survivors and Families Work Group want Ohio to become a “no wrong door” state, where entry into any system by a child/youth victim leads to needed help and minimizes the potential for additional harm. Members of the Supportive Services and Privately-filed work groups assisted the needs/gap analysis by providing maps or other documents regarding case flow, coordination opportunities and protocols, and jurisdiction information. The tables below provide information about the various service entry points and providers involved at various points during the life of a case. *State-involved* is meant to describe a family’s relationship to government agencies and services, which are often pursued by the agency and are not within the control of the private parties or family. *Privately-filed* are those court and legal actions initiated and pursued by a private party to the matter.

Table 8: Entry Points for State-Involved Systems

Catalyzing action	Initial system	Other systems frequently involved
A child/youth is a victim/witness in a criminal case; a child/youth victim is at the scene of a law enforcement incident.	Law enforcement	Domestic Relations Court (civil protection orders), child protective services, child advocacy center, court-appointed special advocate/guardian ad litem, behavioral health, prosecutor, probation, victim advocate
Death or incarceration of custodial parent(s)	CPS/Juvenile Court; Probate Court	Behavioral health, probation, court-appointed special advocate/guardian ad litem
An offense is committed by a juvenile.	Juvenile Court	Private attorneys, public defender, behavioral health, medical services, offender treatment services, educational services, Department of Youth Services, Juvenile Probation, Diversion Programs
A probate court oversees adoption of child/youth victim in the custody of the state.	Probate Court	Child protective services, foster care agency
A child/youth victim receives state benefits (TANF, SNAP, Medicaid).	Job and Family Services	Child support enforcement agency
A child/youth victim is admitted to a state psychiatric hospital.	Behavioral Health/Medical Services	Law enforcement, education, insurers, Department of Youth Services
A child/youth victim is served by a provider of disability services, is a resident of a residential community or a facility for individuals living with developmental disabilities.	Department of Developmental Disabilities	Child advocacy center, behavioral health, medical services, law enforcement, prosecutor, child protective services
A child/youth victim receives educational services from a public school.	Public schools, Educational Service Centers	Mental health, child protective services, law enforcement, prosecutor

Table 9: Entry Points for Private/Community-based Systems (Other Than Court)		
Catalyzing action	Initial system	Other systems frequently involved
A child/youth victim is seen by a community-based/private behavioral health or other medical provider for a concern or well-check.	Behavioral Health, Medical	Child protective services, child advocacy center, Domestic Relations Court, Juvenile court
A parent or custodian is seen by a health care provider for a behavioral health or medical concern.	Behavioral Health, Medical	Child protective services, Juvenile Court, law enforcement
A parent or caregiver requests services for a child they believe has been a victim of child abuse or child sexual abuse.	Child advocacy center	Child protective services, law enforcement, medical, behavioral health, prosecutors. Note: DSome child advocacy centers do not accept private referrals and receive only cases from medical professionals, child protective services or law enforcement.
A child/youth victim is identified in a private education or child care setting.	Education/Child care	Child protective services, law enforcement, behavioral health, medical, child advocacy center, Domestic Relations Court, Juvenile Court
A family with a child/youth victim is a client of private social service organizations: -Housing/shelter -Victim services -Legal services -Counseling -Employment -Education	Social service organization	Child protective services, behavioral health, Domestic Relations Court, Juvenile Court, Job and Family Services, housing, homeless and runaway youth programs, anti-trafficking programs
A child/youth victim is involved with a recreation, youth club, sports organization,	Private organization	Behavioral health, child protective services, law enforcement
A child/youth victim is involved with a faith-based group,	Faith-based organization	Behavioral health, child protective services, law enforcement
A child/youth victim is employed,	Employer	Juvenile Court, Domestic Relations Court, law enforcement, anti-trafficking programs

Privately filed legal cases can originate in Domestic Relations Court, Juvenile Court or Common Pleas Court's General Division and may originate through the actions of a party trying to protect a child (e.g. non-offending parent or supportive relative). It is important to acknowledge that perpetrating parties may also file private cases to achieve greater access to their child victims and isolate them from protective caregivers, or to retaliate and frustrate, or to end other criminal or child welfare proceedings. Further, as the table below shows, some child/youth victims in state custody may not have access to legal representation on their behalf for a private filing.

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The Privately-filed Work Group discussed seven (7) catalyzing events that could bring child victims into the privately-filed civil court system:

1. An individual files in court for a civil protection order (CPO), divorce, custody, or a privately filed abuse, neglect, or dependency action (similar to child protective services, but an agency did not file; a private party did).
2. Law enforcement responds to incident, refers party/parties for CPO or files criminal charges, which prompts the defendant to file a custody or divorce action (to pressure the victim in the criminal case).
3. Following a report to child protective services, a case plan or caseworker mandates (or strongly urges with implied consequences of removal of children) that the non-offending adult file for a protective order or divorce against the adult perpetrator.
4. An individual requests child support (an administrative process), paternity is established if not already, catalyzing someone to file for custody.
5. An individual applies for TANF benefits, which initiates a child support administrative process. The child support administrative process then prompts a party to file in Juvenile or Domestic Relations court for custody or divorce.
6. An individual seeks services through a domestic violence, sexual violence or other victim services program; the program assists with CPO petition. The CPO filing prompts alternative or additional legal courses of action not designed for safety.
7. An individual files suit to receive a financial claim resulting from an injury or loss on behalf of a child or youth who experienced a traumatic response as a result of an incident or crime.

Table 10: Entry Points for Privately-Filed Legal System			
Privately filed action	Parties involved	Other systems involved	Additional notes, exceptions
Civil protection order (CPO)	A party petitions for a CPO, or petitions on behalf of a child/youth (not required to be the child's parent). Another party is named as respondent.	Law enforcement (responding to violations of CPOs), Child Protective Services, health, mental health, victim services programs, or a separate court proceeding in same or different court regarding custody or divorce	Approved or denied by court at two separate times in the process, or dropped, or "settled" by consent agreement between parties. Youths who may want a CPO against another youth but are in the custody of state (foster youth) often do not have support (and may not be permitted to) in applying for CPO (as they would if a parent were filing on their behalf). Likewise, Juvenile respondents to a Juvenile CPO that are in custody of state (foster youth) do not typically get access to legal counsel to respond to the petition.
Divorce	A spouse petitions A spouse is named as defendant	Mental health, mediation, Child Protective Services can be called by court if maltreatment is alleged.	
Custody	A party petitions Another party (usually a parent) is named as defendant	Mental health, GALs, supervised visitation, mediation, custody evaluators, Child Protective Services, Child Support Enforcement Agency	Filed in Domestic Relations Court for married or previously married parents; in Juvenile Court for unmarried parents; court may vary for other relatives and parties.
Abuse, neglect, dependency (prior to or outside of CPS involvement)	A party petitions (parent, grandparent, adult sibling, friend) Custodians (both parents if there are two parents) are named as defendants	Health, mental health, child advocacy center, education, Child Protective Services (subsequently)	Ex.1) A parent who cannot afford the costs of care of a high-need child relinquishes custody to the state in order for the child to receive care. Ex. 2) A guardian ad litem files on behalf of a child in a case where Child Protective Services declines to file.
Tort action	A party (plaintiff) files a claim for compensatory and/or punitive damages on behalf of a child victim. A party (or parties) is (are) named as defendant(s).	Mental Health, Medical, Education	Common Pleas Court (General Division)

As demonstrated by the tables above, multiple systems are likely involved in a child's case, each with a distinct mandate or interest in the child's well-being and each with a varying level of influence. All stakeholders should receive adequate training to be able to understand how their role relates to the safety, health and well-being of child/youth victim and how best to coordinate with other systems working toward these shared goals.

Data Sources

The NAGA team began the analysis process by reviewing all of the documents provided by the project team – a total of 178, organized by subject – looking for needs and gaps in Ohio's systems of care for children and youths. The NAGA team also reviewed relevant national and state websites and other official reports to inform the analysis. The document types and volume:

Document/source type	Number of documents reviewed
White papers, published reports	45
National crime data and statistics	4
Ohio crime data and statistics	3
Stakeholder notes, interviews	85
Ohio child welfare data	12
Project-specific data collected by project team	12
Service utilization reports	7
Project team's planning documents	10
Total documents/sources	178

This chart underscores the multitude of documents and data used to inform this needs/gap analysis. After the initial document review, the project team determined that the report should be balanced between qualitative data from stakeholders and quantitative data from the state. The NAGA and project teams collaborated to collect more quantitative data from state sources to round out the NAGA information.

The analysis and data review process

The seven work groups met a combined 46 times during the project's 15-month Planning Phase. As part of this process, group members were asked for feedback regarding both the screening tool component and the systems linkage component of the NAGA. Besides the work group meetings, there were five stakeholder meetings, designed to foster collaboration the exchange of information among the stakeholder organizations and project team members. Three listening sessions with stakeholders were also organized: One focused on the screening tool development, and the other two sessions further informed the needs/gap analysis (Appendix 17, Project Timeline).

A process initiated by the State-involved Work Group prompted the project team to organize ideas into 14 categories. The work group used a brainstorming activity to stimulate conversations about needs that members had observed; they then compared those needs with the project's three main goals to gauge their relevance (Appendix 18, Brainstorming Prompts). The work group members clustered similar needs by common themes among concerns and then labeled the clustered grouping. When the State-involved Work Group presented its work at a stakeholder meeting and in a subsequent meeting of work group facilitators, most of the groups found that the labeled themes translated well to their own group discussions about needs. To add clarity to the category label, descriptions of needs were derived from work group notes and information gleaned from data sources collected during the project's Planning Phase. The themes were presented during the two listening sessions for further feedback and to determine whether the needs that attendees identified during the sessions would fall within or outside of the themes, in which case additional categories would be considered. This process fueled the expansion of a category on perpetrator-related concerns to include the concept of safety, to better capture relevant safety-oriented needs. The project team's 14 categories of needs/gap themes were forwarded to the NAGA team; a brief description of each is listed in Table 12.

Table 12: Project Team Needs and Gaps Themes

Identified need	Description of need
Outreach and Training	Outreach to victims, families and culturally specific communities and stakeholders; training for professionals, service providers, stakeholders, public, parents and caregivers
Common Language	Create a common vocabulary; establish clear and consistent understanding of terms across systems
Labeling Behaviors	Accurate identification of trauma/complex trauma; understanding counterintuitive victim behavior; distinguish between protective parenting and "parental alienation;" distinguish domestic violence from "high conflict" in domestic relations and custody cases
Relational Wealth/Relational Poverty	Maximizing protective factors (social connectedness, positive role models and other caring adults) to protective parents/caregivers
Safety and Perpetrator-Related Concerns	Charging perpetrators at the proper level; availability, accessibility, appropriateness and effectiveness of treatment interventions; mitigating opportunities for perpetrators to co-opt system intervention for ongoing abuse; access to victims or victims' information by perpetrators; risk, dangerousness and re-offending.
Cycles of Violence	Intergenerational transfers of trauma, including historical trauma; witnessing or experiencing trauma/violence as it relates to perpetration of violence; enduring trauma and violence throughout the lifespan; distinguishing resistive/reactionary violence
Public Trust	Earning the confidence of the public in the effectiveness of responses; confidence in the credibility and leadership of agencies; trusting the ethics and qualifications of responders; accountability to one another
Inequity, Bias and Oppression	Addressing the overrepresentation of children of color in child welfare cases; overrepresentation of LGBTQ+ among homeless and runaway youths; increasing diversity of professionals and leaders in child-serving systems; developing and promoting evidence-based practices for marginalized communities; identifying practices harmful to marginalized communities; increasing language access; addressing impact of immigration status and policies on help-seeking and help-receiving; addressing biases toward foster youths, or victims of trafficking, domestic violence or sexual violence
Protocol/Tool Development	Tools to assist in identification of child victims; tools to assess for trauma impacts; tools to flag cases for risk, dangerousness; resources to match youth/families with evidence-based practices and services
Revictimization	Need to elevate trauma-informed practice, policy, settings; eliminating unnecessary duplicative interviews and screening; emotional, physical, spiritual safety and security needs; interrupting recurring abuse
Caseload	Impacts of opioid epidemic; contact hours, in-home visits, crisis triage, waitlists, delays; residential treatment; vicarious trauma
Access to and Qualifying for Services	Evidence-based, alternative and holistic services; culturally competent/culturally appropriate; developmentally appropriate; matters of caregiver/custodial consent; locally, regionally available, remote services; tele-health and tele-mental health; timely access; eligibility for services; insurance coverage for services for type and duration
Burden of Service Participation	Overwhelming, inappropriate or unnecessary services; services assigned to serve the system, not the family; financial costs of services and proceedings; indirect impact of service participation on other family members (e.g. siblings); services for children and adults
Information Sharing	Sharing information while ensuring safety, autonomy and dignity for individuals and family; avoiding duplication and retraumatization; flagging for risk, safety; case info accompanying referrals; integration of data systems; system-to-system trend spotting

The NAGA team reviewed each of the documents listed in Table 12 and independently verified the categories of need/gap themes. The team then conducted a peer review to reach consensus on the need/gap themes, reducing the number of themes from the original 14 to seven. The NAGA team also searched all of the documents provided by the project team to determine what or who was missing within the various data sources that could help the project team achieve the goal of accurately identifying victimized children and youths and improving responses to child and youth victims and their families by providing consistent, coordinated responses that address the full presenting issues and full range of victims' needs. The NAGA and project teams slimmed down the list of themes by zeroing in on the data supporting each theme, thus making the findings more manageable and useful for strategic planning purposes.

As the first theme states, the project team must consider the complexities, strategies and realities of the systems involved. By doing so, the team can help create child-centered, trauma-informed plans that improve responses to and outcomes for child/youth victims and their families. The project stakeholders believe children/teens who have experienced violence-related trauma deserve the best help possible. To give them what they deserve, the key stakeholders must fully understand the functions and needs of the care systems serving the state's young people. The Linking Systems project represents a unique opportunity to transform the landscape of children's services in Ohio, one that requires stakeholders representing the full range of services in Ohio to work in partnership with survivors and their families to comprehensively address victims' needs.

Gaps in data, data resources and LSCOY representation

Data-related gaps

The results of the Needs Assessment and Gap Analysis point to several gaps in data to inform the Linking Systems project:

- More detailed data is needed to better identify who is committing crimes and other incidences against Ohio's youths.
- Specific gaps were highlighted during the data review about incidences and how a perpetrator accessed a youth, the nature of the victimization as chronic and/or repetitive, and the settings in which youths were victimized. The NAGA team accessed several reports that included data on perpetrators, including the Child Maltreatment Report published by Department of Health and Human Services Administration on Children, Youth and Families; the Ohio Child Fatality Review; and the dashboards of the Department of Developmental Disabilities and Department of Jobs and Family Services. In addition, the NAGA team was directed to the Ohio Department of Rehabilitation and Corrections for information on incarcerated offenders that could shed light on perpetrators. Still, much of the context regarding the perpetration of crimes against youths is currently unavailable from any one source.
- Data on workforce demographics to address cultural representation of the systems would help inform the next steps of the project. As several of the stakeholders mentioned and the victim-related data validates, children and youths of color are overrepresented among victims of violence and trauma. The systems that serve these children need to represent the diversity of the children/families they serve.
- Data on service outcomes is needed to help the project team determine how best to support child/youth victims and their families. It is unclear which services are most effective for young victims of violence/their families. Although some of the child-serving agencies conduct outcome evaluations, there is no consistent or coordinated source of results. Many of the child-serving agencies report numbers served and other service figures, but few provide ongoing outcome data. One listening session participant reminded the project and NAGA teams that service providers and funders need to work together to ensure survivor-informed and survivor-defined outcomes. Those involved in strategic planning for the LSCOY project should consider this in defining and measuring service outcomes.

Representation gaps

- The NAGA underscored the need for greater representation of victims' voices, demographically and geographically, in the LSCOY project. The project team has a better handle on where services are located than where victims are located, so the location of services seems to drive what is known about the victims using those services. The project would be better informed on the needs of victims and their families by including more youths/families in stakeholder meetings or having their needs represented in some other way. Similarly, the voices of youths transitioning out of foster care, youths from marginalized populations and runaway/homeless youths would help the project team get a better grasp on the needs of these groups of youths and how best to ensure that LSCOY provides that support.
- As Table 5 demonstrates, the stakeholders group, too, has representation gaps. Two notable groups lacking representation are pre-K - grade 12 educators and faith community members. Courts and judicial representatives have a seat at the table, but it is important to note that the project has had only brief participation by one judge and limited participation by an adult prosecutor. (A juvenile prosecutor, on the other hand, has been actively contributing.) Likewise, health/mental health service providers had been largely represented by participants from the mental health arena until recently, when a pediatrician joined the stakeholders group. Engaging underrepresented disciplines will be key to supporting youth victims and transforming the current system to one that is victim-focused and trauma -informed.
- Although the project and NAGA teams received general information on the following topics, members had hoped to learn more from state-specific data on trajectories of violence, cycles of violence from victim to perpetrator, and intersections of victimization with mental health outcomes. Greater work group representation from law enforcement and prosecutors (local, state and federal) would help the project team learn more about school, mass and gang violence, internet crimes against children and child abductions.

Recommendations and Next Steps

Recommendations

The LSCOY project team should use the results of this needs/gap analysis to continue its strategic planning, keeping in mind the following recommendations:

- **Multi-system collaboration and a mix of strategies:** As noted earlier in this report, many organizations, systems and collaborative groups have concurrent projects that are addressing some of the identified needs and gap areas. The LSCOY project should pursue a mix of strategies that leverage or extend current efforts in the state while balancing efforts with strategies addressing unique aspects that have been historically overlooked, require supportive leadership or have gone without a project home. Likewise, some needs are best suited to a system-specific solution created, owned and implemented by an individual system. The LSCOY project should focus its attention on the areas that would most benefit from and welcome multi-system collaboration and areas that can unify critical messaging across many systems.
- **Cost-benefit issues:** Project resources are finite, so return on investment will be important. Resource-intensive strategies should be weighted by potential for success, including the breadth and magnitude of impact. They should also be tempered by considerations for costs that may arise for survivors, families and stakeholders due to the strategy's consequences. Similarly, until additional representation from lesser-engaged systems is obtained, the project should focus on strategies that can be employed by capitalizing on the reach, expertise and will of the current stakeholder roster as the starting place.
- **Timeliness:** Strategies should also be evaluated for optimal timing. For instance, might one strategy be preferred over another based on implications of current affairs or other matters occurring as part to the current state context? Is there an advantage to acting quickly or, conversely, to holding an idea for a more opportune time? Should we focus on a strategy that is easy and swift to complete, which would provide the project a galvanizing "quick win," or are there ideas that lend themselves to higher degrees of sustainable outcomes beyond the grant period?
- **Alignment with project goals:** The strategic plan should meet the project's three intermediate-term goals defined in the logic model:
 1. Victimized children/youths in Ohio are accurately identified in a wide range of community settings.
 2. Victimized children/youths and their families in Ohio are effectively linked to high-quality resources in or near their communities.
 3. Systems impacting child/youth victims are linked at the state level for greater coordination to:
 - » Improve family outcomes, responsiveness and efficiency.
 - » Increase leveraging and garnering of additional resources to support Ohio's child/youth victims.

Next steps

The emerging strategic directions of the LSCOY project – improvements aimed at advancing safety, healing and justice for Ohio's young crime victims and elevating childhood trauma to an urgent public priority – are consistent with the findings of this Needs Assessment and Gap Analysis. The Ohio Linking Systems work groups have forwarded potential action items that would create pathways to high-quality supportive services, remove barriers to safety, and ensure access to justice by interrupting the violence and holding perpetrators accountable. Among the suggestions forwarded for possible inclusion in the strategic plan are:

- Increasing community education, professional training and workforce development.
- Creating common language guides.

- Improving cross-systems understanding of risk and child safety.
- Developing helpful tools, referral protocols and information-sharing mechanisms.
- Reducing cost barriers and improving access to available resources and public benefits.
- Addressing disparities in services and responses.
- Piloting or expanding models of interest.
- Promoting trauma-informed grant making.
- Expanding trauma recovery services.
- Helping families and professionals locate helpful services in their area.

An additional worthwhile legacy would be a value-added approach that builds Ohio's research capacity so that the state and key stakeholders better understand the conditions and relationships that aggravate or reduce child/youth victimization throughout the state and also develops innovations to address it.

Numerous stakeholder representatives came forward to gather or refer data to the LSCOY project. Ideally, the data collected for this needs/gap analysis and the strategies to which it points will prove helpful to other concurrent efforts in the state. LSCOY project surveys conducted to geographically locate services for families and understand parameters for service provision and eligibility also offer rich data ripe for further analysis. The project leaders and key stakeholders should conduct outreach to deliver this resource and to exchange data with:

- Gov. DeWine's newly appointed Committee on School Safety.
- Groups planning for Ohio's implementation of the Family First Prevention Services Act.
- Ohio Families and Children First, charged with making reforms based in six recommendations from the Joint Legislative Committee on Multi-System Youth.
- The Ohio Injury Prevention Partnership.
- The Ohio Interagency Council on Youth.
- The Family Violence Research Collaborative.
- Other Linking Systems of Care projects funded by OVC in three other states.
- Other OVC youth-focused projects in Ohio.

The LSCOY project should use the results of this needs assessment to continue its strategic planning efforts. It will be important that strategies designed or selected reflect the expressed values and principles of the project; therefore, a values clarification step would be a critical next conversation. Project leaders – including the project director and manager, the research team and the work group facilitators – will review strategies already forwarded by work groups or previously articulated as grant deliverables to determine how they do or do not match the findings of this need/gap analysis. Those strategies determined as a match to needs and that are expected to positively influence one or more of the project's three main desired outcomes will be further reviewed for consideration against other criteria. That criteria might include:

- Available evidence base
- Potential to resolve or narrow disparities
- Level of effort and/or time required to expect results
- Investment of resources anticipated relative to expected impact
- Evaluability of the strategy
- Potential for multiplier effects, comparative advantages and contraindications
- Suitability to project capabilities

Action plans should identify the underlying intent of strategies selected, responsible parties' budgets and timelines. The project team should devise implementation steps that plan for sequencing specific measurable accomplishments over the remaining quarters of the grant and include plans for evaluation, refinement and reporting progress. The project team expects to develop a strategic plan during the first quarter of 2020.

Appendix 1: Work Group Descriptions

Work group focus areas and facilitators (in alphabetical order by group)

Note: All groups have provided or will provide key input for the needs assessment and gap analysis, screening tool, response directory, training plans and strategic plan.

Criminal Justice: Anthony Ingram, Akron Municipal Court

Identifies unique challenges to assessing child/youth victimization, the impacts in the criminal justice setting, and barriers to effective processing of these cases. Barriers might involve forensic interviewing models, evidence collection protocols, information sharing and availability of expert witnesses or other impediments to justice for a child.

Policy: Graham Bowman, Ohio Poverty Law Center

Focuses on project goals expressed through policy approaches that support the prevention of and response to child/youth crime victimization. The group reviews existing policies and/or considers policy recommendations at provider, community and state levels and advances promising approaches that can be adapted for legislation and administrative action.

Privately-filed Cases (Domestic Relations/Family Court): Micaela Deming, Ohio Domestic Violence Network

Identifies the unique challenges to assessing victimization, trauma and trauma impact in Family Court settings or in private custody cases of unmarried couples in Juvenile Court settings. Also assesses unique challenges and barriers to identifying the ongoing and long-term safety and healing needs of victimized children/youths whose perpetrators are family members. Actions of interest include divorce, custody and civil protection orders.

Research: Kylie Evans, Case Western Reserve University

Focuses on research and evaluation to help fill data gaps and inform program development to better serve victims, using evidence-based knowledge and leveraging research expertise to generate, collect and analyze project data. Also considers Ohio gaps and resources related to research needs and capacity relevant to child/youth crime victimization.

State-involved Cases (Juvenile Court): Doug Stephens, Ohio CASA/GAL Association

Addresses project goals related to two of the four major functions of Juvenile Courts in Ohio: child welfare cases and criminal cases filed against juveniles. (Note: The Privately-filed Work Group addresses private custody cases of unmarried couples and civil protection orders filed against juvenile respondents, which are privately-filed functions of Juvenile Courts.)

Supportive Services: Vanessa Stergios, Ohio Network of Children's Advocacy Centers

Focuses on project goals related to specialized services potentially involved with youth victims of crime, including victim advocacy, child welfare, mental health, substance abuse, housing, family supports, public benefits, medical services and educational services.

Survivors and Families: CeCe Norwood, Nirvana Now!

Provides structured feedback to the six other work groups about the experiences, strengths and challenges of youth survivors of crime and their families, specific to survivors' involvement with various systems (including child welfare, Family Court and the criminal justice system).

Appendix 2: Interview Questionnaire for Survivors and Families Work Group

Interview questionnaire/survey for members of LSCOY Survivors and Families Work Group

- 1. The LSC project has a goal of better identifying children/youth who are victims of trauma/crime(s).**
 - a) In thinking about your experience, did you ever disclose to someone – or, alternatively, did anybody ever find out about – your traumatic experience(s)? (If no disclosure, go to item e.)
 - b) If so, who were they? And were they able to help you connect with a helping professional or organization?
 - c) How was that service helpful?
 - d) How was it not helpful?
 - e) What would have made a positive difference in obtaining effective help sooner?
 - f) What suggestions do you have that would help traumatized or victimized children/youth be more likely to be identified as in need of trauma recovery or crime victim services?
- 2. The LSC project has a goal of linking child/youth victims of trauma/crime to high-quality services.**
 - a) What would high-quality services look like, in your opinion?
 - b) Which services were most helpful to you and why?
 - c) Were there any services that would have helped you (or victims you know) that were not available or difficult to access?
 - d) Were there any services that were harmful to you? Did any services escalate the danger to you?
 - e) Did issues of culture negatively/positively impact your interactions with responders or service systems? If so, how?
 - f) Did you experience any barriers to receiving services (cost, availability, qualifying for services, etc.)?
 - g) How does location or transportation affect access to services?
 - h) If you could imagine a better service, what would it look like?
- 3. The LSC project hopes to link responding systems to one another at both the state and community levels.**
 - a) Do you know of any examples of systems that communicate and coordinate well regarding a child/youth victim's needs?
 - b) Can you offer examples of systems that seemingly do not coordinate well or that offer conflicting messages or responses?
- 4. General questions**
 - a) Are there rules you would change that would help better meet the needs of children or services?
 - b) Is there information that victims do not receive but should?
 - c) What are two or three things that this project needs to understand to better identify or serve Ohio's young victims?

Appendix 3: NAGA File Scan

The documents and sources (grouped by subject matter) that the NAGA team reviewed as part of the needs/gap analysis:

Child Welfare

“CAC Center Info”

- **Fact Sheet, Resource Guide:** A list of the child advocacy centers in Ohio, sorted by county, funding type and services provided in 2014

“CASA Program Map July 2017”

- **Resource Guide:** A map of Ohio's counties, highlighting the counties with court-appointed special advocates for children. Created by the Ohio CASA/GAL Association

“CSFR_Outcomes-1162”

- **Guide, Research document:** A 2009 research/outcome document focused on Child and Family Service Review Outcomes, providing ways for stakeholders to develop effective PIPs for achieving safety, permanency and well-being in domestic violence cases, and to identify or anticipate related technical assistance needs. Includes DV trends, DV effects on children, and program improvement plans in practice and in systems.

“CPS Workforce”

- **Infographic, Fact Sheet:** A visual representation of caseworker turnover in CPS, why, the cost, and the effects high turnover has on children. Created in 2016.

“Final CAPMIS Report 003”

- **Report:** An evaluation of the validity and reliability of the instruments in the assessment toolkit created by the Ohio Department of Job and Family Services for use by Children's Services caseworkers throughout the state. The evaluation was designed to provide guidance for revising the toolkit, which is known as the Comprehensive Assessment and Planning Model – Interim Solution (CAPMIS). Created in 2017.

“Ohio 2018 CRP Annual Report”

- **Annual review report:** The Ohio Citizen Review Panels (CRPs) annual report to the Ohio Department of Job and Family Services (ODJFS) with recommendations for the improvement of the child protection system in Ohio. The three panels include safety, permanency and well-being. The report details each panel's topic, process for review, and development of the recommendations submitted to ODJFS on May 15, 2018.

“Ohio 2018 CRP Report Executive Summary”

- **Fact sheet, executive summary:** Summary of the recommendations provided by the Ohio Citizen Review Panels' annual report to the Ohio Department of Job and Family Services for the improvement of the child protection system in Ohio.

“Ohio Child Welfare Demographics”

- **Fact sheet:** 2018 statistical fact sheet with charts, graphs and bulleted highlights outlining statistics on youth population, those in child welfare, poverty, adoption, health and substance abuse as well as the child welfare workforce, and funding sources.

“Child Welfare Needs Assessment”

- **Needs Assessment:** 2016 NARA identifying key service needs of children and families coming to the attention of public Children's Services agencies and to identify the most effective interventions designed to meet those service needs.

“ONCAC Contact List 2018”

- **Resource list, contact list:** A list of the child advocacy centers in Ohio, sorted by county, accreditation; includes contact info in 2018. Created by the ONCAC

“ONCAC Gap Map 2016 — Coverage”

- **Resource list:** A list of the child advocacy centers in Ohio, NCA Membership Status Level. Created by the ONCAC

“ONCAC Map 2016 updated”

- **Resource list:** A list of the child advocacy centers in Ohio, sorted by county, accreditation.

Child Maltreatment 2017

- National and state child welfare statistics.

Work group minutes/documents

Survivor and Families Work Group

- A summary of priority areas for this work group, including documents/meeting notes.

Supportive Services Work Group

- **Survivor and Family Work Group investigative questions interviews:** A summary of responses from six people interviewed about their experiences with the systems of care
- **Meeting notes:** All documents/notes from this work group.

State-involved Work Group

- **Meeting notes:** All documents/notes from this work group

Research Work Group

- **Meeting notes:** All documents are the group's meeting notes.

Policy Work Group

- **Meeting notes:** All documents are the group's meeting notes.

Privately-filed Work Group

- **Meeting notes:** All documents are group's meeting notes.

Criminal Justice Work Group

- **Meeting notes:** All documents are group's meeting notes.

Trauma reports, resources

“Helping Traumatized Children: Tips for Judges”

- **Tips:** Information for judges to determine whether a child in the courts has experienced trauma. Developed by the National Child Traumatic Stress Network.

Identifying Trauma Informed Providers

- **Questionnaire:** Appendix to “Helping Traumatized Children: Tips for Judges” including a list of questions to ask therapists to determine whether they use a trauma-informed method of care.

NCJFCJ-Trauma Courts Summit 2015 Final Report: “First National Summit on Trauma and the Courts”

- **Report, conference overview:** The First National Summit on Trauma and the Courts: Creating a Community of Healing took place Aug. 5-6, 2015, to examine moving from research to practice in a court setting in the context of trauma. The report offers themes and recommendations.

ODVN Ohio trauma-informed roadmap 2018/The Trauma-Informed Roadmap for Ohio's Domestic Violence Programs

- **Tip sheet:** A resource to help organizations move from trauma-aware to trauma-informed.

“Children Who Have Been Traumatized One Courts Response”

- **A case study** of Stark County Family Court's use of a trauma-informed approach. (The court is in Canton, Ohio.)
“Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency”
- **Tip sheet:** A brief overview of 10 key factors to know about trauma, how it shows up for young people and how it affects young victims.

“Juvenile Court Trauma-Informed Practices”

- **A brief overview** of how trauma affects children and the strategies that courts can use to provide effective outcomes for trauma-exposed children.

Screening tools, needs and gaps

“Child Sexual Abuse Disclosure: What Practitioners Need To Know”

- **Research paper:** Based on the Darkness to Light program, this report outlines facts about disclosing CSA and research related to the topic.

“Complex Trauma Standardized Measures”

- **Resource list:** A list of surveys, interviews and assessment tools used to measure trauma. National Child Traumatic Stress Network.

CVR Quick Reference victim protections

“Protecting Victims in Research”

- **Tip sheet:** Quick-hit information on how to protect victims and survivors when conducting research to prevent re-traumatization.

Item Language with Draft Imagery

“Pictorial Victimization Screening Tool”

- **Assessment:** Draft of LSCYOY screening tool item language and imagery to measure experiences with trauma and victimization, draft date 2018.

Needs Assessment and Gap Analysis

Linking Systems survey results

- **Excel Spreadsheet:** Results from a survey for this project. 49 respondents including various advocates, police detectives, volunteers, victim witness associates, etc.

Online Screening Tool Development schematic from JAK (Jenny A. King, PhD)

“Universal Screening Tool Development”

- **Planning notes** developed in 2017 for the LSCOY grant proposal. Includes the process planned to develop the screening tool.

The final product of the universal screening tool will:

1. screen for victimization and mental health symptoms
2. identify individual mental health risks and effect
3. link mental health risks/effects from screening to evidence-based practices/programs (EBP) that have shown to be effective in treating identified mental health symptoms
4. identify providers that offer those identified services needed within close proximity to the child/youth.

Responses to Screening Tool Concerns / FINAL

“Concerns/Issues Raised - Screening Tool”

- Notes from a meeting to discuss the CWRU screening tool. Questions raised and answered.

Screening Tool FAQ with OVC footer

“FAQ: Linking Systems of Care Child Trauma Screening Tool”

- Frequently asked questions regarding the Linking Systems of Care project.

Summary of Trauma Screening Tools

“Review of Child and Adolescent Trauma Screening Tools”

- A list of screening tools, detailing their use and whether they were chosen to help inform the CWRU screening tool for the project.

Timeline Slide from 2-28-18

“Timeline”

- **PPT slide:** A visual timeline outlining the LSC project deliverables, 2017-18.

VAWA FVPSA VOCA Confidentiality

“Privacy in HIPAA, VAWA, FVPSA and VOCA: Different Laws, Different Purposes”

- **Tip sheet:** An outline of HIPAA regulations and how they apply to VAWA/FVPSA/VOCA-funded projects.

Runaway and homeless youths

Coordinated Entry FINAL

“Ohio BoSCoC Coordinated Entry System”

- A “map” depicting the diversion process when households search for resources for housing for their teens.

Current sources of homeless youth data 7-3-18.

- **Statistics** on homeless youths gathered from various cited sources for use in “problem identification” by the Policy Work Group, Step 1 of the Policy Development process. The stats include Current Sources of Data, Number of Homeless Youth and Characteristics of Homeless Youth, number of unaccompanied homeless minors identified by Ohio schools, numbers of homeless youths accessing shelters alone, number of homeless youths enrolled in Ohio schools, and rates of unaccompanied minors in shelters who experienced physical abuse, sexual abuse and domestic violence.

Homeless Youth Survey 8-13-18 Star House

“Linking Systems of Care for Ohio's Youth Survey”

- **Survey results:** Linking systems of care survey results from Ann Bischoff from Star House. The survey includes questions regarding the agency services, how many youth served, what their barriers to services provision, etc. This is Star House's responses to the same exact survey described immediately below. The results from Star House were provided separately by Workgroup Facilitator, perhaps arriving late for inclusion in the first summary report. Together with the responses below they should be one item.

LSCOY Homeless and Runaway Youth Program Survey

“Linking Systems of Care for Ohio's Youth Survey”

- The survey of Ohio Homeless Youth Programs was conducted by the LSCOY Policy Work Group about August 2018. The results, which are included, encompass responses from Next Steps Family & Community Services Inc., ODVN, Shelter Care Street Outreach Services/Bridges to Success, Daybreak and YWCA Greater Cleveland. The survey included questions regarding agency services, number of youths served, most effective practices, barriers to service provision and needed policy changes.

ODSA Planning Regions map/ “Homeless Planning Regions”

- A map of Ohio prepared by the Department of Development Homeless Planning Regions, 2012.

OhioMHAS GLC Report

“Group Level Assessment (GLA) Research Findings”

- **Report:** The makings of a multi-level media campaign to reach youth for the prevention of opioid addiction and overdose as well as mental health disorders.

Research on Youth Homelessness in Ohio 9-10-18

“Data on Homeless Youth in Ohio”

- Statistics on homeless youths in Ohio

True Colors: Ohio State Index on Youth Homelessness

“Moving the Needle on Youth Homelessness in Ohio”

- **Factsheet, infographic:** These statistics on homeless youths in Ohio include quick facts, state highlights and recommended improvements. Published by the True Colors Fund, in partnership with the National Law Center on Homelessness and Poverty, 2018.

Youth Provider program bed information

- **Spreadsheet** listing 29 homeless youth services in Ohio by county, program type, contact, etc. Compiled in 2018 by ODVN's Runaway and Homeless Youth project and its partners.

Health and behavioral health

CARF-accredited Organizations in Ohio (Commission on Accreditation of Rehabilitation Facilities)

- An Excel spreadsheet of 2000-plus rehabilitation facilities and centers accredited by the Commission on Accreditation of Rehabilitation Facilities; sorted by county and including services offered.

Ohio Human Services Data Warehouse

Youths Who Accessed Behavioral Health Services, FY15 and FY16

- **Excel spreadsheet:** Statistical and demographic information on youths who accessed community behavioral health services between July 2014 and June 2016, as reported by the Ohio Human Services Data Warehouse.

HPIO school-based drug mental health violence

“Health Policy Brief: Connections between education and health”

- **Tip sheet, resource guide:** An overview the school-based (K-12) violence, mental health, and drug use among students. Also included are prevention methods used and their effectiveness. From August 2018.

HPIO Impact Report 2018 / FINAL

“Health Policy Institute of Ohio: IMPACT Report 2018”

- An overview of improving health outcomes related to opioid addiction, tobacco use, infant mortality and overall wellness for Ohioans. 2018 Health Policy Institute of Ohio.

ODM OFC Entry Map

“Multi-system Youth-Opportunities for OFCF Service Coordination and/or Wraparound Planning”

- A flowchart depicting what happens when youths encounter juvenile justice, mental health or disability service providers. It also shows key processes as well as opportunities for system coordination. Created for Ohio Family and Children First by OhioMHAS, circa 2017.

Ohio Association of Children's Hospitals HPIO Child Assessment Full Report

“Assessment of Child Health and Health Care in Ohio”

- An overview of the health conditions for children in Ohio as well as a focused analysis and framework to improve the health of all children statewide. Developed by HPIO, commissioned by the Ohio Children's Hospital Association. Author: Reem Aly, JD, MHA and Zach Reat MPA. September 2018.

OhioMHAS GLC Report

“Group Level Assessment (GLA) Research Findings”

- The makings of a multilevel media campaign to reach youths for the prevention of opioid addiction and overdose as well as mental health disorders. This 2018 report was created by the Ohio Department of Mental Health and Addiction Services in partnership with Reverb Art and Design.

OSU Crane Center for Early Childhood Research and Policy

“The Forgotten Children: Unaccompanied Runaway and Homeless Youth”

- This report sizes up the problem of homeless and runaway youths in Ohio, including statistics, intervention recommendations and policy recommendations. Produced in 2014 by Natasha Slesnick, Ph.D., in partnership with the Ohio State College of Education and Human Ecology.

Transportation coverage by insurer

- A summary of the results of a survey of Medicaid Managed Care entities that includes what they provide in regard to transportation, the requirements to access transportation, the full benefit (number of uses) and how coverage is factored for children in the families who are not receiving a Medicaid service. Company names and phone numbers are listed. Survey conducted by members of the Direct Services Work Group of the Ohio Interagency Council on Youth, 2018.

Appendix 4: NAGA Scope of Work

Scope of work for the NAGA

In early 2019, the Ohio Attorney General's Office hired professional evaluators to determine the needs and gaps in Ohio's systems of care for children and youth. The contract identified the following work and corresponding end results from the evaluators:

Review, organize, store and analyze qualitative and quantitative data sets and literature regarding:

- Needs of Ohio child/youth victims of crime and traumatic events.
- Ohio rates of child/youth crime victimization.
- Impacts/influences/consequences of Ohio systems on child/youth crime victims.
- Effectiveness of models for delivering/safety, healing and justice for child/youth victims.
- Relationship of child/youth trauma and victimization to subsequent crime perpetration by youth.
- Public perceptions of relevant systems and responses.
- Identify additional relevant data sets for consideration.

End result: The synthesis of the work groups' data and the literature scan with gaps for Linking Systems of Care of Ohio's Youth

Assist with the planning and facilitation of "listening sessions" with specific key informants and stakeholders.

End result: Summaries and synthesis of the listening sessions involving the stakeholder group, to inform strategic planning.

Participate in relevant meetings, which might include those involving the project team, the seven work group facilitators, the key stakeholders, subject matter experts and/or specific work groups.

End result: A calendar of meetings, meeting notes summaries, and action items completed through meeting note summaries

Work closely with the project manager, project director and other project team members to prepare a summary report, products and visual depictions (maps, charts, infographics, etc.) of findings for project use and broader external communications.

End result: Communications products including process maps, timelines and infographics representing key results and strategic recommendations

Consult on use of the NAGA results for use making data-driven decisions for the Strategic Planning Processes.

End result: Strategic plan recommendations linking the NAGA data to strategic directions proposed by the project team, including highlights of any mismatches or missing links/divergence/convergence of data

Appendix 5: Listening Sessions Summary

APRIL 16, 2019

OVERARCHING THEMES

Stigma

- The stigma of a child being a victim, a perpetrator or, in many cases, both can affect the child's ability to access appropriate care due to the implicit bias of practitioners and due to the internalized perception that the child has of "helping adults" in the system. Stigma also affects a child's re-entry into his/her community as a victim or a perpetrator.

System navigators

- Formal:
 - » **Re-entry navigator:** Potentially in a trauma recovery center, teaching people how to interact with victims of trauma and helping the victim navigate re-entry into their community.
- Informal
 - » **Child welfare hotline:** A series of hotlines already exist throughout the state, the goal is to inform non-practitioners of how to proceed in the event of suspected child abuse, when to report, how to connect with the abused child. There was mention of leveraging existing resources statewide and considering a hotline as one potential solution to a multifaceted problem. This solution may not reach everyone.
 - » **Community-wide trauma response training:** The idea is that children who re-enter the community are often asked to adapt to their community, but communities are often ill-prepared to support the young victims. We know that supportive adults make the difference in healthy reintegration. Communitywide trauma-response training puts the responsibility back on community members to make their community safe for child survivors of trauma. In addition, it would prepare the community for how to identify potential child abuse and how to appropriately address it. It was unclear what would prompt such a training, a re-entry or interest by community members.
 - » **Cross-training advocates and credentialing existing advocates:** In the theme of tapping existing resources, the idea was that existing advocates are often in situations where they identify child-abuse or have the abuse disclosed. By cross-training and credentialing advocates, we know that advocates in interrelated fields such as domestic violence and crime victim advocacy will be prepared with the knowledge and skill set required to address child abuse.
 - » **Cross-training ancillary school staff as trauma-informed child abuse support networks:** Because we know that school is the one place children are mandated to be, they will encounter and begin to trust many of the adults who work with them daily. Because of this, the group sees value in cross-training all school employees (lunch attendants, school secretaries, securities guards, and so on) on how to deal with children who experience trauma. It was noted that such education should include how to deal with children who are expressing undesirable behaviors, as those can be indicators of trauma at home. It was important to the group that dealing with undesirable behaviors be done from a trauma-informed lens, to avoid perpetuating the stigma of a child acting out.

Information sharing among components of the systems:

- The group established that the child welfare system is complex and comprised of many parts that must interconnect in healthy ways to serve the best interests of the child. Because of various barriers, however, components of the system act in silos.
- Competing needs: Different parts of the system require distinct types of information in different ways. In addition, the system requires confidentiality, which makes information sharing a challenge.

Needs Assessment and Gap Analysis

- Role confusion: There is a lack of “systems thinking” within the components of the system, with each component failing to understand the greater context of the needs of the entire system. One component doesn't seem to understand what other components do or how to relate to those other components.
- Technology: There is no shared technology for children who move among components of the system to facilitate information sharing. Child welfare has not no “electronic medical records.”

System accountabilities:

- The group expressed concern that the system doesn't have reliable avenues for professional accountability for its workers and its organizations. This can to variable care for the victims of trauma, inefficiencies, and neglect of the needs of trauma survivors.
- Trauma-informed audits for centers: A suggestion was made to include audits for centers that advertise trauma-informed practices, including chart reviews to understand exactly how clients' needs are being met.
- Child welfare ombudspeople: The group mentioned that, although child welfare ombudspeople exist, the role's potential has not been maximized. Better utilization of such positions could lead to higher-quality, more consistent, and more equitable services.

Focus on rehabilitating the perpetrator rather than the child:

- The group talked about perpetrator accountability and what that really means. The same intervention cannot be used in every case, and removing a child from his/her home instead of the perpetrator might lead to more challenges than benefits. Family reunification might not be the incentive needed to motivate perpetrators into rehabilitation. When children visit a perpetrator, particularly if the perpetrator is a parent or other relative, they could experience additional abuse. We can protect children by removing the perpetrator from the home and ensuring that the perpetrator is held accountable.

Dignity of the child:

- The group discussed how different parts of the system have different takes on what honoring the dignity of the child means, what a child's best interests are, and how to put those best interests into practice. The group agreed that developing a unified understanding of dignity and behaviors to promote that dignity would help support the child.

APRIL 17, 2019

OVERARCHING THEMES

Bias and inequity:

- This group discussed bias and inequity through the lenses of socioeconomic barriers, physical disability and mental health barriers, and racial and cultural barriers.
- **Measuring outcomes:** This group discussed the importance of measuring not just access to services but also outcomes across the population. It isn't enough to improve the entryway; we must ensure that people complete the course of service and, ultimately, succeed.
- **Community level inequity and bias:** In some cases, entire communities might lack certain resources to support survivors. Attention must be paid to how to help those communities.
- **Service burden:** For some families, participation in the system is more of a than it is for others because of the need to take off work for appointments, find adequate child care, etc. These demands place an undue hardship on some members of the system, providing an advantage to others.
- **Technology:** The use of technology to bridge the gap of inequity and accessibility came up multiple times as a non-traditional method of service delivery. Another attendant cautioned about the potential ethical issues associated with tele-therapies. The group also discussed how some communities don't have access to the technology necessary to make such a solution viable.

System navigators:

- More community support may prevent children from becoming victims, perpetrators or both. Thus, enhancing a community's ability to support children's' re-entry is also a preventive measure. There was also a discussion of seeing trauma as a community issue instead of an individual issue. Comprehensive wraparound services might provide victims the support they need as they return to their communities.

Information sharing among components of the system:

- Regarding the juvenile justice system, information needs to be shared in a more timely and accurate way to ensure that children receive the services they need when they need them. There can be up to a year lag between the time two parts of the criminal justice system receive notification of a case; by the time the second entity receives the case, much of the information has changed.
- **Developing a unified message across organizations:** It is important to have not only a shared language but also a shared message. Perhaps it should begin with the understanding that our shared perspective stems from trauma. Crafting such a message would provide a continuity of mission across involved organizations and provide talking points for shareholders when the time comes for legislative advocacy.
- **Supporting the existing work within stakeholder organizations:** There was discussion of the need to support existing efforts within stakeholder organizations, rather than start with new work and new and untested solutions on an already-taxed system. The project team should create an avenue for the system to listen to and respond to the needs of other members within the system, reduce the duplication of work, and support the work that is already being performed. Project leaders mentioned that such work, to some degree, has already taken place but hasn't been disseminated.

Focus on rehabilitating the perpetrator rather than the child:

- There are young people involved in the system that are considered perpetrator, but some are also victims. These children need advocacy and support.
- **Justice as defined by the victim:** Justice is a subjective phenomenon, particularly when the victim is a child. With such crimes, the young victim might very much love his/her perpetrator and, as a result, feel guilt when the perpetrator faces consequences. It is important to allow to victim to define his/her view on the meaning of justice.
- **Data on sentencing:** The question was raised about where to find sentencing data. Both the Ohio Network of Child Advocacy Centers and Ohio Victim Witness Association offered to provide a contact to help with data collection.

Needs Assessment and Gap Analysis

Dignity of the child:

- **Alternative therapies:** The group discussed the need to ensure that care is person-centered. There was discussion of the need for greater support of alternative therapies as valid and useful, and how the system alienates survivors for whom such therapies work by not supporting he therapies.
- **Culturally appropriate therapies:** The group talked about providing the right type of therapy to the right person at the right time, depending on the individual's cultural and family dynamics. The group agreed that care should be as personalized as possible. The contribution from our JFS stakeholder reminded us that high levels of personalization in care, though supportive, might not be administratively practical, given the shortage of services and the high demand for them.

High caseloads:

- Caseloads were discussed as a fundamental problem of the system. Other types of interventions can be suggested to those systems, (namely JFS), but those ideas couldn't be implemented because of shortages.
- **The Heartbeat Bill:** There was the discussion about the impact of the Heartbeat Bill on caseload. It was noted that the project team should be aware of how the potential caseload increase could cause more issues in children's lives.
- **Access issues:** Access was addressed from the perspective of the extremely long waiting list for mental health and social services.

Advocacy:

- This group discussed government and leadership advocacy to support the need for change. So it's not enough to develop the ideas, we will have to push for change with change makers, which might be the leaders of our stakeholder organizations or other government officials.

Victim rights training:

- The group believes that victims do not know the rights afforded them, nor are they adequately informed of them. Additional practitioner education, the group said, might improve this.

Appendix 6: 'Fostering Pathways to Success' Summary

2019 Fostering Pathways to Success

During the Fostering Pathways to Success conference, the Ohio Domestic Violence Network tabled an information and resources booth that the youth participating in the conference could visit as part of a life-skills activity called Independence City. The Linking Systems project team developed three questions to better understand the perspective of youth in foster care regarding their needs:

Question 1: *Do you know of a friend or an acquaintance who is currently living on his/her own without support from a parent, foster parent or designated adult caregiver?*

Question 2: *Do you believe you have been the victim of a crime that hurt you emotionally, physically or sexually in your childhood or youth?*

Question 3: *Please tell us one thing that you think the systems serving youths in foster care need to better understand in order to be more helpful.*

The questions were typed on 8x11-size paper and accompanied by a note explaining that participation was totally voluntary and anonymous. The youth were also verbally informed that they did not have to participate and that they could stop participating at any time. Participants answered the first two questions by placing marbles in a fish bowl and, for the open-ended Question 3, wrote their responses on paper. ODVN staff members and the evaluation consultant staffed the table and, when help was requested, assisted the youth with their feedback. The ODVN staff members were also available to address any questions or concerns from the youth.

The results

Thirty-nine youth (14 males and 25 females) provided feedback on the three questions. The ODVN staff members, when asked, clarified for youth what "friends or acquaintances" in Question 1 meant. Likewise, the staff members helped clarify for some youth whether a provided example qualified as the crime in question in Question 2.

Question 1: Combined, the 39 youth who responded to this question stated that they knew 95 youth who are "couch-surfing" because they are homeless or without a safe and supportive family home. The evaluator observed the youth name their friends/acquaintances and then drop the corresponding number of marbles into the fishbowl. On average, the youth knew two or three young people who were sofa-surfing. Some of the youth indicated that they themselves were sofa-surfing due to various life circumstances.

Question 2: Of the 39 youth who responded, 34 (or 87%) put a marble in the "Yes" fishbowl; five (13%) put a marble in the "No" fishbowl. The results translate to nearly nine in 10 youth who provided feedback having been a victim of a violent crime.

Question 3: Seventeen of the 39 youth (44%) responded to this question. They provided the following suggestions to make the systems of care more responsive to their needs:

1. Give the children a voice ... choices.
2. More normalcy.
3. More supportive of foster youths' feelings.
4. Let us drive.
5. Have more speaking groups about trauma!
6. Homes should be more welcoming to foster children.
7. Make more foster homes!

Needs Assessment and Gap Analysis

8. Check on foster children more often/handle cases with care.
9. More availability in community.
10. More benefits for foster youth (clothes, etc.).
11. I don't think you can do anything more, because you are an awesome organization and very helpful!
12. Check the homes more carefully; check the adults more carefully. Many are abusive.
13. I think they need to understand that trust is a hard thing, and you shouldn't give up on a youth so easily.
14. Focus on the victim first and make sure they are OK going back into that environment.
15. I was in foster care and was abused in the past.
16. That we are not a statistic. Many people who have taken care of us treat us as if we are juvenile (delinquents) or bad kids.
17. Don't go by the book, but try to understand the individual.

From the above responses, four themes emerge that systems of care should consider:

1. Giving youth a voice in the care they receive. As some youth commented, they want to drive their care and they want the service providers to understand that they are individuals and that labeling them is unfair.
2. Increasing the quantity and quality of foster placements/homes. Several youth noted the need for more foster homes and a better way to screen and monitor potential and current foster families.
3. Better understanding trauma and youth' victimization and providing spaces to discuss both.
4. Offering a greater sense of normalcy to foster youth, which includes providing clothes and other things that young people in traditional families would have.

Summary

Even though just 39 youth answered the three questions, their feedback is invaluable, as it sheds light on their lives and the support they need to become successful adults. It is noteworthy that, on average, youth in foster care know two or three youths who are couch-surfing because they are homeless or without a safe and supportive family home. Also notable is that the vast majority of youth in foster care have been victims of traumatic violence, the focus of this project. As for improvement to the systems of care, youth think the quantity and quality of services need to be addressed, that they should drive the decisions that impact their lives, and that the system should be more flexible and responsive to their individual needs. In addition, the youth believe that, in order to be successful, Ohio needs more foster homes that provide caring, safe and nurturing environments.

Appendix 7: Work Group Member Survey of Screening Tools and Practices

Vision 21: Linking Systems of Care

Work Group Meeting January/February

Directions: After your work group meeting, please complete the following questionnaire. If you are uncertain about a response, please gather the information from your organization. Return this form to Jo Simonsen at jos@odvn.org within one week following the work group meeting.

Work Group Name:	
Work Group Member Name:	
Organization:	
Date:	
<p>1. What screening or assessment tool(s) do you currently use to identify:</p> <p>a. History of exposures to traumatic events/victimization?</p> <p>b. Mental health symptoms?</p> <p><i>** Please provide copy/ies of screeners or assessments if possible</i></p>	
<p>2. What are the strengths and weaknesses of the tools you currently use?</p> <p>Strengths:</p> <p>Weaknesses:</p>	
<p>3. Some of the benefits of universal screening for exposures to traumatic events/victimization and their impacts include:</p> <ul style="list-style-type: none"> • use of shared and tested language to inquire about a wide range of adverse experiences • improved ability to determine level of imminent risk of harm to self and others - facilitating access to the appropriate trauma-specific services • enhancing continuity of care across all child-serving systems • promoting statewide recognition of and openness to hearing about and addressing children's' traumatic experiences (i.e. avoiding collusion with systems that silence) <p>Give the benefits, to what extent would your organization be interested in using a universal screening tool for traumatic events/victimization and related mental health symptoms in the children you serve? (Place an X next to your response.)</p> <p><input type="checkbox"/> Not interested</p> <p><input type="checkbox"/> Somewhat not interested</p> <p><input type="checkbox"/> Somewhat interested</p> <p><input type="checkbox"/> Interested</p>	
<p>4. What concerns do you have about using a universal screening tool for traumatic events/victimization and related mental health symptoms in the children you serve?</p>	
<p>5. Other comments</p>	

Appendix 8: Survey for 'Calling All Heroes' Conference Attendees

Linking Systems of Care Survey for *Calling All Heroes* Attendees

*The Linking Systems of Care for Children and Youth is a multi-component demonstration project designed to: promote healing for victims of crime; provide or coordinate prevention and intervention services to youth and families experiencing trauma; and build capacity within communities to meet the needs of youth exposed to violence. **The information from this survey will help guide the needs assessment for Ohio. We thank you in advance for completing the survey.***

I. Contact Information	
If we need to clarify your responses to specific items on this survey, we may need to contact you. Please provide the following:	
1. Name	4. Name of organization
2. Email address	5. Your role/title
3. Phone number	6. County or counties served by organization

II. Ohio Needs Assessment - Part I
Please consider the state of Ohio's statewide needs as they relate to children or youth who are directly physically or sexually abused in the context of domestic violence.
7. What recommendation would you make about where to focus particular attention in terms of needs related to services?
8. What recommendation would you make about where to focus particular attention in terms of needs related to policy?
9. What recommendation would you make about where to focus particular attention in terms of needs related to research?
10. What do you think needs to be done to better protect children or youth who are directly abused in the context of domestic violence?
11. What ideas do you have about reducing negative effects to children or youth who are directly abused in the context of domestic violence?

<p>III. Ohio Needs Assessment – Part II Now please consider the state of Ohio's statewide needs as they relate to all child/youth victims of traumatic, violent crimes (e.g., child maltreatment; sexual violence; human trafficking; witnessing or close proximity to domestic violence, assaults or homicides)</p>
<p>12. Please identify by name and lead convening organization any multi-disciplinary collaborative groups you or your organization attend relevant to meeting the needs of child and youth victims or traumatic, violent crimes (task forces, policy groups, research collaboratives, committees, community coordinated responses, professional advisory groups).</p>
<p>13. What change to Ohio law, administrative code/rule or organizational policy would you like to see to better protect or serve any group of child/youth crime victims?</p>
<p>14. Is there a program or model you feel shows compelling promise for any broad or narrow population of child/youth victims of crime or their supporting families? (Please specify if designed for a particular population.)</p>
<p>15. Is there a specific group or population who is consistently missed by screening? If so, which population and why do you think so?</p>
<p>16. Is there a specific group or population who does not access or receive needed services? If so, which population and why do you think so?</p>
<p>17. Please share a common frustration from your perspective that you believe impacts the safety or well-being of victimized children and youth that is a) related to your system's functions, and b) related to any system-to-system or cross-systems coordination.</p>
<p>18. Please name the greatest professional training need in terms of serving child/youth victims of crime. Please be specific.</p>
<p>19. How would a significant budget increase be best used in your community (or Ohio) to improve responses to child/youth victims of crime?</p>

Needs Assessment and Gap Analysis

IV. Services Available in Your County The next set of questions will help us gauge the availability of services in your county.
20. Please list the services for child/youth victims of crime that are not currently available in your county
21. Which populations in your county are most in need of culturally competent and/or culturally specific services?

V. Service Provider Questions - Part 1 The two questions sections, V and VI, are specifically for service providers. If you are not a service provider, you may skip to Section VII.
22. What screening or assessment tool(s) do you currently use to identify: a. History of exposures to traumatic events/victimization in children/youth? b. Mental health symptoms experienced by children/youth?
23. What are the strengths and weaknesses of the tools you currently use? Strengths: Weaknesses:
24. Some of the benefits of universal screening for exposures to traumatic events/victimization and their impacts include: use of shared and tested language to inquire about a wide range of adverse experiences; improved ability to determine level of imminent risk of harm to self and others - facilitating access to the appropriate trauma-specific services; enhancing continuity of care across all child-serving systems; promoting statewide recognition of and openness to hearing about and addressing children's' traumatic experiences (i.e. avoiding collusion with systems that silence). Give the benefits, to what extent would your organization be interested in using a universal screening tool for traumatic events/victimization and related mental health symptoms in the children you serve? <input type="checkbox"/> Not interested <input type="checkbox"/> Somewhat not interested <input type="checkbox"/> Somewhat interested <input type="checkbox"/> Interested
25. What concerns do you have about using a universal screening tool for traumatic events/victimization and related mental health symptoms in the children you serve?

VI. Service Provider Questions – Part 2

If you're a provider of counseling or therapy services, please indicate which of the following counseling or therapy services your agency either currently offers or does not offer to children/youth victims of crime.

	Currently Offer [Y]	Do Not Currently Offer [N]
26. Child Individual (Ages 0-2)	[Y]	[N]
27. Child Individual (Ages 3-5)	[Y]	[N]
28. Child Individual (Ages 6-12)	[Y]	[N]
29. Child Individual (Ages 13-17)	[Y]	[N]
30. Child Group (Ages 0-2)	[Y]	[N]
31. Child Group (Ages 3-5)	[Y]	[N]
32. Child Group (Ages 6-12)	[Y]	[N]
33. Child Group (Ages 13-17)	[Y]	[N]
34. Family Therapy	[Y]	[N]

35. Please list the evidence based programs offered at your organization for children/youth victims of crime.

VII. Additional Comments

Please leave any additional comments in the space provided below. If you are expanding any previous answers, please reference the questions number.

Thank you for completing this survey!

Appendix 9: Summary of 'Calling All Heroes' Survey Responses

The themes that emerged from the 166 surveys completed during the Calling All Heroes summit:

7 Dominant/Primary themes:

- Significant, comprehensive, mandatory training about domestic violence is needed for those involved in the judicial system: judges, magistrates, guardians ad litem, custody evaluators and all other court personnel (NOTE: This was, by far, the most common recommendation across surveys).
- Collaboration and enhanced communication are needed across all systems (DV advocacy/service, child welfare, law enforcement, courts, medical).
- A system-level shift is needed from the current focus on parental and father's rights to a child-first model (especially regarding the current practice of awarding visitation and/or custody to perpetrators). Many recommended complete reform of the current custody evaluation system. Strong opinions were expressed about the need for significant changes to the work of GALs (more training about domestic violence, trauma-sensitive training, etc.).
- Increases are needed in cultural trainings, resources, and services related to marginalized, vulnerable and minority groups, including:
 - » African-American.
 - » Hispanic.
 - » Developmentally disabled.
 - » Deaf and hard-of-hearing community.
 - » LGBTQ+.
 - » Immigrants, refugees, undocumented workers, and individuals with limited English proficiency.
 - » Muslims.
 - » Amish and Mennonite.
 - » Nepali.
 - » African (Somali).
 - » Native Americans.
 - » Children of incarcerated women.
 - » Victims of human trafficking.
 - » South Asian.
 - » Disabled/LEP (?) individuals.
 - » Upper-class individuals who do not seek services due to stigma/power.
- Better, consistent, and mandated screening for child trauma at all system levels.
- Increase school-based programming and prevention activities, including:
 - » Training on DV and child trauma for teachers and day-care workers.
 - » Teaching about "good touch, bad touch" in early childhood programs/elementary school.
 - » Education on consent for children.
 - » Support groups for IPV-exposed children in schools.
 - » Trauma-informed school policies, care programs, and counselors.
 - » Peer mentoring programs for children.
 - » Increase amount of DV resources and educational training in schools for staff, counselors.
- Increase the amount, availability, affordability (free) and accessibility of intervention services for children and adolescents (mental health counseling, youth development programming, etc.). Several respondents noted issues with long waiting lists for child treatment/counseling and a lack of transportation in rural counties.

Additional themes and recommendations

Related to Legal System

- Attorneys want to provide information presented at the conference — “solid research on IPV effects on children”— to judges and the courts. How can we make this happen?
- Significant reform and training are needed in the Juvenile Courts.
- Need for expert witnesses in court (court cannot consider information unless it is brought in through expert testimony — from a magistrate). Expense is currently too high for many clients.
- Custody law needs to reflect realities of domestic violence; eliminate rulings and mandates that force children into visitation with perpetrators.
- Improve the way children are involved in court proceedings; current methods are traumatic for them.
- Children need the right to counsel; GALs are insufficient.
- More serious legal action and sentencing needed against perpetrators of domestic violence.
- Mandatory implementation of safe harbor law and special human trafficking dockets.
- Sunset period is needed for filing for permanency.
- Legal training for professionals in children's services on how to best support victims and testify.
- Trauma-informed training and faster/more comprehensive responses are needed for law enforcement.
- Remove CPS' ability to consider divorce and custody cases.
- Court personnel (judges, magistrates, law enforcement, etc.), child service workers, law enforcement, schools need to listen to and believe children.

Related to Research

- More research is needed on resilient children and how their circumstances can be replicated for others.
- Increase in research (and dissemination of research) on prevention methods, the impact of IPV exposure on children, judiciary responses to child IPV exposure, and how courts should best respond.

Related to Services for Children/Youth

- More services needed for runaways and homeless youth.
- Services and activity shelters for children/youth that promote healing, other than therapy and counseling.
- Need more small group services for abused children and children of DV families.
- Allow CACs to accept self-referrals.
- Educational programs on DV and battering are needed for male youth.
- Reform for foster care system is needed; foster parents need training to help children better handle the trauma (more than just housing them).
- More information needed about therapies for teens that are not talk-based (art, dance, music, sand tray).
- Children's Services is overworked and unable to help — the CPS system needs an overhaul, including smaller caseloads and more staff.
- Transportation services are needed for families.
- Crossover youth need more attention, services and better identification.
- More supervised visitation centers are needed.
- Identification, assessment and treatment for trafficked minors must be improved.
- Greater use of kinship placements for children, but not kinship placements where offender was raised.
- More transitional services and assistance for teens aging out of foster care.

Needs Assessment and Gap Analysis

Related to Moms (non-offending parent)

- Stop opening CPS cases in mom's name only.
- Mentor programs needed for survivor moms.

Related to Model Programs

- Nationwide Children's Hospital noted multiple times as a model program.
- Ruby Payne "Bridges out of Poverty" training.
- Model Programs: MOST, Wise From Men Can Stop Rape.
- Model program: Buckeye Ranch.
- Safe and Together model.
- Ending the Game = "highly promising, psycho-educational, trauma-informed treatment that helps trafficked minors process trauma and prevents re-trafficking."
- Model program for child victims: START program.

Related to Practitioners

- Increase training and presentation opportunities on specific actions and changes that practitioners can make to improve the system.
- Self-care for practitioners.
- Provide DV training to deaf interpreter agencies.
- Primary concerns about universal assessment tool:
 - » Professionals/workers would need training on how to properly administer assessment.
 - » Concerns about over-generalization (e.g., one size does not fit all).
- Education for medical professionals and emergency departments needed (mandated training for all medical professionals).
- Increased training and accessibility to forensic interviews.
- Need more SANE nurses.
- DV advocates should have confidentiality privileges.

Related to Offenders

- Need more information and training on evidence-based batterer intervention programs. What are the success rates of current programs?

Related to Policy

- Need more information on how to engage with policymakers and make DV/child protection issues a key part of their agendas.

"Additional Comments" section

- There was an overwhelming amount of positive feedback on the training. Several respondents said it was the best training they had attended; some expressed a desire to attend more Calling All Heroes trainings and conferences.
- We had a request for electronic versions of all PowerPoint presentations at the conference, especially CeCe Norwood's).

Appendix 10: Combined Responses From Screening Needs Assessment Surveys

Combined Screening Needs Assessment from Calling All Heroes and LSCOY Workgroups

Responses from the Calling All Heroes survey indicated that the largest subset of populations consistently missed by screening are populations that are marginalized in our communities:

- 39% listed children and youth
- 16% minorities
- 9% disabled (seven of 11 specifically noted deaf community)
- 8% LGBTQ

The 39% who identified children/teens included among those consistently missed by screening: young children with minimal communication skills, children with disabilities, runaway teens, youth who have been trafficked, immigrant children, those involved in custody cases, minority, LGBTQ, children in custody cases and others.

Of the 42 respondents who answered a question about screening tools used to identify trauma, 11 listed ODN-developed tools; nine used the ACE screening tool, seven used Ohio's child welfare assessment tools (called CAP-MIS) and four each noted the Childhood Trust Event Survey, a tool developed specifically for their organization, and assessments gathered through intake and triage. Numerous other tools were mentioned, most of them specific to mental health screenings. A similar survey of members of the LSCOY work groups yielded many of the same tools (ACE, CAN, Childhood Trust Event Survey) as well as others not specifically developed to assess trauma. Work group members also noted assessments made from data collected during intakes. Work groups pointed to other inventories of screening and assessment tools being used among Ohio service providers, including a comprehensive list of 29 instruments captured through another statewide initiative, many of which were included in the project research team's literature review.

Thirty-six percent of those who shared concerns about using a universal trauma screening tool for children noted concerns about a "one size fits all" mentality that would miss the needs of diverse populations and fail to address the individual needs of specific children. Twenty-three percent were concerned about the maintenance of an evidence-based tool regarding the training required to ensure correct use of and fidelity to the tool. Fifteen percent were concerned about the effect on children, such as re-victimization, stigmatization, use of the tool against a protective parent, and use of the tool for diagnosing. The survey of LSCOY work group members mirrored many of these same concerns (i.e., a universal tool would not capture individual/diverse needs, tools are only as good as the person using the tool, potential for misuse as a clinical versus screening tool, overreliance on the tool and the fact that a tool isn't a cure-all – that changes in administrative and legislative policies are necessary, too.)

Q15: Is there a specific population that is consistently missed by screening?

Note: Several indicated that they were unsure what type of screening was indicated in the question.

- 124 respondents answered this question.
- Some answers have multiple categories. For example; immigrant child with disabilities was counted in three categories.
- 48 indicated children
 - » Subsets of children mentioned:
 - Disabled
 - Very young
 - Boys
 - LGBTQ

Needs Assessment and Gap Analysis

- Home schooled
- Immigrant
- Children in DV shelters
- Teens
- Runaways
- Foster youth
- Trafficked kids
- Appalachian
- Wealthy
- Kids in custody and private cases
- Youth with addiction problems
- Homeless

- 20 indicated minorities

Note: did not included LBGTQ, immigrant disabled, etc. (34 if added LBGTQ; 45 is added deaf and disabled; 55 if added immigrant)

» Subsets mentioned:

- Children
- Hispanic
- African American
- People of color
- Native Americans
- Non-English speaking

- 10 indicated LBGTQ
- Nine indicated SES (four low-income; five middle- and upper-class)
- 11 indicated disabled (seven specifically identified deaf and hard-of-hearing)

Q22a: Screening tools used to identify a history of exposure to traumatic events in children/youth?

- Sixty people responded, with 18 indicating “not applicable,” that they did not know about tools used, or that they worked with adults.
- Some of the answers were unclear regarding target population (for example DV screening, lethality, and ACES)
- Nine indicated ACEs. (Only one respondent made it clear that the tool was given to parents regarding their child.)
- Eleven listed ODVN-developed tools .
 - » Four noted a DV screening.
 - » Three noted a youth service planning tool.
 - » Three noted a lethality assessment.
 - » One noted ASQ.
- Seven indicated that they use Ohio’s child welfare CAPMIS tools for screening.
- Four indicated the use of Childhood Trust “Event” survey.
- Four indicated screening based on open-ended questions during intake, sessions or triage.
- Four indicated the use of tools developed by their organization based on other established tools.
- Single responses included:
 - » PTSS training.
 - » Child Trauma Inventory.
 - » LEC 5.
 - » SBIRT.
 - » PHQ2.
 - » PHQ9.
 - » CTE S.

- » UCLA/PTSD.
- » LawLine.
- » TSCH.
- » CPSS.

Q22b: Screening tools used to identify mental health symptoms in children/youth?

- Thirty-seven people responded to the question, but 11 indicated NA, none, work with adults only, or don't know.
- Seven indicated that they receive assessments through intake or notes from others.
 - » Five listed what they assess for – not tools used: AoD, PTSD, anxiety, anger, behavior, depression, social
- 13 specific tools were noted:
 - » MACT
 - » Beck Depression Inventory
 - » Trauma Symptom Checklist
 - » PCU
 - » ACE
 - » YOQ (Youth Outcome Questionnaire)
 - » UCLA-PTSD
 - » CBCL
 - » PHQ9
 - » GAD
 - » MST
 - » SOQIC

Q23a: Strengths of the screening/assessment tools you use?

- Thirty-four responded, with six indicating they did not know, do not use tools, etc.
- No clear theme
- Two answers indicated possible evidence-based tools, one required specialized training, and one noted YOQ (YOUTH OUTCOME QUESTIONNAIRE) as evidence-based.
- Three indicated their tool was comprehensive, multipronged.
- Three noted their tool meet their needs.
- Two indicated use of tool provided buy-in with partners.
- Individual responses included:
 - » Too lengthy, so not fully completed
 - » Short, so more likely to complete
 - » Age-appropriate

Q23b: Weaknesses of the screening/assessment tools you use?

- Thirty-two responded to the question, with six indicating NA or they do not use.
- Three indicated tools did not provide all they needed; it was just a snapshot; resiliency not included.
- Two indicated that self-reporting was weakness.
- Two indicated that tools could cause emotional reactions and triggering.
- Individual responses included:
 - » Requires victims to travel
 - » Lengthy
 - » Specifically says "abuse" (maybe focus on behaviors)
 - » We might miss things that a more thorough intake would catch.
 - » Needs more follow-up services after issues are addressed
 - » Does not screen for trauma
 - » Doesn't ask kids –parent only
 - » Too many demographic questions
 - » Respondents do not know what trauma is, or that they have experienced it.
 - » Doesn't measure new/ongoing traumatic experience

Needs Assessment and Gap Analysis

- » It is only completed annually.
- » Service providers asking the question and not showing patients they care about their response
- » Asking with family or the potential abuser present
- » Not evidence-based
- » YOQ: not specific to trauma
- » Limited data for impact evaluation
- » Even if identified, services are not readily available
- » Does not reflect how symptoms change over time
- » Some children may not have any cognitive ability to accurately reflect on symptoms.
- » Self-report
- » They need to be more extensive.
- » Not enough geared for children younger than 3 years of age
- » Requires specialized training of staff to use the tools; therefore, not grass-roots

Q24: Interest in a universal screening tool for traumatic victimization and mental health symptoms in children?

- 59 responded to the question (1 indicated NA)
 - » Two not interested
 - » One somewhat not interested
 - » Twenty somewhat interested
 - » 35 interested

Q25: What concerns do you have about using a universal screening tool for traumatic victimization and mental health symptoms in children you serve?

- Fifty-one responded to this question, with 12 indicating NA, don't know, or has no concern.
- Fourteen noted a concern about the "universal" – one size fits all nature of a tool
 - » Eight were concerned that a universal tool would not address the needs of a diverse community.
 - » Six were concerned that a universal tool would not address individual concerns and would box kids into one type of service.
- Nine indicated concerns about training people how to use the tool – cost, how to get training to those needing it, maintaining fidelity to the tool, etc.
- Six noted concerns related to effects of the tool on children and youth.
 - » Triggering/retraumatizing
 - » Stigmatized with a label
 - » Findings being used against a protective parent
 - » Use as a diagnostic tool
- Three noted concerns that it was not their role, did not have access to kids in their setting, they could only refer and then another tool would be used by that service.
- Additional concerns included:
 - » Would it be "discovery"? And the fact that she was not trained to handle disclosures
 - » Needs to be HIPPA-appropriate with consent to share
 - » The time required to complete; also that skill level (readability, etc.) needs to be considered
 - » Will others be able to influence results?
 - » Clinicians should retain the right to judge appropriateness on a case-by-case basis
 - » Supplemental measures should be used.

Concerns noted by LSCOY work group members

- Overall, I am having trouble envisioning a tool that would be both appropriate for multiple disciplines and provide meaningful results. Screening tools are frequently based on self-report, and disclosure would likely vary depending on who is administering the tool (e.g. a mental health provider versus a member of law enforcement).

- We aren't sure that one tool applies to all centers across the state, specifically rural and underserved areas. One of our hesitations is the tool being too long, especially for centers that are smaller and understaffed. Another concern is the "what next" after the tool has been completed – the follow-up care and services.
- Concerns that "one size doesn't fit all" and that, if we miss something, kids would continue to fall through the cracks. Obviously, the screeners/ assessors need to be well-trained for reliability and validity purposes.
- May be too clinical.
- Cost and contractual obligations with managed-care plans.
- Finding a universal tool would be difficult, but creating a menu of recommended tools that organizations could use would be helpful.
- It's possible that it may not capture the children's history if the questions are not asked in a particular way. Many times, the information about the child comes from a parent or guardian, and they may not be equipped to fully answer those questions. It may also add stress to the client (and/or parent or guardian) in dealing with what is already often an overwhelming process of addressing their legal needs.
- Sometimes an assessor relies too heavily on the tool and becomes overly confident in the "result." An assessor needs to continue to consider new information as it arises.
- A universal screening tool cannot be the only way; it must be used in conjunction with other tools.
- My fear is that, in using a universal screening tool, it will begin to categorize traumatic events and victimization symptoms/effects. Assessors may not ask more probing questions or think "outside the box" if they have a standardized assessment in front of them. Some children may not fit into these standardizations. Such children may seem highly functional but are actually depressed or at risk of harming themselves. I think that it takes a special person who is highly skilled to be able to address childhood victimization. My fear is that a lot of people (who aren't qualified to use it) will think they are qualified and that will lead to biased answers and ineffectiveness.
- I fear that we may be too reactionary when we need to be proactive. Having a universal screening tool is fine, but there should be a policy change administratively and legislatively to support such a tool. Not all eggs should be placed in the screening tool basket, so to say. It won't solve all problems.

Appendix 11: FAQ on Linking Systems' Trauma Screening Tool

How did the Linking Systems of Care project arrive at the decision to develop a new screening tool for child trauma exposure?

First, information was gathered about child trauma screening tools currently being used. This encompassed both a systematic literature review and report forms submitted by work group members. Second, each measure identified was examined for: target respondent (child vs. adult report); target age of child; assessment of trauma exposure, symptoms, or both; length of assessment measure. Ultimately, the review identified several gaps in the tool literature, suggesting the need for a developmentally appropriate tool to address these shortcomings.

What are the gaps in the current literature on child trauma screening tools that the LSC measure seeks to fill?

The review of current child trauma screening tools found a lack of measures that:

- Targeted younger children (under the age of 12)
- Involved child self-reporting
- Were developmentally appropriate
- Screened for both traumatic exposure/experiences and traumatic impact/reactions

Why is it important to have a child self-report measure?

Parental reports of children's exposure to violence consistently underestimate the child's level of exposure, particularly for boys. Children also tend to report higher levels of traumatic life experiences than caregivers who report on their behalf. There are many reasons for underestimation of child traumatic exposure, including a caregiver's own traumatic history, caregiver fear of child welfare involvement, and distrust of systems of power (Ceballo, Dahl, Aretakis, & Ramirez, 2001; Richters & Martinez, 1993; Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998; Kuo, Mohler, Raudenbush, & Earls, 2000; Stover et. Al, 2010; Tungskill et al., 2015).

Why do we need a pictorial assessment that includes an illustration with each question?

Incorporating pictures is developmentally appropriate, as it stimulates a child's attention, improves engagement, and addresses the language and literacy challenges of assessing young children who may struggle to describe their internal state.

How is the tool being developed?

The LSC screening tool will be based on/adapted from several existing, validated measures, including:

- Traumatic Events Screening Inventory-Child version (TESI-C)
- Structured Trauma-Related Experiences and Symptoms Screener- Youth Self Report version (STRESS)
- Structured Interview for Disorders of Extreme Stress- Adolescent version (SIDES-A)
- Cameron Complex Trauma Interview (CCTI)

Validity and reliability of the new LSC tool will come from the pilot process, currently being planned.

So you've screened – now what?

The LSC screening tool will link directly to a digital, location-based resource directory of evidence-based or evidence-informed interventions to treat symptoms identified. The NAGA project team and stakeholders are collaborating to create the protocol to ensure client safety in the digital medium.

This product was supported by cooperative agreement No. 2017-VF-GX-K003, 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 product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Appendix 12: Summary From LSCOY Listening Session on Screening Tool White Paper

Transcribed notes from a recorded session: Summary of topics covered in LSCOY Screening Tool Phase One Listening Session, 3/27/19

Legend:

Q: Question

A: Answer

R: Response to previously asked question from audience

C: Comment

HIGH-LEVEL TAKEAWAYS FOR THE TEAM:

- Various types of tools were used to create this tool; a list will be distributed with the white paper.
- Generally speaking, using pictures instead of words is considered valuable, but consideration must be given to how it will be interpreted across fields. The specific example cited: the potential for improper use within the courts.
- A comprehensive field-specific user manual to accompany the screening tool would help reduce confusion. Making sure that any user manual prepares the community for the potential of triggered children and for disclosures and how to deal with that.
- Creating a shorter to-do's or FAQ sheets to accompany tools.
- Being culturally aware/humble and asking for participation cannot take the place of creating a welcoming and inclusive environment. Being sure to include, in the initial phases of development, representation from a variety of populations.

Themed summary of the meeting

Types of tools reviewed

Q: I was surprised [with the announcement] that, although there was a broad search for many screening tools, you basically only went with the ones from UCLA, and I didn't get to look at the ones that were considered.

A: The current tool is a combination/ adaptation of several different tools: The UCLA PSTDRI, STRESS, TESIC measures. We did have a lengthy table full of all the measures [that we] reviewed and criteria that we looked, [but it was] was not distributed with the white paper. I think that is just because it was very long, in terms of the layout, but we will have to make sure that people have access to the list of measures that were reviewed as we more widely distribute the white paper.

R: I think this [question] is in an attempt to be good stewards of federal money, and there is a sense that every time I look at a newsfeed or listserv, that someone else is creating a new screening tool, and I just want to make sure that we are truly filling a void. I don't know many that are pictorial, but there are screening tools being used.

Q: I would like [to know], for clarification – why didn't you consider ACEs?

A: We used the ACEs research a lot in terms of doing trainings in the community. When we look at that particular screener, and my guess is that the [ACEs] screener you use has been adapted for your population, but that original screener was developed for adults to be asked those question in a retrospective way, in an epidemiological fashion. It's just looking for a simple yes or no. It's not looking for context around 'how old were you when this happened,' 'what was your proximity to the thing that happened,' and we know that, in the case of kiddos, that makes a lot of difference. If an event happened in a developmentally sensitive period, in the context of a lack of healthy supports, that looks really different than something that may have occurred in a really close community when a child was 10 or 11.

Needs Assessment and Gap Analysis

[ACEs is] also a little limited in terms of scope, and what experiences it includes. The areas we are assessing for move outside that home unit, and the original ACEs screener is focused just on the home environment and just dysfunctions happening in households, so we are looking to move a little more broad, and build in a way to get some of that developmental information in terms of when the thing happened, how close were you to it, and who was around you as a child, who may have been supportive and acted as a buffer.

To add to that, the scope of our project includes juvenile sex trafficking, community-based violence, school-based violence – and so those are the kinds of things that show that the scope of our project is a little bit broader than the [the ACEs screener's focus of] home-based violence.

The screening tool is going to be linked to our online resource directory, so we wanted to have a good idea of the types of support a child may have in his or her life [and] understand the family situation better to help with the resource and referral process. [Our screening tool] is meant to be a resource and not meant to be force-fed to anyone. If there is a tool they are already using in their setting that works great for them, that's wonderful. I think the idea was to fill a need for folks who don't have access or don't have something they really love.

The use of pictures instead of words

C: From a courts perspective, one of the somewhat new trends is the concept of procedural justice, [which adC: From a court perspective, one of the somewhat-new trends is the concept of procedural justice, [which addresses whether], when people come to court, do people understand what is happening in that courtroom? To the extent that this tool can have any implication with court, the one thing that struck me is how it breathed life into the concept of procedural justice. By adding the pictures, it's speaking to the concept in a different way than (does) using words, and that's what we think about when we are thinking about the idea of promoting procedural justice. I could see this as a tool that a GAL or a custody evaluator or mediator or any number of courts-connected people could use to interact with a child. I really like that piece, and it might be one of those pieces that you might [ask if] there is a real added value. I think pictures, as they say, paint a thousand words, so I like that [component].

C: I would like to add weight to that comment [about the use of pictures as a value add].

C: Having the pictures and being able to walk through the tool with kids – usually it's lots of words and trying to reframe it with kids, which could lead to adjusting the results. Because this uses pictures, it might actually help in that way.

Q: In domestic violence cases, particularly with custody issue, one of the things we hear from judicial officers and practitioners [is] the question of parental alienation. We only bring up domestic violence when we want to get one up on the system. Was there consideration that the use of pictures lends the tool to be criticized as leading a child to tell a story that may not be grounded in reality? Does making the tool so accessible to children by using pictures lend credence to the thought that the child is only telling you he/she saw it because he/she saw it in pictures?

A: That does come up, and part of where we will be relying on legal expertise is what types of protections are needed, whether that's a disclaimer on top of the tool or any output. That's something the screening committee can champion.

C: I think the beauty of the tool is that it's a clearly defined screening tool. If it were a tool that was going to attempt to be everything, I think we'd have more questions about it. It's not a diagnostic tool or forensic tool. It's literally a screening that will get it to someone else. I think that might alleviate some of the concern. Because it's the child reporting, the concern about the child being led is somewhat mitigated. It's the child who is answering from his or her own experience. One thing I like about the tool is that it takes the adults out of the picture, and it's the child reporting or not reporting to a screener.

C: My sense is that making that clear distinction – that it is a screening tool, and it's just to get folks to the next level – feels like a little different flavor [than a forensic tool] to me.

R: The only reason I raise it is that I see the screening tool not being used further than that. I could see a custody evaluation using the screening tool and making an assessment that this child was coached because no parent could do EYZ because it seems so extraordinary, and so that's where my concern comes. I understand the screening tool is to get you to what the next appropriate intervention would be. I just wonder whether a professional would use it, not as a means to get that child to an intervention but instead to say: "I've heard this child tell this story through this tool, and clearly that child was coached by the parent. Even though the parent wasn't reporting, the parent influenced the child to tell stories." I wonder if the pictures make it more or less likely to have the tool being refuted in that manner by a professional.

C: I think the lesson to us is not will it be used, but how will it be used inappropriately? How will we mitigate that misuse?

A: Because it is a brief screening measure, the answers a child is able to choose from are merely “yes” or “no,” and there are not follow-up questions around who the perpetrator was. And the children are not asked to name who was responsible for these things in a way that’s documented. It may come up that it is clinically important or in the sense of a mandated reporter. But the output that the court will have access to will not have any information like that.

R: There might be some consideration in considering protocol that are relevant how a custody evaluator might use this tool. And how the information could be reported to the court, because I think that’s how things get misused or used, and the tool has been validated. But if the validated is misused, it’s no longer valid. Courts are reactive entities, and [they] can only react to the information provided to us.

Implementation and screening tool user manuals

Q: Have you considered developing a guide for professionals who may be using this tool with children? That is, they have the interview and use the pictures to collect information. Is there a thought about how that professional is going to synthesize that information and provide it back to other systems? And I’m thinking about courts, because one of the things we hear often from our justice partners is that “courts don’t get it,” and sometimes I think it’s not that courts don’t get it. It’s that our justice partners are not providing the information in a way that courts can act on it. So, I’m wondering if there is going to be a companion piece to this tool that would guide professionals: When you’re using this tool, this is how you report back to courts, child welfare, etc.

A: That’s giving me an idea. So, there will be a training manual or protocol that accompanies the tool itself, but what I’m wondering is if the training manual or protocol looks different depending on the setting in which the tool is being used. Because I imagine the way one might synthesize the information for the courts might be different from the way it might be used in treatment planning for behavioral health, and maybe there are different protocols and manuals depending on how it’s being used.

C: One thing I learned from participation in a different screening tool creating, one of the things I feel very strongly about, is a do’s and don’ts – because we are talking about folks doing this from the perspective of a variety of helping professions. Very well-intended people can hurt children if high-level instructions [aren’t provided]. One of the things that would be really helpful would be a paragraph or two on how you engage a child to start this process with you. Do you have a set of markers? Do you have Play-Doh?

A: Another state that had a similar screening tool had something called tip sheets, and so I think that’s a well-made point.

C: I think you can look to a lot of primary prevention programs, and the thing is, you have to prepare a community for disclosures and what to do about disclosures. The idea of making sure that even negative screens have a universal educational component. How do we deal with a child who is triggered? So giving assistance with how to deal with that is important.

Screening tool committee

The committee was made up of key stakeholders who volunteered to help with screening tool process. Committee members helped us think about how we develop the protocol, how we develop implementation of the pilot, reporting the results of the pilot and developing the training tool that will be used for trainers. And perhaps some of these adaptations for translating for use in different systems, or whatever else we might stumble upon as a value add to the tool.

Online resource guide

C: [The online resource guide, as a] link to the community, adds a great resource.

The screening tool will be electronic and have somewhat of an output that will be linked to an electronic resource. We have contracted with Red Tree House, which already has Ohio-based resource guides – some relevant to this project and others that are just resources throughout the state. So, right now, we are just beginning to identify those specific organizations that offer evidence-based interventions that have been shown to treat the reactions that have been identified through the screening tool. “They are showing reaction of XYZ, and this specific intervention has been shown to treat that reaction. And these are the locations that are within 10 or 15 miles of you that offer that services.” We are filling in a specific hole; we identify not just orgs that offer trauma services but [also] offer specific evidence-based interventions shown to be effective in treating those reactions.

Needs Assessment and Gap Analysis

The added value for Ohioans is that we are adding to the database. So, whether it's children or families, they'll be educated about our project and Red Tree House and there are more resources for children and families. We are talking about developing a Linking Systems of Care page, which would be specifically helpful for people who are victims of crime, there might be information for people who are victims.

Q: A lot of times these screening tools are first steps, and, if the tool indicates, the child is referred for a further assessment. Is the screening tool being used differently?

Nope, that's the way it's being used, if you're using it paired with the resource directory. The idea is that if you pursue a service the screening tool suggests, the assumption is that the resource you're directed to will provide the full assessment as a part of a longer-term care.

No special training

C: I like the fact that it doesn't require a doctorate-level person to administer, which means we can do more screenings, which we wouldn't be able to do [otherwise].

C: In the work of domestic violence and children who are homeless, oftentimes the kids who come into shelters and centers are supported by people who are helping professionals but are not necessarily licensed counselors or, even if they are, there are still moments when they can't do counseling while the kids live in a shelter. The screening tool allows for someone to sit with the child – from what I've read in the white paper; I haven't seen the tool – and to have their own narrative on how to engage with a child. Because that's what stumps a lot of well-meaning adults is how to engage a child around upsetting event.

C: I really agree with you. The applicability of it is really far-reaching because we are making this push with so many areas in Cleveland to be trauma-informed, but that doesn't mean there is going to clinicians in every setting. And that's what struck me here: It really gives people the ability to be able to understand better what we are looking at without having to use it in a clinical context. It allows us to have a better sense of what this child is bringing to us and how we, as the adults, can respond.

Cultural awareness of the tool and its use

Q: Are we taking into consideration culture and race when using these tools? I see a lack of diversity.

A: I think that the culture and race pieces come into play in a lot of different ways throughout this process, and the empirical approach to constructing the items [on the screening tool] rely on experts in the area of psychological measurement and trauma measurement specifically for this project. Where I see the ability to be seeking out that feedback will be in terms of how we are thinking about the pilot and how different groups may respond differently or have a different experience in the tool, and that may inform revisions that are made to it. Hopefully, I think we are aiming to have, on a project level, more conversations like this, around being sure that we are seeking culture at all levels here.

In addition, we had shown a draft version of the tool at a key stakeholder meeting last year and gotten feedback about the dog avatar specifically, and how that might be perceived by a specific culture. And so, we've already discussed as a project team, having a second avatar. So we are seeking that feedback. And we've talked about having another round of listening sessions later in the year.

We also did some outreach to culturally specific organizations for this listening session, and also thinking about children that suffer from language deprivation, [which is] sometimes incidental and sometimes an abusive tactic. So we have sought input from them and will continue to until we understand what we need to do with that.

In Montana, the Montana [Linking Systems] project works specifically with indigenous people, and so we can tap into other states that have done screening tools and ask them about related questions. So that's a plus for our project.

R: Just across the room, [when] making the decision or designing a tool, there is a lack of diversity even as you are sitting around the room – and not just diversity in expertise but also in race and culture. I think it's so important not just to reach out to people, not just for making notes and comments in the white paper but also to be involved from the beginning. So, if you look around, your participation is 95% white, so that's a lack of diversity. That's what I'm referring to, and I will always bring that up because I am very concerned when we are creating things at a statewide level, that representation is not always at the table. And who is going to come forward and speak, not necessarily on behalf of an entire population, but that we take those things into consideration. Even with regard to scheduling – if it makes sense to sometimes change our date or make sure there is enough diversification. Being diversified and culturally humble is not the same thing as being inclusive. So, it's not just being invited; it's also feeling welcome to participate and engage in those conversations

A: We have a screening tool committee that we formed, and I believe that Olivia Montgomery is joining that group, and she's with OAESV. Our key stakeholder group is better representative of the different peoples of Ohio, but I think still something that we need to be mindful of. And those are good suggestions. It's not just about being invited; it's also being welcome.

Q: How are we going to assess the viability and reliability of the tool.

A: That takes us into talking about Phase 2. Part of what the screening tool committee will be tasked with is planning the pilot process. Typically, a new tool will be used alongside already standardized measures, and then you're able to compare scores across them and gain information that way. But the specifics of the pilot piece are still being determined.

The pilot piece is the part where we are able to establish validity and reliability. That piece is very small, and we would be looking to get between 100 and 200 kids screened in order to establish what we need to statistically. So that will look pretty different from thinking about implementation across the state and across different systems. The committee will probably have the pilot piece as one of the first committee tasks.

In addition, as a part of Phase 2, we have two other states that are a part of LSCOEY – Montana and Virginia – that we are able to consult with about how they rolled out their pilot. Virginia is doing a similar screening tool committee.

Appendix 13: List of Ohio Task Forces and Policy Initiatives

Task forces and policy initiative cataloged by the LSCOY Policy Work Group*:

- Defending Childhood Initiative
- Family Violence Research Collaborative
- Infant Mortality, a commissioned study by HPIO
- Legislation (child-relevant, non-task force) in Ohio General Assembly
- Joint Legislative Committee on Multi-Systems Youth
- Office of Criminal Justice Services: Family Violence Prevention Council
- Office of Criminal Justice Services: OVC Juvenile Trafficking Project
- Ohio Department of Health: State Health Improvement Plan (2017-19)
- Ohio Attorney General's Task Force on Criminal Justice and Mental Illness
- Ohio Family and Children First
- Ohio Injury Prevention Partnership: Child Maltreatment Subcommittee
- Ohio Interagency Council on Youth
- Ohio Intimate Partner Violence Collaborative
- Ohio Sexual Assault Task Force
- Ohio Sexual Violence and IPV Prevention Consortium
- Permanency Planning: Annual Family Finding Convenings
- Public Children's Service Association Policy Efforts and Continuum of Care Reform
- School-based Health Task Force
- Southeastern Ohio Legal Services: OVC Opioid Impacts on Children Project
- Ohio House Speaker's Task Force on Education and Poverty
- Supreme Court Advisory Council on Juvenile Justice
- Supreme Court of Ohio Advisory Council on Domestic Violence
- Supreme Court Sentencing Commission

**The Policy Work Group noted active dates, policy work and recommendations from strategic plans and needs assessments; members in common with LSCOY stakeholders; and other noteworthy data.*

Appendix 14: Survey Design, Ohio Programs Serving Runaway and Homeless Youth

Design for Survey of Ohio Programs Serving Runaway and Homeless Youth

The Crime Victims Services Section of the Ohio Attorney General's Office and the Ohio Domestic Violence Network are developing a five-year strategic plan, called Linking Systems of Care for Ohio's Youth, to improve through better identification and coordination of services the way Ohio serves child/youth victims of crime (child maltreatment, dating/intimate partner violence, sexual violence, human trafficking, proximal exposure to violent/traumatic events, etc.). As part of this initiative, we are surveying organizations that serve homeless children and youth, including many current or past victims. Please take a few minutes to fill out the following survey.

Name, title, organization, contact information

Please describe what services your agency provides to homeless children and/or youth (through age 26).

What services, strategies or engagement strategies does your agency find to be most effective?

Approximately how many homeless children/youth does your organization serve per year?

For your clients, what are the major barriers to accessing appropriate services and support?

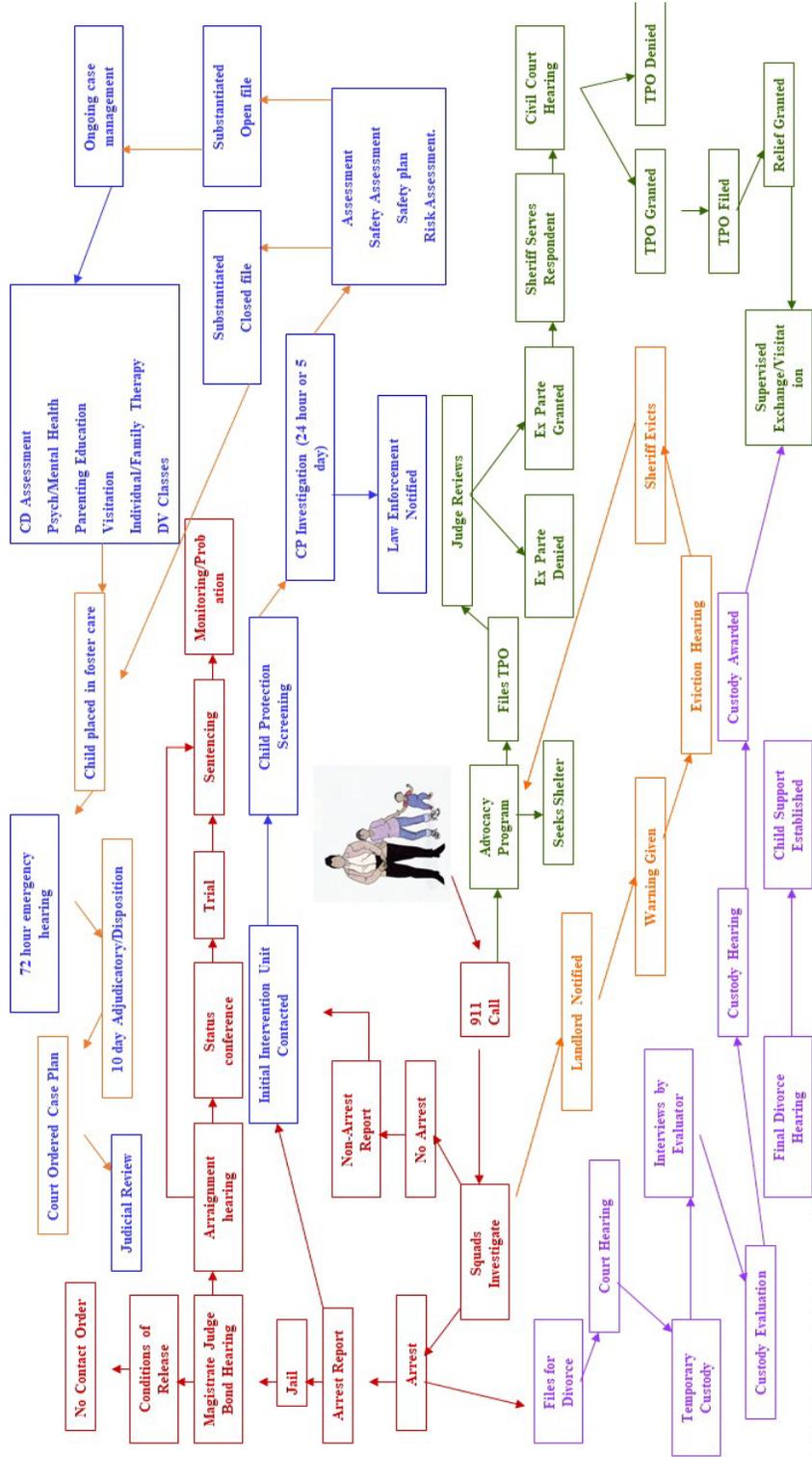
What state-level policy changes would allow you to better serve your clients?

Can you share any relevant research, data, reports or other sources of information that support your answers?
(Please include data/source below or provide titles of documents, links or contact information for follow-up requests for information.)

Appendix 15: Case Study Illustration

Praxis Infographic of Intersecting Systems from “The Story of Rachel”

Case Study Illustration: The Story of Rachel-The Complex relationship between a battered parent and where the systems they turn to for help



Praxis – Rural Technical Assistance on Violence Against Women

- Criminal Justice Response
- Child Welfare Response
- Divorce/Custody/Child Support
- Shelter/Protection Orders/Supervised Visitation and Exchange
- Housing

Appendix 16: Major Unusual Incident Data

Major unusual incident (MIU) data involving youth ages 0-26 (2014-18), provided by the Ohio Department of Developmental Disabilities

As of July 31, 2019, there were 56,892 individuals ages 0-26 who were receiving services from Ohio's Developmental Disabilities system. This figure represents about 60% of the 95,019 individuals supported by the system.

The data request encompasses the number of alleged and substantiated physical, sexual, verbal abuse and neglects involving youth ages 0-26 for calendar years 2014-18. These critical incidents are defined in Ohio Administrative Code 5123-17-02. The following definitions were in place during 2014-18:

- Physical abuse: the use of physical force that can reasonably be expected to result in physical harm or serious physical harm as defined in Section 2901.01 of the Revised Code. Such force may include, but is not limited to, hitting, slapping, pushing or throwing objects at an individual.
- Sexual abuse: unlawful sexual conduct or sexual contact as defined in Section 2907.01 of the Revised Code and the commission of any act prohibited by Section 2907.09 of the Revised Code (e.g., public indecency, importuning and voyeurism).
- Verbal abuse: the use of words, gestures or other communicative means to purposefully threaten, coerce, intimidate, harass or humiliate an individual.
- Neglect: failing to provide an individual with treatment, care, goods, supervision or services necessary to maintain the health and safety of the individual when the duty to provide those exists.
- Primary person involved (PPI): the person who allegedly committed or is purportedly responsible for the accidental or suspicious death, exploitation, failure to report, misappropriation, neglect, physical abuse, prohibited sexual relations, rights code violation, sexual abuse or verbal abuse.

Considerations when reviewing this information:

- Children's Services boards are considered the lead investigative agency for cases of abuse and neglect involving individuals with intellectual and developmental disabilities who are younger than 21.
- In some cases, Children's Services conducts investigations as "differential response" and therefore there may be no substantiation. In other investigations, a Traditional investigation is conducted in which there is a finding/substantiation.
- Cases deemed substantiated for the categories below, when conducted by a certified investigative agent, have met the preponderance standard. Preponderance means that, more likely than not, the incident occurred.

Needs Assessment and Gap Analysis

Youth MUIs (ages 0-26)					
Year	Number of youth served per year	MUI Type	Allegation count	Substantiated count	Percentage substantiated
2014	55,124	Alleged physical abuse	762	234	30.71%
		Alleged sexual abuse	211	66	31.28%
		Alleged verbal abuse	295	123	41.69%
		Alleged neglect	845	467	55.27%
2015	55,896	Alleged physical abuse	786	241	30.66%
		Alleged sexual abuse	205	61	29.76%
		Alleged verbal abuse	276	120	43.49%
		Alleged neglect	781	486	62.23%
2016	55,474	Alleged physical abuse	724	231	31.91%
		Alleged sexual abuse	224	54	24.11%
		Alleged verbal abuse	266	114	42.86%
		Alleged neglect	744	436	58.60%
2017	55,886	Alleged physical abuse	709	229	32.30%
		Alleged sexual abuse	220	55	25%
		Alleged verbal abuse	270	113	41.85%
		Alleged neglect	720	418	58.06%
2018	55,440	Alleged physical abuse	714	227	31.79%
		Alleged sexual abuse	205	54	26.34%
		Alleged verbal abuse	256	121	47.27%
		Alleged neglect	704	410	58.24%

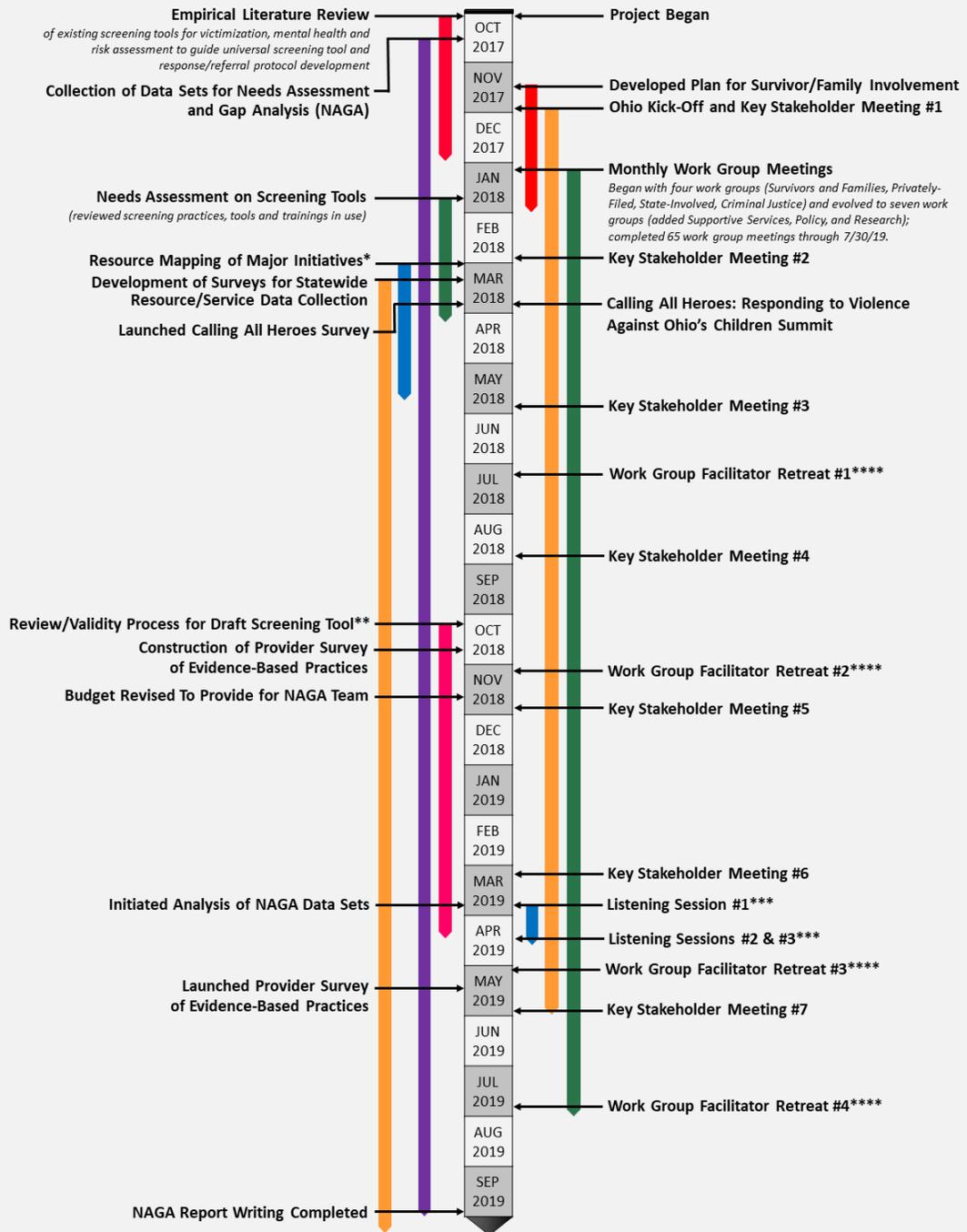
Category	PPI Description	Percentage
Alleged physical abuse	Family	29%
	Paid supports	36%
	Other*	27%
	Unknown	8%
Alleged sexual abuse	Family	39%
	Paid supports	8%
	Other*	43%
	Unknown	10%
Alleged verbal abuse	Family	14%
	Paid supports	60%
	Other*	22%
	Unknown	4%
Alleged neglect	Family	13%
	Paid supports	82%
	Other*	4%
	Unknown	1%

Numbers above represent approximate percentages based on MUI investigations conducted for youths ages 0-26 for 2014-2018.

Other*-includes friends, acquaintance, neighbors, etc.

Appendix 17: Project Timeline

Linking Systems of Care for Ohio's Youth (LSCYO) Project Timeline Planning Phase



Sources for Further Review of Information
 * Linking Systems of Care Resource Mapping and Initiatives Timeline.
 ** White Paper – Linking Systems of Care for Ohio's Youth: Screening Tool Development.
 *** LSCYO Listening Sessions 3/27/19, 4/16/19, and 4/17/19 Notes.
 **** LSCYO Work Group Facilitator Retreats 7/9/18, 11/6/18, and 5/1/19 Notes.



Appendix 18: Brainstorming Prompts From State-Involved Work Group

What do these systems think the kids need?	What do the kids/families say they need?
What are the symptoms/failures of siloed/non-collaborating systems?	What is your general impression of the screening practices of your organization or the system you represent (helpful, useful, simple, complex)?
Thinking about the agencies that your clients (i.e. children or families) interact with most, what is your impression of their abilities or practices in identifying trauma victims?	What are the most seamless relationships your organization has with other child-serving agencies? What helps it work seamlessly?
What situations in which the system has let down a youth haunt you at night? Are there points of reference that we can use to identify where a specific breakdown occurred? How would better identification of trauma/crime victimization have played a positive role?	What is currently going well in terms of identifying children who have been victimized? Why are those effective?
What types of written/unwritten policies does your organization have regarding screening children for trauma or victimization?	How and/or where do we miss identifying victims? What underlying factors contribute to not identifying victims? What is leading to us misidentify them? What is blocking identification/screening efforts?
To your knowledge, what current (promising or creative) efforts are underway to improve screening and identification? What solutions have been considered but not implemented? What support is needed to implement those solutions?	Do you have any preliminary suggestions for (community-, system-, state-level) strategies that this group should explore?
Think about a time that a case proceeded extremely well. Think through as many details as possible. What worked well for this family? What can we learn from that success?	What is your general impression of the screening practices of your organization or the system you represent (helpful, useful, simple, complex)?
Thinking about the agencies that your clients (i.e. children or families) interact with most, what is your impression of their abilities or practices in identifying trauma victims?	Using the "5 Whys" technique, take one of the problems listed and ask why it's happening. Ask why again – and again – until you get to the root of the issue.
What prevents us from solving the problems?	

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This product was supported by cooperative agreement number 2017-VF-GX-K003, 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 product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Linking Systems of Care for Ohio's Youth
Needs Assessment and Gap Analysis



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Linking Systems of Care for Ohio's Youth

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for Ohio's Youth



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November 2020

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INTRODUCTION

Ohio is one of four demonstration sites in the United States that received Linking Systems of Care funding from the U.S. Department of Justice's Office for Victims of Crime (OVC). LSCOY, or Linking Systems of Care for Ohio's Youth, is being funded to better coordinate the systems (e.g. child welfare and justice) on the state and local levels. This effort is designed to ensure that, regardless of the system of entry, young victims and their families receive help in a timely and seamless manner.

LSCOY is directed by the Ohio Attorney General's Office; managed by the Ohio Domestic Violence Network; and supported by a research partner, the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University. The project encompasses 121 stakeholders representing more than 75 state, regional and local organizations whose work affects child/youth victims throughout Ohio. Since its launch in October 2017, the project has also included crime survivors and their family members as vital subject-matter experts.

LSCOY's guiding principle: Children and youth who have been victimized deserve sensitive, protective, effective and just responses from local communities and the state.

LSCOY's goals:

1. Ohio children and youth who have been victimized are accurately identified in a wide range of community settings.
2. Ohio children and youth who have been victimized and their families are effectively linked to high-quality resources in or near their communities.
3. Systems impacting child/youth victims are linked at the state level for enhanced coordination to improve family outcomes, responsiveness and efficiency and to increase leveraging and garnering of additional resources to support Ohio's child/youth victims.



The LSCOY project is currently transitioning from an extended Planning Phase and initial Implementation Phase to its final two-year Implementation Phase. The development and execution of deliverables from the original grant proposal have been ongoing.

This document updates the status of the original deliverables and the rationale behind additional strategies and action items to be conducted over the next 24 months. We hope that allied professionals will consider how they might use and promote the unique project tools and products to benefit survivors, families, communities and child-serving systems. Further, we encourage agents within child-serving systems or initiatives to connect with the LSCOY Project Team to discuss potential partnerships to help expand the impact of our strategies.

Strategic Planning Process

It is important to consider the scale, scope and significance of LSCOY in order to appreciate the complexity of the strategic planning process undertaken.

Scale

Far too many of Ohio's children and youth experience violence (physical or sexual) that manifests as complex trauma. Complex trauma implies exposure to multiple traumatic events — often of an invasive, interpersonal nature — whose effects are wide-ranging, long-term, severe and pervasive. Complex trauma among Ohio's young crime victims is prevalent, consequential and modifiable, and therefore deserving of high-priority attention and relief statewide. LSCOY is a five year, multi-phased, coordinated effort to create and expedite solutions to identified problems.

Scope

The scope of LSCOY puts a priority on improving the identification of and community response to child/youth victims of violence, including:

- Children victimized by family or household members or in foster care settings
- Homeless or runaway youth victimized by family members, community members or human traffickers
- Youth proximal to and affected by severe violence, including homicides in families, communities or neighborhoods

LSCOY encompasses victims from birth to 26 years old. This range, determined with input from stakeholders, deliberately includes victims older than 18 years who might be receiving health care benefits through a parent's/guardian's health care coverage or through programming for transitional-aged youth.

The project scope also encompasses victims in the custody of the Department of Youth Services who have been charged with an offense and been adjudicated delinquent. Many of these youth face the duality of having been victimized and having themselves been perpetrators of crime and violence. The term survivor is used to reflect empowerment over trauma and adversity, but it is important to note that, sadly, not all victims survive the crime or trauma they experience.

Process

The LSCOY team used the following process to build its strategic plan:

I. Conducted an environmental scan:

Environmental scanning is a process that systematically surveys and interprets relevant data to identify external opportunities and threats that could influence future decisions. Closely related to a SWOT analysis, it is frequently used as part of the strategic planning process. LSCOY used three steps for its scan.

Step 1: Convening Ohio's Linking Systems of Care key stakeholder group of 121 people representing more than 75 statewide, regional and local organizations whose work affects outcomes of victimized children.

This large group began the early process of identifying broad needs and gaps and formed the basis for smaller work groups that would explore issues in depth.

Step 2: Establishing seven work groups – Privately Filed (Cases), State-Involved (Cases), Survivors and Families, Criminal Justice, Supportive Services, Policy and Research.

Using various approaches, each work group identified and prioritized key issues related to its topic. Each team then narrowed its exploration to five or six areas to begin a more critical exploration of each. The groups used varying methods of root cause analysis to identify problems and barriers. Some did the work within their own membership; others made use of open sessions the drew input from many systems.

Step 3: Completing the *LSCOY Needs Assessment and Gap Analysis (NAGA)*. The NAGA was completed to inform strategic planning by ensuring a comprehensive look at key factors for Ohio youth who have been victimized.

This process included literature reviews, interviews, surveys, listening sessions and a review of key data related to children/youth in Ohio who have been victimized. The NAGA identified seven themes that emerged from a stringent data verification process.

II. Identified and framed cross-cutting themes, emerging issues and assets

Issues for strategic planning were identified through triangulation of data gathered during all previous steps.

First, the following areas that intersect across all possible steps identified in the environmental scan were identified:

- a. Increase the awareness of issues – as well as possible solutions – among key entities statewide.
- b. Ensure a diverse, healthy and supported workforce in child-serving systems.
- c. Promote the development of multicultural programming in systems serving Ohio's diverse families.
- d. Ensure that young people receive the mental health services, education, housing and other resources they need, regardless of life circumstances, their status as minors or barriers created by parents/guardians.
- e. Refute and correct misinformation that impacts decisions in case planning as well as legal decisions (criminal and civil) affecting the safety of children.
- f. Promote the development of navigation mechanisms to help families locate needed services that are sensitive to their diverse needs.
- g. Facilitate information sharing among systems that is beneficial and sensitive to child/youth victims of crime.
- h. Reduce the cost barriers to achieving safety for Ohio's young crime victims.
- i. Expand trauma-responsive approaches throughout Ohio.
- j. Increase Ohio's research capacity to improve response to child/youth crime victims.
- k. Implement training and learning opportunities for identified systems that promote the best interest of child/youth crime victims.

Second, members of the key stakeholder group were invited to a daylong retreat to explore each issue and analyze each against the recommendations outlined in the project NAGA, namely:

- a. **Multisystem collaboration:** The LSCOY project should focus its attention on the areas that would most benefit from and welcome multisystem collaboration and that could unify critical messaging across many systems.
- b. **Cost benefit analysis:** The project should focus on areas that make the best use of limited resources to ensure that the benefits outweigh any costs involved. Strategies should be weighted by potential for success; the breadth and magnitude of impact; and consideration of the costs to survivors, families and stakeholders. Another factor to consider is how well the strategy can be employed by the reach, expertise and will of the current stakeholder roster.
- c. **Timeliness:** Strategies selected should reflect current affairs, a clear advantage to acting quickly, a quick “win” for the project, etc.
- d. **Alignment with project goals:** Do the issues meet the project’s three intermediate-term goals?

Unfortunately, the retreat was canceled due to the COVID 19 pandemic. As a result, an alternative process was developed that allowed for maximum input and collaboration. The process consisted of online surveys, completion of individual work, and online meetings via Zoom. An online course was developed to keep everyone informed and on track. To view results of the SWOT analysis and methods used to set priorities, click on this link: [LSCOY Strategic Planning](#).

This alternate process yielded seven objectives for LSCOY, which, combined with the three original objectives already in place, resulted in 10 total.

- Objective 1:** Implement a pictorial screening tool for children ages 4-12.
- Objective 2:** Implement an online child/youth trauma and victimization resource directory connected to redtreehouse.org database.
- Objective 3:** Leverage and increase Ohio’s research capacity to better support Ohio’s response to children/youth who have been victimized.
- Objective 4:** Ensure that young people receive the mental health services, benefits, access to education, housing and other resources they need, regardless of life circumstances, status as minors or barriers created by parents/guardians.
- Objective 5:** Facilitate information sharing among systems that is beneficial and sensitive to child/youth victims of crime.
- Objective 6:** Implement training and learning opportunities for identified systems to help promote the best interest of child/youth crime victims.
- Objective 7:** Refute and correct pervasive misinformation that impacts decisions in case planning as well as legal decisions (criminal and civil) affecting the safety of children.
- Objective 8:** Promote the development of navigation mechanisms to help families locate and make informed choices about necessary services that are sensitive to their diverse needs, including cultural, financial, transportation, access, etc.
- Objective 9:** Expand trauma-responsive approaches throughout Ohio.
- Objective 10:** Reduce the cost barriers to achieving safety for Ohio’s child/youth crime victims.

III. Developed implementation action steps

Facilitators were selected for the seven new objectives, and work groups were populated by asking stakeholders to select one or more objectives that most interested them or most aligned with their work (We Need You For Action Planning).

In addition, a workbook was developed to provide an overview of the planning process and guide group members to complete some work on their own before joining others to draft and finalize action steps. A sample workbook is embedded in the RISE course noted above.

LSCOY followed a five-step process for action planning:

- Step 1:** Identify the broad actions needed to achieve each intermediate milestone. This is relatively easy. Keep the actions broad at this stage. For example: “Create marketing plan,” “Identify training curricula” and so on.
- Step 2:** Break each broad action down into smaller tasks. At this stage, you need to get into more detail – maybe not at the level of “Write a letter to x about y” but “Plan and execute a correspondence campaign that will get across these key messages.”
- Step 3:** Identify who will take responsibility for each action. There is an easy rule here: Every action should have one responsible owner, someone who will not necessarily implement the action but who takes responsibility for it and is able to explain the progress made on it. This will help us track progress.
- Step 4:** Work out what could possibly go wrong and develop a contingency plan. Once it is determined how likely that is to happen and how catastrophic it would be if it did happen, our job is to act to minimize the impact.
- Step 5:** Complete the action planning template. This should outline:

Action steps: What do we need to do to complete the objective?

Person(s) responsible: Who will carry out the action step?

Resources: What resources will we need, both external and internal, to complete the action step?

Benchmark: How will we know that we have made progress on the action step?

Completion date: When do we expect the action step to be completed?

Evidence of completion: What is the result of completing each step?

A total of 36 virtual work group sessions were held between June and September, during which the groups and facilitators developed action steps for each objective. Listed below are the broad action steps identified for the 10 objectives and a status update on each.

Strategic Plan

Proposed Objectives and Broad Action Steps

Note: Approved status means that the action step was accepted for inclusion in the strategic plan.

Objective 1

Implement a pictorial screening tool for children ages 4-12.

Status	Action steps
In progress	Develop a pictorial screening tool and continue to progress through the validation process and piloting efforts. Link the tool with the online resource directory (in Objective 2). Status update: Illustrators completed a literature review of graphic designs for young children to inform the conceptualization, qualities and forms of the supporting imagery to be included in the tool. The proposed concepts have been referred to the Screening Tool Committee.
In progress	Develop an accompanying screening protocol. Status update: A literature review on national models is underway. Protocol outline is in development.
Approved	Develop a training mechanism for the protocol.

Objective 2

Implement an online child/youth trauma and victimization resource directory connected to redtreehouse.org database.

Status	Action steps
In progress	Develop a searchable resource directory accessible through redtreehouse.org and a project-specific website. Status update: Surveying of evidence-based practices and victim services organizations have been completed, as has the entry of data into redtreehouse.org. More surveying is planned, and the future LSCOY website will include resource directory information.
In progress	Develop referral materials to help children/youth and their families know their rights as a service user and find a culturally sensitive provider who can meet their needs. Status update: The protocol has been drafted and is being reviewed.
In progress	Develop a referral protocol for service providers to help them locate relevant, culturally specific services that may be of help. Status update: The protocol has been drafted and is being reviewed.

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Objective 3

Leverage and increase Ohio's research capacity to better support Ohio's response to children and youth who have been victimized.

Status	Action steps
Completed	<p><i>Offer Bridging Research and Practice Series</i> virtual presentations.</p> <p>Status update: Seven webinars were conducted in September. Click here to read descriptions of each webinar in the series.</p>
In progress	<p>Connect Ohio researchers relevant to child trauma/victimization to practitioners and potential data sets.</p> <p>Status update: An LSCOY website is being developed as a repository for project documents, tools and resources. The Bridging Research to Practice Series will be housed on this site and accessible to all.</p>

Objective 4

Ensure that young people receive the mental health services, benefits, access to education, housing and other resources they need, regardless of life circumstances, their status as minors or barriers created by parents/guardians.

Status	Action steps
Approved	<p>Publish a position paper regarding gaps in access to services for circumstantially independent minors. The paper should consist of three sections: 1) an overview of the population; 2) an analysis of barriers to accessing services; 3) a survey of approaches to these barriers in other states.</p>
Approved	<p>Develop a Resource Toolkit for providers that includes hands-on tools and forms to help them better serve youth who are vulnerable because of life circumstances, their status as minors or barriers created by parents/guardians.</p>
Approved	<p>Develop a universally accepted form that certifies the current housing situation of a youth that may be completed by service providers who work with unstably housed youth</p>

Objective 5

Facilitate information sharing among systems that is beneficial and sensitive to child/youth victims of crime.

Status	Action steps
Approved	<p>Complete a root cause analysis to best determine what needs to be fixed in Ohio to better facilitate information sharing among systems that is beneficial and sensitive to child/youth crime victims.</p> <ul style="list-style-type: none"> a. Mine available data from LSCOY listening sessions, NAGA, Calling All Heroes survey, etc. b. Survey key stakeholders regarding what currently works and why; what barriers currently exist and what would help. <p>Hold a round-table discussion with key informants throughout Ohio similar to the attorney general's previous sessions at Two Days in May.</p>
Approved	<p>Based on analysis, rank order needs, barriers, etc. identified and begin working on select solutions.</p> <ul style="list-style-type: none"> a. Develop Ohio standards regarding information sharing. b. Develop resources, such as templates for interagency agreements and sample release forms. <p>Provide needed information regarding the value of sharing information, including what can be shared, how best to share it, etc.</p>

Approved	<p>Market solutions to Ohio constituents.</p> <p>a. Publish standards and resources.</p> <p>Develop or access a training to share findings, principles or positive values for responsible information sharing, risks and concerns that can arise with the disclosure of information about youth and families involved with public agencies, and strategies to address these concerns.</p>
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Objective 6

Implement training and learning opportunities for identified systems to help promote the best interest of child/youth crime victims.

Status	Action steps
Approved	Develop LSCOEY training and learning standards that can be used to review trainings and trainers and to develop trainings requested by other work groups.
Approved	With input from other work groups, identify priority training topics.
Approved	Determine the best means of implementing or promoting prioritized training topics.
Approved	Support promising initiatives – such as the Quality Legal Representation pilots through ODJFS and Ohio Supreme Court or the Ohio Systems of Care Project ECHO for Multi-System Youth – by collaborating on training efforts and learning opportunities.
Approved	Seek opportunities to sponsor or co-sponsor identified learning opportunities.

Objective 7

Refute and correct pervasive misinformation that impacts decisions in case planning as well as legal decisions (criminal and civil) affecting the safety of children.

Status	Action steps
Approved	Inform and encourage licensing boards to act on harmful practices.
Approved	Provide cross-system training and/or learning opportunities to minimize inferences made that produce negative outcomes for young crime victims and their families.
In process	Inform and encourage additional qualifications for custody evaluators. (For example, the Ohio Supreme Court has released new rules regarding qualifications of custody evaluators that are open for comment.)
Approved	Implement a tiered-training requirement for judges.
Approved	Develop and market documents outlining practices that increase the safety and well-being of children involved with court systems.
Approved	Explore ways to best promote the use of experienced expert witnesses who can provide sound, evidence-based information and dispute information that might negatively impact cases involving child/youth crime victims and their families.
Approved	Enhance service providers' ability and willingness to provide needed testimony in cases involving child/youth crime victims and their families.

State Report**Objective 8**

Promote the development of navigation mechanisms to help families locate and make informed choices about necessary services that are sensitive to their diverse needs, such as cultural, financial, transportation, access, etc.

Status	Action steps
Approved	Advocate for, support and enhance existing navigation programs to help better serve Ohio child/youth crime victims and their families.
Approved	Develop resources that help families and providers navigate systems.

Objective 9

Expand trauma-responsive approaches throughout Ohio.

Status	Action steps
Approved	Enhance the capacity of Ohio's public education system to operate from a trauma-informed lens by: <ul style="list-style-type: none"> a. Coordinating with educational services centers to enhance educator training and trauma-responsive approaches. Articulating a shared language and common definition of trauma-informed care.
Approved	Examine how trauma uniquely affects children from different cultures and regions of Ohio, and promote the use of interventions and healing strategies that align with these culturally specific needs.
Approved	Disseminate resources and training opportunities to prevent secondary trauma and vicarious trauma among service providers and agency administrators by: <ul style="list-style-type: none"> Focusing on resources and training that cultivates an agency-level culture of support, promotes provider well-being and infuses a trauma-informed lens into supervision.
Approved	Increase the presence of community messaging regarding trauma-informed care with children by: <ul style="list-style-type: none"> Ensuring broad and universal dissemination of resources and information regarding the impact of child trauma and healing strategies.

Objective 10

Reduce the cost barriers to achieving safety for Ohio's children and youth who have been victimized.

Status	Action steps
Approved	<p>Make better use of existing systems to reduce the social, emotional and economic costs to child/youth crime victims and their families.</p> <ul style="list-style-type: none"> a. Coordinate a multisystem training initiative to improve the efficiency of systems and reduce the costs to families. b. Support program development that permits the use of Title IV-E funds to pay for high-quality legal representation in child welfare cases. c. Explore ways to reduce the costs of high-quality care for behavioral health, substance use/abuse, and clinical services that address the needs for children/youth crime victims and their families. d. Explore ways to reduce the legal expenses for families who have experienced trauma. e. Explore ways that public Children Services agencies can better manage cases to reduce the costs for families who must file through family court. f. Increase accountability within systems to help reduce social, emotional and economic costs to young crime victims and their families by: <ul style="list-style-type: none"> o Developing and distributing a standard checklist of the responsibilities of Ohio guardians ad litem. <p>Determining the best way to sustain the conversation regarding the accountability of Ohio's systems.</p>
Approved	<p>Develop and implement new programs, funding streams and services to help reduce the financial, social and emotional costs of victimization to child/youth crime victims and their families.</p> <ul style="list-style-type: none"> a. Explore opportunities to pilot and/or support innovative solutions that improve court efforts to serve young crime victims and their families. b. Provide feedback regarding ways to make Ohio's Victim Compensation Fund policies and statutes more beneficial to young crime victims and their families. <p>Determine a way to provide legal advice to child/youth crime victims and their families.</p>

Conclusion

The LSCOY project's key stakeholder representatives have contributed countless hours to this effort, providing data, examining findings and crafting solutions to persistent and frustrating conditions that impede safety, justice and healing for young crime victims. The strategies they have forwarded for the LSCOY project are creative, ambitious and necessary.

It is the hope of LSCOY's key stakeholders and project partners that this State Report on current and pending project efforts helps to build broad and active support for these strategies. We emphatically seek private and public engagement in and promotion of the strategies, which are designed to benefit young crime survivors, the field and the state.

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Linking Systems of Care for Ohio's Youth
State Report



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Linking Systems of Care for Ohio's Youth

Training Standards



Linking Systems of Care
for Ohio's Youth



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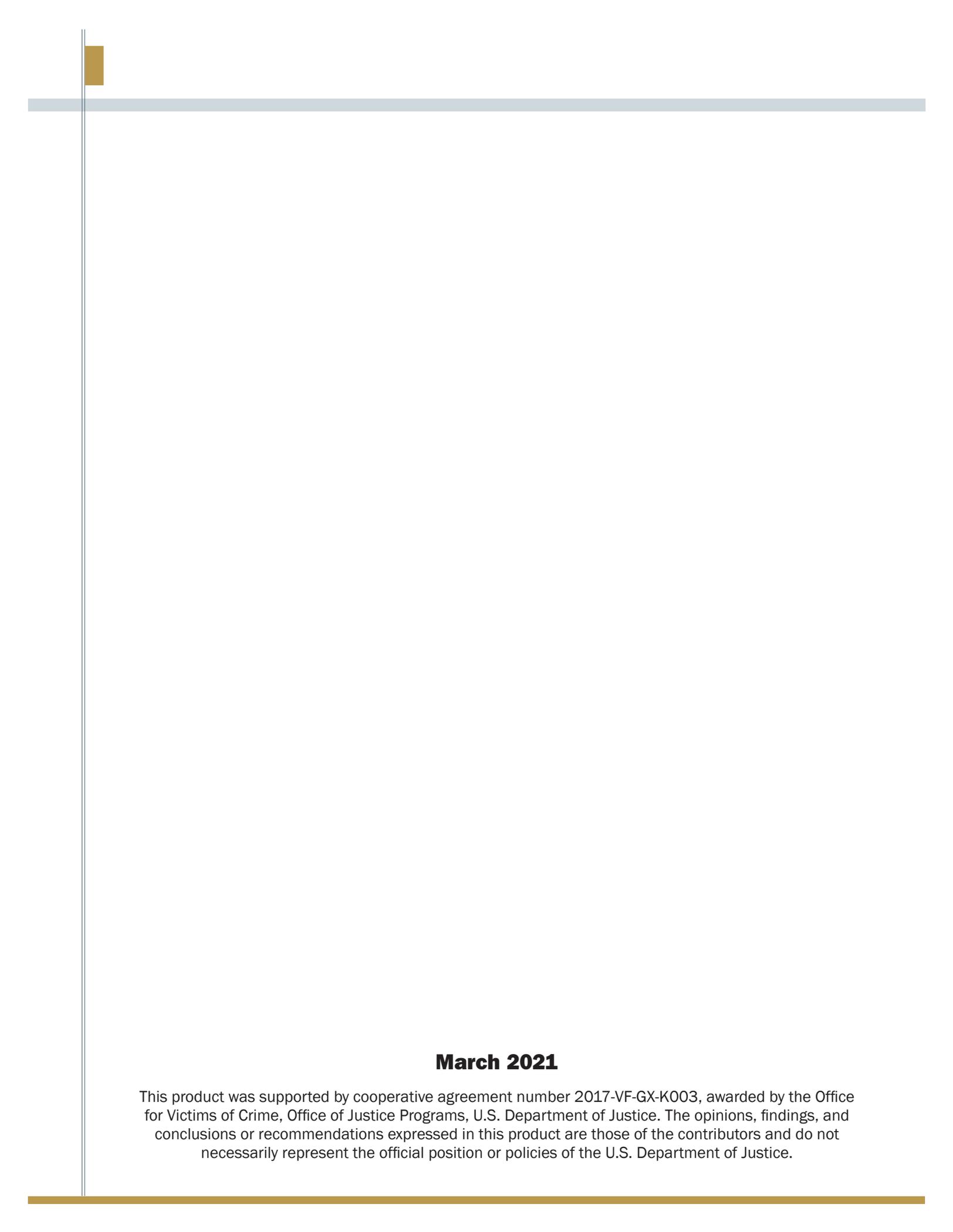


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Ohio
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Violence
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ODVN



March 2021

This product was supported by cooperative agreement number 2017-VF-GX-K003, 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 product are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

LSCOY Training Standards

1 Training should follow adult learning principles that endeavor to:

- Provide opportunity for learners to identify what they want to gain from the training.
- Build training content and interactions that pull from the lifetime of existing knowledge, experience and opinions of learners.
- Make the training relevant to the work of learners so they are able to see “what’s in it for them.”
- Build all training components in a manner that show respect to all learners.

2 Training should have clear, measurable learning objectives that:

- Indicate what the learner will be able to do upon completing the educational activity.
- Include verbs that describe an observable and measurable action.

Examples:

- » By the end of this training, participants will be able define trauma.
- » By the end of this training, participants will be able to describe the effects of trauma.
- » By the end of this training, participants will be able to demonstrate three ways to engage a youth who has been trafficked.

3 The method of training delivery (in-person, virtual, asynchronous, synchronous) should fit the content being delivered.

Examples:

- A training that requires a learner to confront preconceived beliefs would be more effective as an instructor-led training than a self-directed training during which learners might not be challenged to confront their beliefs.
- A training that requires active discussion and interaction among learners and trainers should be delivered synchronously.

4 Strategies to support the transfer of learning should be incorporated into the training.¹

Transfer occurs when people learn concepts and skills that they later use in work situations. Without the transfer of learning, the time, effort and resources invested in training are wasted.

Transfer strategies with strong research support include:

- Providing practice on tasks that are similar to those learners will have to perform in the future.
- Using more hands-on exercises, more real work and more simulations gives learning a context, which will remind learners about what they learned when back on the job.
- Motivating learners to try something new; learners who are motivated to apply what they have learned to their work succeed more in transfer.
- Helping learners identify opportunities to use a new skill or concept when back at work and then building skill practice around those identified situations.
- Asking learners what goal they have for using what they've learned, what situation they will be in when they can act on their goal and what specific action they will take when in that situation.
- Engaging learners in activities that support remembering and retrieving what they learned.
- Helping learners identify obstacles they may face in applying their learning and strategies to overcome the obstacles.

1 Thalheimer, W. (2020, January 1). *Factors that Support Training Transfer: A Brief Synopsis of the Transfer Research*. Worklearning.Com. <https://www.worklearning.com/wp-content/uploads/2020/01/Transfer-of-Training-Quick-Research-Review-2020-v1a.pdf>

5 The training design accounts for learning science, including:

- Content is provided in manageable loads with many opportunities to apply and practice what is learned.
- When possible, the training includes some spaced retrieval of new content to ensure that new learning is not lost. The basic concept behind post-training reinforcement is that memory involves the retrieval of information as much as it does the storage. Practicing retrieval after training makes the brain more likely to remember information in the future. There is a “use it or lose it” aspect to memory storage — if the information is not recalled in the days and weeks following training, the brain may see the information as irrelevant and discard it from memory.²

2 *BOOSTING LEARNING RETENTION A STEP-BY-STEP GUIDE TO TRAINING REINFORCEMENT PROGRAMS*. (n.d.). Bizlibrary. Retrieved December 20, 2020, from https://pages.bizlibrary.com/rs/230-MIF-751/images/Boosting-Learning_Retention_Step-by-Step-Guide.pdf

6 Training content is based on best available evidence.

- Content based on best available evidence may include content based on peer-reviewed research or content that is acknowledged by an evidence-based clearinghouse. It may also include innovative and/or culturally specific approaches that may not have the resources to reach the level of evidence-based practice.

7 Trainers, the training, and all content should be transparent.

- The trainer should be clear about whether the content reflects personal experience versus research or evidence; both have value.
- In terms of research used in content, trainers should attribute content to authors or researchers when appropriate.
- Training must respect intellectual property.
- Training must adhere to copyright or licensing.
- Training may include survivor-generated materials (artwork, written statements, recorded performances or testimony) only after obtaining collaborative consent from the survivor. Because a survivor's feelings may change, trainers need to check in regularly regarding consent.
- Training should acknowledge the goals of the trainer, potential bias, the identity of sponsors, funding sources, any conflict of interest, etc.

8 Training should help participants understand the value of diversity and the importance of equity.

- Training should include content related to facilitating cultural competence and cultural humility.
- Inclusion and cultural humility should be modeled. For example, using someone's correct personal pronouns shows respect and creates an inclusive environment. During introductions, share your pronouns and invite (not force) others to do the same: "Greetings, my name is Alex, and I use 'she/her' pronouns. As you introduce yourself, feel free to share your preferred pronouns if desired." (See **Pronouns Matter** if unfamiliar with this concept.)

9 Training content should be informed by lived experience and authentic voice.

Possible strategies include:

- Making use of carefully constructed case studies and examples.
- Consulting with those with lived experience to ensure that all content is authentic and incorporates their perspectives.
- Incorporating survivors as presenters when appropriate and ensuring that, as subject matter experts, their experiences are valued.

Note: When incorporating those lived experiences, trainers need to ensure that they are prepared in terms of maintaining personal boundaries regarding how much to share and considering emotional, physical and legal safety, etc. Here are a few resources to get you started:

- » **Strategic Sharing**, for foster youth or alumni
- » **Sharing Your Story**, for survivors of sexual abuse
- » **From the Front of the Room**, a survivor's guide to public speaking
- Ensuring equitable payment if survivors are used as trainers.

10 Training reflects understanding of the principles of trauma-informed care. Trauma awareness should be infused into training content, and trainers should recognize the impact of traumatic stress on learners.

- Training content should avoid sensationalism, including the use of shocking stories or language.
- Trainers should prepare learners for a difficult topic. When there is a risk of learner harm or discomfort, learners should be made aware of that risk and given the opportunity to participate or not.
- When training content may cause emotional reactions, trainers should be prepared to support learners who experience the reaction without distracting other learners.
- Trainers should also be prepared to address learners who challenge content or voice disrespect for people or content. **White Paper: Why They Fight the Facts** discusses ways to break through such barriers.
- Trainers should promote a climate of mutual respect and trust.

11 Trainers should:

- Have expertise on the content of training (e.g., domestic violence) as well as competence pertaining to their role as trainers.
- Promote best practices as reflected in the field. For example, if training on domestic violence, trainers should support the concept of keeping children together with the non-offending parent and partnering with the non-offending parent as the default position.
- Promote the development of the learners.
- Create an environment of mutual respect and trust.
- Preserve the dignity of clients discussed in training activities.
- Share expectations regarding confidentiality and the limits of confidentiality at the beginning of training activities.

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