

THE LINK

CONNECTING JUVENILE JUSTICE AND CHILD WELFARE

King County System Integration Initiative Reform to Impact Dual Jurisdiction Youth and Families

The King County Systems Integration Initiative (KC-SII) is a collaboration of state and local agencies and organizations in King County (Seattle), Washington, that came together in March 2004 to examine and improve the coordination and integration of program and policy development, enhance service delivery, and improve outcomes for children, youth, and families.

For KC-SII, child protection and well-being are no longer viewed as the responsibility of one or two public entities, but rather as a shared responsibility of many agencies, individuals, and institutions (formal and informal) in a community. Similarly, responsibility for guidance and accountability for delinquent youth requires the engagement of many supportive entities. Achieving desired outcomes for children and youth served by child welfare and juvenile justice agencies requires concerted effort and communication among many organizations and individuals, and the active engagement and support of their families. Success is more likely when all invest in the common goal and fully carry out their part in meeting it. KC-SII partners have worked to develop appropriate supports and teamwork to successfully address these dual jurisdiction families and youth.

In recent years, there has been a greater understanding of the undeniable link between child maltreatment and juvenile delinquency. Many youth are served by the child welfare and juvenile justice systems simultaneously, and many graduate from one to the other. In fact, the initial point-in-time data examination conducted for this effort reflects that nearly 40% of delinquent offenders ages 12–17 have current or past dependency histories. This troubling percentage does not reflect preliminary data suggesting an equally alarming percentage of very young offenders (8–12) who experience this dual jurisdiction involvement.

The rich body of credible research also confirms that many of these same youth and families need mental health, substance abuse, and specialized educational services. As with most jurisdictions throughout the country, however, King County lacks the services and supports youth and their families need to change course and adequately address these multiple needs. To further compromise well-intentioned efforts at safety, reduced recidivism, and overall well-being, each system too often provides services in isolation, without adequate sharing of information, joint case planning and management, and a coordinated, collaborative effort to support their success.

KC-SII also recognizes recent changes in federal statute that provide additional incentive to examine this effort with greater rigor. The amendments to the Juvenile Justice and Delinquency Prevention Act, enacted in 2002, specifically require that states implement a system that makes public child welfare records known when a juvenile is before a court in the juvenile justice system, and that these records are incorporated into juvenile justice records to establish and implement treatment plans.

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DIRECTOR'S MESSAGE

As I watched the outpouring of support for the victims of the South Asian tsunami, I was astonished by the response of the American people and the hundreds of billions of dollars designated by governments and donated by citizens. This amazing generosity was fueled by a desire to help the overwhelming number of children who were in desperate need.

As a country, we understand the critical importance of meeting children's basic needs of housing, clothing, and food. We also grasp the necessity of keeping them safe and ensuring they do not fall into a path of self-destruction or get lured away by some predator. Americans know the serious consequences children face when they do not have parents to care for them or a home to call their own. We have tremendous sympathy and strong emotional responses, and we are able to lend our support.

This tragic global event has re-inspired me about the work I do on behalf of children here in the United States. In so many ways, the needs of the children affected by the tsunami highlight the needs of children everywhere, including those in our own country. I can see on CNN or hear on the radio the individual stories of devastation and desperation. It is clear how much children need nurturing, caring adults in their lives. And not just as a temporary presence to meet their basic needs. No, they need a family, a group of people who say, "This is your home. We will love you and support you for life."

I challenge each of you working in this field—practitioners, law and policymakers, advocates, and parents, as well as national, state, and local governments—to continue to strive to meet the needs of the children, youth, and families in this country and around the world. Of particular importance are those children and families living in chaos and crisis, those without permanent homes and safe places to feel nurtured and supported. Let us commit to doing the very best we can and giving even more than before to ensure all children have what they need to grow to their fullest potential. Keep going! We can do it!



Sincerely,
Christy Sharp
Director, Juvenile Justice

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The Child Welfare League of America is the nation's oldest and largest membership-based child welfare organization. We are committed to engaging people everywhere in promoting the well-being of children, youth, and their families, and protecting every child from harm.

A list of staff in CWLA service areas is available online at www.cwla.org/whowhat/serviceareas.asp.

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SAVE THE DATE

2005 Juvenile Justice National Symposium: *Joining Forces for Better Outcomes*

CWLA invites you to the 2005 Juvenile Justice National Symposium: Joining Forces for Better Outcomes. The symposium will focus on the integration and coordination of the juvenile justice and child welfare systems to better serve our nations children.

Providing a unique cross-system opportunity for information sharing, networking, and collective learning, the symposium will highlight juvenile justice and child welfare system integration and the connection between child maltreatment and juvenile delinquency. Topics will include:

- Examples of state or local reform leading to more effective coordination between child welfare and juvenile justice.
- Jurisdictional coordination of community-based services for abused and neglected youth populations involved or at risk for involvement with the juvenile justice system.
- Legal and policy analysis of barriers to more effective coordination between juvenile justice and child welfare.
- Integrated and coordinated funding streams to better serve shared populations of children, youth, and families.
- Efforts to reduce the detention bias for foster care populations.

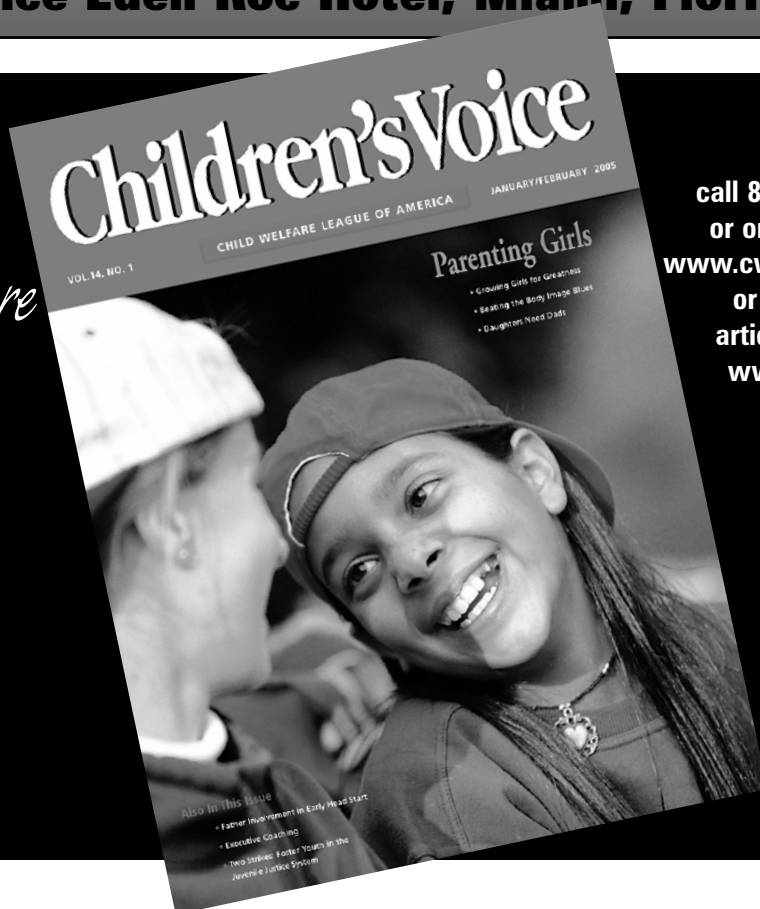
In addition, the symposium will also focus on traditional juvenile justice issues such as mental health and juvenile delinquency, alternatives to incarceration, girls in juvenile justice, transfer and waiver, disproportionate minority representation, zero tolerance, juvenile death penalty, delinquency prevention, evidenced-based practice, and restorative justice.

For more information contact Dodd White at dwhite@cwla.org or 202/639-4959. For information about the Renaissance Eden Roc Hotel, visit www.edenroccresort.com.

June 1-3, 2005

Renaissance Eden Roc Hotel, Miami, Florida

For more on meeting the special needs of girls in the child welfare and juvenile justice systems, see the January-February 2005 issue of Children's Voice magazine.



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Additionally, new amendments to the Child Abuse Prevention and Treatment Act, enacted in 2003, added to permissible uses of basic state grants the enhanced collaboration between CPS and juvenile justice to improve service delivery and treatment continuity as children transition between the two systems. Also, states are now required to report the number of children in CPS care who are transferred to the juvenile justice system.

As a result of this research and statutory foundation, a broad-based group of King County's government and community entities concerned about improving success for our children and youth came together in support of a more integrated system of services and responses for dependent children and youthful offenders. Initially invited by Casey Family Programs to begin a dialogue on systems integration, the coalition developed a unified focus intent on examining client populations, methods of communication, collaborative processes, and ways to improve outcomes. KC-SII has been able to build upon many existing examples in the county to advance this critical enterprise.

Background

After attending CWLA's National Juvenile Justice Symposium in June 2003, Lyman Legters, Director of the Seattle Field Office for Casey Family Programs, reached out to CWLA's John A. Tuell to discuss the strategic planning framework on system coordination and integration featured at the event. Legters and Tuell invited an array of youth-serving system leaders to attend a local training symposium that detailed CWLA's strategic planning framework for the child welfare and juvenile justice systems coordinating and integrating.

An initial one-day symposium was convened in October 2003, and reconvened in December for stakeholders who could not attend initially. Representatives from multiple disciplines at the county and state level attended these meetings, including the King County Superior Court, the Region IV Department of Social and Health Services, the King County Department of Community and Human Services, the Puget Sound Educational School District, the Department of Social and Health Services Juvenile Rehabilitation Administration, the King County Council, the King County Executive's Office, state legislators, and private providers and community organizations. From these two meetings, an

Executive Steering Committee was chosen and given responsibility and oversight for the initiative. This leadership group contracted with CWLA in March 2004 to partner with the collaborative partners to examine and analyze relevant issues affecting improved system coordination and integration.

The KC-SII initiative has worked to achieve its goals with the guidance, active involvement, and support of its Executive and Steering Committees, which helped establish the initiative's goals and scope of work.

Goals

- Promote increased cooperation, coordination, and integration at the administrative and service delivery levels for the benefit of children and families within the purview of the child welfare and juvenile justice systems.
- Through a comprehensive strategic planning process that embraces and values inclusion of youth, families, and a broad representation of youth-serving agencies and organizations, achieve and institutionalize greater multisystem coordination and integration to improve outcomes for King County children, youth, and families.

Scope of Work

Each member agency and organization agreed to work with CWLA to:

- Produce an inventory of resources in local child serving systems, including programs and services; a comparative analysis of missions, mandates, and policies; identification of best practices nationally and locally; determination of the use of assessment instruments; review and analysis of the funding to support the services and programs; and creation of training for personnel in both systems.
- Assess the current management information systems used by participating agencies and organizations, and help CWLA prepare a report on the current capacity to share information across agencies and organizations. The report will identify barriers and obstacles and provide recommendations to overcome identified impediments to enhanced information sharing. The report will also identify critical information that must be shared to enhance case management and service delivery to youth and families.
- Inventory available data systems and identify data sets that must be shared across agencies and

organizations, and ensure this information contributes to improved analysis of current trends. This effort will lead to enhanced decisionmaking, particularly regarding the allocation of shared resources among agencies and organizations.

- Examine the legal, policy, and procedural mandates unique to each agency and organization to make recommendations for changes that will contribute to improved coordination of initial decisionmaking, case management, and service delivery. The parties agree to provide a report of their findings and recommendations available to participating agency and organization leadership.
- Have agency representatives who participate in an ongoing oversight committee (Executive Committee), as well as have members assigned to and participate in subcommittee meetings organized to address the multiple issues articulated in this agreement. Each representative shall serve until he or she resigns or a replacement is appointed. The committee may add additional members at any time.
- Use the best available information, research, and practices to guide the process.
- Maintain confidentiality of client information.
- Help develop a means to track and evaluate the program's success.
- Compile subcommittee reports to produce findings and recommendations for strategies that result in youth-serving system coordination and integration.
- Jointly produce an implementation strategy with benchmarks and timelines no later than 120 days from adoption of the final report.

During nine months, KC-SII has engaged in rigorous fact gathering, examination, and analysis detailed in the charter agreement, and moved through four of the five phases of activity:

Mobilization and Planning

- Identifying and commitment to strategic goals and objectives of the collaboration.
- Identifying and determining means of measuring collective client-oriented outcomes.
- Identifying and addressing sticking points that act as barriers to teamwork.
- Developing a governance structure.

Data Collection and Analysis

- Identifying and sharing available baseline data.
- Determining countywide data elements that may inform priorities and action steps of the collaboration; planning for gathering and study.
- Examining King County information against applicable state and national data.
- Developing common client identification and study.
- Developing capacity for sharing data.

Assessment and Inventory

- Inventorying resources and resource shortage across the continuum.
- Concluding a structural analysis of youth-serving systems.
- Identifying key decision points and makers.
- Examining the legal, policy, and procedural mandates unique to each agency and organization to recommend changes that will improve coordination of initial decisionmaking, case management, and service delivery.
- Studying of funding and funding structures.
- Identifying and analyzing issues.

Action Strategy Development

- Developing a prioritized action agenda.
- Reaching consensus among all partners.
- Planning action steps.
- Developing funding mechanisms necessary to support integrated approaches.

Implementation

- Assigning leadership responsibility.
- Agreeing on timelines, phasing, and milestones.
- Evaluating outcomes with periodic measurement.
- Evaluating the process toward further improving collaboration.

Three additional subcommittees were formed to address the many tasks and issues detailed in these five phases of activity.

Subcommittees met in person at least monthly and established a network of electronic communication, conference calls, and special presentations. Subcommittee memberships have been dynamic

Children of Prisoners, Children of Promise

By Arlene F. Lee, Director, Federal Resource Center for Children of Prisoners

Every day, adults are arrested or sentenced to serve time in jail or prison. Our nation's incarcerated population exceeded 2 million people in 2002, the highest ever. As more parents are incarcerated, more children are serving time as well. Rarely, however, do people stop to consider the effect this has on the children in our communities. They were hidden from view. But when President George W. Bush, in three State of the Union addresses, called for volunteers to mentor children with parents in prison, he shined a light on a population that has grown at a rate that stuns even professionals in the criminal justice and human services fields. An estimated 7 million children, or 10% of the population younger than 18, have a parent under some form of correctional supervision. These children are in every community, every school, and every church. Their stories and their survival are important to all of us.

Why Should We Care?

When we support the relationship between incarcerated parents and their children, research shows everyone benefits.

It's good for kids.

Strong family relationships decrease rates of delinquency for children of incarcerated parents, and parents' frequent contact with their children while incarcerated facilitates future reunification.

It's good for inmates and the community.

Male prisoners who maintain strong family ties have much better post-release success. Inmates who maintain frequent outside contacts while in prison also do significantly better on parole. For female inmates, family relationships are a key indicator of post-release success.

It's good for the institutions.

Anecdotal evidence suggests inmates who participate in parenting programs have far fewer infractions because the contact with their children is too important to them. Family visits are inmate motivators, they are free, and they don't require the same degree of staff training as other treatment approaches. Family ties and frequent visitations are also associated with lower recidivism.

The Children's Stories

There are many stories about the ways children have survived the incarceration of their parent. Take "Andre," a 23-year-old Rhodes scholar from Yale University; or "Barbara," a 10-year-old who has lived with her grandmother and learned to understand her mother's cycle of incarceration and addiction; or "Camille," a 27-year-old college graduate who has been parented and nurtured by her father from behind bars since the age of 6; or "Danielle," who has been reunited with her mother, and together they have found success and stability. Each of these children has a different story to tell, but all tell one important story: The hardest part of having a parent in prison is the shame and stigma they felt from their community.

STATISTICS

The Bureau of Justice Statistics estimates that 2.3 million children are affected by the 1.1 million parents in prisons or jails.

Seventy-two percent of women prisoners with children younger than 18 lived with those children before entering prison.

Six percent of women entering prison are pregnant.

From 1990 to 2000, the number of mothers in prison grew 87%, while the number of fathers increased by 61%.

Approximately 75% of incarcerated women are mothers, and two-thirds have children younger than 18. Fifty-four percent of mothers in state prisons said they never had visits from their children.

Approximately 55% of incarcerated men are fathers of children younger than 18. Fifty-seven percent of fathers in state prisons reported never having visits from their children.

What happens to the children?

The extent to which a child is affected by the incarceration of a parent depends on a number of variables, including the age of the child, the length of the separation, the health of the family, the child's familiarity with the new caregiver, previous separations, length of sentence, and the availability of family or community support. Without appropriate support, however, children with incarcerated parents suffer in some common ways:

Self-image. Identification with the incarcerated parent, awareness of social stigma, and low self-esteem.

Cognitive. Intrusive thoughts about parents, concern about outcomes and uncertain futures, fatalism, and flashbacks to traumatic events.

Emotional. Fear, anxiety, anger, sadness, loneliness, abandonment, embarrassment, guilt, resentment, and emotional withdrawal from friends and family.

Mental health. Depression, eating and sleeping disorders, anxiety and hyperarousal, attention disorders, and developmental regression.

Behavioral. Physical aggression, acting out, and disruptive behavior.

Educational. Diminished academic performance, classroom behavior difficulties, and truancy.

Involvement in the juvenile and criminal justice systems. Children with a parent in prison are more likely to become involved in the system themselves

Programs That Help

Effective programs can help reduce the stigma children experience, foster opportunities to maintain contact with the incarcerated parent, and support the children, parents, and caregivers.

CWLA operates the Federal Resource Center for Children of Prisoners in collaboration with the U.S. Department of Justice, National Institute of Corrections. The center conducts research and evaluation, collects and disseminates information, provides training and technical assistance, and increases awareness among the many disciplines and service systems that come into contact with families separated by incarceration. The goal is to improve the quality of information available about children with incarcerated parents and to develop resources that will help create better outcomes for these children and their families. Other programs that provide direct services to families include:

Centers for Youth and Families, Little Rock, Arkansas

Serves children whose mothers are incarcerated with enhanced visitation programs, support services, and parenting programs for the mothers.

Community Works, Berkeley, California

Provides case management services and an after-school program.

Family Preservation Program, Indiana Women's Prison, Indianapolis, Indiana

Created partnerships with the Children's Bureau; YWCA; the Departments of Corrections, Health, Child and Family Services; and various community organi-

zations. Programs include therapeutic parenting education and support groups, children's center, summer camp, parent/teen day, holiday parties, responsible mother/healthy baby program, family care plan, parenting class, and outreach/case management.

Girl Scouts Beyond Bars, Baltimore, Maryland

Incarcerated mothers and their daughters participate in Girl Scout activities and meetings in prisons.

La Bodega de la Familia, New York, New York

Establishes family visits, conducts assessments and family and systems mapping, and creates a family action plan.

The Osborne Association, Brooklyn, New York

Provides parenting education, counseling, children's centers at prisons, and other services.

Visiting Program, Administration for Children and Families, New York, New York

Provides facilitated visits with incarcerated mothers and fathers detained on Rikers Island.

RESOURCES

Federal Resource Center for Children of Prisoners
202/638-2952
www.childrenofprisoners.org
E-mail: childrenofprisoners@cwla.org

Directory of Programs Serving Families of Adult Offenders, 2001
www.nicic.org/pubs/general.htm

Families and Corrections Network
www.fcnetwork.org

Center for Children of Incarcerated Parents
www.e-ccip.org

Women's Prison Association and Home Inc.
212/674-1163
www.wpaonline.org

Publications From CWLA

Working with Children and Families Separated by Incarceration,
by Cynthia Beatty Seymour and Lois Wright

Reuniting: Money, Family and You; A Guide for Women Leaving Prison.

The Kissing Hand, by Audrey Penn, a book for children temporarily separated from loved ones.

Available for purchase at www.cwla.org/pubs.

Addressing Child Trauma in Juvenile Justice and Residential Settings

By Christine B. Siegfried and Susan J. Ko

A significant number of American youth have been exposed to traumatic events. In a national survey of 12- to 17-year-olds, 8% of youth reported sexual assault experiences, 17% reported physical assaults, and 39% reported witnessing violence (Kilpatrick et al., 2003). Among Native American, African American, and Hispanic youth, more than one-fourth have experienced at least one physical assault, and more than half have witnessed violence.

Among youth who enter the juvenile justice system, the rates of trauma exposure are even higher. In fact, some studies show posttraumatic stress disorder (PTSD) rates among youth in the justice system may be up to eight times as high as rates of other similar age peers. A recent study in the Cook County Juvenile Detention Center (Abram et al., 2004) revealed that about 92% of youth had experienced at least one traumatic event.

Effects of Trauma

Exposure to trauma, including child maltreatment and witnessing violent events, can have a number of deleterious and long-lasting effects on how teenagers see the world and the way they function socially, interpersonally, and academically. It can affect their behavior, their problem-solving skills, and their ability to modulate their emotions, and it can eventually give rise to patterns of conflict and aggression towards others. It can also affect their ability to respond to rehabilitative programming and interact positively with peers and staff.

For example, children who have experienced repeated trauma may remain in a constant state of fear and anxiety, characterized by high arousal and hypervigilance. They may have trouble sleeping, paying attention, and concentrating. Trauma leads to heightened awareness of threat and misperceptions of provocation. That is, traumatized youth often misinterpret the behavior of others as hostile when it is not, and respond with aggression.

Trauma also makes it difficult for children and adolescents to modulate their behavioral reactions and regulate their emotions. They may feel physically

and emotionally numb or, alternately, they may be flooded with emotions. Fears or memories of traumatic events may intrude and trigger angry or avoidant responses to staff or other youth. Trauma can result in avoiding situations or people that remind the youth of a previous traumatic experience. Extreme avoidant behavior can curtail normal activity. Unfortunately, adolescent avoidant behavior may be unnoticed or misinterpreted, and alcohol and drug use can be an effort to mask posttrauma emotions and physiological responses.

Abused and neglected children are likely to have cognitive and intellectual deficiencies and developmental problems, which, in turn, affect their decisionmaking abilities in stressful situations. Fear interferes with the youth's ability to make choices, and self-protection is prominent. Traumatic stress can also interfere with the development of emotional maturity, moral and identity development, and the acquisition of skills. Most youth who have been abused need nurturing as if they were much younger than their chronological age, but they may be reluctant to accept this because their trust has been violated in the past. They may lack the skills and trust to establish healthy, supportive relationships.

Trauma may leave a child or adolescent feeling isolated, different, helpless, and damaged. Some children may injure themselves in an attempt to gain some control over their overwhelming emotions. Repeated exposure to maltreatment or violence can result in a child or adolescent accommodating to chronic stress in maladaptive ways. Past victimization can lead to antisocial and/or self-destructive survival strategies. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. Alternately, they may respond to their experience through dangerous reenactments or recklessness.

Perhaps most important, a traumatic event may foster a radical shift in the way children and adolescents think about the world. Trauma experiences can create the sense that things can suddenly go horribly wrong, that no one can really provide protection, and that laws don't really work. Traumatized youth are likely to evidence terminal thinking—an absence of future orientation. They develop a distrust of others, particular-

ly adults and believe society cannot protect them. They may develop alternative, often aggressive or violent methods to protect themselves. Because many times their own victimizer has not been held accountable, many youth fail to develop a sense of legal or moral responsibility for their own behaviors.

Screening and Assessment for Trauma

Since trauma histories may interfere with youths' rehabilitation and contribute to reoffending risk, trauma screening and assessment are essential to enhancing the juvenile justice system's capacity for triage, case-finding, and decisionmaking. If professionals can divert youth from situations where their trauma symptoms continue to be unaddressed, or even worse, are retraumatizing, and instead provide them with dispositions and service plans that more appropriately meet their needs, then perhaps they can ultimately lower recidivism rates.

Screening and assessment are also important because children who have PTSD symptoms are at risk of being misdiagnosed for a variety of disorders, including Attention Deficit Hyperactivity Disorder, depression, oppositional defiant disorder, conduct disorder, specific phobias, and learning disorders.

Professionals have recommended that mental health information collected through assessment and screening should inform identification of both emergent risk and mental health service needs (Wasserman et al., 2003). Similarly, screening and assessment procedures should be used to collect trauma information, including trauma history, triggers, and reminders. Given the complexity of the juvenile justice system and the various stages of processing, it is useful to consider the differences between screening and assessment.

Screening is a simple, brief, usually inexpensive procedure used to identify emergent risk. It is not intended to be definitive; persons who screen positive should receive further assessment (Valanis, 1999; cited in Wasserman et al., 2003). By contrast, assessment entails a comprehensive evaluation with multiple components (e.g., interviews with youth and family, review of records), usually intended to identify service and treatment needs. Thorough trauma screening and assessment are a prerequisite to preventing the potentially chronic and severe problems in biopsychosocial functioning that can occur when trauma and associated or comorbid mental health disorders go undiagnosed and untreated (Nader, 1997; Wolpaw & Ford, 2004).

A number of approaches and instruments are available for trauma screening and assessment (e.g., PTSD Reaction Index, Trauma Events Screening Inventory, and Trauma Symptom Checklist for Children), but few instruments have been systematically evaluated with juvenile justice populations. Given the high prevalence of trauma exposure and PTSD in juvenile justice populations, careful clinical application and scientific study of the trauma history and PTSD assessment instruments is an important step toward enhanced services and outcomes for this large, high-risk, and typically underserved population.

When deciding what type of screen or assessment to use, a number of clinical issues should be reviewed, such as the format of the screen or assessment, the juvenile justice context, and developmental and ethnocultural considerations.

Privacy and Confidentiality

Problems of confidentiality and self-incrimination can confound assessment within juvenile justice settings, especially early in the juvenile justice process. Assessors need to think about how certain types of information might be used as part of the legal case against a child or the child's family. For example, a child or adolescent's admission of substance abuse may carry sanctions; an admission of serious mental health problems or symptoms may carry the consequence of an involuntary hospital admission; and a child's admission of domestic violence in the home may result in a case being filed with protective services or police and removal of the child from the home.

Assessors should be careful to inform children and adolescents of the limitations of confidentiality. Juvenile justice facilities, especially detention settings, should also carefully consider the timing of the assessment. For example, if the assessment occurs pre-adjudication, questions regarding substance use may need to be asked at another point in processing. One possible option is that a window could be created between adjudication and disposition during which time a comprehensive mental health assessment could be conducted to inform service planning.

Developmental and Ethnocultural Considerations

Children and adolescents from cultural and ethnic minority groups are overrepresented in juvenile justice settings, with the overrepresentation growing as they move deeper into the system. This overrepresentation has implications for help-seeking behaviors, treatment effectiveness, screening, and assessment.

throughout the process. As new tasks have emerged, additional expertise was enlisted to effectively and thoroughly examine the questions and issues.

The subcommittees' efforts resulted in a compilation of almost 100 pages of new documentation that captures data, data systems, sharable information, survey results, inventories of programs, funding sources, assessment instruments, existing interagency agreements, system case flow diagrams, applicable and relevant state and federal codes, preliminary findings and reports, and meeting notes and minutes, among others. From this examination and analysis, each subcommittee has produced findings and recommendations for action strategies approved by the Executive Committee and endorsed by the Steering Committee.

Legal Analysis Subcommittee

This subcommittee undertook an extensive examination of the legal landscape in King County and how it affects the ability of the child welfare and juvenile justice systems to collaborate on behalf of their common clients. This examination involved two main tasks: legal research and analysis focusing on laws, regulations, and policies that regulate information sharing; and qualitative research consisting of interviews designed to assess the impact of the laws, regulations, and policies.

The legal research component required an in-depth exploration of federal and state law in child welfare, juvenile justice, physical and mental health, substance abuse, education, and privacy. Other sources such as administrative codes, Rules of Professional Conduct, and agency administrative policies were also reviewed. The research component also involved surveying information-sharing statutes in other states and reviewing current literature on legal issues surrounding system collaboration.

The subcommittee also interviewed more than 20 people in various positions in King County's child-serving entities. Participants were questioned about their knowledge and impressions of current information sharing and collaboration practices and of the laws and regulations affecting such practices.

Resource Inventory and Assessment Subcommittee

This subcommittee undertook a comprehensive review of program resources and their accompanying funding sources from the King County Juvenile Court; the Washington Department of Social and Health

Services (Region IV), which included the Juvenile Rehabilitation Administration; the Mental Health, Chemical Abuse and Dependency Services Division; the King County Department of Community and Human Services; and the Puget Sound Educational School District.

Additionally, the subcommittee examined current initiatives and interagency agreements that affect cross-system youth populations. The work was to ensure that an opportunity to build on existing efforts. The examination of case processing across the child welfare and juvenile justice systems also allowed for an understanding of key decision points within each system that may subsequently allow for joint case disposition recommendations and case management.

The subcommittee's initial findings resulted in a commitment to develop blended funding initiatives for specific target populations of youth and families who occupy the child welfare and juvenile justice systems, and to identify the specific target populations that most commonly occupy these systems (e.g., youth transitioning out of Juvenile Rehabilitation Administration care, and young offenders entering the juvenile justice system).

The subcommittee has also committed to developing interagency protocols that will specify the process for carrying out joint case management for target populations, and has formed two new task force groups to develop a cross-system training academy for multi-system caseworker and management staff, and address multiple issues concerning the coordination and integration of services for youth from the education system who are involved with the juvenile justice and child welfare systems.

Data and Information Management Subcommittee

This subcommittee undertook an extensive examination of the multiple data systems that informed the work of child- and youth-serving agencies in King County and the state. The subcommittee members examined the ownership of each of these systems, data contained therein, and responsibility for data entry. They then identified who had access to the information. This work allowed the committee to construct a sharable information grid that would be developed for approval by KC-SII. This merged system, designed with protocols for access, would allow for more effective cross-system communication in case decisionmaking and resource allocations.

The subcommittee also conducted cross-system surveys of case workers and managers to identify what information they most needed to execute their responsibilities and to learn of the perceived and real barriers in accessing that information. Additionally, the subcommittee explored available technologies that would allow this information database to be merged on to a web-based system. The subcommittee's ongoing work will include constructing a user's guide for accessing and sharing relevant and necessary information, and will rely heavily on the findings of the Legal Analysis Subcommittee to ensure that adequate protections are constructed.

Finally, the subcommittee considered a data collection and management system that would allow aggregate reports (and disaggregated for additional detail) on a periodic basis for particular populations.

For the work of this initiative to be evaluated, this effort must allow for measuring the effects of newly created protocols and interventions on discreet and targeted populations (i.e., 8–12 years entering the juvenile justice system).

Conclusion

The initiative has worked to address the many issues that affect the capacity for multiple systems to more effectively coordinate their service provision on behalf of the population of children and youth that are dually involved in the dependency and delinquen-

cy systems. As with any major system reform initiative, the tedium and detail of perplexing and complicated issues confront progress. There is no doubt that the inclusive involvement of all of the affected public and private institutions, as well as the voice of legislators, community providers, and parents and youth, are essential to the long term success of any such effort. KC-SII has endeavored to address these issues and demonstrate openness to each new interested party throughout the process. Remarkably committed, KC-SII participants have engaged in excellent discourse to resolve the matters that confront this effort. KC-SII still has a road to travel, but the unified goal setting, organizational structure, and governance of the initiative, comprehensive examination of issues, use of local and national expertise, and extraordinary leadership and commitment from a remarkably broad base of King County professionals has put this community in a position to institute truly outstanding collaborative reforms.

The CWLA Juvenile Justice National Symposium, June 1-3, 2005, in Miami, Florida, will feature some of the initiative leaders and additional details about their work in an opening plenary session. A more detailed account of the subcommittee findings, recommendations, and action strategies that will be part of the Implementation Plan for KC-SII will be available in April 2005 under Consulting Initiatives at www.cwla.org/programs/juvenilejustice. The site now has much of the project's supporting documentation.

PUBLIC POLICY UPDATE

Federal Youth Coordination Act to Be Introduced

The Federal Youth Coordination Act (FYCA) was introduced February 16, 2005, by Senator Norm Coleman (R-MN) and Representative Tom Osborne (R-NE). FYCA fulfills a key recommendation of the White House Task Force for Disadvantaged Youth to establish a national council to oversee federal youth policy.

The legislation establishes a federal council on youth development that will oversee, coordinate, and make recommendations to improve federal efforts to enhance and expand access to positive youth development for America's youth.

The legislation ensures communication between federal agencies affecting youth policies, sets research-based objectives and quantifiable five-year goals for youth programs, develops a plan to help agencies coordinate youth programs to achieve the goals and objectives enumerated in the plan, and makes recommendations for the allocation of resources in support of these goals and objectives. FYCA also authorizes grants to states to support state councils.

The council will submit an annual report and recommendations to the President and Congress that includes an assessment of the needs of youth, a compilation of recent research, and recommendations for better integration and coordination of federal, state, and local policies affecting youth.

Effort Underway to Restore Accountability Based Sanctions Supplement

An effort is underway in Congress to restore the Accountability Based Sanctions supplement to the juvenile justice State Formula Grants. The supplement was not included in the FY 2005 budget as originally passed by Congress in December. Many states face cuts to their allocations under the formula grants unless the supplement is restored. Senator Judd Gregg (R-NH), who until recently was chair of the Senate Appropriations subcommittee with jurisdiction over juvenile justice, supports restoring the funding and is seeking to get the supplement fully funded.

JUVENILE JUSTICE NEWS AND RESOURCES

Access to Counsel

Jones, J. (2004). Washington DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP).

The second in OJJDP's online Juvenile Justice Practices Series, this 34-page bulletin describes problems affecting access to counsel at each stage of the juvenile justice process, discusses factors that hinder access to and quality of counsel, and identifies elements of effective counsel. It also outlines five approaches to improving access (program initiatives, legislation, administrative reforms, research, and litigation), cites examples of the approaches, and lists resources for practitioners. The bulletin closes with a brief discussion of the challenges in ensuring access to effective legal counsel for all youth in the juvenile justice system. Available at <http://ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11679>.

Changing the Status Quo for Status Offenders: New York State's Efforts to Support Troubled Teens

Chiu, T., Mogulescu, S. (2004). New York: Vera Institute for Justice.

Over the past three years, child welfare and probation leaders in New York have been transforming the state's status offender system to provide timely support to troubled teens and their families in the communities and rely less on courts, law enforcement, and detention. This brief examines how the shift is helping get disobedient, but not delinquent, children back on track while yielding significant cost savings. Jurisdictions looking to better serve their own status offender populations will find useful models in this summary of lessons learned in New York. Available at www.vera.org/publication_pdf/253_496.pdf.

Criminal Neglect: Substance Abuse, Juvenile Justice and the Children Left Behind

(2004). Washington DC: National Center on Addiction and Substance Abuse at Columbia University

Criminal Neglect reports the results of a five-year, comprehensive study of substance abuse and state juvenile justice systems. The report found that substance abuse and addiction were involved in 1.9 million of 2.4 million juvenile arrests, but only 68,600 of those juveniles received substance abuse treatment. Based on the findings, the CASA report calls for a

complete overhaul of the juvenile justice system to ensure that each child receives a comprehensive assessment of needs, substance abuse treatment, and other appropriate services. Available at www.casacolumbia.org/absolutenm/templates/PressReleases.asp?articleid=371&zoneid=56.

Detection and Prevalence of Substance Use Among Juvenile Detainees

Abram, K.M., McClelland, G.M., Teplin, L.A. (2004). Washington DC: U.S. Department of Justice, OJJDP.

Assesses substance use detection methods and prevalence among high-risk youth detained in Cook County, Illinois. Based on data from a Northwestern Juvenile Project study, this OJJDP bulletin covers a wide range of substances but focuses on cannabis and cocaine, the drugs most commonly used by juvenile detainees. It includes analyses by age, sex, and race/ethnicity and confirms a high rate of substance use among detainees. The authors conclude the best detection approach is to combine self-report and urinalysis with data from treatment and drug arrest histories and information from schools and families.

Guidebook for Juvenile Justice and Child Welfare System Coordination and Integration: Framework for Improved Outcomes

Wiig, J., Tuell, J. (2004) Washington DC: Child Welfare League of America

Most of the youth who enter the juvenile justice system have also been victims of maltreatment and require multisystem interventions. Built from years of CWLA work, research, partnerships, and analysis, the *Guidebook* is designed to help state and local jurisdictions achieve greater system coordination and integration. Available at www.cwla.org/programs/juvenilejustice/jjguidebook.htm.

National Institute of Justice Journal 251

(2004) Washington DC: U.S. Department of Justice, NIJ.

Rural and urban gangs differ in many respects, and researchers suggest in this journal issue that policies and practices related to urban gangs may not apply to rural ones. Other articles discuss ways to ensure successful collaboration among law enforcement agencies, the Campbell Collaboration's review of criminal justice research, and NIJ's Data Resources Program. The At-a-Glance section summarizes recent research on child custody mediation and domestic violence, effects of child abuse, hung juries, problem-oriented policing in public housing, and frugal program evaluations. Available at www.ojp.usdoj.gov/nij/pubs-sum/jr000251.htm.

Prostitution of Juveniles: Patterns From NIBRS OJJDP Crimes Against Children Series

Finkelhor, D., Ormrod, R. (2004). Washington DC: U.S. Department of Justice, OJJDP.

Examines the prostitution of juveniles by analyzing incidents of this problem that come to the attention of law enforcement. Part of the Crimes Against Children Bulletin Series, this bulletin draws on data from the FBI's National Incident-Based Reporting System (NIBRS) to provide a profile of juvenile prostitution, noting characteristics that distinguish it from its adult counterpart. Although information about the prostitution of juveniles is scarce, NIBRS data can be used to help juvenile justice officials and others better identify and respond to the sexual exploitation of youth.

Screening and Assessing Mental Health and Substance Use Disorders Among Youth in the Juvenile Justice System: A Resource Guide for Practitioners

Grisso, T., Underwood, L. A. (2004). Washington DC: U.S. Department of Justice, OJJDP.

Presents information on instruments that can be used to screen and assess youth for mental health and substance use-related disorders at various stages of the juvenile justice process. The guide includes pro-

files of more than 50 instruments, guidelines for selecting instruments, and best practice recommendations for diverse settings and situations. It is intended as a basic tool for early, accurate identification of youth with mental disorders. Once identified, these youth can receive the services required to improve their lives, reduce recidivism, and promote community safety. Available at www.ojjdp.ncjrs.org/publications/PubAbstract.asp?pubi=11936.

Toward Safe and Orderly Schools—The National Study of Delinquency Prevention in Schools

Gottfredson, G., Gottfredson, D., Czeh, E., Cantor, D., Crosse, S., Hantman, I. (2004). Washington DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

What are schools doing to prevent delinquency and promote school safety? This brief presents findings from a national survey of elementary, middle, and secondary schools. Problem behavior is widespread and most common in urban areas and middle schools. Schools have adopted a large, diverse array of activities, curricular programs, and security measures, but many of these are unproven or poorly implemented. Key characteristics of successful programs and how schools can improve program quality and implementation are identified. Available at www.ojp.usdoj.gov/nij/pubs-sum/205005.htm.

Trauma Among Youth in the Juvenile Justice System

(2004). Los Angeles CA and Durham NC: National Child Traumatic Stress Network

Thanks to the hard work of Julian Ford's group at the University of Connecticut School of Medicine, Yale/ UConn Center for Children Exposed to Violence, and the Juvenile Justice Working Group, four new fact sheets are available on the National Child Traumatic Stress Network Website. Trauma Among Girls in the Juvenile Justice System, Victimization and Juvenile Offending, Assessing Exposure to Psychological Trauma and Posttraumatic Stress in the Juvenile Justice Population, and Trauma-Focused Interventions for Youth in the Juvenile Justice System Available at www.ncetsnet.org/nccts/nav.do?pid=ctr_tool_educ_juv.

The optimal wording and order of questions on various assessment instruments may vary for children of different ages, developmental levels, ethnicities, and cultural backgrounds. What constitutes a symptom (versus expected age-appropriate behaviors) may also differ developmentally and ethnoculturally. For example, the behavior of an American Indian adolescent who averts his eyes when speaking to an adult should not necessarily be perceived as insubordinate, but consistent with cultural norms of respectful communication. Children of different ages and ethnocultural backgrounds also may respond differently to interview versus questionnaire formats, as well as to assessors with different styles and backgrounds.

Assessors may find that many assessment tools have not been translated into other languages or normed for members of minority groups. Furthermore, since children and adolescents in the justice system average two years behind expected grade level (Wasserman et al., 2002), cognitive and developmental delays should also be considered in the assessment process as this will affect their performance on instruments and may also impact their behavior in the juvenile justice or residential setting.

Trauma Treatment and Interventions

Research conducted with the juvenile justice population over the last decade generally shows the most effective trauma-focused treatment programs are highly structured, emphasize the development of basic skills, and provide individual counseling that directly addresses behavior, attitudes, and perceptions (Altschuler, 1998).

Although to date no known studies exist on the use of cognitive behavioral therapy for trauma with youth involved in the juvenile justice system, it has been shown to be effective for youth exposed to a variety of traumatic events and has received the strongest empirical support from studies with abused children (Saunders et al, 2003). This therapy can be used in individual, family, and group formats, and in office- or school-based settings.

Several other therapies that do not address trauma directly, but do target symptoms and functional problems that are relevant to trauma, have empirical support and are widely used to address behavioral health problems of youth in the juvenile justice system. These include Behavioral Parent Training, Multisystemic Therapy, Functional Family Therapy, Treatment Foster Care, and Brief Family Therapy (Borduin et al, 2000; Chamberlain & Moore, 2002;

Ford et al., 2003; Kashani et al., 1999). Most of these interventions do not report data on cultural differences in technique or outcomes.

Most of the trauma-focused treatments share an emphasis on teaching skills such as emotion identification, processing, and regulation; anxiety management; identification and alteration of maladaptive cognitions; and interpersonal communication and social problem solving.

Some interventions also seek to enhance parent-child relationships by promoting positive interactions, reducing negative interactions, and using effective behavior management skills.

Family-Based Interventions

Evidence suggests that involving family members in the treatment and rehabilitation of traumatized children is important for reasons related to both child and family functioning and delinquency (Sherman et al., 1998). But a variety of barriers may exist to involving the families of youth involved in the juvenile justice system (Ko et al., 2004). Some facilities are located far from the home communities of children they serve, making family participation impossible; many families need transportation or other assistance to participate in treatment. Families may feel angry, ashamed, or burdened by their child's delinquent behavior and the additional hardship it has brought to the family.

If the parent was a perpetrator (e.g., domestic violence, or sexual or physical assault), and the child is still living with or in regular contact with that parent, the parent may not yet have accepted responsibility for the traumatic events. Nonoffending parents may experience loyalty conflicts between the victim and the perpetrator. They also may feel significant distress and helplessness due to not having been able to prevent the victimization. Parents who witness their children's exposure to trauma may experience significant posttraumatic stress themselves, and this has been shown to be associated with traumatized children's levels of PTSD (Winston et al., 2002). Finally, caregivers themselves may be victimized or abused, or suffer from depression, anxiety or traumatic stress and feel unable to help their children.

Growing evidence from studies of children exposed to different types of trauma shows that less parental distress and more familial support mitigates the negative impact of trauma on children.

There are different approaches to conducting clinical

intervention with families, including shared family sessions in conjunction with individual or group treatment for the child, group or individual treatment with adjunctive family/parent sessions, family therapy, and family group therapy.

Therapists need to be especially alert to family members who were together during a traumatic experience, such as a violent assault or death. Not only do family members have very different psychological needs and different courses of recovery, but family members can actually serve as traumatic reminders to each other. One goal of therapy is to help family members to better anticipate, identify, and manage trauma and loss reminders. Another goal of therapy should be to improve understanding and timely support and tolerance among family members, and to repair trauma-related estrangement.

Group-Based Interventions

Although some have suggested that group interventions may inadvertently reinforce problem behaviors (Dishion, 1999), not all interventions with peer groups have shown adverse effects. Some strategies to guard against these potential adverse effects include involving parents in treatment, mixing antisocial and prosocial youth in groups, limiting group size, and using cofacilitators so inappropriate behaviors can be addressed immediately prior to peers reinforcement of the negative behavior.

Julian Ford's Trauma Adaptive Recovery Group Education and Therapy, Adolescent Version, is a nine-session intervention intended to introduce concepts of trauma to youth in a nonthreatening way and to help youth with self-regulation techniques. It is not an exposure approach. That is, youth are not asked to talk directly about their traumatic memories. Instead, the curriculum helps them understand the relationship between thoughts and feelings and make better choices based on their goals.

Another promising trauma-focused group intervention is Sandy Bloom's Sanctuary Model, which emphasizes the importance of creating a safe environment where people can heal. The goal of the intervention is to develop a more trauma-focused milieu through a commitment to changing the environment to one of nonviolence and decreased seclusion and restraint.

Gender-Specific Programming

Studies have found that traumatic events experienced by delinquent girls differ from those experi-

enced by delinquent boys. Boys are more likely to report witnessing a violent event and being threatened by a weapon, while girls are more likely to mention being victims of violence and being forced into sexual activity. Girls tend to report higher levels of psychological distress than boys (Wood et al., 2002).

Connection with others is a central organizing feature of development in girls. Likewise, much of the trauma girls face is interpersonal and relational in nature. Juvenile justice and residential programs must help girls address complex and conflictual relationships with family members, boyfriends, and children. They should help girls negotiate gender and family roles, determine appropriate boundaries in relationships, and avoid conflict and violence in dating relationships. Programs should also help girls learn appropriate coping strategies and constructively explore and resolve their feelings. Given the growing number of girls in the juvenile justice system, high rates of exposure to violence among girls, and higher rates of PTSD among incarcerated girls than boys, gender-specific programming is essential to meeting the specific needs of girls and to prevent their retraumatization while in the system.

Since 2000, the Posttraumatic Stress Disorder Project in Pennsylvania has been developing a training curriculum to respond to the needs of traumatized girls by conducting statewide trainings on trauma with detention workers, judges, and probation officers. They have also been conducting psychoeducation groups with girls.

Recommendations for Addressing Trauma in Juvenile Justice and Residential Facilities

Unfortunately, many detention and residential facilities simply aren't equipped to care for young people who have trauma histories. They may even inadvertently make things worse for these children. The arrest, detention, juvenile processing, and placement can be frightening and confusing for the child and family. Some detention facilities are overcrowded, which increases the risk of injury and suicide attempts, and placement may trigger separation anxiety for many youth.

Detention and residential settings may expose children to verbal or physical aggression and exacerbate fears or trauma symptoms a child is already experiencing. Use of seclusion and restraint may trigger reactions and memories of prior traumatic experiences, especially among sexually-abused girls. Being separated from families can also leave youth agitated, sad, and homesick.

Doing No Harm

Juvenile and residential facilities should take steps to reduce the likelihood of triggering traumatic reactions in youth or retraumatizing them:

- Juvenile justice and residential staff should avoid power assertion to reduce the experience of threat.
- Juvenile justice and residential staff should be trained and demonstrate competence in nonphysical control techniques to manage crises.
- Interventions should be focused on reducing the perception of provocation and undermining the legitimacy of aggression as a response.
- Seclusion and restraint on young people should be used as a last resort. Prior-abuse victims should not be restrained.
- Youth should not be punished for thinking and behavior that is immature or reactive to trauma.
- Facilities should forego some of the traditional methods of preserving order and asserting authority, especially tough, military-style physically confrontational approaches.
- Trauma treatment with youth, particularly discussion of painful emotional experiences, should be undertaken only by qualified professionals, and only when there is sufficient time to help the youth develop coping skills.
- Adequate screening and assessment for trauma should be done before initiating treatment. Residential staff should collect information on a child's trauma triggers and cues, as well as trauma history and reactions.
- Youth who have been exposed to significant trauma should not be combined in treatment groups with children who have little or no exposure.
- Rehabilitation and educational programs are not substitutes for treatment.

Creating a Trauma-Informed Environment

Children who have experienced trauma need to be treated in safe, structured, and predictable environments that provide continuity in their development, teach adaptive responses to stress, and create potential for change (Rivard et al., 2003).

Safety is paramount. Trauma researcher Sandra Bloom says the residential environment must be physically, psychologically, socially, and morally safe for both and staff. She advocates individual safety

plans developed jointly by youth and their counselors to identify alternative ways to feel safe in stressful situations. These safety plans are implemented when youth show signs of distress. The whole community also uses safety plans when it feels unsafe due to conflict or acting out within the facility.

The environment should create and model healthy, supportive relationships between individuals, and develop an atmosphere of hope and nonviolence. It should encourage prosocial connections with peers. Psychoeducation and cognitive-behavioral techniques should be used to teach youth how to develop empathy, reduce anxiety, identify and manage feelings, accurately process information, and solve problems.

Training Staff

Staff who interact daily with traumatized youth must be trained about child trauma. Eruptions of aggressive or avoidant behavior can leave residential staff feeling off-balance, either leading them to distance themselves from the residents or call for stricter controls (Abramovitz & Bloom, 2003). Staff trained about trauma know that children who have sustained physical, psychological, social, and moral insults have developmental injuries.

Trauma-informed residential staff understand that children are not mad or bad but have psychological injuries resulting from exposure to overwhelming life events. They must be able to engage in complex negotiations with clients, families, and each other around boundaries, traumatic reenactment behavior, dependency, anger and sometimes identification with the aggressor, and the courage it takes to change.

Juvenile justice and residential treatment professionals have an opportunity to raise the standard of care for youth by reducing the likelihood of triggering traumatic reactions, creating trauma-informed environments, training staff about trauma, and providing effective trauma-focused assessment and treatment.

The National Child Traumatic Stress Network is working to advance effective interventions and services to address the affect of traumatic stress on children and adolescents. Network centers are working with their child welfare and juvenile justice systems to bring these practices and services to local communities.

Christine Siegfried, MSSW, and Susan Ko, PhD, are with the National Center for Child Traumatic Stress at the UCLA Neuropsychiatric Institute and Hospital. For more information, visit www.nctsnet.org. For a list of resources, e-mail csiegfried@mednet.ucla.edu or sko@mednet.ucla.edu.