Illinois Helping Everyone Access Linked Systems: Interim Report

ICJIA

Illinois Helping Everyone Access Linked Systems: Interim Report

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Project Fundamentals

Overview

The Illinois Criminal Justice Information Authority (ICJIA) received a discretionary grant from the Office for Victims of Crime (OVC) in 2017 for a statewide initiative seeking to improve systems' responses for children, youth, and families impacted by violence. Staff from ICJIA's Federal and State Grants Unit and Research & Analysis Unit partnered during this project's 15 month planning phase (October 2017 to December 2018) to develop the Illinois Helping Everyone Access Linked Systems (HEALS) Action Plan.[1] Six project goals were identified. In 2018, ICJIA was awarded an additional OVC grant to fund the program's implementation. ICJIA selected a demonstration site, Egyptian Health Department, located in Southern Illinois, for program implementation and evaluation. The following report provides an overview of the initiative's goals, research activities, and progress towards achieving those goals during the demonstration site's first 19 months of implementation (September 2019–March 2021).

Program Implementation Goals

Build a local system of care to meet the community's needs
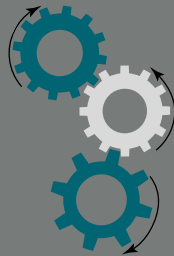
Strengthen recognition of child and youth victimization

Connect child and youth victims to appropriate resources through a multi-disciplinary team
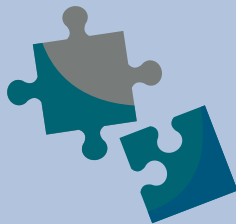
Engage child and youth victims and families in culturally humble services

Establish a feedback loop between the demonstration site and ICJIA staff through research activities

Improve the statewide response to child and youth victimization

Project Fundamentals

Recognize, Connect, and Engage
is the project's guiding framework.

Support — **Engaging**
Culturally specific and humble, accessible, relevant services

Refer — **Connecting**
Increasing availability & awareness of resources

Identify — **Recognizing**
Asking, noticing behavioral cues
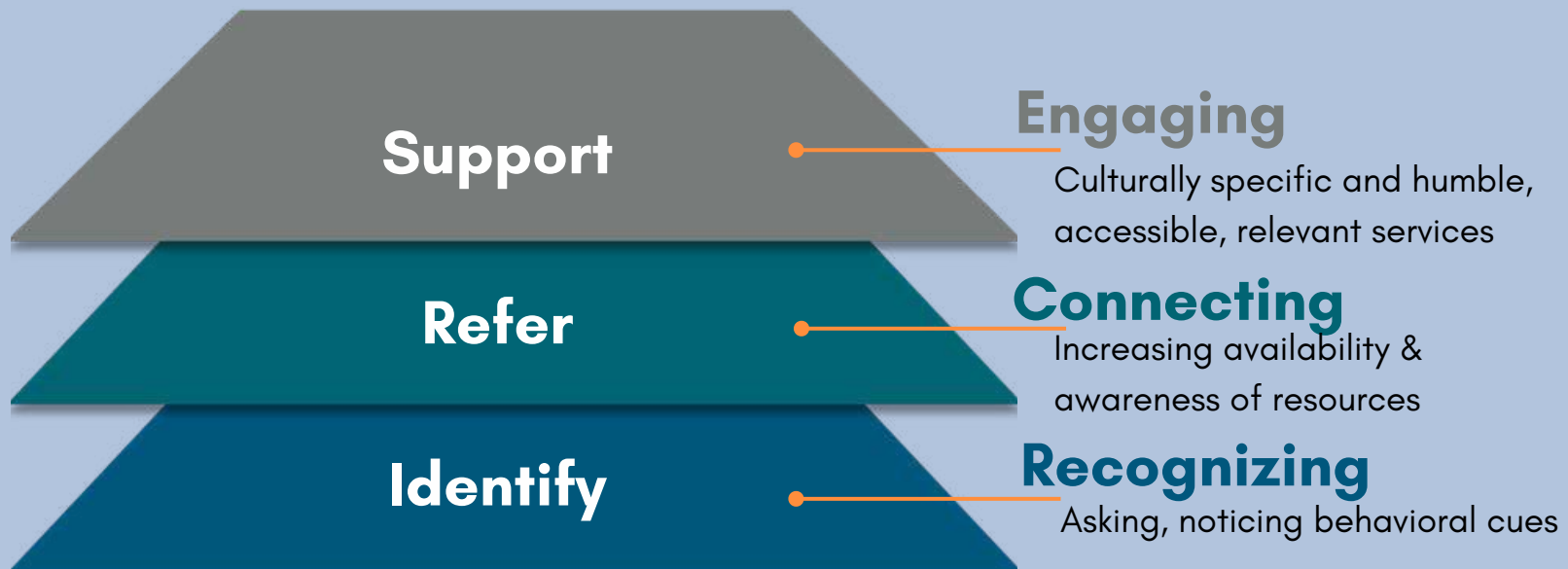
Recognize
- Trusting relationships are key to early identification
- Verbal indicators of harm are often missed
- Responses to victimization can be misinterpreted as behavioral issues

Connect
- Some individuals who experience harm are reluctant to connect to services
- Inadequate information sharing can lead to future harm
- Help navigating services eases the burden on victims and families

Engage
- Address victims' immediate and long term needs
- Accessibility of services can inhibit service engagement
- Services should address the needs of the whole family

Project Fundamentals

Egyptian Health Department

Offers public and mental health services to Southern Illinois residents, including immunizations, home health services, substance use treatment, and group and individual therapeutic services

Has been participating in a system of care for over 25 years, providing wraparound services to the community

Successfully implemented several Substance Abuse and Mental Health Services Assistance grants and other behavioral health initiatives

Program Components

- **Enhanced reimbursement:** To increase availability of accessible services to youth, children, and their families, the site offered an enhanced reimbursement rate for clinicians certified in evidence-based practices for treating trauma. For each unit of evidence-based treatment provided (i.e., quarter hour), they received an additional $10 above the standard Medicaid or Medicare reimbursement rate for mental health services.
- **Resource coordinators:** Staff positions dedicated to assisting children, youth, and families residing in Saline, Gallatin, White, Franklin, and Williamson counties find and access needed services and resources. They built relationships with community organizations to increase program awareness and improve service coordination.
- **Trauma trainings:** Provided trainings on trauma, such as Youth Mental Health First Aid and Trauma 101, to local schools and organizations to promote awareness of the signs and symptoms of victimization.

Research Methods

Evaluation Goals

Goal 1:
Develop and maintain relationships to increase participation in research
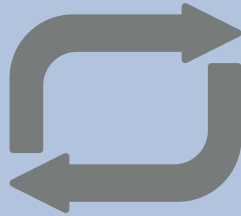
Goal 2:
Establish feedback loop between researchers and demonstration site staff
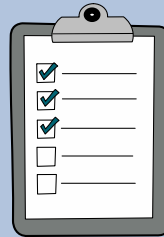
Goal 3:
Conduct evaluation activities and develop research report

Goal 4:
Disseminate research findings to relevant stakeholders

Evaluation Procedure

Approval

Institutional Review Board approval was received in April 2019

Eligibility

Participants included members of the Advisory Council and county resource teams, program staff, and resource coordinators

Multi-Method

Interviews and focus groups were conducted virtually via Webex, surveys were administered via Qualtrics, and secondary data from quarterly state and federal grant reports were gathered

Time Period

Data presented in this report were collected from September 2019 to March 2021

Research Methods

Participants

A total of **29** individuals participated

Five program staff, comprised of site leadership and program coordinators, participated in two rounds of interviews.
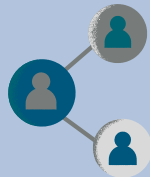
Researchers conducted two focus groups with **five resource coordinators**
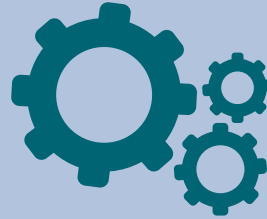
Ten advisory council members, representing five different systems, were surveyed.

A total of **9 county resource team members**, across five counties, participated in a survey.

Analytic Strategy

- Focus group and interview recordings were transcribed. Transcripts were analyzed using NVivo 12. Researchers conducted a thematic analysis.

- Survey data were analyzed using SPSS. Researchers conducted descriptive analyses for this report.

- Two secondary datasets were compiled and analyzed. The first dataset consisted of periodic performance report data and the second dataset was drawn from OVC's Performance Measurement Tool. Researchers conducted descriptive analyses of the quantitative data fields and thematically coded narrative report data.

GOAL 1:
BUILD A SYSTEM OF CARE

Build a local system of care that meets the needs of individuals, families, and communities by convening local coordinating bodies, securing appropriate funding, and developing policies and practices that further the work.

36.4%

of Advisory Council members worked in social services. Other systems represented on the council included child welfare, education, civil and family courts, juvenile justice, and victim services.

60%

of Advisory Council members strongly agreed that their community commonly worked to solve problems through collaboration.

COUNTY RESOURCE TEAMS:

Resource coordinators formed five teams comprised of local service providers. Each team served one county in the program's five county service area. A total of **37** county resource team meetings were held, with an average of **11** members attending each meeting. During meetings, members shared HEALS program updates, local event information, and available resources for children and youth.

Goal 2:
Recognize Child and Youth Victims

Strengthen the abilities of systems and communities to recognize child and youth victims by fostering community awareness and appropriate screening practices.

Advisory Council members reported providers using **20** different screening practices in the program's service area, including the IM+CANS (Illinois Medicaid Comprehensive Assessment of Needs and Strengths) and the Adverse Childhood Experiences Questionnaire.

20

11

11 community based trainings were provided in the site's five county service region.

Over **75** people participated in the following trainings: Child Adult Relationship Enhancement, Youth Mental Health First Aid, Trauma 101, and vicarious trauma.

75

Goal 3:
Connecting to Appropriate Services

Shore up how systems and communities connect young victims and their families to appropriate resources and services through a multidisciplinary team that supports care coordination and facilitates effective referral processes.

Resource Mapping and Guides

Resource coordinators completed resource mapping for the program's five county service area and created county specific resource guides for community member use. Guides included the location, population served, services offered, and hours of operation for local organizations.

Memoranda of Understanding and Protocols

As of March 2021, the site had entered into **nine** memoranda of understanding with partner organizations, including local systems of care, and juvenile justice and youth-focused agencies. Protocols were developed that delineated how the enhanced reimbursement program would be implemented between the site and their partners.

Referral Network

Due to the pandemic, implementation of the Integrated Referral and Intake System (IRIS), an online referral platform for connecting community agencies, was delayed. However, resource coordinators were able to use their knowledge of the region and relationships with community agencies to overcome this challenge and successfully connect clients to appropriate resources and services. Services often included housing and utility assistance, food, clothing, and mental health services.

Goal 4: Engage in Services

Promote practices that engage young persons who have experienced victimization and their family members in an array of services that are culturally specific and humble, accessible, and relevant by developing the professional workforce and enhancing service capacity and quality.

Clinicians and resource coordinators provided services to **748** clients. **31%** of clients were children, youth, or young adults.

10 different services were offered to clients, such as transportation, individual advocacy, and crisis intervention. **23%** of clients received referrals to other supports and services.[2]

97 clinicians were listed on the site's clinical services roster. Rostered clinicians were certified in one or more evidence-based treatments or were currently receiving training and available to provide clinical services in the site's five county service area.

Goal 5:
Feedback Loop

Establish a feedback loop between Illinois HEALS staff and SOC and MDT members through research activities that explore community needs, inform best-practices, monitor progress and processes, and assess the fidelity of project implementation.

Site-Researcher Communication

Researchers met with the site monthly via Webex to provide research project updates and to discuss research findings. They also drafted **four** internal reports with preliminary findings from interviews, focus groups, and surveys and offered research-informed recommendations.

Research Methods Informed by Site

Researchers adapted their recruitment methods based on site feedback. Through discussions with staff they learned that survey participation had been lower than anticipated because researchers had released two surveys simultaneously, resulting in confusion for site staff. Some staff were eligible to participate in both surveys because they performed program staff duties and served on the Advisory Council, but these staff were unsure if the surveys were unique or if they should be completing both. To address this data collection challenge, researchers staggered future survey releases.

Program Implementation Informed by Research

Site staff adapted program implementation based on preliminary research findings. For example, a focus group conducted with resource coordinators revealed that these staff had unclear roles and responsibilities. Researchers discussed this finding with site leadership and, as a result, efforts were made to more clearly define the resource coordinator position.

Goal 6: Statewide Response

Improve the statewide response to victimization of children and youth by raising awareness of the impact of victimization and influencing the policies and practices of agencies and organizations that work with children, youth, and their families.

The site worked to increase access to relevant evidence-based treatment for this site in Southern Illinois by providing training to clinicians on the following modalities: EMDR, MAP, PCIT, and TF-CBT.

The Advisory Council published one white paper on the topic of self-care and began work on another paper focused on early identification.

ICJIA collaborated with site leadership and the National Council of Juvenile and Family Court Judges[3] to develop training modules to help familiarize organizations serving children, youth, and families with the Recognize, Connect, and Engage framework.

Recommendations and Future Research

Clarify staff roles and boundaries early to prevent confusion and bolster staff confidence

Identify strategies resource coordinators can use to connect with community members in informal and community settings

Assess organizational partners' knowledge of program goals and objectives, and provide supplemental information and training, as needed

Work with program staff to increase survey participation to ensure sufficient sample size for data analysis

Future Research and Publications:

- **Early 2023**: Interviews with up to 15 survivors and/or caregivers of young children who had received services from Egyptian Health Department or its partners as part of the Illinois HEALS program to better understand the program's implementation.
- **Mid 2023**: Research article on Illinois HEALS clinician's experiences with compassion fatigue
- **Late 2023**: Illinois HEALS process evaluation final report

Glossary

- **Adverse Childhood Experiences** (ACEs): Documented in a study by the Centers for Disease Control and Prevention and Kaiser Permanente in the 1990s, ACEs are "potentially traumatic events that occur in childhood.... Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding" and can impact their future health and wellbeing. These events include experiencing or witnessing violence or abuse and environmental impacts, such as a household member struggling with substance use or a parent or guardian in jail or prison. These different risk factors can negatively affect a person's future physical and mental health; however, protective factors, such as positive social connections and supportive relationships with adults outside of their family, can mediate these impacts.[4]

- **Child Adult Relationship Enhancement** (CARE): Trauma-informed skills for interacting with children and youth, ages two to 18, who have experienced trauma. Based on PCIT and other evidence-based programs. Helps improve attachment and relationships between children and adults.[5]

- **Eye Movement Desensitization and Reprocessing** (EMDR): Multiphase treatment using eye movement and sound for processing psychological trauma. This modality is beneficial for individuals of all age groups and is associated with reduced PTSD symptoms.[6]

- **Illinois Medicaid Comprehensive Assessment of Needs and Strengths** (IM+CANS): Validated and "comprehensive, lifespan tool for assessing the needs and strengths of individuals who require mental health treatment in Illinois."[7]

- **Managing and Adapting Practice** (MAP): Treatment components and interventions that enable clinicians to design a treatment plan that best meets the needs of child and youth clients. Clinicians use an online database to gather information on treatments, for assistance in making evidence-informed clinical decisions, and to access tools for service delivery and assessment.[8]

- **Parent-Child Interaction Therapy** (PCIT): Two-phased treatment that allows parents to interact with their child in a monitored environment to learn how to deal with issues in a safe and healthy manner. PCIT is best for children, ages two to seven, and has been shown to improve the child's behavior and strengthen the child-parent relationship.[9]

- **Trauma-Focused Cognitive Behavioral Therapy** (TF-CBT): Structured treatment aimed at addressing a client's trauma symptoms. TF-CBT's target population includes children, youth, and young adults, ages three to 21, and has been shown to improve PTSD symptoms, and cognitive and behavioral problems.[10]

- **Youth Mental Health First Aid** (YMHFA): Program that teaches individuals how to recognize mental health symptoms in youth, ages 12-18, and respond to youth experiencing an emotional crisis.[11]

References and Notes

1. Houston-Kolnik, J., Alderden, M., Desai, R., Vasquez, A. L., Baldo, P., Wynkoop, J., Kim, S. T. (2019). *Illinois Helping Everyone Access Linked Systems Action Plan.* Illinois Criminal Justice Information Authority.

2. Data gathered from the Office for Victims of Crime's Performance Measurement Tool from September 2019 to March 2021. "Referral to other supports and services" was an option for the services provided to clients data field.

3. The National Council of Juvenile and Family Court Judges is a judicial membership organization that works to improve national policy and system practices for children, families, and victims. They received an award from the Office for Victims of Crime to provide training and technical assistance to OVC Linking Systems of Care Children and Youth Project grantees, including ICJIA. For more information on other grantees see linkingsystemsofcare.org.

4. Centers for Disease Control and Prevention (2021). *Risk and protective factors.* https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html; Centers for Disease Control and Prevention (2022). *Fast facts: Preventing adverse childhood experiences.* https://www.cdc.gov/violenceprevention/aces/fastfact.html

5. The National Child Traumatic Stress Network (2020). *Child Adult Relationship Enhancement.* https://www.nctsn.org/interventions/child-adult-relationship-enhancement

6. EMDR Institute, Inc. (n.d.). *What is EMDR?* https://www.emdr.com/what-is-emdr/

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9. The National Child Traumatic Stress Network (2019). *Parent-Child Interaction Therapy.* https://www.nctsn.org/interventions/parent-child-interaction-therapy; PCIT International. (n.d.) *What is PCIT?* http://www.pcit.org/what-is-pcit.html

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