



**The New York City Council,**
**Committee on Juvenile Justice**
**November 28, 2017**

***"Oversight – Trauma-Informed Services in the Juvenile Justice System"***

**Testimony by**
**New York City Administration for Children's Services**
**Felipe Franco, Deputy Commissioner**
**Division of Youth and Family Justice**

Good morning Chair Cabrera and members of the Committee on Juvenile Justice. I am Felipe Franco, Deputy Commissioner for the Division of Youth and Family Justice (DYFJ) within the Administration for Children's Services (ACS). With me today are Charles Barrios, Associate Commissioner for Juvenile Justice Programs and Services, and Sara Hemmeter, Associate Commissioner for Community Based Alternatives. Thank you for the opportunity to testify this morning. We look forward to discussing with you the trauma-informed services and supports that DYFJ provides for youth and families throughout our juvenile justice continuum.

**Agency-Wide Focus on Trauma-Responsive Care**

In partnership with the agency's many community-based providers and non-profit partners, ACS serves hundreds of thousands of children and families each year through the agency's child welfare, early care and education, and juvenile justice programs. Many of our City's families are facing immense challenges—poverty, inequity, isolation, and trauma—and that is why Commissioner Hansell has made it an agency-wide priority to provide trauma-responsive services and support in every facet of the agency's work.

In DYFJ, we strive to improve the lives of children involved in the juvenile justice system while advancing public safety by providing supportive services that promote rehabilitation and are responsive to the needs of individual youth and families. We have made tremendous strides in expanding our continuum of community based services for youth and families, improving the provision of mental health services, and cultivating positive youth development programs.

**Preventive Services**

First and foremost, we aim to divert youth from the justice system whenever possible. ACS' Family Assessment Program (FAP) is available to all families and supports parents and guardians who are struggling to address difficult teenage behaviors. FAP offers intensive in-home therapeutic services that are designed to improve family functioning and avoid involvement in the PINS

(Persons In Need of Supervision) system. ACS also runs the Juvenile Justice Initiative (JJI) which serves youth who have been adjudicated juvenile delinquent in Family Court and provides intensive services to these youth to keep them in their communities and with their families. Both FAP and JJI help parents develop skills to support their children, enforce limits, and steer them towards positive activities.

**Crossover Youth Practice Model**

As I have discussed at previous hearings, the vast majority of young people in the juvenile justice system—as high as 90%, regardless of gender—have experienced some sort of trauma. We know that there is a close correlation between child maltreatment and future delinquency, and so we have partnered with multiple stakeholders to support children who have experienced abuse and neglect with the goal of preventing their entry into the justice system. In addition to expanding and strengthening alternatives for justice involved youth and continuing to reduce the number of young people entering foster care, ACS is committed to investing in work that focuses specifically on dually involved youth, such as the Crossover Youth Practice Model, which was developed by the Center for Juvenile Justice Reform at Georgetown University.

The term "Crossover Youth" describes a young person who enters the justice system while involved in the child welfare system. These young people essentially "cross-over" from the child welfare system into the juvenile justice system. The Crossover Youth Practice Model (CYPM) is a multi-agency, cross-systems approach that seeks to improve outcomes for young people who are involved in both systems. The model allows the numerous City agencies working with the youth[1] to share information[2], collaborate on solutions, and involve the youth and their family in order to prevent further involvement in either system.

[1] ACS, the Department of Probation, the NYC Law Department, among others
[2] With the consent of the youth and their parent/guardian

**Detention**

While youth crime in New York City has declined and the number of youth remanded to detention has decreased substantially over the last 4 years, the youth who are placed in detention are often among the highest needs youth in the City and present extremely challenging behaviors. Our work in detention is focused on helping the youth we serve develop the skills to control and manage their emotions and behaviors.

ACS contracts with Bellevue Hospital Center and NYU Langone Medical Center to provide psychiatric and psychological services. Each secure detention site has a full time psychiatrist and psychologist who are also accessible to youth in non-secure detention. Youth are systematically screened with validated instruments for trauma exposure, depression, and problematic substance use. For youth who need more support, the Bellevue psychology and psychiatry staff are available to provide diagnostic evaluation, psychiatric assessment, intensive psychotherapeutic interventions, and medication management, if necessary.

Our partnership with Bellevue and NYU has also allowed ACS to implement trauma-informed screening and care for youth in secure and non-secure detention facilities. In 2012, Bellevue, in partnership with ACS, was awarded a four-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) as part of its National Traumatic Stress Initiative to infuse trauma-informed care into secure and non-secure detention in New York City, making us one of the first secure detention systems in the country to implement trauma-informed practices and training. Bellevue and NYU have trained all secure detention staff in dealing with the various types of trauma that impact the youth in our care, which increases staff's ability to identify trauma exposure and work with traumatized youth, and reduces secondary trauma issues among staff.

In 2016, Bellevue and NYU were awarded a second five year grant from SAMHSA to expand this foundational work in detention through the adaptation of TARGET (*Trauma Affect Regulation: Guide for Education & Treatment* (TARGET). TARGET is a comprehensive trauma intervention specifically designed for use in juvenile justice settings which broadens impacts through the addition of evidence-based trauma training for frontline staff, and skills development groups for residents. This effort is designed to increase staff's understanding of trauma and its impact on youth and staff; reduce institutional violence and increase youths' and staff members' sense of safety. Addressing staff stress and safety are a priority for ACS and integral to creating a trauma-informed system.

DYFJ also partners with START Treatment and Recovery Center to provide general mental health services. START staffs our facilities with licensed mental health providers including social workers, mental health counselors, and certified alcohol and substance abuse counselors (CASAC) to conduct screenings, intake interviews, treatment planning, psycho educational groups, and supportive individual, group and family counseling (including cognitive behavioral treatment).

**Close to Home**

Our Close to Home non-secure and limited-secure placement residences are located at 29 sites throughout the city and in Dobbs Ferry and are run by seven not for profit provider agencies. Close to Home is grounded within a child welfare framework and all of our providers are deeply experienced in serving the complex needs of our youth.

Each program employs an evidence-based therapeutic program model that serves as the primary mechanism of behavioral support. These include the Integrated Treatment Model, the Missouri Model, Sanctuary, or Positive Behavior Intervention System. Additionally, DYFJ requires that all youth in Close to Home have access to individual services provided by licensed mental health professionals, so our NSP and LSP programs each staff a clinical team that provides mental

health screening, comprehensive assessment and treatment as needed. Trauma related interventions are part of this clinical continuum afforded to youth in placement. In addition, our programs are required to have an established relationship with a board certified psychiatrist who can assess the need for psychotropic medication upon referral.

**Aftercare Services**

As we discussed with the Committee in October, most young people in Close to Home residential placement return to their home communities on aftercare where youth and their families receive individually-determined aftercare resources for the remainder of the placement period. ACS is currently working to implement a Risk-Needs-Responsivity (RNR) Framework that will drive case planning to ensure that services are based on youths' assessed needs and that youth receive individually designed service plans which target behaviors that are likely to result in subsequent criminal activity.

**Closing**

Thank you for the opportunity to discuss trauma-informed services for justice-involved youth and their families. We are proud of the work we have done to connect young people and their families with evidence-based, evidence-informed, and trauma-informed interventions provided by licensed and experienced treatment providers throughout our juvenile justice continuum. The interventions help to improve assessment practices, better identify the needs of the young people involved in our system, create more informed treatment and placement options for young people with complex emotional and behavioral issues, and ensure that consistent, quality service is maintained over time. We know that there is still more work to be done and are happy to partner with the City Council in our continuing efforts to improve the juvenile justice system and services for the City's youth and families. We are happy to take your questions.

CITIZENS' COMMITTEE for CHILDREN
OF NEW YORK INC

Testimony of

Grant Cowles
Senior Policy and Advocacy Associate for Youth Justice
Citizens' Committee for Children

Before the
New York City Council
Committee on Juvenile Justice

*Oversight:*
*Trauma-Informed Services in the Juvenile Justice System*

November 28, 2017

Good afternoon. My name is Grant Cowles and I am the Senior Policy and Advocacy Associate for Youth Justice at Citizens' Committee for Children of New York (CCC). CCC is an independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe.

I would like to thank City Council Juvenile Justice Committee Chair Cabrera and the members of the City Council Juvenile Justice Committee for holding today's hearing on trauma-informed services in the City's juvenile justice system. This committee's interest in exploring ways to strengthen the system, including the use of a holistic justice system that addresses the impact trauma plays in a young person's life, is deeply appreciated.

We believe that addressing trauma is a critical component of a successful intervention for the overwhelming majority of youth who come into contact with the juvenile justice system and who have experienced trauma in their young lives. In addition, the system itself, including the interaction with police, probation and potentially incarceration, can unfortunately also be a contributing traumatic experience.

Youth in the juvenile justice system are often arrested for a single action, and, for too long, the justice system's response was to focus solely on that action when seeking to help youth learn the values and skills to make better decisions in the future. The wealth of research into psychology, psychiatry, and criminal justice has demonstrated that youth's actions and decisions are not made in a vacuum, but are instead highly influenced by social pressures and past experiences. One of the most influential experiences that affects young people in every walk of life is exposure to traumatic events. Traumatic events can affect their thinking and decision-making far beyond the immediate time of the experience. This is particularly important in the juvenile justice context as exposure to trauma is widespread among justice-involved youth, the exposure often involves particularly extreme instances of trauma, and the exposure to trauma is often repeated and ongoing.[1] To effectively address youth thinking and decision-making, the justice system *must* understand and address the role that trauma plays in a young person's life.

CCC appreciates all the efforts that the de Blasio administration, including the Department of Probation and the Administration for Children Services (ACS), have undertaken to create a more trauma-informed juvenile justice system. Trauma-informed practices and initiatives are currently being used by a variety of juvenile justice stakeholders, including Probation partnerships with trauma-targeted programs (e.g. Music Beyond Measure[2]), ACS's Trauma Informed Care Project for Secure Detention in partnership with Bellevue Hospital, and ACS's non-secure placement providers use of trauma-based models (e.g. Martin de Porres non-secure placement residence partners with La Salle University for ongoing training and technical assistance in research-based, trauma-informed care). CCC is also thankful for the City Council's support for trauma-informed

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[1] *See* Branson, Christopher E., et al. *Trauma-informed Juvenile Justice System: a systemic review of definition and core components*. Psychological Trauma: Theory, Research, Practice, and Policy, Vol. 9, No. 6, 2017. Available for download at https://www.researchgate.net/publication/313413663_Trauma-Informed_Juvenile_Justice_Systems_A_Systematic_Review_of_Definitions_and_Core_Components.

[2] Music Beyond Measure (website). "About Us." Accessed on Nov. 11, 2017. Available at http://musicbeyondmeasure.org/about-us.html.

principles and your commitment to strengthening policies and practices to make them more trauma-informed.

An effective and comprehensive trauma-informed juvenile justice system is not a single-step solution but is a continual process that requires ongoing refinement.

## Background Research and Statistics on Trauma in the Juvenile Justice Context

1) Trauma and Its Impact

The National Institute of Mental Health defines trauma as "the experience of an event by a person that is emotionally painful or distressful, which often results in lasting mental and physical effects."[3] This can include experiences such as: abuse (physical, emotional, sexual), neglect, victimization, domestic violence, community violence, accident, illness, natural disaster, war, and terrorism.[4] The experience of the person can typically involve feelings such as their life or loved one's life being threatened.[5] The experience is a subjective feeling that varies between people, can vary over time with the same person, and can be a single or chronic incident.[6] Symptoms can include: elevated heart rate and adrenal physiology, nightmares, flashbacks, flight or fight emotions, dissociation, cutting, hyperarousal, misinterpretation of cues, and overreaction.[7]

Trauma has profound impacts on individuals in many ways, with many outcomes still being recognized.[8] Research has shown that traumatic experiences lead to many negative outcomes, including, among others: mental health disorders, substance use disorders, physical health problems, relational problems, changed brain architecture, school failure, risk taking, capacity for affective- and self-regulation, anti-social behavior, and delinquent behavior.[9]

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[3] *See* "Helping Children and Adolescent Cope with Violence and Disasters: what parents can do." National Institute of Mental Health (website). Accessed on Nov. 20, 2017. Available at https://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-parents/index.shtml#pub2.

[4] Griffin, Gene. *Child Trauma and Juvenile Justice: Prevalence, Impact and Treatment.* The Council of State Governments Justice Center. Available at https://csgjusticecenter.org/wp-content/uploads/2013/03/Child_Trauma_and_Juvenile_Justice_Prevalence__Impact_and_Treatment_Presentation.pdf.

[5] Id.

[6] Id.

[7] Id.

[8] *See generally* "Adverse Childhood Experiences (ACEs)." Center for Disease Control and Prevention (website). Available at https://www.cdc.gov/violenceprevention/acestudy/index.html. (Reviewing the ACEs study and the manifold – and ongoing – findings of outcomes from exposure to trauma as a young person.)

[9] *See* Ford, Julian D., et al. *Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions.* National Center for Mental Health and Juvenile Justice (Research and Program Brief). June 2007. Available at https://www.ncmhjj.com/wp-content/uploads/2013/10/2007_Trauma-Among-Youth-in-the-Juvenile-Justice-System.pdf (listing many research findings of effects of trauma exposure). *See also Trauma-informed Care in Behavioral Health Services.* SAMHSA. March 2014. Available at https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816 (listing many research findings of effects of trauma exposure). *See also* Patricia K. Keurig and Julian D. Ford. *See also* Perfect, Michelle M., et al. *School-Related Outcomes of Traumatic Event Exposure and Traumatic Stress Symptoms in Students: A Systemic Review of Research from 1990 to 2015.* School Mental Health, Vol. 8, No. 1, Mar. 1, 2016.

One of the most prominent studies on trauma is the Adverse Childhood Experiences (ACEs) study.[10] This large and ongoing study evaluated ten different types of childhood trauma that were defined by high levels of stress, abuse, or neglect.[11] These ten types of trauma included: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, intimate partner violence, mother treated violently, substance misuse within household, household mental illness, parental separation or divorce, and incarcerated household member.[12]

The ACEs study and the ongoing longitudinal research has found a direct correlation with the number of ACEs in a child's life and a very large number of negative outcomes, including: alcoholism and alcohol abuse; chronic obstructive pulmonary disease; depression; fetal death; health-related quality of life; illicit drug use; ischemic heart disease; liver disease; poor work performance; financial stress; risk for intimate partner violence; multiple sexual partners; sexually transmitted diseases; smoking; suicide attempts; unintended pregnancies; early initiation of smoking; early initiation of sexual activity; adolescent pregnancy; risk for sexual violence; poor academic achievement; and many others.[13] Perhaps the most alarming finding has been that children who experience six or more ACEs have an average lifespan that is nearly 20 years shorter than those with fewer ACEs.[14]

Trauma has been found to have an even more pronounced impact on girls. Studies have consistently found that exposure to trauma leads to higher rates of PTSD for girls and women than boys and men.[15] Trauma in girls has been found to lead to higher rates of unhealthy strategies for resolving conflicts (such as physical and relational aggression) and regulation emotions (such as drug and alcohol use).[16] In addition, girls who experience trauma are more likely than male peers to have co-morbid disorders, particularly depression, but also substance abuse, self-harm, and participation in risky sexual behaviors.[17]

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[10] "Adverse Childhood Experiences." SAMSHA (website). Accessed on Nov. 20, 2017. Available at https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences.

[11] "About the CDC-Kaiser ACE Study." Centers for Disease Control and Prevention (website). Accessed on Nov. 21, 2017. Available at https://www.cdc.gov/violenceprevention/acestudy/about.html.

[12] Id.

[13] "About Behavioral Risk Factor Surveillance System ACE Data – Major Findings." Centers for Disease Control (website). Accessed Nov. 20, 2017. Available at https://www.cdc.gov/violenceprevention/acestudy/about.html. *See also* Mersky, J.P., J. Topitzes, and A. J. Reynolds. *Impacts of Adverse Childhood Experiences on Health, Mental Health, and Susbtance Use in Early Adulthood: a cohort study of an urban, minority sample in the U.S.* Child Abuse Negl., Vol. 37, No. 11, Nov. 2013. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4090696/.

[14] Brownstein, Joseph. "Childhood Trauma May shorten Life by 20 Years." ABC News (website). Oct. 6, 2009. Accessed on Nov. 21, 2017. Available at http://abcnews.go.com/Health/MindMoodNews/cdc-study-childhood-trauma-shorten-life-20-years/story?id=8758968. Frist, Bill. "The Childhood Experiences That Can Cut 20 Years Off Your Life." Forbes (website). Dec. 16, 2015. Accessed on Nov. 21, 2017. Available at https://www.forbes.com/sites/billfrist/2015/12/16/the-childhood-experiences-that-can-cut-20-years-off-your-life/#7d8bfc7930a7.

[15] Patricia K. Keurig and Julian D. Ford.

[16] Id.

[17] Id.

Accumulating evidence is suggesting that trauma exposure is likely a critical risk factor for involvement with the juvenile justice system.[18] Justice-involved youth with histories of trauma have higher rates of recidivism, co-occurring disorders, school drop-out, and suicide attempts.[19] The number of ACEs in a child's life is highly correlated with juvenile justice involvement. A study on Florida justice-involved youth found one in four youth had five or more ACEs, four times the rate of general population youth.[20] For girls specifically, longitudinal research indicates that maltreatment, victimization, and trauma are strong predictors of justice-involvement.[21] Based on these and other trauma-related findings, multiple researchers "have argued persuasively that youth may cope with traumatic stress in ways that increase their risk of arrest, including using drugs to avoid distressing memories, running away from an abusive home, and carrying a weapon or joining a gang to prevent revictimization . . . ."[22]

2) Data on Trauma Prevalence in the Juvenile Justice System

National research has shown that youth involved in the juvenile justice system have high rates of exposure to trauma. A national study found that up to 90% of justice-involved youth report exposure to some type of trauma, 70% meet criteria for a mental health disorder, and 30% meet criteria for post-traumatic stress disorder.[23] Another study of youth in detention in Chicago found that 93% of youth had experienced at least one trauma, 84% experienced more than one trauma, and 57% reported being exposed to trauma six or more times, with most of these traumas consisting of witnessing violence.[24] Compared to youth in the general population, youth in the juvenile justice system have much higher rates of trauma histories. Various studies have found rates are between 2 to 4 times higher among justice-involved youth than general population youth.[25]

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[18] Marsh, Shawn C., et al. *Preparing for a Trauma Consultation in Your Juvenile and Family Court.* National Council of Juvenile and Family Court Judges. 2015. Available at https://www.ncjfcj.org/sites/default/files/NCJFCJ_Trauma_Manual_04.03.15.pdf.

[19] *See* Christopher E. Branson, et al. (Citing and summarizing a host of prior research about the effects of trauma on juvenile justice involved youth.)

[20] Finkel, Ed. "Florida Study Confirms Link Between Juvenile Offenders, ACEs; rates much higher than CDC's ACE study." *ACEs Too High News* (website). Aug. 20, 2014. Available at https://acestoohigh.com/2014/08/20/florida-study-confirms-link-between-juvenile-offenders-aces-rates-much-higher-than-cdcs-ace-study/ (reporting rates in juvenile justice youth are four times as likely as general population youth).

[21] Id.

[22] Christopher E. Branson, et al. (Citations omitted.)

[23] Dierkhising, Carly B. et al. *Trauma Histories Among Justice-involved Youth: findings form the National Child Traumatic Stress Network.* Eur J Psychotraumatol. Vol. 4, 2013. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/.

[24] Abram, Karen M., et al. "PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth." *OJJDP Juvenile Justice Bulletin*. June 2013. Available at https://www.ojjdp.gov/pubs/239603.pdf.

[25] Yoder, Jamie R., Kelly Whitaker, and Camille R. Quinn. *Perceptions of Recidivism Among Incarcerated Youth: the relationship between exposure to childhood trauma, mental health status, and the protective effect of mental health services in juvenile justice settings.* Advances in Social Work, Vol. 18, No. 1, 2017. Available at https://advancesinsocialwork.iupui.edu/index.php/advancesinsocialwork/article/view/21305/20843 (reporting rates in juvenile justice youth are two times as likely as general population youth). Gene Griffin. (reporting rates in juvenile justice youth are three times as likely as general population youth). Finkel, Ed. "Florida Study Confirms Link Between Juvenile Offenders, ACEs; rates much higher than CDC's ACE study." *ACEs Too High News* (website). Aug. 20, 2014. Available at https://acestoohigh.com/2014/08/20/florida-study-confirms-link-between-juvenile-offenders-aces-rates-much-higher-than-cdcs-ace-study/ (reporting rates in juvenile justice youth are four times as likely as general population youth).

Girls in the juvenile justice system have even greater rates of exposure to trauma, particularly family violence and sexually-based traumatic experiences.[26] Using a national data set of juvenile justice youth, girls were twice as likely as boys to report sexual abuse and four times as likely to have experienced sexual assault.[27] A study of youth in detention facilities found that girls and boys were equally likely to have experienced a variety of traumatic experiences, except girls were 8 times more likely to report sexual abuse and 2.5 times more likely to report severe neglect.[28] In one of the few studies to compare matched youth in the community and youth in detention facilities, girls in detention were three times more likely to report being victims of rape or molestation than matched girls in community, and nearly 10 times more likely than boys in detention.[29]

3) There are Effective Methods for Addressing Trauma in the Juvenile Justice System

There are now a number of evidence-based, evidence-informed, and promising practices that have demonstrated effectiveness in addressing trauma, including many that specifically target court-involved youth who have histories of trauma. An ongoing list of evidence-based models and their efficacy is provided by The National Child Traumatic Stress Network and available online.[30] Empirical research into long-term outcomes from trauma-services within the juvenile context is still relatively new and, like most juvenile justice research, faces challenges in measuring recidivism for juveniles, but a few studies have shown promising findings. A recent study found that justice-involved youth with histories of trauma were less likely to believe they would recidivate when they were provided mental health services.[31] More generally, trauma-informed care has been found to improve mental health outcomes and has been shown to reduce suspensions and expulsions in some school contexts.[32]

Reports from providers and practitioners within the juvenile justice field suggest strong support for the positive effect from trauma-informed practices. This is seen in part in the Office of Juvenile Justice and Delinquency Prevention's robust backing for trauma-informed care and mandate that states must include plans for trauma-informed care into their juvenile justice strategies.[33] A trauma-informed model can be more effective because it addresses the underlying

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[26] Kerig, Patricia K. and Julian D. Ford. *Trauma Among Girls in the Juvenile Justice System*. National Child Traumatic Stress Network. 2014. Available at http://www.nctsn.org/sites/default/files/assets/pdfs/trauma_among_girls_in_the_jj_system_2014.pdf.

[27] Id.

[28] Id.

[29] Id.

[30] "National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices." The National Child Traumatic Stress Network (website). Accessed Nov. 20, 2017. Available at http://nctsn.org/resources/topics/treatments-that-work/promising-practices.

[31] Jamie R. Yoder, Kelly Whitaker, and Camille R. Quinn.

[32] Stevens, J. E. "Lincoln high school in Walla Walla, WA tries new approach to school discipline—Suspensions drop 85%." ACEs Too High. Aug. 20, 2013. Available at http://acestoohigh.com/2012/04/23/lincoln-high-school-in-walla-walia-wa-tries-new-approach-to-school-discipline-expulsions-drop-85/. Stevens, J. E. "At Cherokee point elementary, kids don't conform to school; school conforms to kids." ACEs Too High. July 22, 2013. Available at http://acestoohigh.com/2013/07/22/at-cherokee-point-elementary-kids-dont-conform-to-school-school-conforms-to-kids/.

[33] Listenbee, Robert L. "The Juvenile Justice and Delinquency Prevention Act: preserving potential, protecting communities." Testimony before the Committee on the Judiciary, United States Senate. June 9, 2014. Available at https://ojp.gov/newsroom/testimony/2014/14_0609listenbee.pdf.

issues that are often at the core of a youth's behavior. Additionally, the juvenile justice itself can be its own traumatic experience, which causes additional harm for the youth's mental health and behavior. A trauma-informed system can stop or limit the traumatic experience of the justice system.

**Recommendations to Continue Implementing a Trauma-informed Juvenile Justice System**

CCC respectively submits the following recommendations to strengthen the City's system.

1) Ensure New York City has a fully-funded continuum of trauma-informed services for youth in the juvenile justice system.

Providing trauma-informed care for juvenile-justice involved youth is not a single program or action. It is a mindset (understanding the role of trauma), a method of conducting existing activities, and additional services that specifically target trauma. To have an effective trauma-informed system, reforms must holistically address the experiences a youth encounters while in juvenile justice system.

Research has shown that an effective continuum's hallmarks include: 1) having a universal, system-wide trauma-informed emphasis, 2) trauma screening for all youth, 3) clinical assessments for youth identified as having trauma exposure, and 4) targeted treatment for assessed youth.[34]

All agencies and programs working with justice-involved youth should have a universal, trauma-informed awareness and emphasis throughout the organization. An organization, including its polices, physical space, staff, and programs should incorporate trauma-informed principles into all aspects of its functioning. All policies and staff presume and anticipate that the youth they are serving may be victims of trauma. This can include the following actions:

a. Written policies and principles should include language about the commitment to trauma-informed practices.

b. Administration officials and agency leaders should outwardly and regularly verbalize that trauma-informed care is integral to all activities.

c. Perhaps most imperatively, training must be provided to all stakeholders, including police, probation officers, courts, service providers, and residential facility organizations, as well as to all staff within an organization.[35] A comprehensive review of all published literature that provided recommendations for trauma-informed care found that effective training was the most widely recommended action, with broad agreement that the training

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[34] Julian D. Ford.

[35] Christopher E. Branson, et al. P. 6. (In a trauma-informed organization, "all staff ... from the receptionist to the direct care workers to the board of directors, must understand how violence impacts the lives of people being served, so that every interaction is consistent with the recovery process and reduces the possibility of re-traumatization" [citations omitted].) *See Essential Elements of a Trauma-informed Juvenile Justice System*. The National Child Traumatic Stress Network. Available at http://www.nctsn.org/sites/default/files/assets/pdfs/jj_ee_final.pdf. (Outlining key issues and stakeholders that should be included in training for trauma-informed care.)

must be supported by leadership and it must be ongoing.[36] This training should ensure that staff who interact with youth in the juvenile justice system are aware of trauma's role and know how to utilize trauma-informed practices. This includes training on 1) understanding trauma's impact and empathizing with victims of trauma, 2) helping youth feel safe using structured and predictable behavior systems (no violence, no yelling, no retaliation), 3) providing consistent support and model appropriate coping, anger-management, and problem-solving skills, 4) teaching calming, coping, and problem-solving skills, 5) acknowledging and supporting youth's strengths, natural talents, and interests, and 6) providing psychological first-aid.[37]

d. Ensure the processes, activities, and physical space is not itself a traumatizing experience or causes re-traumatization.[38] Youth with histories of trauma may be triggered or suffer psychological distress from invasive, coercive, stressful, or alarming experiences within justice organizations, including things like sudden loud noises from slamming doors, pat downs, restricted communication with loves ones, seclusion, or physical restraint.[39]

Next, all youth who become justice-involved (i.e. those who are at least required to participate in pre-adjudication probation services) should be screened for histories of trauma. New York City has already taken many positive steps towards this. All youth entering secure detention are screened for trauma at intake through ACS' Trauma Informed Care Project. Probation's use of the Youth Level of Service/Case Management Inventory is great resource for identifying histories of trauma, though it does not provide explicit trauma results. Many providers that operate non-secure and limited-secure placement conduct intake processes that screen for trauma histories. Attorneys for juveniles often recognize the role of trauma in their client's lives and use these histories to provide relevant information to the court. CCC recommends that among these many stakeholders, any individuals or organizations who are not screening for trauma should include or collect trauma screening in their work with the youth.

All youth who are identified as having trauma histories should then have a more comprehensive assessment to identify clinical needs and strategies to address and support the young person. This type of clinical assessment is already done in secure detention and in most residential placement facilities, and some types of probation services utilize trauma assessments. CCC recommends that any organizations who are not conducting this more thorough assessment should utilize a clinical trauma assessment or work with an organization who can provide this assessment.

Finally, youth should then be provided services that meet these clinical needs in order to meaningfully address the youth's exposure to trauma. Screening and assessment alone, while

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[36] Christopher E. Branson, et al.

[37] Gene Griffin. *See also* "Psychological First Aid." The National Child Traumatic Stress Network. Available at http://www.nctsn.org/content/psychological-first-aid.

[38] Self-assessments for an organization are a useful place to begin understanding if an organization's practices and physical space are trauma-informed. There are many trauma-informed care self-assessments tools widely available, including https://www.nationalcouncildocs.net/wp-content/uploads/2014/01/OSA-FINAL_2.pdf, http://www.nctsnet.org/nctsn_assets/pdfs/promising_practices/TraumaInformedSelf-Assessment_fact_sheet_3-20-07.pdf, and https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf.

[39] Christopher E. Branson, et al.

helping staff better understand and work with youth, are not enough without more targeted services. There are many evidence-based and promising programs that effectively support youth who have experienced trauma in their treatment and healing process, including many that are already being used to great effect in NYC's juvenile justice system.[40] For some youth, targeted services may also include providing psychopharmacological interventions when clinically appropriate. Many NYC juvenile-justice stakeholders already use these types of trauma-based services, but CCC recommends that every justice-involved youth have access to these services.

2) Expand successful and promising trauma-informed practices.

As mentioned, many NYC juvenile-justice stakeholders have been steadfastly working to implement trauma-informed care, and CCC strongly supports these efforts. For example, Probation partners with community-based services that incorporate trauma-informed principles or provide direct trauma-focused therapies, youth in secure detention are provided ongoing mental health clinical treatment based upon trauma assessments, and many placement providers use trauma-based service models. CCC recommends that these types of services that are already in use and are successful be expanded for additional youth. Expanding and spreading existing trauma-informed practices has the double benefit of having local buy-in and demonstrated success, as well as typically being easier to expand than bringing in a new model.

Trauma-informed care can only be successful if it is adequately funded. The city and individual agencies should ensure that their budgets provide necessary resources for training staff, screening youth, assessing youth's clinical needs, and treating youth's trauma-related needs. Trauma-informed services are cost-effective investments because they address the core issues in a young person's life, allowing youth to make fundamental changes to their thought processes and their behavior. Youth do much better when they are provided an environment and services that address their needs, and for many juvenile justice youth, their needs lie largely in histories of trauma. Funding for services that address trauma should be a priority for all juvenile justice stakeholders and the Administration.

3) Expand targeted trauma services for justice-involved girls.

As noted, girls in the juvenile justice system have significantly higher rates of trauma histories and have higher rates of resulting mental health problems and mal-adaptive behavior responses. Gender-responsive programming that directly addresses the role of trauma in girls' lives can be particularly effective.[41] Research has shown that gender-responsive programming is effective when it focuses on both addressing trauma and building relationships in the context of girls' specific needs.[42] CCC recommends that all justice-involved girls with assessed trauma needs have access to gender-responsive trauma-informed programming. There are several successful programs that currently provide trauma-informed and trauma-targeted care for justice-involved girls in NYC. Examples of these types of successful services include trauma-informed yoga

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[40] *See generally* "National Child Traumatic Stress Network Empirically Supported Treatments and Promising Practices." The National Child Traumatic Stress Network. Available at http://nctsn.org/resources/topics/treatments-that-work/promising-practices. (Providing a list of evidence-based and promising models, including models that address youth through individual therapies and group therapies.)

[41] Patricia K. Kerig and Julian D. Ford. P. 7-8. (Noting that gender-responsive programming should emphasize holistic approaches, safety for girl, strengths-based opportunities, building relationships, culture responsivity, and individual sexual health needs, such as girls who are pregnant or are already mothers.)

[42] Id.

programs for girls (e.g. Lineage Project) and programs that support girls who have been sexually exploited or trafficked (e.g. Girls Educational & Mentoring Services).[43] CCC recommends these types of programs be expanded and available to all justice-involved girls.

In conclusion, CCC is grateful to the City Council for its commitment to addressing trauma in justice-involved young people's lives and in working towards addressing these needs for their well-being and for their community. We look forward to working with you to continue supporting the expansion and utilization of trauma-informed care.

Thank you for the opportunity to testify.

[43] *See* Friedman, Jennifer D'angelo. "Research Shows Trauma-Informed Yoga Helps Girls in the Juvenile Justice System Heal." *Yoga Journal* (website). May 18, 2017. Available at https://www.yogajournal.com/poses/report-trauma-informed-yoga-can-help-girls-in-the-juvenile-justice-system-heal. *See also* "Justice." Lineage Project (website). Accessed on Nov. 20, 2017. Available at http://www.lineageproject.org/justice. *See also* "Mission & History." GEMS Girls (website). Accessed on Nov. 20, 2017. Available at http://www.gems-girls.org/about/mission-history.

the children's village

# The New York City Council

Committee on Juvenile Justice

**Oversight - Trauma-Informed Services in the Juvenile Justice System.**

November 28, 2017

**Testimony of**

## Joseph Boyd

## Senior Transitional Coach

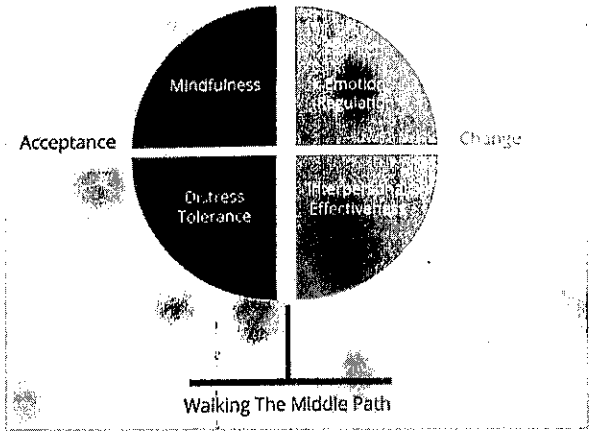
My name is Joseph Boyd, I am the Senior Transitional Coach at The Children's Village. I work with teens who have juvenile justice involvement. The Children's Village was founded in 1851. Today, we work with some of New York City's most vulnerable children and families through a wide range of programs, including community prevention, foster care, affordable housing, and mentoring. We are a lead partner with NYC's Administration for Children's Services and the Department of Probation caring for teens and families in the juvenile justice system.

I want to briefly describe our trauma-informed services.

Let me begin by stating what is probably most obvious. The juvenile justice system in New York City is predominately black and increasingly brown, with Black teens penetrating the systems fastest and furthest. Disproportionality by race and by place is a fact. Disproportional impact directly contributes to the high levels of trauma that we see in NYC's juvenile justice system.

At The Children's Village, we use an Integrated Treatment Model (ITM) to address trauma. While in residential care, the intervention is a milieu based clinical protocol commonly known as Dialectical Behavior Therapy (DBT). When juveniles return home to their family, the clinical intervention includes DBT and the addition of Multi-Systemic Therapy-Family Integrated Transitions (MST-FIT). The core of DBT is based on accepting and validating our youth and the trauma they have experienced. While pushing them to change and develop skills to better cope with emotions and stressful situations. The

skills are broken down into five modules which are Mindfulness, Interpersonal Effectiveness, Emotional Regulation, Distress Tolerance and Walking the Middle Path.




Once released, MST-FIT is an evidence-based protocol that provides intensive, short-term family support, because children are strongest when their families are given the skills and support they need to be successful as care givers.

Both DBT and MST-FIT are evidence-based protocols with long histories of documented success in helping teens in the juvenile justice system. These clinical approaches are dependable and they work, but in the end, family or at least one appropriate dependable adult relationships is the key to long-term success. This means, that while it is not always easy, as a system and as individual providers we must find ways to engage families in the decision-making process. The teens in our custody do not belong to us and should not belong to a system. Success is only assured when each teen has at least one appropriate and willing adult relationship that provides unconditional belonging. In our experience, this relationship is most often found within the family. In those rare instances when immediate family fails to provide us this appropriate and willing adult, it is our responsibility to find and create such a relationship. Let me also add that in most instances, our parents and family members have the solutions and are often the best advocates for their teens.

Thank you for the opportunity to speak on this important topic.

Good afternoon Chair Cabrera and members of the Committee on Juvenile Justice. My name is Dr. Michael Surko, and I'm a psychologist at Bellevue Hospital Center. I direct Bellevue's psychology services in juvenile justice, I am a clinical assistant professor at the NYU School of Medicine, and I am the principal investigator for NYU/Bellevue's trauma-informed care grant in juvenile justice from the National Child Traumatic Stress Network (NCTSN) within the Substance Abuse and Mental Health Services Administration (SAMHSA). I appreciate the opportunity to testify this morning, and I look forward to discussing the work we have been doing within juvenile detention over the past five years.

Bellevue/NYU began its collaboration with DYFJ in 2012. Under the leadership of Bellevue's Chief of Child and Adolescent Psychiatry, Dr. Jennifer Havens, we applied for and were awarded our first SAMHSA NCTSN grant in 2012, and we assumed responsibility for psychiatric services in detention, and established a psychology service, in 2014. From the start, our partnership with DYFJ leadership, facility administration, and front-line detention staff has been positive and productive. Over the past five years, our work together has resulted in significant and meaningful improvements for young people in detention, and laid the groundwork for more progress in the future.

**Trauma-related vulnerabilities of justice-involved youth**

As you have heard from other speakers, youth involved with the justice system have much higher rates of exposure to trauma than other youth in the community. Fifty-eight to 95% of justice-involved youth have had 1 or more traumatic experiences, 5 to 24% have Posttraumatic Stress Disorder, and another 14% have significant trauma-related symptoms. Common issues experienced by traumatized youth in detention include dysregulated emotions;

an inability to feel safe; difficulties forming trusting, positive relationships, particularly with adults; a distorted, negative sense of self; problems engaging in long-term efforts such as education; and little vision of a positive future. Many also have problems with substance abuse, depression, and aggression rooted in misperceptions of threat or danger.

**What we do in detention**

To address the needs of these youth, in our first SAMHSA grant cycle (2012-2016), we established trauma-informed mental health screening, trauma training for staff, and trauma skills groups for all residents. Screening, using validated measures, was implemented in both secure and non-secure detention in 2013, and is carried out by START Treatment and Recovery Centers, who employ the Masters-level mental health clinicians in detention. So far over 2,500 youth have been screened. Youth screening positive are referred for further evaluation and treatment by Bellevue/NYU psychiatrists and psychologists who are well-versed in trauma and trauma-related issues.

For staff training, to maximize our influence on work practices, we used a train-the-trainer approach -- we trained co-trainers from multiple disciplines, with the heaviest representation from JCs. The JCs are with the residents 24 hours a day, and through the relationships they build, the way they work with the young people, and the behavior they model, they can have a substantial influence. The TOT approach also communicated that staff from all areas are important and valued partners, and it let staff hear some of the message from their colleagues rather than from "mental health." The curriculum, called *Think Trauma*, was developed particularly for secure juvenile facilities. It covers how trauma affects justice-involved youth, how to help youth move away from unhealthy behaviors, and how to buffer the effects that staff experience from working with a traumatized population.

To teach trauma-informed skills to secure detention residents, we established a 3-session trauma skills group curriculum called *STAIR*, and engaged Juvenile Counselors as co-facilitators – groups are led by one psychologist or Masters-level clinician and one STAIR-trained JC. More than 1,000 youth have participated in STAIR since 2013, and youth who complete STAIR receive a certificate and a letter to the judge in their case. Youth who have completed STAIR and have been incident-free for 7 days are eligible to participate in the STAIR Leadership Group. Participants in Leadership work on further skills and publicize the STAIR skills through newsletter articles, performing skits, leading activities with families at Family Day, and co-facilitating portions of actual STAIR groups.

In our current SAMHSA grant cycle (2016-2021), within secure detention, we are conducting an organizational self-assessment and will implement a set of evidence-based interventions called *TARGET*, which stands for Trauma Affect Regulation: Guide for Education and Training. Our colleague, Dr. Christopher Branson from NYU, who serves as our senior consultant with the TARGET intervention, has appeared before the Committee and given an overview of TARGET, the T4 staff training and the organizational self-assessment.

The TARGET interventions include T4 staff training for handling stressful situations effectively and minimizing secondary trauma and burnout; 3-session and 10-session youth skills groups, and a 3-session family skills groups. TARGET can also be used as an individual trauma therapy. These interventions will allow youth, staff, families, and treatment providers all to use the same language and the same skills. And as noted previously, TARGET has been applied in secure juvenile settings previously, in Connecticut and Ohio, and resulted in lower levels of incidents, threats toward staff, restraints, seclusion, and youth depression; and increased self-

Good morning Chair Cabrera and members of the Committee on Juvenile Justice. I am Miles Jackson, Division Director for residential juvenile justice programs at Good Shepherd Services. It is my honor to address you alongside Felipe Franco and Dr. Michael Surko.

Good Shepherd Services (GSS) is a leading youth and family development agency serving 30,000 participants annually through 86 programs. GSS goes where children, youth, and families face the greatest challenges and build on their strengths to help them gain skills for success. We provide quality, effective services that deepen connections between family members, within schools, and among neighbors. GSS works closely with community leaders to advocate, both locally and nationally, on behalf of our participants to make New York City a better place to live and work; and leads in the development of innovative programs that make a difference in the lives of children, youth and families today. Rooted in work begun in New York City in 1857 and incorporated in 1947, GSS today is woven into the social fabric of the city, with a century and a half of experience in providing child welfare services to at-risk children and youth in the New York metropolitan area; a 45-year history of successfully bringing needed community-based counseling and school-based resources to at-risk families; and over 20 years of experience developing and delivering services to justice-involved youth and their families. We operate two Non-Secure Placement programs for ACS: Barbara Blum in Park Slope for up to 12 boys and Rose House in East New York for up to 12 girls.

Some ten years ago, concerned by the increasing mental health and behavioral acuity among the young women in our residential child welfare programs, GSS realized that we needed better means of working with youth who were so impacted by trauma. We settled on the Sanctuary Model, developed by Dr. Sandra Bloom and administered out of the Andrus Center. The fundamental shift in thinking that Sanctuary demands is away from the question "what's wrong with you?" to the deeper question, "what happened to you?" This shift opens the door to therapeutic, supportive and non-blaming relationships that take into account what may be multigenerational histories of traumatic exposure. A major effort of organizational change and learning led to all programs in our residential, foster care and supportive housing division becoming certified by the Andrus Center's Sanctuary Institute as Sanctuary programs in 2012.

Our organizational learning about the impact of trauma in childhood – in particular the Kaiser Permanente ACEs (Adverse Childhood Experiences) study – led to a recognition that we should assess the levels of trauma in the youth we served. Our own data demonstrate that 90% of our young people had experienced one or more – often multiple – such experiences. We also knew that rates of ACEs among people working in human services were notably higher than in the population at large. Without healing interventions, high numbers of ACEs lead to poor outcomes in areas such as health even including early death, behavioral health, and substance abuse, all of which impact functioning in many psychosocial areas. Left untreated, young people with significant traumatic experience do not do well. Staff in overly-stressed residential programs suffer vicarious trauma and ongoing primary trauma. They burn out and cannot provide quality service to youth. As Van der Kolk notes, traumatization occurs when both internal and external resources are inadequate to cope with external threat. We strive to create and maintain environments and program communities that provide the external resources to support both our youth and our staff.

As we designed our Non-Secure Placement programs in 2012, we knew that the young people coming into placement would have just as great or even greater traumatic burdens than the youth we already knew, and that everything we did would have to trauma-informed and trauma-responsive. We chose to use the Missouri approach – a highly group-based method of care for youth in residential settings – combined with Sanctuary and other trauma-responsive interventions. For instance, the phase system we implement comes out of the Missouri approach, but the expectations of each phase are equally based on Sanctuary concepts. Over the past five years, we have learned better how to integrate these highly complementary approaches. As our staff become more skilled, we see youth doing better in program, showing fewer signs of emotional stress and behavioral dysregulation.

At the same time the Close to Home system has made strides in becoming more trauma informed. As Dr. Surko has testified, good work is being done in detention. From our perspective, as part of the referral information for youth coming into placement, we are now routinely receiving an assessment of the youth's previous traumatic experiences, based on administration of the UCLA PTSD Reaction Index. This is one of the two instruments we use within our programs. (We also

use the Trauma Symptom Child Checklist (TSCC) to assess symptoms in a little more detail.) We also receive a Care Passport for the youth. This is a document that describes a youth's triggers, warning signs, coping skills and various means for staff to help the youth manage his/her feelings and reactions. We are able to use it as the basis for helping the youth develop her/his Sanctuary safety plan and it informs the Individual Crisis Management Plan that we develop early on as part of a youth's behavior management support.

All of our staff receive ongoing training on trauma-informed practice. They develop insight, and learn skills and tools that allow them to better manage themselves in the potentially stressful residential environment. The tools and insights for staff, youth and families help create a mutually supportive and healing community in the program. It is important to us to ensure that our programs help everyone resist re-traumatization. Youth experience a movement from a milieu of control to one of collaboration. Our staff are enabled to feel safe and efficacious. As well as the trauma-informed practice (TIP) formal training curriculum, we hold a monthly TIP meeting in our NSP programs. With the facilitation of one of our Trauma-Informed Practice staff, staff are encouraged to examine what is happening in the program from a trauma-informed perspective.

One of the four pillars of the Sanctuary model is the SELF model. Its four organizing categories are at the core of our work. We know that **S**afety is a prerequisite, and we view safety very broadly, distinguishing the physical, emotional, social and moral realms of safety. **E**motion management is at the heart of the work – for both youth and for staff. It contributes to safety, and allows youth to begin to recognize the effects of the **L**osses so many of them have experienced. That allows the young people and their families to imagine and create an attainable **F**uture. Using the shared language of Sanctuary, in particular the SELF concepts and the seven commitments of emotional intelligence, non-violence, social learning, shared governance, open communication, social responsibility, and growth and change, our staff in all roles play a part in maintaining our milieu of support and healing.

The future orientation of the Close to Home initiative is entirely supported by our use of trauma-informed practice. It is being sharpened at present as we move, as a system, to focusing on the amelioration of identified criminogenic risks. We are

refashioning our treatment planning process to focus on reducing criminogenic risk, with a secondary focus on helping the youth work on his/her own SELF goals. Treating risk in this way, coupled with enhanced self-management and some ability to resist future traumatization, our young people's chances of success improve.

We are ever cognizant of the central role played by our youth's families – almost all will be going back to their families – so we aim to bring families into our programs, inviting them to be part of the community of care and support we create. As well as involvement in decisions about their child's treatment, families are invited to monthly program family events and other special events. They are encouraged to visit their child in the program as well as to hold frequent phone calls, and progressively to be a resource for visits in the community. We ask families to enter into family therapy with our clinical social workers. In all these encounters, we have the opportunity to help family members gain insight into the effects of trauma and complex stress and so better support their child after release from the program.

To promote ongoing success, we encourage youth and their families to use some of the tools and skills they have acquired at home and in the community. As examples, one youth describes using a version of the Sanctuary community meeting questions (How are you feeling? What is your goal? Who can help you?) with his mother on community passes. He says it helps them understand each other better. Another youth recently described to staff how he used his Sanctuary Safety Plan while on the train returning from a home visit to avoid a confrontation with peers. This helps our young people to see their gains as portable and the skills they learn in program as being widely applicable.

Finally, we are delighted that Councilmember Cabrera has been so supportive of Good Shepherd Services' CURE Violence programs in the Bronx, and that he has helped with funding to allow CURE Violence providers in each borough to provide aftercare services to youth being released from non-secure placements. The CURE Violence intervention is essentially a public health approach to gun violence, and is, by its nature, a trauma-informed response to community violence, which is one of the chief sources of traumatic exposure for our juvenile-justice involved youth. We are seeing the emergence of a trauma-informed continuum of care from

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**The New York City Council,**

**Committee on Juvenile Justice**

**November 28, 2017**

***"Oversight – Trauma-Informed Services in the Juvenile Justice System"***

**Testimony by**

**Good Shepherd Services**

**Miles Jackson, Division Director**

**Division of Foster Care, Juvenile Justice and Supportive Housing**

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**I represent:** NYC Administration for Children's Services

**Address:** 150 William St.

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**I represent:** NYC Administration for Children's Services

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**Address:** 150 William Street, NY, NY

**I represent:** NYC Administration for Children's Services

**Address:** 150 William Street, NY, NY

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**I represent:** Citizens' Committee for Children

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5532

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**Name:** Joseph Boyd

**Address:** 152 Rivers ave Yonkers NY 10703

**I represent:** Children's Village

**Address:** 1 Echo Hill Rd Dobbs Ferry NY

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**Name:** MILES JACKSON

**Address:** GOOD SHEPHERD SERVICES

**I represent:** 305 SEVENTH AVE, NEW YORK NY

**Address:** _____

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