Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey Summary

Stark County System of Care Strategic Planning

Survey 2 Summary Report

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Introduction and Methods

The Mental Health and Recovery Board of Stark County (MHRSB) and its partners are leading a System of Care (SOC) strategic planning effort to address current continuum of care system gaps. A diverse set of stakeholders are participating in this effort to create a sustainable system of behavioral health services for the county's children and their families. Kent State University's (KSU) Center for Public Policy and Health (CPPH) is tasked with evaluating the level of consensus among the partners that make up the "SOC Expansion Planning Team" at various points in the process. The Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey was the second of four surveys that was completed by the stakeholders.

The purpose of this second survey was to assess the use of the family-driven approach, the youth-guided approach, and trauma-related activities in organizations serving Stark County. In this survey the family-driven approach refers to empowering and educating families to make decisions, along with professionals in the field, regarding services and support for their child. The youth-guided approach refers to empowering and educating youth to make decisions, along with professionals in the field, regarding services and support for their lives. Stakeholders were provided with statements that reflect the family-driven approach, the youth-guided approach, and trauma-related activities and asked to indicate: (1) whether the statement is true of their organization (i.e., "Yes, very much," "Yes, somewhat," or "No") and (2) how much value the organization places on the statement (i.e., "Extremely high value," "High value," "Moderate value," "Low value," or "No value"). The complete second survey can be found in Appendix 1.

The survey was emailed through the Qualtrics online survey and implementation program to stakeholders on June 8, 2015. Reminder emails as well as deadline extensions were utilized to encourage organizations to complete the survey. The survey closed on June 26, 2015. A total of thirty-four stakeholders completed the sections of the survey pertaining to the family-driven approach and the youth-guided approach. Fifteen of the thirty-four participants indicated they were members of the Trauma-Informed Care Learning Community and answered questions regarding trauma-related activities in their organization. The list of stakeholders invited to participate in the second survey can be found in Appendix 2.

Family-Driven Approach

In order to better understand the use of the family-driven approach in the stakeholders surveyed, stakeholders were presented with various statements that represent the use of the family-driven approach and asked how true the statements are of their organization. Stakeholders indicated how true the statements are of their organization by selecting "Yes, very much," "Yes, somewhat," and "No." In addition organizations also indicated how much they value each statement by selecting, "Extremely high value," "High value," "Moderate value," "Low value," or "No value." Percentages for these response categories were calculated and can be found in Table 1.

Table 1
Family-Driven Approach

Question	Is the statement true of your organization?			How much value does your organization place on each statement?				
	Yes, very much	Yes, somewhat	No	Extremely High Value	High Value	Moderate Value	Low Value	No Value
Q1. Training is provided for the staff in the family-driven approach.	39.4%	51.5%	9.1%	47.1%	29.4%	20.6%	2.9%	0.0%
Q2. Staff supports the family-driven approach.	61.8%	38.2%	0.0%	50.0%	26.5%	20.6%	2.9%	0.0%
Q3. Families are made aware of their rights.	72.7%	27.3%	0.0%	51.5%	36.4%	12.1%	0.0%	0.0%
Q4. Families are full partners in all aspects of the planning of their own services provided.	33.3%	51.5%	15.2%	44.1%	26.5%	23.5%	5.9%	0.0%
Q5. Individualized service plans are developed in true partnership with the families.	50.0%	46.7%	3.3%	51.6%	25.8%	19.4%	3.2%	0.0%
Q6. The strengths of the family determines the type of services provided.	35.3%	55.9%	8.8%	34.4%	40.6%	25.0%	0.0%	0.0%
Q7. Families are invited to all meetings involving their child.	56.7%	33.3%	10.0%	50.0%	31.3%	15.6%	3.1%	0.0%
Q8. Families are full partners in all aspects of the delivery of care for their children.	48.4%	48.4%	3.2%	50.0%	21.9%	25.0%	0.0%	3.1%
Q9. Families are full partners in the policies and procedures that govern care for all youth.	12.5%	46.9%	40.6%	13.3%	33.3%	33.3%	13.3%	6.7%
Q10. Families served by our organization have an appointed mentor.	13.3%	20.0%	66.7%	20.0%	16.7%	33.3%	16.7%	13.3%
Q11. Families engage in peer support activities.	13.8%	65.5%	20.7%	20.7%	34.5%	31.0%	10.3%	3.4%
Q12. The opinions of families are valued.	66.7%	27.3%	6.1%	54.5%	24.2%	18.2%	3.0%	0.0%
Q13. Families served evaluate the services they receive.	48.4%	41.9%	9.7%	50.0%	25.0%	18.8%	6.3%	0.0%

Truth of Statements

The statements for the family-driven approach that yielded the highest percentage of stakeholders endorsing the statements as being "Yes, very much" true of their organization are:

- Families are made aware of their rights (72.7%).
- The opinions of families are valued (66.7%).
- Staff supports the family-driven approach (61.8%).
- Families are invited to all meetings involving their child (56.7%).

The statements for the family-driven approach that yielded the highest percentage of stakeholders endorsing the statements as being "Yes, somewhat" true of their organization are:

- Families engage in peer support (65.5%).
- The strengths of the family determine the type of services provided (55.9%).
- Training is provided for the staff in the family-driven approach (51.5%).
- Families are full partners in all aspects of the planning of their own services provided (51.5%).

The statements for the family-driven approach that yielded the highest percentage of stakeholders indicating, "No," the statements are not true of their organization are:

- Families served by our organization have an appointed mentor (66.7%).
- Families are full partners in the policies and procedures that govern care for all youth (40.6%).
- Families engage in peers support activities (20.7%).
- Families are full partners in all aspects of the planning of their own services provided (15.2%).

Value of Statements

The highest percentage of stakeholders rated the following statements for the family-driven approach as having "Extremely High Value" in their organization:

- The opinions of families are valued (54.5%).
- Individualized service plans are developed in true partnership with the families (51.6%).
- Families are made aware of their rights (51.5%).

The highest percentage of stakeholders rated the following statements for the family-driven approach as having "High Value" in their organization:

- The strength of the family determines the type of services provided (40.6%).
- Families are made aware of their rights (36.4%).
- Families engage in peer support activities (34.5%).

The highest percentage of stakeholders rated the following statements for the family-driven approach as having “Moderate Value” in their organization:

- Families are full partners in the policies and procedures that govern care for all youth (33.3%).
- Families served by our organization have an appointed mentor (33.3%).
- Families engage in peer support activities (31.0%).

The highest percentage of stakeholders rated the following statements for the family-driven approach as having “Low Value” in their organization:

- Families served by our organization have an appointed mentor (16.7%).
- Families are full partners in the policies and procedures that govern care for all youth (13.3%).
- Families engage in peer support activities (10.3%).

The following family-driven approach statements were the only statements rated by a percentage of the stakeholders as having “No Value” to the organization:

- Families served by our organization have an appointed mentor (13.3%).
- Families are full partners in the policies and procedures that govern care for all youth (6.7%).
- Families engage in peer support activities (3.4%).
- Families are full partners in all aspects of the delivery of care for their children (3.1%).

Incorporation and/or Expansion

Stakeholders were asked to identify what is currently being done to incorporate and/or expand the family-driven approach in their organization. The following are some of the current practices that were listed:

- Training
- Utilizing community meetings to brainstorm strategies to increase family engagement
- Using best practices
- Participating in expansion planning efforts
- Representation and input from the Family Engagement Committee
- Having Individual Service Plans written in the client’s/parent’s own words
- Client input in treatment
- Encouraging clients to identify and utilize natural and formal supports
- Home visits
- Encouraging family participation
- Evaluating family participation
- Solicit feedback from families and make every attempt to engage them in the services provided

Youth-Guided Approach

In order to better understand the use of the youth-guided approach in the stakeholders surveyed, stakeholders were presented with various statements that represent the use of the youth-guided approach and asked how true the statements are of their organization. Stakeholders indicated how true the statements are of their organization by selecting "Yes, very much," "Yes, somewhat," and "No." In addition organizations also indicated how much they value each statement by selecting, "Extremely high value," "High value," "Moderate value," "Low value," or "No value." Percentages for these response categories were calculated and can be found in Table 2.

Truth of Statements

The statements for the youth-guided approach that yielded the highest percentage of stakeholders endorsing the statements as being "Yes, very much" true of their organization are:

- Youth are made aware of their rights (58.6%).
- The opinions of youth are valued (58.1%).
- Staff supports the youth-guided approach (48.3%).
- The strengths of the youth determine the type of services provided (46.7%).
- Individualized service plans are developed in true partnerships with the youth (46.2%).

The statements for the youth-guided approach that yielded the highest percentage of stakeholders endorsing the statements as being "Yes, somewhat" true of their organization are:

- Youth engage in peer support (51.7%).
- Youth served evaluate the services (51.7%).
- Youth are full partners in all aspects of the planning of their own services provided (50.0%).

The statements for the youth-guided approach that yielded the highest percentage of stakeholders indicating, "No," the statements are not true of their organization are:

- Youth are full partners in the policies and procedures that govern care for all youth (55.2 %).
- Youth served by our organization have an appointed mentor (53.6%).
- Training is provided for the staff in the youth guided approach (35.5%).

Value of Statements

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having "Extremely High Value" in their organization:

- Youth are made aware of their rights (50.0%).
- The strengths of the youth determine the type of services provided (46.7%).
- Youth are full partners in all aspects of the delivery of care for their lives (42.9%).
- The opinions of youth are valued (41.9%).
- Staff supports the youth-guided approach (41.4%).

Table 2
Youth-Guided Approach

	Is the statement true of your organization?			How much value does your organization place on each statement?				
Question	Yes, very much	Yes, somewhat	No	Extremely High Value	High Value	Moderate Value	Low Value	No Value
Q1. Training is provided for the staff in the youth-guided approach.	32.3%	32.3%	35.5%	38.7%	29.0%	9.7%	16.1%	6.5%
Q2. Staff supports the youth-guided approach.	48.3%	34.5%	17.2%	41.4%	17.2%	24.1%	13.8%	3.4%
Q3. Youth are made aware of their rights.	58.6%	24.1%	17.2%	50.0%	23.3%	20.0%	3.3%	3.3%
Q4. Youth are full partners in all aspects of the planning of their own services provided.	33.3%	50.0%	16.7%	36.7%	23.3%	30.0%	10.0%	0.0%
Q5. Individualized service plans are developed in true partnership with the youth.	46.2%	30.8%	23.1%	33.3%	37.0%	14.8%	11.1%	3.7%
Q6. The strengths of the youth determine the type of services provided.	46.7%	40.0%	13.3%	46.7%	26.7%	16.7%	6.7%	3.3%
Q7. Youth are invited to all meetings involving their services and support plan.	37.9%	37.9%	24.1%	33.3%	33.3%	20.0%	10.0%	3.3%
Q8. Youth are full partners in all aspects of the delivery of care for their lives.	37.0%	33.3%	29.6%	42.9%	25.0%	21.4%	7.1%	3.6%
Q9. Youth are full partners in the policies and procedures that govern care for all youth.	6.9%	37.9%	55.2%	10.3%	24.1%	44.8%	10.3%	10.3%
Q10. Youth served by our organization have an appointed mentor.	17.9%	28.6%	53.6%	18.5%	33.3%	33.3%	7.4%	7.4%
Q11. Youth engage in peer support activities.	13.8%	51.7%	34.5%	24.1%	34.5%	20.7%	13.8%	6.9%
Q12. The opinions of youth are valued.	58.1%	32.3%	9.7%	41.9%	22.6%	25.8%	9.7%	0.0%
Q13. Youth served evaluate the services they receive.	24.1%	51.7%	24.1%	31.0%	27.6%	27.6%	10.3%	3.4%

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “High Value” in their organization:

- Individualized service plans are developed in true partnership with the youth (37.0%).
- Youth engage in peer support activities (34.5%).
- Youth are invited to all meetings involving their services and support plan (33.3%).
- Youth served by our organization have an appointed mentor (33.3%).

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “Moderate Value” in their organization:

- Youth are full partners in the policies and procedures that govern care for all youth (44.8%).
- Youth served by our organization have an appointed mentor (33.3%).
- Youth are full partners in all aspects of the planning of their own services provided (30.0%).
- Youth served evaluate the services they receive (27.6%).

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “Low Value” in their organization:

- Training is provided for the staff in the youth-guided approach (16.1%).
- Staff supports the youth-guided approach (13.8%).
- Youth engage in peer support activities (13.8%).
- Individualized service plans are developed in true partnership with the youth (11.1%).

The highest percentage of stakeholders rated the following statements for the youth-guided approach as having “No Value” in their organization:

- Youth are full partners in the policies and procedures that govern care for all youth (10.3%).
- Youth served by our organization have an appointed mentor (7.4%).
- Youth engage in peer support activities (6.9%).
- Training is provided for the staff in the youth-guided approach (6.5%).

Incorporation and/or Expansion

Stakeholders were asked to identify what is currently being done to incorporate and/or expand the youth-guided approach in their organization. The following are some of the current practices that were listed:

- Training
- Including/engaging youth
- Communicating with youth
- Encouraging youth to take an active role
- Giving youth choices
- Youth on the Board
- Peer mentors
- Expanding the Peer Advocate programming

- Incorporating self-determination learning modules into the school program
- Youth evaluation services
- Texting policy

Trauma-Related Activities

Trauma-Informed Care Learning Community team members were asked questions about activities related to trauma care at their organization. Various statements that represent trauma-related activities were presented and stakeholders were asked how true the statements are of their organization. Stakeholders indicated how true the statements are of their organization by selecting "Yes, very much," "Yes, somewhat," and "No." In addition organizations also indicated how much they value each statement by selecting, "Extremely high value," "High value," "Moderate value," "Low value," or "No value." Percentages for these response categories were calculated and can be found in Table 3.

Truth of Statements

The statements for the trauma-related activities that yielded the highest percentage of stakeholders endorsing the statements as being "Yes, very much" true of their organization are:

- Consumers' current and prior trauma-related experiences are assessed during the screening/assessment process (76.9%).
- The organization partners with external organizations to ensure system wide trauma-informed care for consumers (66.7%).
- Staff are trained to recognize the signs of trauma (60.0%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (57.1%).
- Knowledge about trauma is fully integrated into practices (53.8%).

The statements for the trauma-related activities that yielded the highest percentage of stakeholders endorsing the statements as being "Yes, somewhat" true of their organization are:

- Support is provided to staff who may experience work stress and vicarious trauma (66.7%).
- Consumers receive education about trauma (64.3%).
- The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization (57.1%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 53.8%).

Table 3
Trauma-Related Activities

Question	Is the statement true of your organization?			How much value does your organization place on each statement?				
	Yes, very much	Yes, somewhat	No	Extremely High Value	High Value	Moderate Value	Low Value	No Value
Q1. Consumers' current and prior trauma-related experiences are assessed during the screening/assessment process.	76.9%	7.7%	15.4%	69.2%	15.4%	15.4%	0.0%	0.0%
Q2. Consumers receive education about trauma.	28.6%	64.3%	7.1%	57.1%	28.6%	14.3%	0.0%	0.0%
Q3. Staff are trained to recognize the signs of trauma.	60.0%	26.7%	13.3%	60.0%	26.7%	13.3%	0.0%	0.0%
Q4. Support is provided to staff who may experience work stress and vicarious trauma.	33.3%	66.7%	0.0%	33.3%	40.0%	26.7%	0.0%	0.0%
Q5. Knowledge about trauma is fully integrated into practices.	53.3%	40.0%	6.7%	53.3%	33.3%	6.7%	6.7%	0.0%
Q6. Trauma specific services that are recognized as evidence based and/or emerging best practices are offered.	57.1%	28.6%	14.3%	64.3%	28.6%	0.0%	0.0%	7.1%
Q7. The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization.	42.9%	57.1%	0.0%	64.3%	21.4%	7.1%	7.1%	0.0%
Q8. The organization partners with external organizations to ensure system wide trauma-informed care for consumers.	66.7%	33.3%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%
Q9. The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures).	30.8%	53.8%	15.4%	46.2%	38.5%	15.4%	0.0%	0.0%
Q10. Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated.	46.2%	38.5%	15.4%	61.5%	15.4%	15.4%	0.0%	7.7%

The statements for the trauma-related activities that yielded the highest percentage of stakeholders indicating, "No," the statements are not true of their organization are:

- Consumers' current and prior trauma-related experiences are assessed during the screening/assessment process (15.4%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 15.4%).
- Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated (15.4%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (14.3%).
- Staff are trained to recognize the signs of trauma (13.3%).

Value of Statements

The highest percentage of stakeholders rated the following statements for the trauma-related activities as having "Extremely High Value" in their organization:

- Consumers' current and prior trauma-related experiences are assessed during the screening/assessment process (69.2%).
- The organization partners with external organizations to ensure system wide trauma-informed care for consumers (66.7%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (64.3%).
- The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization (64.3%).

The highest percentage of stakeholders rated the following statements for the trauma-related activities as having "High Value" in their organization:

- Support is provided to staff who may experience work stress and vicarious trauma (40.0%).
- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 38.5%).
- Knowledge about trauma is fully integrated into practices (33.3%).
- The organization partners with external organizations to ensure system wide trauma-informed care for consumers (33.3%).

The highest percentage of stakeholders rated the following statements for the trauma-related activities as having "Moderate Value" in their organization:

- Support is provided to staff who may experience work stress and vicarious trauma (26.7%).
- Consumers' current and prior trauma-related experiences are assessed during the screening/assessment process (15.4%).

- The organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures; 15.4%).
- Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated (15.4%).

The following trauma-related activities were the only statements rated by a percentage of the stakeholders as having "Low Value" to the organization:

- The organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization (7.1%).
- Knowledge about trauma is fully integrated into practices (6.7%).

The following trauma-related activities were the only statements rated by a percentage of the stakeholders as having "No Value" to the organization:

- Performance of the trauma-informed care to improve the use of trauma-informed care within the organization is evaluated (7.7%).
- Trauma specific services that are recognized as evidence based and/or emerging best practices are offered (7.1%).

Incorporation and/or Expansion

Stakeholders were asked to identify what is currently being done to incorporate and/or expand trauma-related activities in their organization. The following are some of the current practices that were listed:

- Training
- Revising performance measures
- Incorporating Trauma Informed Care in treatment
- Trauma Informed Care team
- Participating in a trauma informed learning community
- Evaluation of current trauma-related activities

Discussion

Overall, stakeholders reported valuing a number of key components of family-informed systems of care, including but not limited to, staff support of family-driven approaches, staff training, participatory care strategies, peer support activities, and individualized care and/or service plans. However, there were clear opportunities for improvement in many core strategies for expanding and sustaining systems of care, as there were a number of discrepancies between the value placed on key tactics and the degree to which many were operationalized within particular organizations. One example is staff training in the family-driven approach. While indicated as highly valued by over 75% of organizations, less than 40% of stakeholders reported the provision of such training as "very much" characteristic of their organization. Similar discrepancies in value and operationalization are noted in areas of family involvement in service planning, as well as the use of individually tailored treatment plans. With regard to the former, agencies are doing an excellent job at making families are aware of their rights and inviting family members to all meetings, but the degree to which families are accorded full partnership in treatment

planning and decision-making remains somewhat elusive despite being highly valued (see Q4, Q8, Q9, & Q13). Similarly, while also highly valued, use of individualized service plans were more often characterized as only "somewhat" true of the organizations surveyed (Q5 and Q6). This is an important consideration, as SAMHSA and other agencies recommend that treatment programs examine a number of factors, including age, gender, ethnicity, level of maturity, and family and peer environment, when working with adolescents at risk for substance abuse and mental health issues (American Academy of Pediatrics, 2007; Leahy et al., 2012; SAMHSA, 1999). Coupled with condition severity, this information allows agencies to better refer patients/clients to appropriate treatment and services. This somewhat uneven uptake of individualized service plans developed in partnership with families is not surprising, as it is consistent with the inconsistent diffusion pattern of tailored treatment practices generally (Alexander et al., 2008; Guerrero, 2011). Lastly, peer support and mentorship activities are low.

Organizations surveyed report a number of efforts already underway to implement or improve the use of core family-informed care strategies. Specifically, agencies noted an ongoing focus on staff training and improved utilization of best practices, with a particular focus on client input and the institutionalization of individualized service plans. Also encouraging is the noted focus on linking clients to natural and formal social support mechanisms and encouraging more family participation in all aspects of the delivery of care for their children. These efforts are consistent with best practices and should be encouraged. Mentorship, in particular, while often difficult to implement, has potential to build protection against adolescent problem behavior (Greenberg, et al., 2001).

With regard to key components of youth-informed systems of care, stakeholders again reporting valuing a number of core strategies, including individualized service/treatment plans, peer support activities, the involvement of youth in all meetings associated with their services and support plan, staff training, and mentorship. Once again, however, implementation of strategies was uneven across the agencies surveyed. Staff training and buy-in is illustrative. Training in the provision of youth-informed care, although highly valued by almost 60% of organizations surveyed, was indicated by only 32% as being "very much" true as a defining organizational characteristic. While staff support for youth-guided approaches was better, less than half of those surveyed characterized such support as "very much" true for their organization. Within agency discrepancies in value and operationalization of other youth services were noted, including youth involvement in service planning, as well as the use of individually tailored treatment plans. Youth were also not accorded the same level of partnership in treatment planning and decision-making, including even being invited to all meetings involving their services and support plans. This despite a clear majority of organizations indicating highly valuing the opinions of the youth involved. Use of individualized service plans were characterized as "very much" true for less than half of the organizations surveyed; again consistent with the somewhat inconsistent overall diffusion of tailored intervention plans nationally (Alexander et al., 2008; Guerrero, 2011). Peer support and mentorship activities were again somewhat limited, despite considerable evidence to their efficacy (Greenberg et al., 2001). Interestingly, while agencies still did a good job at making youth aware of their rights, the percentage was lower compared to families as discussed above (58.6% vs. 72.7%). There were also noticeable differences in staff buy-in and support for youth-guided approaches compared to the family-guided services (48.3% vs. 61.8%).

As in the case of family-informed systems of care, the agencies surveyed were already working to implement new efforts and/or improve on those strategies currently in use. Specifically, agencies noted an ongoing focus on staff training, improved communication with youth, peer mentors (including peer advocate programming), use of new media to enhance communication, and youth participation in the planning and evaluation of services. To the extent that agencies/stakeholders believe that youth should have equal involvement in understanding their rights and treatment decisions, special attention should be given to narrowing the noted gaps between youth and families in their awareness of rights and active participation as partners in planning and service decisions. Continuous quality improvement also requires a more deliberate effort to allow youths a voice in the planning of their services as well as the evaluation of the services received. Specifically, if understood to be an intersection of patient preferences and values with clinical expertise and best evidence, it is essential that agencies improve opportunities for youth input. These efforts should be prioritized and encouraged. Once again, there are opportunities to significantly improve peer support activities and mentorship initiatives as a means to improve systems of care for this population.

Pertaining to trauma-informed care, stakeholders surveyed generally reported that organizations did well on most of the selected core strategies, including patient assessment, staff training and knowledge, the integration of trauma informed services, use of best practices, and quality performance assessment. This is important given the long-term health impacts of trauma and the success of trauma-informed care in linking adolescents to appropriate therapeutic resources and improving health outcomes (Adams, 2010; Amaro et al., 2007; Hodas, 2006; Harris and Fallot, 2001; Igelman et al., 2007; Kramer et al., 2013). Agencies did particularly well on assessment, with almost 80% reporting that trauma-related experiences were routinely assessed during the intake/screening process. While all agencies would benefit from the use of a "universal precautions" strategy for trauma and children, it is also important to effectively assess/identify individual trauma – along with mental health and/or substance abuse disorders – as a precursor to effective trauma informed care (Hodas, 2006; Igelman et al., 2007). In addition to screening, overall agency preparation was also strong, with clear majorities of stakeholders reporting that organization staff were trained to recognize the signs of trauma, that trauma informed care was integrated into broader systems of care, and that there was routine integration of evidence/best practices. While successful, agencies should still press forward to further integrate new evidence into practice to improve care for adolescents at risk for substance abuse and mental health disorders. Exceptions with regard to performance on key strategies included consumer education about trauma, staff support for those experiencing work stress and vicarious trauma, systems implemented to avoid patient/client re-traumatization or re-victimization, and efforts to raise trauma awareness. Of these, the one area often deemed critical is system protections for adolescents. This is because traumatic experiences may be compounded by system experiences, putting adolescents at further risk of long-term harm (Hummer et al., 2010; Kramer et al., 2013). Even the assessment process can be de-stabilizing for some children (Hodas, 2006). Given this possibility, agencies and organizations are encouraged to develop effective policies and systems to protect against re-traumatization and/or re-victimization.

Lastly, one area of potential focus highlighted by this assessment is revealed at the intersection of family-, youth- and trauma-informed care. Principally it shows up in the previously noted need to improve family and youth as full partners in all aspects of the delivery of care. Ideally, this goes far

beyond informing them of their rights and should include their involvement in the policies and procedures governing their care, as well as assessment; thereby closing the feedback loop and encouraging the development, adoption, and refinement of organizational best practices. As noted, if evidence-based practice is conceived as an intersection between patient preferences and values, clinical expertise and best evidence, then it is absolutely necessary that agencies encourage ongoing opportunities for youth/family input and feedback. This is equally important for successful delivery of trauma-informed care. Healing involves multiple aspects, including the establishment of trust and safety, fostering connections between care givers and mentors, and emotion and impulse management (Bath, 2008). To pretend to do this without adequate family and youth input and partnership is irrational, as even basic definitions will be left to guess work. Thus improving key partnerships between youth and families and agencies in the processes of care become essential to their success.

Conclusion

The Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey was administered to assess the family-driven approach, the youth-guided approach, and trauma-related activities in organizations serving Stark County. Overall, it appears these approaches and activities are being used and valued by the organizations. While some discrepancies do exist between the extent to which key strategies are valued and implemented, agencies are actively seeking to improve systems of care for youth at risk for substance abuse and mental health disorders.

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Appendix 1: Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey

Directions: The following survey was designed to understand the use of family-driven and youth-guided approaches in organizations serving Stark County. For the following questions, a family-driven approach refers to empowering and educating families to make decisions, along with professionals in the field, regarding services and support for their child. Youth-guided approach refers to empowering and educating youth to make decisions, along with professionals in the field, regarding services and support for their lives. This survey is being used as a planning tool for expanding the system of care approach, not as an evaluation of organizations. Please answer all questions objectively and honestly.

Trauma-Informed Care Learning Community Team Members will be asked additional questions about activities related to trauma care at the end of the survey.

Thank you for your time and participation.

Part A: Family-Driven Approach

The following questions will give you the opportunity to assess the use of the family-driven approach in your organization.

For each statement please answer the following two questions:

A. Is this statement true of your organization?
    a. Yes, very much
    b. Yes, somewhat
    c. No
B. How much value does your organization place on each statement?
    a. Extremely High Value
    b. High Value
    c. Moderate Value
    d. Low Value
    e. No Value

1. Our organization provides training for the staff in the family-driven approach.
2. The staff in our organization supports the family-driven approach.
3. Families served by our organization are made aware of their rights.
4. Families served by our organization are full partners in all aspects of the planning of their own services provided.
5. Individualized service plans are developed in true partnership with the families served by our organization.
6. The strengths of the family served by our organization determine the type of services provided.
7. Families served by our organization are invited to all meetings involving their child.
8. Families served by our organization are full partners in all aspects of the delivery of care for their children.
9. Families served by our organization are full partners in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.

10. Families served by our organization have an appointed mentor.
11. Families served by our organization engage in peer support activities.
12. The opinions of families served by our organization are valued.
13. Families served by our organization evaluate the services they receive.

14. What is currently being done to incorporate/expand the family-driven approach in your organization? (Open-ended question)

Part B: Youth-Guided Approaches

The following questions will give you the opportunity to assess the use of the youth-guided approach in your organization.

For each statement please answer the following two questions:

A. Is this statement true of your organization?
    a. Yes, very much
    b. Yes, somewhat
    c. No
B. How much value does your organization place on each statement?
    a. Extremely High Value
    b. High Value
    c. Moderate Value
    d. Low Value
    e. No Value

1. Our organization provides training for the staff in the youth-guided approach.
2. The staff in our organization supports the youth-guided approach.
3. Youth served by our organization are made aware of their rights.
4. Youth served by our organization are full partners in all aspects of the planning of their own services provided.
5. Individualized service plans are developed in true partnership with the youth served by our organization.
6. The strengths of the youth served by our organization determine the type of services provided.
7. Youth served by our organization are invited to all meetings involving their services and support plan.
8. Youth served by our organization are full partners in all aspects of the delivery of care for their lives.
9. Youth served by our organization are full partners in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.
10. Youth served by our organization have an appointed mentor.

11. Youth served by our organization engage in peer support activities.
12. The opinions of youth served by our organization are valued.
13. Youth served by our organization evaluate the services they receive.

14. What is currently being done to incorporate/expand the youth-guided approach in your organization? (Open-ended question)

Part C: Trauma-Related Activities (only answered by those on the Trauma-Informed Care Learning Community subcommittee)

The following questions will give you the opportunity to assess the use of the trauma-related activities in your organization.

For each statement please answer the following two questions:

A. Is this statement true of your organization?
    a. Yes, very much
    b. Yes, somewhat
    c. No
B. How much value does your organization place on each statement?
    a. Extremely High Value
    b. High Value
    c. Moderate Value
    d. Low Value
    e. No Value

1. Consumers' current and prior trauma-related experiences are assessed by our organization during the screening/assessment process.
2. The consumers in our organization receive education about trauma.
3. Our organization trains staff to recognize the signs of trauma.
4. Our organization provides support to staff who may experience work stress and vicarious trauma.
5. Our organization fully integrates knowledge about trauma into our practices.
6. Our organization offers trauma specific services that are recognized as evidence based and/or emerging best practices.
7. Our organization is a safe environment that has systems in place to avoid re-traumatization or re-victimization.
8. Our organization partners with external organizations to ensure system wide trauma-informed care for consumers.
9. Our organization engages in trauma awareness through various methods (e.g., social media, websites, newsletter, brochures).

10. Our organization evaluates the performance of our trauma-informed care to improve the use of trauma-informed care within our organization.

11. What is currently being done to incorporate/expand the use of trauma-related activities in your organization? (Open-ended question)

Appendix 2: Stakeholders Invited to Participate in the Family-Driven Approach, Youth-Guided Approach, and Trauma-Related Activities Survey

Action for Social Equality

AHEAD, Inc.

Canton City Health Department

Canton City School District

Child and Adolescent Behavioral Health*

Child and Adolescent Service Center

City of Massillon

Coleman Professional Services*

Coming Together Stark County*

Community Services of Stark County*

Crisis Intervention and Recovery Center*

Domestic Violence Project, Inc.*

Early Childhood Resource Center

Family/Youth Representatives

First Christian Church

Help Me Grow

Kent State University

Lifecare Family Health and Dental Services

Mental Health and Recovery Service Board of Stark County*

National Association for the Advancement of Colored People Massillon

National Alliance of Mental Illness Stark County

Ohio Department of Youth Services

Ohio Guidestone

Ohio Means Jobs

Pathway Caring for Children

Phoenix Rising*

Project Rebuild

Quest Recovery and Prevention Services

Stark Community Foundation

Stark County Board of Developmental Disabilities

Stark County Educational Service Center*

Stark County Family Court*

Stark County Health Department

Stark County Job and Family Services

Stark County Kid Summit Against Drugs

Stark County Social Workers Network*

Stark County Treatment Accountability for Safer Communities, Inc.*

Stark County Urban Minority Alcoholism and Drug Abuse Outreach Program

United Way of Greater Stark County

YMCA

**Stakeholders that have members on the Trauma-Informed Care Learning Community Team.*