

**Schedule 13**  
**Funding Request for the 2014-15 Budget Cycle**

Department: Department of Human Services  
 Request Title: Trauma-informed Care  
 Priority Number: R-7

Dept. Approval by: Will B. C. 10-18-13  
 Date  
 OSPB Approval by: Erin M. Schmitt 10/22/13  
 Date

- Decision Item FY 2014-15  
 Base Reduction Item FY 2014-15  
 Supplemental FY 2013-14  
 Budget Amendment FY 2014-15

Line Item Information		FY 2013-14		FY 2014-15		FY 2015-16
		1	2	3	4	5
Fund		Appropriation FY 2013-14	Supplemental Request FY 2013-14	Base Request FY 2014-15	Funding Change Request FY 2014-15	Continuation Amount FY 2015-16
<b>Total of All Line Items</b>	<b>Total</b>	5,953,951	0	5,953,951	254,865	249,750
	FTE	36.0	0.0	0.0	0.0	0.0
	GF	5,953,951	0	5,953,951	254,865	249,750
	CF	0	0	0	0	0
	RF	0	0	0	0	0
	FF	0	0	0	0	0
	MCF	0	0	0	0	0
	MGF	0	0	0	0	0
	NGF	5,953,951	0	5,953,951	254,865	249,750
<b>( 11 ) Division of Youth Corrections, (B) Institutional Programs, Medical Services</b>	<b>Total</b>	5,953,951	0	5,953,951	254,865	249,750
	FTE	36.0	0.0	0.0	0.0	0.0
	GF	5,953,951	0	5,953,951	254,865	249,750
	CF	0	0	0	0	0
	RF	0	0	0	0	0
	FF	0	0	0	0	0
	MCF	0	0	0	0	0
	MGF	0	0	0	0	0
	NGF	5,953,951	0	5,953,951	254,865	249,750

Letternote Text Revision Required? Yes:  No:  If yes, describe the Letternote Text Revision:

Cash or Federal Fund Name and COFRS Fund Number: N/A  
 Reappropriated Funds Source, by Department and Line Item Name: N/A  
 Approval by OIT? Yes:  No:  Not Required:   
 Schedule 13s from Affected Departments: N/A  
 Other Information: N/A

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### ***Cost and FTE***

- The Department of Human Services is requesting \$254,865 General Fund and 0.0 FTE, a 4.1% increase, in FY 2014-15; \$249,750 General Fund and 0.0 FTE, a 4.2% increase, in FY 2015-16; \$245,700 General Fund and 0.0 FTE, a 4.2% increase, in FY 2016-17 to support the trauma-informed system of care as a priority in Colorado. This system of care focuses on efforts related to trauma-informed assessment and interventions, family involvement and engagement, and funding mechanisms that support an integrated care approach in working with youth across systems.

### ***Current Program***

- The Division of Youth Corrections provides behavioral health services to youth as part of a rehabilitative model. Often, youth committed to the Division have issues that stem from past traumatic event, which can be the underlying cause of exhibited aggressive behavior and other disruptive behaviors.
- The Department has made the trauma-informed system of care a priority in Colorado. This system focuses on efforts related to trauma-informed assessment and interventions, family involvement and engagement, and funding mechanisms that support an integrated care approach.

### ***Problem or Opportunity***

- The Division has evaluated data for all newly committed youth from FY 2011-12 and found that 80% of youth have experienced trauma at some time in their lives. Integrating trauma-informed practices into the operations of the Division and adding trauma-informed treatment options improves youths' mental health and ability to succeed when back in society.

### ***Consequences of Problem***

- If the Division does not implement trauma-informed practices, it will miss the full opportunity to appropriately treat a youth who may be inadvertently re-traumatized by others in the Division who are not trained in trauma-informed care. The Division will be out of alignment with national best practice, and other State agencies that have addressed the role of trauma in the lives of children, youth and families.

### ***Proposed Solution***

- This request is to fund the full implementation of trauma-informed care within all 10 state-operated facilities for three years. The request is based on the Sanctuary Model, a product from the Sanctuary Institute in New York State. The Division's management, operations, processes, and treatments will be evaluated and modified to incorporate trauma-informed practices. The Sanctuary Model is a nationally recognized leader in the field and has the only comprehensive organizational model that has been used in a juvenile corrections setting.
- There is a reasonable expectation that the creation of a trauma-informed culture across the Division will reduce assaults and fights. Overall, the Division anticipates that a trauma-informed environment will lead to less disruption in the facilities. This outcome is directly related to the Division's C-Stat measure for fights and assaults. Implementing a trauma-informed care across the Division should result in an improvement in the overall quality of treatment and a higher level of skill acquisition for youth – all leading to a possible reduction in recidivism.

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*State of Colorado*  
*Department of Human Services*  
*FY 2014-15 Funding Request*  
*November 1, 2013*

*John W. Hickenlooper*  
Governor

*Reggie Bicha*  
Executive Director

**Department Priority: R-7**  
**Request Detail: Trauma-informed Care**

<b>Summary of Incremental Funding Change for FY 2014-15</b>	<b>Total Funds</b>	<b>General Fund</b>
Institutional Programs, Medical Services	\$254,865	\$254,865

***Request Summary:***

The Department of Human Services is requesting \$254,865 in FY 2014-15, \$249,750 in FY 2015-16, and \$245,700 in FY 2016-17 to support the trauma-informed system of care as a priority in Colorado. The trauma-informed system of care focuses on efforts related to trauma-informed assessment and interventions, family involvement and engagement, and funding mechanisms that support an integrated care approach in working with youth across systems. The Department is targeting early identification and assessment of trauma to improve the accuracy with which interventions and services are chosen to address specific therapeutic needs. The Department advocates for these efforts across Department offices, such as the Office of Behavioral Health (OBH), which recently implemented changes at the Colorado Mental Health Institutes at Fort Logan and Pueblo to become trauma-informed.

***Problem or Opportunity:***

The Division of Youth Corrections (Division) evaluated data for all newly committed youth from FY 2011-12 and found that 80 percent of youth have experienced trauma at some time in their lives. This is consistent with national data that indicates a range between 75-93 percent of youth in child-serving systems have experienced trauma (Justice Policy Institute, 2010). The Adverse Childhood Experiences study in 1998 is the largest study to demonstrate the link between past experiences of trauma and future behavioral health and physical health problems. For example, among those who have experienced trauma, there is a statistically significant correlation with serious health issues ranging from suicide attempts, domestic violence, heart disease, and stroke, among others. The youth committed to the Division are at high-risk for adverse behavioral and physical health consequences due to trauma. Through becoming trauma-informed, the Division will improve the mental health functioning of youth, and continue to reduce subsequent involvement in the juvenile justice system.

Youth in a corrections system are more likely to have experienced multiple episodes of trauma across time, thus lessening the likelihood they can recover quickly. The National Child Traumatic Stress Network (NCTSN, 2007), reported that compared to the general community “approximately 25 percent of children

and adolescents in the community experience at least one potentially traumatic event during their lifetime, including life threatening accidents, disasters, maltreatment, assault, and family and community violence” (Costello et al., 2002), compared to 75-93 percent of youth in child-serving systems. Not surprisingly, traumatic stress is associated with increased involvement in child welfare and juvenile justice systems (Garland et al., 2001).

Integrating trauma-informed practices into the operations of the Division and adding trauma-informed treatment options improves youths’ mental health functioning and ability to succeed when back in society. According to the Policy Brief on Mental Health Disparities in Colorado (2006, 2), “the impact of mental illness on both quality of life and economic productivity exceeds many physical illnesses, such as heart disease and diabetes.” The 2004 update to the Global Burden of Disease Report (World Health Organization, 2004, 44) indicates “mental disorders such as depression, alcohol use disorders and psychoses are among the 20 leading causes of disability worldwide.” Addressing trauma addresses mental health disorders, and links to increased likelihood of success in reducing recidivism when trauma-informed environments are implemented.

Recent data collected by Esaki & Elwyn (2013) during implementation of the Sanctuary Model, a comprehensive organizational trauma-informed care model that is residentially-based and actively applied in juvenile justice settings, showed an “average rate of incidents of youth misconduct that resulted in injury, confinement or restraint was 6.6 per 100 person days of youth confinement prior to model implementation, compared to 1% following implementation. The national average for incidents of youth misconduct that resulted in injury, confinement or restraint was 2.2% compared to North Central Secure Treatment Unit's 1% post-implementation.” There is a reasonable expectation that implementation of the Sanctuary Model will decrease assaults, injuries, and number of restraints, all of which are current Division C-Stat measures. Data from a juvenile justice agency currently implementing the Sanctuary Model showed a monthly decrease from January 2013 to June 2013 of physical managements from 16 to 1. The Division provides behavioral health services to youth as part of a rehabilitative model. As indicated, youth committed to the Division have issues that stem from past traumatic events, which can be the underlying cause of exhibited aggressive behavior and other disruptive behaviors. Treating youth with past trauma requires an environment that is aware of trauma’s impact and that has the therapeutic and operational tools to address trauma-based behaviors.

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***Proposed Solution:***

The Department requests General Fund appropriations of \$254,865 in FY 2014-15, \$249,750 in FY 2015-16, and \$245,700 in FY 2016-17. Funding is for contract services designed to provide the Division with support to create trauma-informed environments across the 10 state-operated juvenile detention and commitment facilities.

The Division will improve trauma screening, assessment, and treatment services, training on trauma, and will address the need for a physical environment that promotes de-escalation and emotional regulation (e.g., de-escalation, or “comfort” rooms).

- *Trauma screening* – Currently, the Division is able to identify youth with prior trauma. However, the Division will include additional screening tools to identify trauma within the first 30 days of commitment as part of the assessment process.
- *Assessment* – During the 30-day assessment period, trauma assessment will be conducted based on the outcome of trauma screening tools. When indicated, further assessment will define the extent to which trauma plays a role in a youth’s current functioning and can be linked to criminogenic risk.
- *Treatment Services* – Although the specific treatment services that will be offered will not be known until working with consultants, the proposal will focus on organization and clinical interventions that will lead to effective trauma-sensitive communities of care for committed and detained youth.
- *Training and Consultation on Trauma-informed Environments* – Training and consultation will be provided to all 10 state-operated facilities, including Division leadership and all staff. Consultation will continue throughout the 3-year implementation period, including a focus on sustainability.
- *Physical Environment* – The Division will investigate whether de-escalation or comfort rooms are necessary, and will assess other physical plant needs to promote a trauma-informed environment.

In partnership with national experts, the Division will also assess its 10 state-operated facilities through the use of an evidence-based model for trauma-informed environments to ensure the above aims are met. The Division’s goal is to transform its ability to address trauma through all forms of interactions with youth. Additionally, the anticipated organizational culture shift includes increasing the level of awareness, training, and skill acquisition on the part of each role within the Division, not just clinical roles. Creating trauma-informed environments requires every role within a residential setting to be aware of and knowledgeable about how each person can interact with and positively assist a youth’s treatment progress. The approach includes changes at both the individual and organization level. Individuals will acquire the skills and knowledge needed to effectively address trauma. The organization will be in a better position to identify and begin to address critical components lacking in its current environments, from physical plant needs to policy modifications needed to modernize the assessment, treatment, and care of youth.

The Division also seeks to achieve an organization culture shift that integrates these improvements across all roles within the Division. Whether a youth is speaking with front line staff or the Division Director, the role of trauma in rehabilitation will be understood and integrated into all efforts across the commitment continuum. The requested funds will be utilized to implement a Substance Abuse and Mental Health Administration endorsed approach that “helps organizations to create a collaborative and healing environment that improves efficacy in the treatment of traumatized individuals, reduces restraints and other coercive practices, builds cross-functional teams, and improves staff morale and retention” (National Center for Trauma-Informed Care, 2013). The Sanctuary Model is currently the only organization culture shift model for trauma-informed care in residential settings.

The total cost for this work is estimated at approximately \$250,000 per year over a three-year period. This amount is based upon a quote to implement and certify the ten locations in TICSOC. Once the three-year effort is complete, the Division anticipates it will have completely integrated the trauma-informed care philosophy into its policies and practices and its facilities and operations will be a certified as trauma-informed environments.

As an alternative, the Division has estimated the cost for a pilot for two locations in order to allow an evaluation that includes comparative data between two similar facilities. This approach would assist normalizing any factors that may influence outcomes that are not a direct result of the implementation of a trauma-informed care environment. However, the pilot model was found to be less cost-effective since the training, travel, and planning costs are incurred over the course of the roll out and cannot be consolidated. The total cost of the three-year project is \$750,315, while a pilot would require \$880,265 over a six-year period. This alternative also delays delivering the full benefit of a trauma-informed care environment to all youth in the care of the Division.

A second alternative is to not implement trauma-informed care environments. The Division will continue to focus on proper assessment of trauma and the treatment for trauma on an individual basis. However, the Division will miss the full opportunity to appropriately treat a youth, who may be inadvertently re-traumatized by others in the Division who are not trained in trauma-informed care.

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***Anticipated Outcomes:***

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There is a reasonable expectation that the creation of a trauma-informed culture across the Division will reduce assaults and fights and will reduce the use of restraints and seclusions. In cases where trauma is the underlying cause of exhibited aggressive behavior, youth will learn to better cope with their trauma triggers and regulate their emotions more effectively. Overall, it is expected that this culture will lead to less disruption in the facilities. This outcome is directly related to the Division's C-Stat measure for fights and assaults.

A trauma-informed environment becomes more therapeutic in its entirety. A change to an implementation of trauma-informed care across the Division should result in an improvement in the overall quality of treatment and a higher level of skill acquisition for youth – all leading to a possible reduction in recidivism. This outcome is directly related to the Division's C-Stat measure for recidivism.

An added benefit of creating a trauma-informed organization relates to workforce development. A recent study by Esaki & Larkin (2013) has demonstrated a strong link between adverse childhood experiences of workers within child-serving systems and how that negatively affects service provision (Jackson & Nutall, 1994; Pearlman & Mac Ian, 1995; van der Kolk, 1989). Utilizing a trauma-informed environment model will also better prepare workers to effectively engage with and treat youth in the Division's care; ensuring quality of care is high and delivered by quality staff (Anda et al., 2004).

Finally, the Division's focus on creating trauma-informed environments both aligns with and can help inform the Department's work to establish trauma-informed systems of care.

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***Assumptions and Calculations:***

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Cost estimates are based on a preliminary proposal from an outside firm that can train Division staff using a proprietary model. Details of this estimate are in Appendix A.



Estimated Funding Need and Funding Split:

**FY 2014-15**

<b>Long Bill Line Item</b>	<b>Total - GF</b>
(11) Division of Youth Corrections (B) Institutional Programs, Medical Services	\$254,865
<b>Total</b>	<b>\$254,865</b>

**FY 2015-16**

<b>Long Bill Line Item</b>	<b>Total - GF</b>
(11) Division of Youth Corrections (B) Institutional Programs, Medical Services	\$249,750
<b>Total</b>	<b>\$249,750</b>

**FY 2016-17**

<b>Long Bill Line Item</b>	<b>Total - GF</b>
(11) Division of Youth Corrections (B) Institutional Programs, Medical Services	\$245,700
<b>Total</b>	<b>\$245,700</b>

**Appendix A: Division of Youth Corrections Sanctuary Implementation Quote**

<b>Year One</b>						
Service	Description	Number of services	Rate	Total Cost	Travel costs	Total
Planning Meetings	monthly planning meetings with state level planning team @ \$200 per call	12	\$200	\$2,400	\$0	
Needs Assessments for 10 sites	10 two day on-site assessments of strengths and challenges with report @ \$5500 per evaluation	10	\$5,500	\$55,000	\$16,550	
Five day training institute	5 faculty for 5 days at \$2000 per day per faculty	1	\$50,000	\$50,000	\$11,125	
On-site consultation	3 week long consults: 1/2 day consult for each of 10 sites over a 5 day period by 2 faculty @ \$2000 per day per faculty	30	2,000	60,000	13,350	
Phone consultation	3 phone calls per each of 10 sites @ \$200 per one hour call	30	200	6,000	\$0	
Booster Sessions	4 full day regional meetings of all 10 sites provided by 3 faculty @ \$2000 per day per faculty	4	6,000	24,000	16,440	
				197,400	57,465	
<b>Year Two</b>						
Service	Description	Number of services	Rate	Total Cost	Travel costs	Total
Planning Meetings	bi-monthly planning meetings with state level planning team @ \$200 per call	6	\$200	\$1,200	\$0	
On-site consultation for state level leadership	8 full day on-site consultations with state level leadership to steer project and monitor fidelity	8	\$2,000	\$16,000	\$10,960	
On-site consultation	7 week long consults with two faculty: 1/2 day consult for each of 10 sites over a 5 day period by 1 faculty @ \$2000 per day per faculty	70	\$2,000	\$140,000	\$31,150	
Phone consultation	5 phone calls per each of 10 sites @ \$200 per one hour call	50	\$200	\$10,000	\$0	
Booster Sessions	4 full day regional meetings of all 10 sites provided by 3 faculty @ \$2000 per day per faculty	4	\$6,000	\$24,000	\$16,440	
				\$191,200	\$58,550	
<b>Year Three</b>						
Service	Description	Number of services	Rate	Total Cost	Travel costs	Total
Planning Meetings	monthly planning meetings with state level planning team @ \$200 per call	12	\$200	\$2,400	\$0	
On-site consultation for state level leadership	8 full day on-site consultations with state level leadership to steer project and monitor fidelity	8	\$2,000	\$16,000	\$10,960	
On-site consultation	3 week long (5 days) consults conducted by two faculty: 1/2 day consult for each of 10 sites over a 5 day period by 1 faculty @ \$2000 per day per faculty	30	\$2,000	\$60,000	\$13,350	
Phone consultation	3 phone calls per each of 10 sites @ \$200 per one hour call	30	\$200	\$6,000	\$0	
Booster Sessions	4 full day regional meetings of all 10 sites provided by 3 faculty @ \$2000 per day per faculty	4	\$6,000	\$24,000	\$16,440	
Certification	10 two day certification evaluations and report conducted to evaluate fidelity	10	\$8,000	\$80,000	\$16,550	
				\$188,400	\$57,300	