# Kenora-Rainy River Youth Justice Service Collaborative
# Story and Sustainability Report

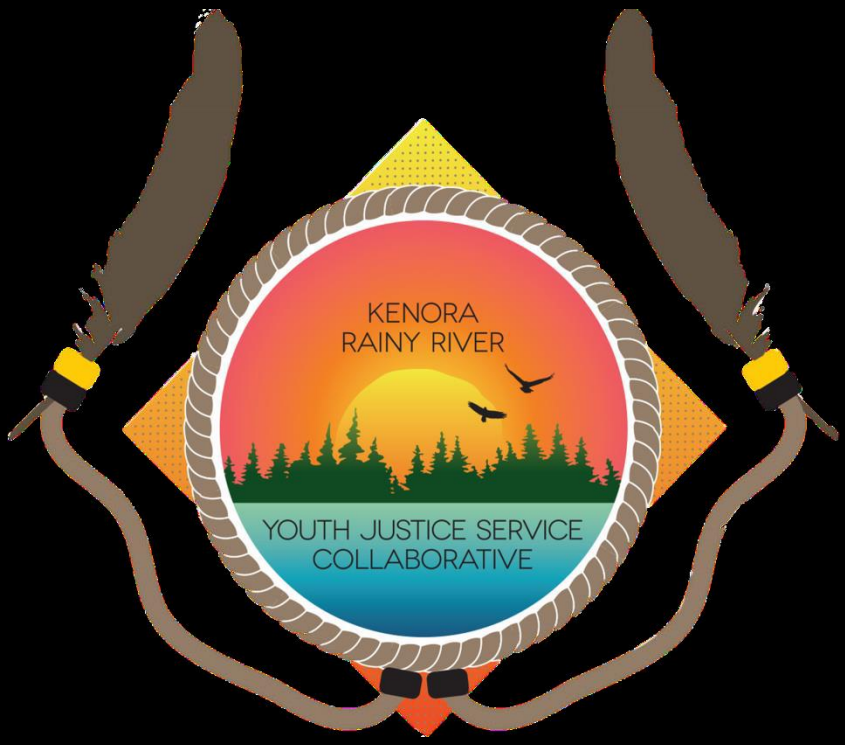


Image source: KRRYJC Protocol V2. 2017 (see Appendix)

## Prepared by CAMH PSSP
## 2020

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- Ge-Da-Gi-Binez Youth Centre
- Gizhewaadiziwin Health Access Centre
- Keewatin Patricia District School Board
- Kenora Association for Community Living
- Kenora Chiefs Advisory
- Kenora Catholic District School Board
- Kenora Rainy River Child and Family Services
- Lake of the Woods District Hospital, Mental Health and Addictions Programs
- Métis Nation of Ontario
- Ne-Chee Friendship Centre
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Additional thanks to those organizations that participated in the 2019 interviews for their time and insights into the sustainability of the protocol at their respective agencies today.

## PURPOSE

The purpose of this report is to highlight the incredible work done by the Kenora-Rainy River Youth Justice Service Collaborative (KRRYJSC) in developing and implementing the *Trauma Informed Agency Protocol* (Appendix). This report is divided into two main sections: (1) Background, and (2) Evaluative Monitoring for Sustainability. The Background section provides a brief overview of the process, the training that took place, and the state of the protocol today. The Evaluative Monitoring for Sustainability section provides a summary and analysis of five interviews with key informants that took place in 2019 regarding the sustainability of this work.

## BACKGROUND

The Kenora Rainy River District has one of the lowest population densities in Ontario with an area that covers approximately 38% of the total area of Ontario and a total population of approximately 65,500 in 2016[1]. The District is home to 43 First Nations reserves, several townships and unorganized areas[1]. The KRRYJSC is made up of community service providers representing 18 sectors who provide support to youth in the Kenora and Rainy River Districts. Service providers came together to create a meaningful change for youth and the mental health and addictions system. The work was supported by the Systems Improvement through Service Collaboratives (SISC) initiative with the Provincial System Support Program (PSSP) of the Centre for Addiction and Mental Health (CAMH). The purpose of this initiative was to prevent re-traumatizing youth in the criminal justice system by increasing the use of trauma-informed practices. The KRRYJSC sought to improve awareness that the intergenerational, historical, cultural trauma experienced by some First Nations, Inuit, and Métis (FNIM) populations (also referred to as "Indigenous" throughout this document) are a distinct form of complex trauma.

### Early Days

The KRRYJSC began in late 2013 with a needs validation to map out the service landscape in the Kenora and Rainy River Districts. A PSSP team member conducted 16 interviews with service providers and community leaders who reside and/or offer mental health and justice systems services in the Kenora and Rainy River Districts and Northern First Nations and Métis communities. The interviews highlighted that First Nations and Métis youth from remote Northern communities have frequent contact with the mental health and criminal justice systems. As such, these services must

**18** Sectors  **30** Organizations  **60+** Members

[1] Kenora District. Wikipedia. Accessed August 4, 2020. https://en.m.wikipedia.org/wiki/Kenora_District

be trauma-informed and developmentally appropriate. The interviews also indicated that improved service navigation for youth and families and information sharing between organizations are required.

In addition to stakeholder interviews, a compilation of demographic, health, and historical information highlighted socioeconomic and sociocultural health needs in the districts, and a health equity profile was dedicated to the First Nation, Inuit, and Métis population. Together, these components of the needs validation helped the KRRYJSC identify prominent system gaps, select an intervention to address a specific gap, and identify relevant stakeholders and key service providers to be a part of the collaborative for system change.

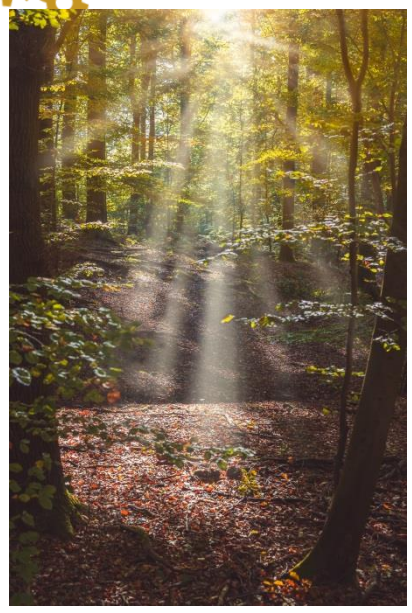
A Health Equity Impact Assessment (HEIA) was conducted to mitigate negative impacts and amplify positive impacts for marginalized groups. Some of the considerations found in the HEIA included planning for the technological requirements to connect people in different communities, and identifying the priority populations to engage in different stages of the implementation process.

### Community Engagement

Community engagement and intervention planning was carried out with service providers, youth, and families in addition to the numerous service providers from diverse sectors who made up the KRRYJSC membership.

A Service Collaborative Implementation Team (SCIT) made up of cross-sectoral community service providers was formed and met several times to help design, plan, and carry out the key milestones of the KRRYJSC.

### The Vision: A Trauma Informed Agency Protocol



The KRRYJSC came up with two primary goals based in the comprehensive exploration of community needs; to develop common language around trauma-informed care, and a commitment among service providers to develop a more trauma-informed youth justice system.

The KRRYJSC developed and implemented a trauma-informed protocol. The protocol engaged service providers in cross-sectoral education and training in trauma-informed practice, adopted a common mental health and addictions screening tool for youth in the criminal justice system, and a system navigation map for service providers, clients, and families.

The KRRYJSC protocol ensured that community service providers were informed about the prevalence and effects of psychological trauma, and the signs and symptoms of trauma in youth and how best to respond to these signs. Their goal was to enhance their knowledge and improve practices in order to avoid re-traumatizing youth involved in the criminal justice system, to increase resilience,

and promote recovery. The protocol also includes resources for agencies to gauge how trauma-informed they are, and guides to further trauma-informed practice within their organizations.

### A Training Highlight

This initiative included several trauma-informed trainings for service providers to complement the protocol from 2014 - 2015: "Mind/ Body Approaches to Creating Connection" provided by the Klinic Community Health; GAIN-SS training provided by CMHA Kenora; an educational session presented by Dr. Kenneth Hardy titled, "Unmasking Trauma: Strategies for Working with Troubled Youth, in Kenora"; and a workshop titled "Healing Trauma Through a First Nations Lens" provided by Dr. Ed Connors, Dr. Renee Linklater, and Rupert Ross.

Close to **560 system stakeholders** from the Kenora and Rainy River Districts attended capacity-building training sessions. Evaluations[2] show that:

- **92.1%** of participants agree that trauma-informed practice is useful for their clients, and
- **97.4%** agree that trauma-informed practice is useful for themselves and agency staff.

### Becoming a More Trauma Informed Youth Justice System

**Key milestones of the KRRYJSC, 2014 – 2016**

Staff from across the district engaged in **trauma-informed workshop trainings**:

- ✓ Several half-day or two-day workshops took place with Kenora and Rainy River District service providers between 2014 and 2015.
- ✓ The workshops focused on recognizing trauma and aggravating factors, and incorporating trauma-informed perspectives into everyday work with adolescents.
- ✓ Additional trainings focused on trauma & healing from an Indigenous perspective.

A **justice map** was created to improve appropriate referrals for youth and help youth and families better navigate the system.

Service providers **were trained in the GAIN-Short Screener tool** to screen justice-involved youth for mental health and addictions issues. The goal was to improve ease of screening as well as appropriate referrals across sectors.

[2] Results from February 2016 "KRRYJSC Justice Presentation" by CAMH PSSP

An **inter-agency referral form** was adapted to improve referrals to mental health and addictions services.

The **Trauma-Informed Agency Protocol was developed** and incorporates the use of relevant tools such as a trauma-informed self-assessment, and the commitment of agencies to work together towards better system integration.

## KRRYJSC System Improvements

- Roughly one year following its implementation, staff reported moderate usage of the **inter-agency referral form** in day-to-day work[3].
- Roughly one year following its implementation, staff expressed interest in using the **youth justice-mental health system navigation map** in their day-to-day work[4].
- In 2020, 17 organizations are licensed to use the **GAIN-SS tool** in the Kenora and Rainy River districts.
- The **protocol implementation rating scale** developed as part of the Trauma-Informed Agency Protocol is in use by the Keewatin Patricia District School Board in Kenora.
- Trauma-informed knowledge acquired through **trainings and workshops** has been incorporated into practice by staff from diverse sectors across the district. Measurement, impact, and outcomes of the KRRYJSC have been centered on the trainings and workshops and are discussed more in the next section.

## Impact and Outcomes of the KRRYJSC

The overarching vision of the KRRYJSC was to increase service provider awareness and understanding about trauma. Namely that:

- Trauma experiences are common and are predictors of increased risk of physical and behavioural health issues.
- Trauma can be triggered by a wide range of experiences. Responses to trauma are unique and individual for each person.

Staff who participated in trainings in the districts were asked to complete feedback surveys – immediately following their training events and at a few points in time in the years that followed. In November of 2016, 40 staff who received trauma-informed training completed a survey. The goal of the survey was to learn about current perceptions and use

[3] Results are from February 2016 "Current Snapshot of Youth Justice System Knowledge" Survey, with 14 respondents. Three staff reported frequent use of the inter-agency referral form and eight reported occasional use.
[4] Results are from February 2016 "Current Snapshot of Youth Justice System Knowledge" Survey, with 14 respondents. 10 staff indicated interest in frequent use of the youth justice-mental health system navigation map.

of trauma-informed practices by staff who received the KRRYJSC training. The findings demonstrated strong positive strides toward becoming a more trauma-informed system, as well as a few areas with opportunities for improving practice.

**Opportunities for Improved Trauma-Informed Practice**

- Staff indicated that they felt prepared to use trauma-informed practice (71%) and that the practice was integrated into their work (82%). Still, there is a **need for additional trainings and refreshers to improve confidence with applying trauma-informed practice** (40% with an additional 8% who felt unsure about their current level of training). This reflects a need for ongoing training on trauma-informed practice.
- Among a smaller group of respondents (n=16), half (50%) indicated that **additional training is needed and refreshers would be beneficial**.
- Additional training and support is required to improve the implementation of trauma-informed practices; 76% of respondents reported that this training is available.

**Positive Strides towards Becoming a More Trauma-Informed System**

Trauma-informed trainings were positively received and perceived to be beneficial for service provision in diverse sectors. Responses demonstrated that the trainings led to a greater understanding of trauma which was maintained in the year that followed.

*Most* staff indicated that trauma-informed practice…

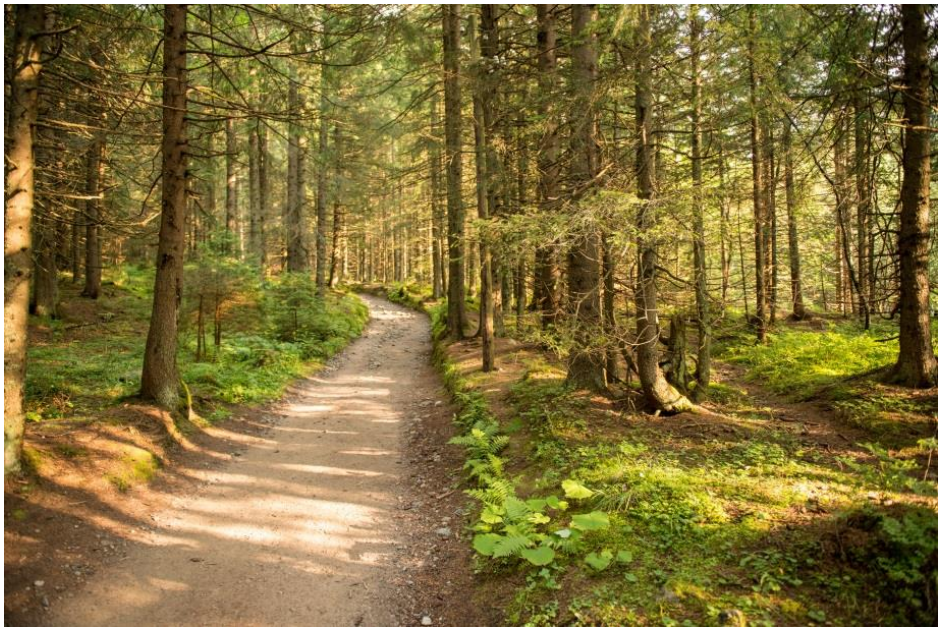
- ✓ Is incorporated into their work at least half of the time (83%)
- ✓ Has had a **positive impact** on the clients they work with (89%)
- ✓ Is **useful** for clients (92%) and for staff (97%)
- ✓ Has increased **staff's confidence** that their work is **helping clients** (87%)
- ✓ Has improved **staff's ability** to work with clients

## The Trauma Informed Protocol in 2019

In 2017, the KRRYJSC updated the trauma-informed protocol to Version 2. The five primary objectives of the revised protocol (Appendix 1) are to:

- Promote the understanding that trauma experiences are common and are predictors of increased risk of physical and behavioural health issues. Trauma can be triggered by a wide range of experiences and response to trauma is unique and individual for each person;
- Mitigate the effects of trauma exposure response in system workers;
- Improve awareness that the intergenerational, historical, cultural trauma experienced by some First Nations, Inuit, and Métis (FNIM) populations (also referred to as "Indigenous" throughout this document) are a distinct form of complex trauma;
- Establish universal screening for mental health and substance use in youth justice populations to assist trauma recovery through a strengths-based approach;
- Increase access to effective and appropriate services for those who have experienced trauma by improving system navigation and referrals.

There are organizations in the Kenora district who continue to increase understanding and awareness of trauma among staff and to improve policies and practices. For example, a district school board implemented ongoing monitoring and evaluation of their efforts to become more trauma-informed. The Kenora branch of the Canadian Mental Health Association began developing a trauma-informed agency work plan in the spring of 2018. Their work plan is guided by items from a protocol implementation rating scale[5] (an evaluation tool for ongoing monitoring of protocol implementation).



## EVALUATIVE MONITORING FOR SUSTAINABILITY

As part of evaluative monitoring, interviews were conducted with representatives from five agencies who were part of the Service Collaborative. Interviewees were selected using convenience sampling. Interviews took approximately 40 minutes each and participation was voluntary. These interviews took place in person and over the phone in December of 2018 and January of 2019.

Discussion topics included:

- Information on the history of the collaborative;
- Questions on current state of use (i.e. are agencies currently using the protocol);
- Questions on sustainability, value and impact, lessons learned; and
- Dissemination plans.

NVivo Qualitative Analysis software was used to organize, analyze, and code transcribed interviews into themes.

## FINDINGS

Interviewees were asked specific questions regarding relationships, sustainability, and challenges of the Service Collaborative. The interview guide can be found in Appendix 2. The following **seven themes** emerged from the interviews:

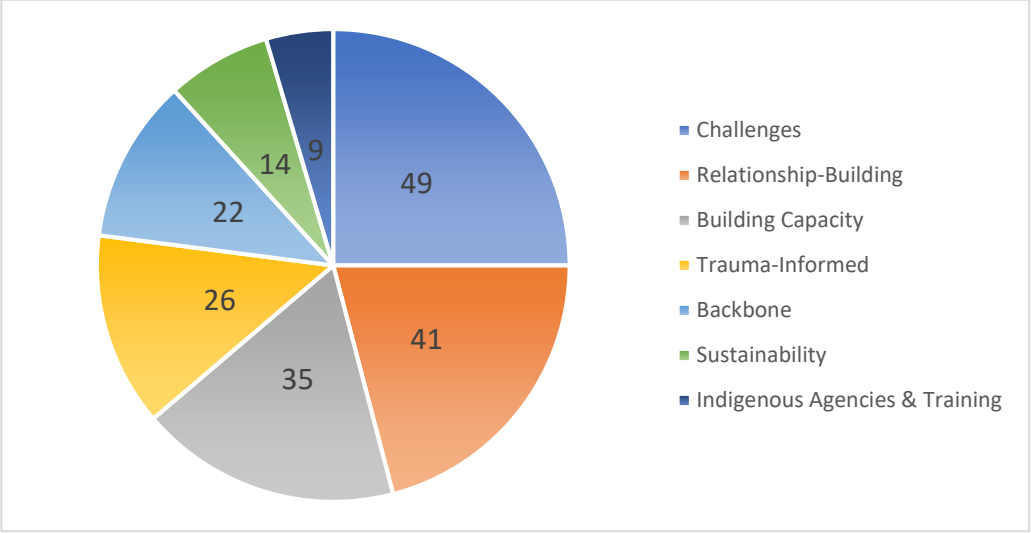



Figure 1 – Themes

### Theme 1: Challenges

The most prevalent theme from the interviews was 'Challenges' which arose forty-nine times in the five interviews. As a theme, challenges included the barriers to training and implementing the protocol as well as how some of these challenges were overcome. Some of the difficulties that arose during the process were;

- processes for on-boarding new staff and organizations
- how to find staff to take on key roles within the collaborative
- technological issues
- the size of the service area can create difficulties engaging district partners
- tensions deciding who should be part of the navigation process
- difficulties both in scheduling meetings and getting people together due to geography and technology issues.
- training was overwhelming/too much for one day
- the language used in training was sometimes too complicated
- the backbone organization had high turnover

Concerns about potential challenges moving forward were also expressed. These concerns included the sustainability of engagement in a smaller community with limited resources, finding time to update the protocol, budget and funding concerns, as well as the demands created by competing interests.

### Theme 2: Indigenous organizations and training

The term Indigenous was explicitly mentioned nine times during three interviews, specifically referring to engagement of Indigenous organizations, and the importance of the Indigenous-informed training that agencies received. However, considerations around Indigenous people and organizations were intertwined with several other themes, as the trauma-informed training was Indigenous-focused, building capacity involved the importance of the protocol for Indigenous communities, and relationship building included building relationships with local Indigenous communities (which was considered to be a challenge, particularly in remote communities).

> *… I think that there were a few mainstream and Indigenous agencies that probably communicated and worked together for the first time. And that was amazing. So in terms of the relationship building in that regard, I think that was a huge piece that we have to remember. Non-Indigenous people being at this trauma-informed training and hearing all of these pieces and being really impacted by it, there were Indigenous folks in the room that were so impacted that people were actually there. That it was really showing for the community.*

### Theme 3: Relationship Building

Relationship building was mentioned forty-one times in five interviews and included building relationships with the community and with other stakeholders. The topics in this theme included building and maintaining relationships that were developed during the Service Collaborative. Interviewees mentioned bringing Indigenous organizations to the planning meetings as well as reaching out to new organizations to build stronger partnerships. Interviewees also mentioned that the collaborative opened up communication between the justice sector and the child and family services sector, that difficult conversations came up and the air was cleared. They also discussed the benefits of working together to train staff, especially front-line staff.


Word Cloud for Relationship Building Theme

### Theme 4: Building Capacity

Capacity building was mentioned thirty-five times in the five interviews. Some of the comments related to this theme included:

- the protocol was a tool for clients and their families to better understand accountability and the process of the justice system.
- the protocol provided a resource and a guideline for agency members.
- training together with other community members helped build capacity within the community.
- the importance of the protocol for the community
- different aspects of the protocol and Service Collaborative they found helped build their capacity.
    - Use of the GAIN-SS as part of the screener.
    - The GAIN-SS.
    - Training (especially community training).
    - Navigation tool, especially for clients with cognitive disabilities.
    - Allows for the ability to self-reflect.
    - Created a meaningful and impactful navigation process with proper assessment.
    - Common language among agencies.
    - Knowledge gained from understanding what other places around the world were doing.
    - Trauma-informed training and Indigenous-informed training.
    - System map that highlighted intersections between health and justice sectors and gaps that existed.
    - Allowed for some healing and understanding of why people may be where they are in their life right now.

The protocol and Service Collaborative as a whole were seen as important to building capacity within organizations and within the community.


Word Cloud for Building Capacity Theme

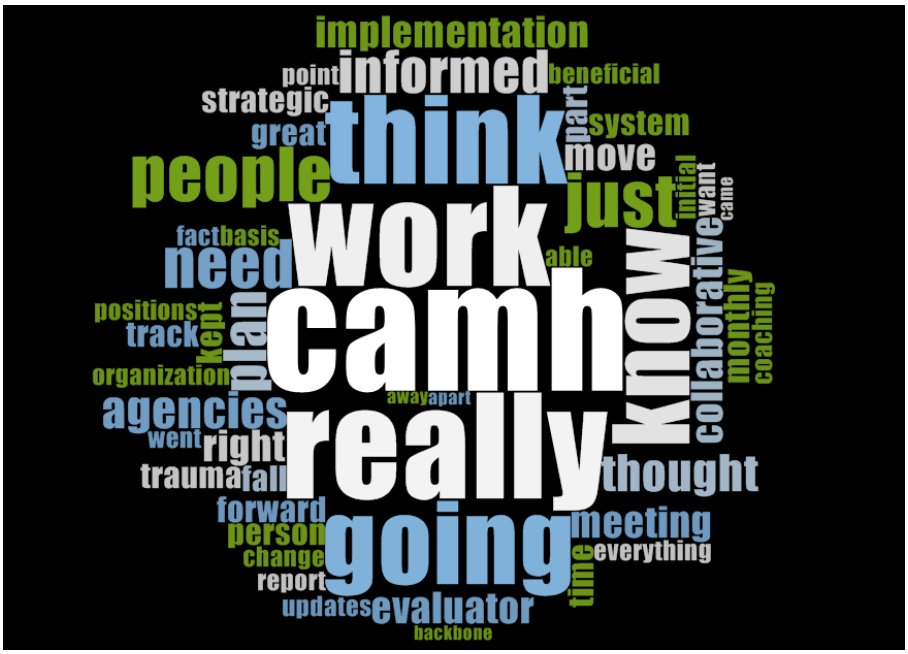
### Theme 5: Trauma-Informed

Trauma-informed practice, training, and protocol were mentioned twenty-six times in five interviews. Interviewees mentioned that a lot of trauma-informed practices are already occurring, including work their organizations have done outside of the collaborative. They also mentioned the importance of having a best-practice document to ensure that everyone is taking a similar approach and using the same language. One interviewee mentioned the importance of not just saying your agency is trauma-informed but actually examining if your practices reflect that. Interviewees mentioned the importance of trauma-informed practices especially when working with vulnerable individuals such as youth and Indigenous peoples. Several interviewees also spoke about how they've implemented trauma-informed practices into their agencies since the Service Collaborative.

> *… I think it had a really big impact on the way that people interacted with some of their clients. Just having that understanding of how trauma can impact behaviours and emotions and being able to ask for help and take help, was huge.*

### Theme 6: Backbone

The involvement of the backbone was mentioned twenty-two times in the five interviews. The 'Backbone' refers to members of CAMH-Provincial System's Support Program (PSSP) and their role in the initiative. PSSP has offices across the province, and collaborates with stakeholders to build better systems through their work in implementation, knowledge exchange, evaluation, information management, health equity, and engagement. Backbone-related comments included: the importance of having a backbone organization supporting and coordinating the initiative; the value that specific members of the backbone team brought to the initiative; the importance of having a neutral person in the room; and the value of having someone there whose job it was to keep the work on track. Turnover of backbone staff was also mentioned as a challenge that the Service Collaborative faced.




Word Cloud for Backbone Theme

### Theme 7: Sustainability

Sustainability was mentioned fourteen times in the five interviews. Interviewees were specifically asked about sustainability and discussed the importance of sustainability as well as the issues they were encountering trying to continue trauma-informed practices within their organization and community. Most of the comments were optimistic about the ability to be sustainable. One interviewee said the most important way to make the protocol sustainable is to ensure it is woven into everything they do. Another interviewee mentioned the importance of integrating new agencies that didn't have the initial training. Also, the importance of having someone in charge of maintaining communication between the agencies in the collaborative was seen as an important part of sustainability.

Organizations were asked to sign the protocol as a symbol of commitment to implementing the trauma-informed practices into their work. Fear that organizations might sign off on documents without actually implementing them was also mentioned. An interviewee felt that the project is sustainable as long as there is a point person, but that every organization has their own mandates, staff are busy, and there is often not a person tasked with continuing the work.


Word Cloud for Sustainability Theme

### Risks to Sustainability

Several obstacles to sustainability were identified by the agency representatives who were interviewed. Ongoing resources are needed to update and evaluate the protocol's implementation and effectiveness. Agencies benefit from having a person whose role included ensuring work was kept on track and moving forward, as there was concern that there would be no follow-up without that person. Difficulties due to the geographical spread of agencies and issues with technology (such as stable internet access) may pose a risk to sustainability by creating issues with communication among agencies.

## Limitations

There were several limitations for the evaluative monitoring:

- Interviewees were selected based on convenience sampling and not random sampling of participating agencies or employees at those agencies
- While six of the twenty organizations in the Service Collaborative were Indigenous, none of the interviewees worked in Indigenous organizations
- The sample size was small (five interviews)
- NVivo word clouds generate the size of words based on the number of times it is used within the transcripts, which is not necessarily indicative of the importance of the content
- There have been no evaluations to determine what capacity has been lost over time

Follow-up evaluations that utilize random sampling and incorporate questions to understand capacity loss may be beneficial in the future to provide a better understanding of the sustainability of the initiative.

### Summary

Members of the Service Collaborative found it beneficial to have agency partners from various branches of mental health & addiction services, education, child & family services, and justice/enforcement services. Interviewees reported that the Service Collaborative built relationships not only within the partnering agencies, but within the broader community as well. The development of the protocol and additional resources were important in building capacity for front line workers and leadership, as well as youth and their caregivers. Interviewees seemed confident in their ability to implement and utilize the trauma-informed protocol that was developed. Agencies have shared this information with other organizations in order to aid them in capacity building and more partners are using similar protocols and language when working with youth who are involved in the justice system.

## CONCLUSION

The Kenora Rainy River Youth Justice Service Collaborative succeeded in creating a protocol for trauma-informed practice that was implemented by partner agencies and shared with agencies outside of the collaborative. Resources were developed that will aid in ensuring new front-line staff and leaders have the tools they need in order to ensure system workers are educated on the importance of working within a trauma-informed protocol. Tools were provided to allow agencies to complete follow up evaluations in order to assess adherence.

Suggestions for future directions include an evaluation of the impact on escalations within the justice system which would be beneficial to understand the overall community impact. Agencies expressed an understanding of the importance of being trauma-informed and the ways in which the protocol benefits the community as whole, which seems to be a key to success.

APPENDIX 1 – Trauma Informed Protocol V2 2017

2017

# Kenora Rainy River Youth Justice Service Collaborative

## Trauma-Informed Agency Protocol

Version 2.0

## Contents

# Kenora Rainy River Youth Justice Service Collaborative

## Trauma-Informed Agency Protocol

### 1.0 Overview

It is the protocol of agencies and community service providers involved with the Kenora Rainy River Youth Justice Service Collaborative that they are informed about the prevalence and effects of psychological trauma, signs and symptoms of trauma exposure response in their own workforce. Agencies and community service providers commit to put this knowledge into practice to avoid re-traumatizing those involved in the youth criminal justice system and promote pathways to resiliency and recovery. The protocol includes self-evaluation resources for agencies to gauge how trauma-informed they are and guides to further develop trauma-informed practice within their organizations.

### 1.1 Purpose

The purpose of the Trauma-Informed Agency Protocol is to:

- Promote the understanding that trauma experiences are common and are predictors of increased risk of physical and behavioural health issues, and that trauma can be triggered by a wide range of experiences; however, response to trauma is unique and individual for each person;
- Mitigate the effects of trauma exposure response in system workers;
- Improve awareness that the inter-generational, historical, cultural trauma experienced by some First Nations, Inuit, and Métis (FNIM)[1] populations are a distinct form of complex trauma; also referred to as Indigenous throughout this document.
- Establish universal screening for mental health and substance use in youth justice populations to assist trauma recovery through a strengths-based approach;
- Increase access to effective and appropriate services for those who have experienced trauma by improving system navigation and referrals.

### 1.2 Rationale

Trauma experiences are now known to be far more common than previously thought. Youth justice populations report higher rates of trauma exposure than the general population (Wolpaw & Ford, 2004). Indigenous populations are also found to have higher rates of trauma exposure than

[1] When referencing statistics in this document, FNIM is defined using Statistics Canada's (2010) definition of Aboriginal, "those people who reported identifying with at least one Aboriginal group, that is, North American Indian, Métis or Inuit, and/or those who reported being a Treaty Indian or a registered Indian as defined by the Indian Act of Canada, and/or those who reported they were members of an Indian band or First Nation".

the general population (Northwest LHIN, 2009). The Indigenous population in Kenora and Rainy River districts respectively are 36% and 22% of the total population, compared to 2% for the province of Ontario (Statistics Canada, 2013a, 2013b, & 2013c). Further, male FNIM youth in Ontario are incarcerated at a rate that is five times higher than the general youth population, and FNIM females at a rate that is ten times higher (Rankin & Winsa, 2013). The high percentage of FNIM youth in the region coupled with the overrepresentation of FNIM youth in the justice system, suggests that many justice-involved individuals in the region will have experienced trauma.

A shift towards a more trauma-informed youth justice system allows system partners to develop common trauma-informed processes, practices, and policies. For service providers, the anticipated outcomes include an increased number of appropriate mental health and addictions referrals, improved communication among service providers, increased service collaboration, improved continuity of care, and improved trauma recognition and response. For youth and families, anticipated long-term outcomes include improved behavioural and mental health, decreased substance use, decreased contact with the justice system, decreased severity of youth justice incidents, and increased overall well-being. At the system level, the projected outcomes of a more-trauma informed approach are reduced pressure and financial strain on human service systems and reduced victimization. System partners will need to take a coordinated collaborative approach to system education, training, and funding proposals. The intent of these efforts is to influence policy and practice change at the agency, system, and ultimately, the provincial government level, and act as a catalyst for a paradigm shift in the approach to youth justice.

## 1.3 Applicability

Member agencies of the Kenora Rainy River Youth Justice Service Collaborative who provide justice, mental health, and/or substance use services for the youth and/or adult sectors. Inclusion of adult agencies is intended to encourage continuity of service philosophy between sectors and a more seamless transition from youth to adult serving systems. Other sectors who provide services to justice-involved youth outside of the justice system proper are also included, i.e., education, child welfare, primary health care. In addition, the protocol includes agencies that provide services to victims of crime. This protocol and its components initially focused on the Kenora area with the intent to scale-up to additional communities in the Northwest region.

## 1.4 Definitions

### 1.4.1 Individualized

Treatment strategies, services, and other supports that are customized to suit the particular needs and strengths are individualized, including consideration given to their lived experience and resilience.

### 1.4.2 Psychological trauma

The occurrence of Psychological trauma is when an individual is overwhelmed by their experience of an event or from enduring conditions. The individual's ability to integrate his or her emotional experience is compromised and can result in a sense of helplessness. Trauma can be triggered by a wide range of experiences, including single events such as an accident, natural disaster, unexpected loss, or victimization through personal or property crime. Or, trauma can be triggered by multiple or repeated events, such as war, poverty, family or community conflict, or neglect and/or abuse. A person can experience trauma directly or indirectly and still be psychologically impacted. Trauma experiences are predictors of increased risk of prolonged emotional, physical, and behavioural health problems. An individual's inability to cope can result in inappropriate mental health diagnoses, substance use issues, self-harm, criminal or violent behaviour, and family conflict, among other things. Trauma responses can be further defined as follows:

#### 1.4.2.1 Acute trauma response

*– An immediate response to a situation where an individual experiences extreme, disturbing or unexpected fear, stress, pain, or loss. A single event can lead to long-term trauma responses.*

#### 1.4.2.2 Chronic trauma response

*– A response to trauma exposure over long periods of time. Responses can range from fear, guilt, and shame, to loss of trust in others, and a reduced ability to tolerate normal stress. Each traumatic event or circumstance can serve as a reminder of previous traumatic events, so the negative effects accumulate and reinforce the impact of the previous trauma.*

#### 1.4.2.3 Complex trauma response

*– The wide-ranging, long-term impacts of children's exposure to multiple traumatic events, often of an invasive, interpersonal nature. These events are severe and pervasive. They usually begin early in life, and disrupt many aspects of a child's development and the very formation of a self. These traumatic events often occur in the context of the child's relationship with a caregiver, and can interfere with the child's ability to form a secure attachment bond.*

*Complex trauma can have devastating effects on a child's physiology, emotions, ability to think, learn, and concentrate, impulse control, self-image, and relationships with others. Complex trauma is linked to a wide range of problems that can present and persist across the life span, including chronic physical conditions, addiction, depression and anxiety, self-harming behaviours, and other psychiatric disorders. Changes in the brain and in emotional development can result in self-initiated isolation, and/or the inability to get or remain connected to potentially supportive people, further impacting the individual.*

#### 1.4.2.4 Cultural trauma

*– An attack on the fabric of a society, including its norms, social mores, values, belief system, way of life, traditions, and language, affecting the essence of the community and its members.*

#### 1.4.2.5 Historic trauma

*– The cumulative exposure of traumatic events, such as colonization, dispossession and dislocation that negatively impact an individual and continue to affect subsequent generations.*

#### 1.4.2.6 Inter-generational trauma

*- When trauma is not resolved, subsequently internalized, and passed unwittingly through behaviours and thought systems from one generation to the next.*

### 1.4.3 Re-traumatization

Individuals may be unintentionally traumatized or re-traumatized in agency or provider settings when psychological trauma is not recognized or addressed. Re-traumatization can be triggered by the use of seclusion or restraint, or less overtly, by a lack of sensitivity to the potentially triggering impact of words, appearance, or behaviours of service providers or those in positions of authority. Re-traumatization can also occur when the physical environment may compromise an individual's

feelings of comfort and safety. What may appear to be an over-reaction may in fact be associated to a previous trauma that is being triggered by a current event, circumstance, or surroundings.

### 1.4.4 Trauma-informed practice

A philosophy that facilitates identification of trauma responses in individuals, and is used to ensure that clients and service providers are supported appropriately so as not to cause re-traumatization is considered to be trauma-informed practice. This practice differs from trauma-specific interventions which are treatment-focused clinical programs designed to lessen the impacts or symptoms of traumatic experiences on an individual. Trauma-specific interventions can augment trauma-informed practice, but trauma-informed agencies can be established without them.

### 1.4.5 Trauma exposure response

A stress reaction that may be experienced by individuals who are exposed to trauma through their work (sometimes referred to as “vicarious trauma”). Primary response workers such as police, paramedics, or child welfare workers involved in apprehensions may be exposed to trauma directly through their work. Workers can also be impacted through disclosures of images and events by individuals seeking help. Service providers may experience long lasting changes in how they view themselves, others, and the world. Trauma exposure response can develop into posttraumatic stress disorder (PTSD) and can affect the lives and careers of even those with considerable training and experience.

### 1.4.6 Universal precautions

Assuming that all individuals may have experienced trauma and have symptoms from this exposure, they are not immediately obvious. Trauma is an almost universal experience in the general population with even higher rates of trauma exposure reported in youth justice populations. This necessitates that a universal precaution approach be used with the understanding that while not all clients will have a trauma background, service providers need to be informed and ready to recognize and support those who do.

## 2.0 Protocol Components

This part of the protocol identifies our mandate, statement of values and guiding principles, mission, and vision.

### 2.1 Mandate

**The Kenora Rainy River Youth Justice Collaborative connects justice-involved youth with appropriate mental health and addiction services through coordinated efforts by agencies in the Kenora Rainy River Districts in order to give youth and their caregiver's access to services and options that limit escalation in the justice system.**

### 2.2 Statement of values and guiding principles

We believe in:

- **Being Trauma-Informed –** Recognizing the prevalence of trauma, how trauma affects all individuals in the system, including its own workforce, recognizing the historic trauma experienced by First Nations communities over the last several centuries, and putting this knowledge into practice
- **Collaboration & Partnership –** Encouraging cooperation and collaboration between interconnected system partners to facilitate system change
- **Community & Inclusion –** Bringing families, communities, and cultures together
- **Resilience –** A belief in capacity to respond to adverse conditions, and acknowledging there are individual responses to diversity through creative individual and community solutions
- **Ethics & Integrity –** Measuring our success and accountability to each other and the broader community in time-sensitive ways
- **Safety –** Identifying risks and enhancing protective factors for all

***Mandate***

***The Kenora Rainy River Youth Justice Collaborative connects justice-involved youth with appropriate mental health and addiction services through coordinated efforts by agencies in the Kenora Rainy River Districts in order to give youth and their caregivers access to services and options that limit escalation in the justice system.***

### 2.3 Mission

Our mission is defined as follows:

**Create an integrated service system built on a foundation of trauma-informed practice, to continue to educate, support, and promote collaboration around learning and working together, to acknowledge the significant issues of loss in all systems, and to develop a unified voice.**

***Mission***

***To create an integrated service system built on a foundation of trauma-informed practice, to continue to educate, support, and promote collaboration around learning and working together, to acknowledge the significant issues of loss in all systems, and to develop a unified voice.***

## 2.4 Vision

Our vision statement encompasses what we imagine to be our ideal future state.

**Within 5 years, a systemic shift to a trauma-informed youth justice system that recognizes individual, family and community response to trauma while fostering resiliency, where young people and their families are meaningfully supported, and where organizations work together in collaborative and culturally-responsive ways.**

***Vision***

***Within 5 years, a systemic shift to a trauma-informed youth justice system that recognizes individual, family, and community response to trauma while fostering resiliency, where young people and their families are meaningfully supported, and where organizations work together in collaborative and culturally-***

# 3.0 Goals and Objectives

This protocol commits organizations to the process of transitioning to a more trauma-informed youth justice system, and clarifies service provider roles and responsibilities from all sectors. The guiding protocol is responsive to the distinct and varying needs of youth justice clients, with particular attention to Indigenous youth. This is accomplished by cross-sectoral training and education in trauma-informed practice, adoption of a common mental health and addictions screening tool, and creation of a system navigation map for service providers, clients, and families.

## 3.1 A more trauma-informed youth justice system

It is the goal of the Service Collaborative to transition to a more trauma-informed youth justice system over the next five years. A more trauma-informed youth justice system will support:

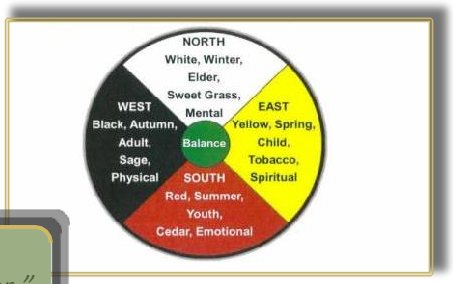
- Education and training in trauma-informed practice;
- Cross-sectoral training groups – Indigenous, mainstream, frontline, management;
- Common language and approaches between agencies and sectors;

- The capacity of organizations and individuals to recognize and support justice-involved youth exhibiting trauma exposure response;
- The capacity of organizations and individuals to recognize and support youth justice system workers exhibiting trauma exposure response;
- Improved self-care for trauma-exposed workers within the system.

## 3.2 Improved cultural awareness

It is the goal of the Service Collaborative to ensure that all providers are knowledgeable about the history of colonization, and the direct and inter-generational impacts it has had on indigenous populations. Service providers can support justice-involved indigenous youth by:

- Acknowledging and recognizing the cultural, historical, and inter-generational trauma experienced by many Indigenous individuals and communities;
- Improving their capacity to support traditional ways of knowing and forms of healing, while also recognizing that the choice to engage in traditional ways rests with the individual;
- Embracing the "two-eyed seeing"[2] or "double understanding" model, where different healing approaches are seen as complimentary and parallel, and each explored to respond to individual needs;
- Increasing their ability to be culturally competent in their practice;
- Being aware that many workplace practices and tools have not been culturally-adapted for Indigenous populations;
- Recognizing that healing is individual and people must be able to guide their own healing journeys.




*"Learning together as a way of working together."*

*Colin Wasacase, Service Collaborative member and Elder*

## 3.3 Universal screening (GAIN-SS – CAMH-modified version)

Many Service Collaborative agencies have signed on to the 5-year group licence for use of the Global Appraisal of Individual Needs - Short Screener CAMH-Modified Version (GAIN-SS). Use of the GAIN-SS by as many agencies as possible in the system will result in:

- Consistency in screening across sectors;

[2] The concept of two-eyed seeing "…refers to learning to see from one eye with the strengths of Indigenous knowledges and ways of knowing, and from the other eye with the strengths of Western knowledges and ways of knowing ... and learning to use both these eyes together, for the benefit of all" (Institute for Integrative Science and Health, n.d.). See http://www.integrativescience.ca/Principles/TwoEyedSeeing/ for more discussion of this concept.

- Screening results that can be shared among agencies with appropriate consent to reduce the need for multiple screenings of individual clients;
- A common screening tool that can be used as a measure over time;
- More appropriate referrals made using a valid, reliable screener;
- Screening for cognitive impairments.

### 3.4 Improved system navigation and referrals

A Youth Justice and Mental Health and Addictions Systems Map has been developed and launched for the Kenora area and agencies are encouraged to use the Inter-Agency Referral Form. The navigation map and referral form are an important part of the protocol because:

- The map outlines where justice and mental health and addictions sectors intersect;
- It identifies intersection points and local services available at each point;
- There is a description of services and agency contact information on back of map to assist service providers and youth and families with system navigation;
- Those agencies providing cultural services will be highlighted;
- The map will be available to agencies and court staff who work with justice-involved youth and mirror an adult-system map for consistency;
- The existing referral form will be amended to ensure appropriate referrals are made to youth mental health, addictions, and justice services;
- A common referral form will create a common pathway to care for justice-involved youth.

## 4.0 Monitoring and Evaluation

Monitoring and evaluation of the protocol occurred during implementation and then annually thereafter. Only with proper monitoring will we be aware of our progress. One Service Collaborative meeting per year will be dedicated to the evaluation of progress and gauge agency commitment to the protocol. Agencies will be accountable to the larger Service Collaborative body for adherence to the protocol and its components.

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Oregon Health Authority. (2014). *Trauma informed services* (Oregon Health Authority Addictions and Mental Health Division Policy No. AMH-060-1607, version 1.0). Retrieved from: http://www.oregon.gov/oha/amh/trauma-policy/Trauma%20Policy.pdf

# Appendices

## 1.0 Trauma Resources

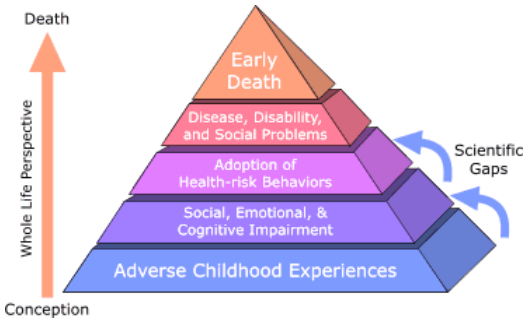
### 1.1 ACE Study and Resources

The effects of childhood trauma experience as predictors of future physical, mental and behavioural health was well documented in a foundational study on the subject. The Adverse Childhood Experiences (ACE) study examined the linkage between childhood abuse, neglect, and other adverse experiences, as predictors of increased health and behavioural problems as the person ages (Middlebrooks & Audage, 2008). Over 17,000 adults participated in the original study which surveyed exposure to 10 categories of adverse childhood experiences as indicated in the table below:

| Categories of adverse childhood experiences used in ACE study | |
|---|---|
| Abuse | Household Dysfunction |
| • Emotional<br>• Physical<br>• Sexual | • Mother treated violently<br>• Household substance abuse<br>• Household mental illness<br>• Parental separation or divorce<br>• Incarcerated household member |
| Neglect | |
| • Emotional<br>• Physical | |

Categories of adverse childhood experiences as used in ACE study. Adapted from Middlebrooks & Audage, (2008), *The effects of childhood stress on health across the lifespan,* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

As reported by Middlebrooks and Audage (2008), findings revealed that adverse childhood experiences are much more common than previously thought, with almost two-thirds of participants reporting at least one ACE event. High ACE scores are related to increased numbers of co-occurring health and behavioural problems in adolescence and adulthood, and an increased risk of involvement with the justice system (Baglivio et al., 2014). For more information on the ACE study and collecting ACE scores:




- http://health-equity.pitt.edu/932/1/Childhood_Stress.pdf (Middlebrooks & Audage study)
- http://acestudy.org/
- http://www.cdc.gov/violenceprevention/acestudy/
- http://acestoohigh.com/
- http://acestoohigh.com/2014/08/20/florida-study-confirms-link-between-juvenile-offenders-aces-rates-much-higher-than-cdcs-ace-study/
- http://www.journalofjuvjustice.org/JOJJ0302/JOJJ0302.pdf (Baglivio, et al. study)
- http://www.ifapa.org/pdf_docs/ACES_Handout.pdf (stress and early brain growth)
- https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en (TED talk by Dr. Nadine Burke Harris)

## 1.2 Trauma-Informed Agency Self-Evaluation Checklist

The table below outlines Harris and Fallot's (2009) key domains to consider when designing an agency culture of trauma-informed practice. Of the six domains, only one sub-domain mentions trauma-specific clinical interventions. More consideration is given to having procedures and policies in place that are consistent with their five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment. These principles apply to both clients and employees. Also key is administrative level support for trauma-informed practice and education, and human resources practices that support trauma-related concerns. A shared philosophy about trauma among staff, clients, and administration, is the foundational piece necessary on which to build a trauma-informed service system.

| Key domains to be considered when designing cultures of trauma-informed practice | |
|---|---|
| Domain | Key questions |
| ☐ **Domain 1**<br>**Program procedures and settings** | To what extent are program activities and settings for clients and staff consistent with five guiding principles of trauma-informed practice: safety, trustworthiness, choice, collaboration, and empowerment? |
| ☐ **Domain 2**<br>**Formal services policies** | To what extent do the formal policies of the program reflect an understanding of trauma survivors' needs, strengths, and challenges? Of staff needs? Are these policies monitored and implemented consistently? |
| ☐ **Domain 3**<br>**Trauma screening, assessment, service planning, and trauma-specific services** | To what extent does the program have a consistent way to identify individuals who have been exposed to trauma, to conduct appropriate follow-up assessments, to include trauma-related information in planning services with the client, and to provide access to effective and affordable trauma-specific services? |
| ☐ **Domain 4**<br>**Administrative support for program-wide trauma-informed services** | To what extent do program or agency administrators support the integration of knowledge about violence and abuse into all program practices? |
| ☐ **Domain 5**<br>**Staff trauma training and education** | To what extent have all staff members received appropriate training in trauma and its implications in their work? |
| ☐ **Domain 6**<br>**Human resources practices** | To what extent is trauma-related concerns a part of the hiring and performance review process? |

Key domains to consider when designing cultures of trauma informed care. Adapted from Harris, M. and Fallot, R. D., (2009, July), Creating cultures of trauma-informed care (CCTIC): A self-assessment and planning protocol. Retrieved from: https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf

More detailed agency self-evaluation resources based on Harris and Fallot's six domains can be found at:

- https://www.healthcare.uiowa.edu/icmh/documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf - The Self-Assessment and Planning Protocol is divided into the six domains. The planning protocol addresses both service-level, and administrative or system-level changes. In each domain, there are guiding questions for a collaborative discussion of a program's activities and physical settings, followed by a list of more specific questions and/or possible indicators of a trauma-informed approach.
- http://www.theannainstitute.org/TIPSASCORESHEET.pdf - The Trauma-Informed Program Self-Assessment Scale allows agencies to gauge and score to what extent program activities and settings are consistent with the five guiding principles of trauma-informed practice.

## 1.3 Trauma-Informed Resources

### 1.3.1 Websites

**Aboriginal Healing Foundation** http://www.ahf.ca/

**Manitoba Trauma Information and Education Centre** http://trauma-informed.ca/

**National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint** http://www.samhsa.gov/nctic

**National Child Traumatic Stress Network** http://www.nctsn.org/

- Titles available in the National Child Traumatic Stress Network's Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems, brief series:

**Resources for mental health and juvenile justice professionals:**

In Trauma-Informed Juvenile Justice Roundtable: Current Issues and New Directions in Creating Trauma-Informed Juvenile Justice Systems (2013) (PDF), Carly B. Dierkhising, Susan Ko, and Jane Halladay Goldman, staff at the National Center for Child Traumatic Stress, discuss the Juvenile Justice Roundtable event, describe the current issues and essential elements of a trauma-informed JJ system, and outline possible new directions for the future.

In Trauma-Informed Assessment and Intervention (2013) (PDF), Patricia Kerig, Professor at the University of Utah, discusses how trauma-informed screening and assessment and evidence-based treatments play integral roles in supporting traumatized youth, explores the challenges of implementing and sustaining these practices, and highlights practice examples for integrating them into a justice setting.

In The Role of Family Engagement in Creating Trauma-Informed Juvenile Justice Systems (2013) (PDF), Liane Rozzell, founder of Families and Allies of Virginia Youth, discusses the importance of partnering with families, explores strategies for doing so, and emphasizes ways that justice settings expand their outreach to supportive caregivers by broadening their definition of family.

In Cross-System Collaboration (2013) (PDF) , Macon Stewart, faculty at the Center for Juvenile Justice Reform (CJJR), outlines practice examples for continuity of care and collaboration across systems, a vital activity for youth involved in multiple service systems, drawing from the CJJR's Crossover Youth Practice Model.

In Trauma and the Environment of Care in Juvenile Institutions (2013) (PDF), Sue Burrell, staff attorney at the Youth Law Center, outlines specific areas to target in order to effectively implement this essential element, including creating a safe environment, protecting against re-traumatization, and behavior management.

In Racial Disparities in the Juvenile Justice System: A Legacy of Trauma (2013) (PDF), Clinton Lacey, Deputy Commissioner of the New York City Department of Probation, outlines the historical context of racial disparities and highlights how systems can move forward to reduce these racial disparities, including by framing the issue so that practical and pro-active discussion can move beyond assigning blame.

Assessing Exposure to Psychological Trauma and Posttraumatic Stress in the Juvenile Justice Population (2014) (PDF)
This factsheet explores the importance, clinical considerations and approaches to assessing for psychological trauma and post-traumatic stress with youth in the juvenile justice population. It addresses challenges that are unique to assessment within the juvenile justice environment.

Screening and Assessment in the Juvenile Justice System Speaker Series
This series describes the utility of screening and assessment for trauma in juvenile justice settings, specific instruments that are used or can be used in juvenile justice settings, how to best utilize data derived from screening and assessment, and recommendations for agencies and practitioners interested in implementing trauma-informed screening and assessment.

Testifying in Court about Trauma: How to Prepare
Offers guidance to clinicians called upon to testify as an expert witness for a client's court case. From understanding a subpoena, confidentially, and the therapist-client privilege to preparing yourself, your client, and his/her caregivers for your court appearance, this fact sheet lays out ethical considerations, describes how to navigate conversations with your consumers, and gives you self-care tips to use for a court appearance.

Testifying in Court about Trauma: The Court Hearing
7-page fact sheet to help those preparing for a court hearing. In addition to a case example, it defines legal terms, delineates the types of cases in which clinician testimony might be required, explains the roles of "expert" witness and "fact" witness, describes how to testify effectively (with specific talking points), charts behaviors traumatized children may display and possible contributing facts from a trauma perspective, tells your rights as a witness, presents a checklist to use prior to the hearing day, and gives self-care tips for managing anxiety during the hearing.

Think Trauma
This training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Creating a trauma-informed setting is a process that requires not only knowledge acquisition and behavioral modification, but also cultural and organizational paradigm shifts, and ultimately policy and procedural change at every level of the facility.

Think Trauma is a PowerPoint-based training curriculum including four modules that can be implemented back-to-back in a single all-day training or in four consecutive training sessions over the course of several weeks or even months. Each module takes approximately one to two hours, depending on the size of the trainee group, and whether you elect to implement all of training materials and activities. It contains six case studies of representative youth who've been involved with the juvenile justice system.

Trauma among Girls in the Juvenile Justice System (2014) (PDF)
This fact sheet explores research on the growing number of girls in the juvenile justice system, the high rates of exposure to violence among these girls and the potential consequences of that exposure, and the special challenges and obligations this poses for juvenile justice facilities and programs.

Trauma-Focused Interventions for Youth in the Juvenile Justice System (2004) (PDF)
Due to exposure to traumatic events, many youth in the juvenile justice system have developed symptoms of traumatic stress. This factsheet explores the role of pretreatment assessment, identifies important components of trauma-focused interventions, and discusses the treatment of co-occurring disorders as well as family- and group-based interventions that may be effective with youth involved with the juvenile justice system.

Trauma Histories Among Justice-Involved Youth: Findings From the National Child Traumatic Stress Network (2013)
This study describes detailed trauma histories, mental health problems, and associated risk factors (i.e., academic problems, substance/alcohol use, and concurrent child welfare involvement) among adolescents in the juvenile justice system.

Victimization and Juvenile Offending (2004) (PDF)
This resource summarizes research exploring the high rates of adolescent victimization and the potential

consequences, including delinquency and future violence. It presents strategies for short-circuiting the cycle of victimization and subsequent violence.

Trauma in the Lives of Gang-Involved Youth: Tips for Volunteers and Community Organizations (2009) (PDF)
For youth who have been traumatized, gangs can offer an apparent sense of safety, control, and structure that is often missing from their lives. But gang involvement is also a risk factor for interpersonal and other traumas. This fact sheet defines traumatic stress, explains why trauma is so prevalent among gang-involved youth, and provides tips for community organizations and volunteers on working with this population.

Your Child and Gangs: What You Need to Know about Trauma - Tips for Parents (2009) (PDF)
Individual reactions to trauma vary dramatically. What is devastating to one child may be less so for another. A youth's subjective response to a traumatic event depends upon a number of factors, such as individual personality, coping style, previous trauma, cultural background, and environment. This fact sheet defines traumatic stress, explains the appeal of gang involvement for traumatized youth, and offers information for parents on helping their children cope.

### Resources for judges and attorneys:

NCTSN Bench Card for the Trauma-Informed Judge (2013) (PDF)

Birth Parents with Trauma Histories and the Child Welfare System: For Judges and Attorneys (2011) (PDF)
This resource is part of a series of factsheets developed from the Birth Parent Subcommittee of the Child Welfare Committee. They highlight the importance of understanding the serious consequences that trauma histories can have for birth parents and the subsequent potential impact on their parenting. This particular resource was specifically developed for the audience of judges and attorneys. Click here to access the Birth Parents with Trauma Histories series.

Helping Traumatized Children: Tips for Judges (2009) (PDF)
This fact sheet for judges and other court personnel outlines the impact of trauma on children's development, beliefs, and behaviors. It is designed to help professionals in the juvenile justice and family court system become more effective in addressing the unique needs and challenges of the traumatized children and adolescents they work with.

Juvenile and Family Court Journal: Special Editions on Child Trauma
In partnership with the National Council of Juvenile and Family Court Judges (NCJFCJ), members of the Network contributed to two issues of the *Juvenile and Family Court Journal* devoted to child trauma. Articles in the spring 2006 and fall 2008 editions of the journal inform judges and other members of the juvenile and family court systems about issues they should consider when working with youth who have been exposed to trauma. Both issues can be ordered from NCJFCJ.

Service Systems Brief (vol 2, no 2): Judges and Child Trauma: Findings from the National Child Traumatic Stress Network/National Council of Juvenile & Family Court Judges Focus Groups (2008) (PDF)
This NCTSN Service Systems Brief reports the results of focus groups conducted with members of the National Council of Juvenile and Family Court Judges (NCJFCJ). The Network conducted the focus groups in order to understand how knowledgeable juvenile and family court judges are about child trauma and to identify ways to work with NCJFCJ to promote education on the issue.

Ten Things Every Juvenile Court Judge Should Know About Trauma and Deliquency (2010) (PDF)
This technical assistance bulletin highlights crucial fact that juvenile court judges should know that they can best meet the needs of traumatized children who come into their system. A collaboration between the NCTSN and the National Council of Juvenile and Family Court Judges, this publication was funded by the office of Juvenile Justice and Delinquency Prevention.

**National Coalition for Mental Health Recovery** http://www.ncmhr.org/trauma.htm

**National Council for Behavioral Health** http://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/

**The Philadelphia Papers: Trauma-Informed Systems and Communities**
https://sites.google.com/site/humanprioritiesorg/home/trauma-informed-systems-and-communities

**Substance Abuse and Mental Health Services Administration** http://www.samhsa.gov/

**Trauma Center at Justice Resource Institute** http://www.traumacenter.org/

**Truth and Reconciliation Commission of Canada**
http://www.trc.ca/websites/trcinstitution/index.php?p=3

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## 2.0 GAIN-SS

**Global Appraisal of Individual Need Short Screener version 3.0.1 CAMH (GAIN-SS ver.3.0.1 CAMH)**
The GAIN-SS CAMH-modified version is identified as an ideal first stage screening tool for substance use and mental health concerns for justice-involved youth. In particular, it was chosen because it:

- Screens for both substance use, mental health, and cognitive issues;
- Is reliable and valid;
- Is brief (five to seven minutes to complete);
- Can be self-administered, or administered by non-clinician staff with minimal training;
- Has been validated for individuals aged 10 and older (including adults);
- Is low cost;
- Can be used in different service settings (e.g., residential detention, treatment, etc.).

**Domains**

The GAIN-SS measures overall severity and four main dimensions of emotional/behavioural problems (internalizing, externalizing, substance use, and crime/violence). The CAMH-modified version has added items at the end to screen for eating-related issues, trauma-related distress, disordered thinking, and gambling, gaming, and internet misuse concerns. It quickly identifies those who may be experiencing difficulties in one or more of four dimensions and for rules out people who are not. The GAIN-SS has excellent sensitivity for identifying people with a behavioural health disorder.

**Training**

A GAIN license must be obtained to use any of the GAIN family of screening instruments. Training is available in a self-paced online course. It takes approximately 60 minutes to complete all three lessons in the course, which covers GAIN-SS administration, scoring, and interpretation.

**Where it has been used**

The GAIN-SS ver.3.0.1 CAMH is currently used in communities across Ontario. In the United States, the GAIN-SS is one of the most commonly administered screening instruments for mental health courts and co-occurring disorder dockets, and for the drug court program, Treatment Alternatives to Street Crime (TASC)-criminal justice residential program, and probation.

For more information on the GAIN-SS:

GAIN Coordinating Centre (including GAIN-SS Administrative and Scoring Manual):
http://www.gaincc.org/GAINSS

CAMH Knowledge Exchange Network:
http://knowledgex.camh.net/amhspecialists/Screening_Assessment/screening/screen_CD_youth/Pages/GSS.aspx

| To be filled out by the interviewer |
|---|
| Client Name: a._____ b. __ c._____<br>(First name) (M.I.) (Last name)<br><br>Date: \|__\|__\| / \|__\|__\| / 20 \|__\|__\| (MM/DD/YYYY) |

**GAIN Short Screener (GAIN-SS)**
Version [GVER]: GAIN-SS ver. 3.0.1 CAMH

| The following questions are about common psychological, behavioural, and personal problems. These problems are considered **significant** when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.<br><br>After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never. | Past month | 2 to 3 months ago | 4 to 12 months ago | 1+ years ago | Never |
|---|---|---|---|---|---|
| | 4 | 3 | 2 | 1 | 0 |
| IDScr 1. **When was the last time** that you had **significant** problems with… | | | | | |
| a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? | 4 | 3 | 2 | 1 | 0 |
| b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day? | 4 | 3 | 2 | 1 | 0 |
| c. feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen? | 4 | 3 | 2 | 1 | 0 |
| d. becoming very distressed and upset when something reminded you of the past? | 4 | 3 | 2 | 1 | 0 |
| e. thinking about ending your life or committing suicide? | 4 | 3 | 2 | 1 | 0 |
| f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts? | 4 | 3 | 2 | 1 | 0 |
| EDScr 2. **When was the last time** that you did the following things **two or more times**? | | | | | |
| a. Lied or conned to get things you wanted or to avoid having to do something | 4 | 3 | 2 | 1 | 0 |
| b. Had a hard time paying attention at school, work, or home. | 4 | 3 | 2 | 1 | 0 |
| c. Had a hard time listening to instructions at school, work, or home. | 4 | 3 | 2 | 1 | 0 |
| d. Had a hard time waiting for your turn. | 4 | 3 | 2 | 1 | 0 |
| e. Were a bully or threatened other people. | 4 | 3 | 2 | 1 | 0 |
| f. Started physical fights with other people | 4 | 3 | 2 | 1 | 0 |
| g. Tried to win back your gambling losses by going back another day. | 4 | 3 | 2 | 1 | 0 |
| SDScr 3. **When was the last time** that… | | | | | |
| a. you used alcohol or other drugs weekly or more often? | 4 | 3 | 2 | 1 | 0 |
| b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)? | 4 | 3 | 2 | 1 | 0 |
| c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? | 4 | 3 | 2 | 1 | 0 |
| d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events? | 4 | 3 | 2 | 1 | 0 |
| e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? | 4 | 3 | 2 | 1 | 0 |

| (Continued) After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never. | Past month | 2 to 3 months ago | 4 to 12 months ago | 1+ years ago | Never |
|---|---|---|---|---|---|
| | 4 | 3 | 2 | 1 | 0 |
| CVScr 4. **When was the last time** that you… | | | | | |
| a. had a disagreement in which you pushed, grabbed, or shoved someone? | 4 | 3 | 2 | 1 | 0 |
| b. took something from a store without paying for it? | 4 | 3 | 2 | 1 | 0 |
| c. sold, distributed, or helped to make illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| d. drove a vehicle while under the influence of alcohol or illegal drugs? | 4 | 3 | 2 | 1 | 0 |
| e. purposely damaged or destroyed property that did not belong to you? | 4 | 3 | 2 | 1 | 0 |



**Additional questions (CAMH modified)**

| After each of the following questions, please tell us the last time, **if ever**, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never. | Past month | 2 to 3 months ago | 4 to 12 months ago | 1+ years ago | Never |
|---|---|---|---|---|---|
| | 4 | 3 | 2 | 1 | 0 |
| AQ5. **When was the last time** you had **significant** problems with… **(not related to alcohol/drug use)** | | | | | |
| a. missing meals or throwing up much of what you did eat to control your weight? | 4 | 3 | 2 | 1 | 0 |
| b. eating binges or times when you ate a very large amount of food within a short period of time and then felt guilty? | 4 | 3 | 2 | 1 | 0 |
| c. being disturbed by memories or dreams of distressing things from the past that you did, saw, or had happen to you? | 4 | 3 | 2 | 1 | 0 |
| d. thinking or feeling that people are watching you, following you, or out to get you? | 4 | 3 | 2 | 1 | 0 |
| e. videogame playing or internet use that caused you to give up, reduce, or have problems with important activities or people of work, school, home or social events? | 4 | 3 | 2 | 1 | 0 |
| f. gambling that caused you to give up, reduce, or have problems with important activities or people at work, school, home, or social events? | 4 | 3 | 2 | 1 | 0 |

| | Yes | No |
|---|---|---|
| 5. Do you have other **significant** psychological, behavioural, or personal problems that you want treatment for or help with? (If yes, please describe below) | 1 | 0 |

v1. _____

_____

6. What is your gender? (If other, please describe below) 1 - Male 2 - Female 99 - Other

v1. _____

7. How old are you today? |__|__| Age

7a. How many minutes did it take you to complete this survey? |__|__|__| Minutes

**Staff Use Only**

8. Site ID: _____ Site name v. _____

9. Staff ID: _____ Staff initials v. _____

10. Client ID: _____ Comment v. _____

11. Mode: 1 - Administered by staff 2 - Administered by other 3 - Self-administered

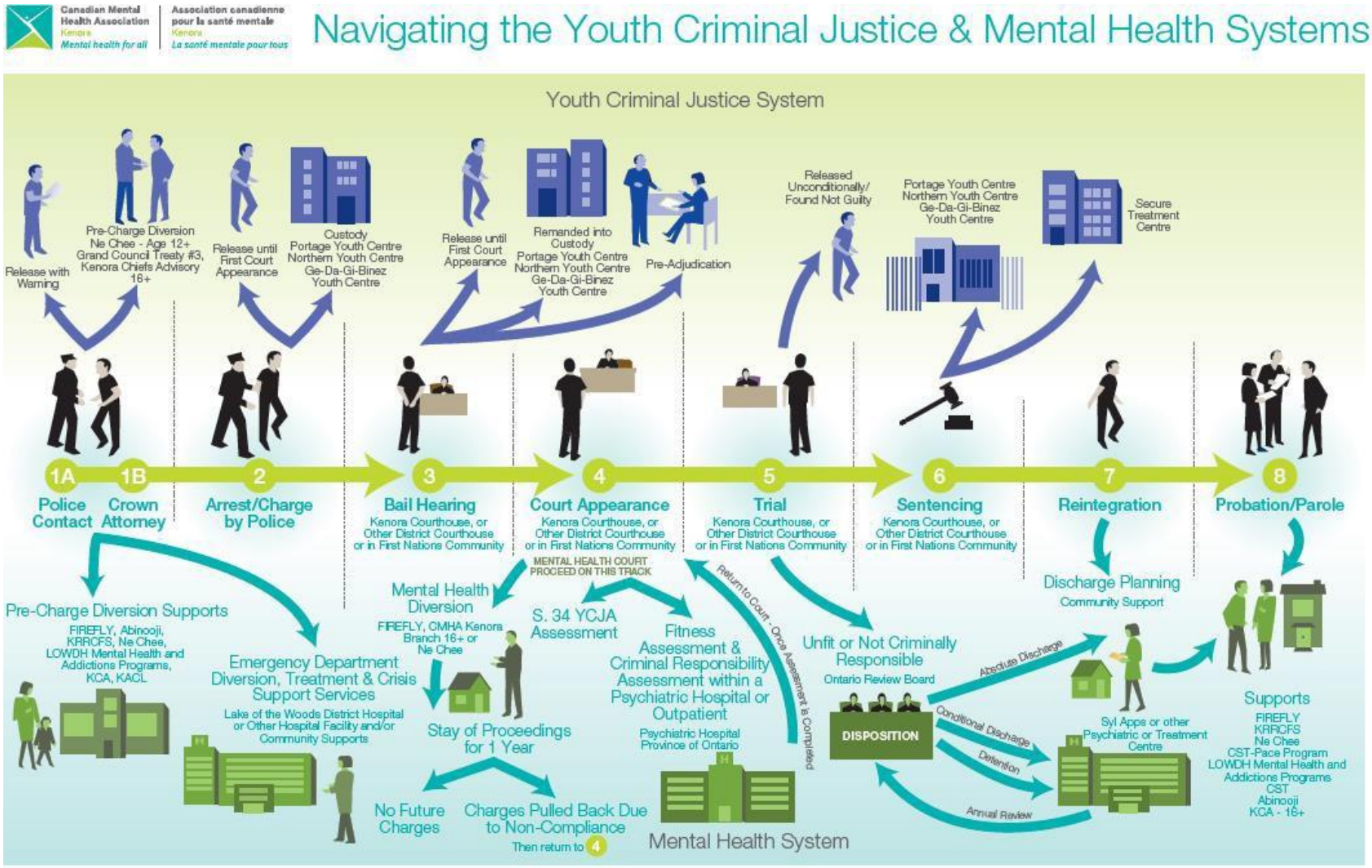
13. Referral: MH ____ SA ____ ANG ____ Other ____ 14. Referral codes: _____

15. Referral comments: v1. _____

**Scoring**

| Screener | Items | Past month (4) | Past 90 days (4, 3) | Past year (4, 3, 2) | Ever (4, 3, 2, 1) |
|---|---|---|---|---|---|
| IDScr | 1a – 1f | | | | |
| EDScr | 2a – 2g | | | | |
| SDScr | 3a – 3e | | | | |
| CVScr | 4a – 4e | | | | |
| TDScr | 1a – 4e | | | | |
| Supplemental questions | AQ5a-f | | | | |

## 3.0 Youth Justice Mental Health System Navigation Map



Canadian Mental Health Association Kenora — Mental health for all | Association canadienne pour la santé mentale Kenora — La santé mentale pour tous

# Navigating the Youth Criminal Justice & Mental Health Systems

# Agency Information

## Anishinaabe Abinoojii Family Services (AAFS)

**Agency Contact Information:**
807-548-1099
807-468-6224

Shawendaasowin Child and Family Services,
807-226-2844

Wabaseemoong Child Welfare Authority,
807-927-2222

Kitapinoonjiminaanik Family Services,
807-468-8238
www.aafs.ca

## Canadian Mental Health Association (CMHA) Kenora Branch

**Agency Contact Information:**
227 Second Street South, 2nd Floor
Kenora, ON P9N 1G1
807-468-1838
office@cmhak.on.ca
www.cmhak.on.ca

## Choices - Mental Health and Addiction programs Lake of the Woods District Hospital

**Agency Contact Information:**
St. Joseph Health Centre
21 Wolsley Street Kenora , Ontario , P9N 3W7
Intake Worker: 807-467-3555
Fax: 807-468-9083

## Community Support Team (CST) – William W. Creighton Youth Services

**Agency Contact Information:**
243 Rabbit Lake Road
Kenora, ON P9N 4L9
807-548-2835
Toll-free: 1-877-548-2837
Fax: 807-548-2838
www.creightonyouth.com

## FIREFLY

**Agency Contact Information:**
820 Lakeview Drive, Kenora, ON P9N 3P7
807-467-5437
Fax: 807-467-5444 or 807-467-5553
www.fireflynw.ca
(refer to website for other FIREFLY location specifics)

## Ge-Da-Gi-Binez Youth Centre (GYC)

**Agency Contact Information:**
520 Eighth St E, Fort Frances ON P9A 1X5;
Mail: PO Box 522, Fort Frances ON P9A 3M8
807-274-3784
Fax: 807-274-1940

## Kenora Association for Community Living (KACL)

**Agency Contact Information:**
501 8th Ave. S. Kenora ON P9N 3Z9
807-467-5225

## Kenora Chiefs Advisory (KCA)

**Agency Contact Information:**
240 Veterans Drive, 3rd Floor
Mailing Address:
P.O. Box 349 Kenora, ON P9N 3X4
Phone: 807-467-8144
Toll Free: 855-367-2600
Fax: 807-467-2656
www.kenorachiefs.ca

## Kenora Rainy River Districts Child and Family Services (KRRCFS)

**Agency Contact Information (Fort Frances):**
240 First St. East, Suite 200
Fort Frances, ON P9A 1K5
807-274-7787

**Agency Contact Information (Kenora):**
820 Lakeview Drive
Kenora, ON P9N 3P7
807-467-5437
Fax: 807-467-5539
www.kenorarainyriverscfs.ca

## Legal Aid Ontario / Northwest Community Legal Clinic (LAO)

**Agency Contact Information:**
Kenora Legal Aid Office & Northwest Community Legal Clinic
308 Second Street South, Suite 6
Kenora, ON P9N1G4

Legal Aid Office: 807-468-6722
Toll-free: 1-800-267-0660
(The fastest way to get legal aid help is to call Legal Aid Ontario toll-free. You should always call us before visiting an office. Legal Aid Ontario accepts collect calls.)
Fax: 807-468-4096
www.legalaid.on.ca/en/

Northwest Community Legal Clinic
Agency Contact Information:
Phone: (807) 468-8888
Fax: (807)468-4928
Toll-free: 1-800-403-4757
www.northwestcommunitylegalclinic.ca/

## Mental Health and Addiction Programs Lake Of the Woods District Hospital (Youth Addictions)

**Agency Contact Information:**
For Intake: Contact our Intake worker at 467-3555
Fax: 468-9083
21 Wolsley Street St. Joseph Health Centre,
Kenora, ON P9N 3W7

## Ministry of the Attorney General

**Agency Contact Information:**
Courthouse
216 Water Street
Kenora, Ontario P9N 1S4
807-468-2835

## Ne-Chee Friendship Center

**Agency Contact Information:**
1301 Railway St, Kenora, ON P9N 3X3
807-468-5440
youthjustice@nechee.org

## Northern Youth Centre (NYC)

**Agency Contact Information:**
Northern Youth Centre - WJS Canada
401 Muriel Lake Road
Keewatin ON P0X1C0
807-543-2815
Toll Free 1-866-369-5401 Fax 807-543-2770

Kenora Attendance Centre - WJS Canada
Unit #9 - 621 Lakeview Drive
Kenora ON P9N3P6
807-468-5414

ACE Program - WJS Canada
Unit #8 - 621 Lakeview Drive
Kenora ON P9N3P6
807-468-5387

## Portage Youth Centre (PYC) – William W. Creighton Youth Services

**Agency Contact Information:**
463 Rabbit Lake Road
Kenora, ON P9N 4M3
807-543-8859
Toll-free: 1-800-767-8241 Fax: 807-548-3062
www.creightonyouth.com

## Probation (Ministry of Children & Youth Services- Youth Justice Services)

**Agency Contact Information:**
610 Lakeview Drive
Kenora, ON P9N 3P7
807-468-2975 ext. 223
General Inquiry: 807-468-2975
Toll Free:1-866-578-4763 Fax: 807-468-2981

## Victim/Witness Assistance Program, Victims and Vulnerable Persons Division, Ministry of the Attorney General

**Agency Contact Information:**
216 Water Street- 2nd Floor
Kenora, ON P9N 1S4
807 468 2839
1-866-931-3484

## 4.0 Inter-agency Referral Form

# MENTAL HEALTH AND ADDICTION SERVICES
# INTERAGENCY REFERRAL FORM

❒ ADULT REFERRAL ❒ YOUTH REFERRAL ❒ CHILD REFERRAL

- ☐ ALZHEIMER SOCIETY (phone:468-1516; fax:468-9013)
  First Link, Monthly Caregiver Support Group, Learning Series
- ☐ CANADIAN MENTAL HEALTH ASSOCIATION – KENORA BRANCH (phone: 468-1838; fax: 468-6396)
  Mental Health Counselling, Case Management, Court Diversion and Court Support Program, Supportive Housing Assertive Community Treatment Team (phone: 468-4215; fax: 468-6446)
- ☐ CMHA –FORT FRANCES BRANCH – PEER SUPPORT, DROP-IN CENTRE, (phone: 468-7617; fax: 468-2220)
- ☐ CHANGES RECOVERY HOME (phone: 547-2125; fax: 547-2128)
- ☐ COMMUNITY MENTAL HEALTH SUPPORT SERVICES (KACL)(phone: 467-5236;
- ☐ fax: 467-5264)
  Intensive Case Management, Dual Diagnosis Services, Service Enhancement/Housing Subsidies, Wellness Project
- ☐ DEPRESSIVE AND MANIC DEPRESSIVE GROUP OF KENORA (contact: Barbara 547-2972 or Val 468-7555)
- ☐ DISTRICT MENTAL HEALTH SERVICES FOR OLDER ADULTS (CMHA-FF) (phone: 468-4699; fax: 468-7628)
- ☐ FAMILY SUPPORT SERVICES (contact: Joyce 468-9380)
- ☐ FIREFLY (phone: 467-5437; fax: 467-5553)
- ☐ KENORA CHIEFS ADVISORY (phone:467-2600;fax:467-2656)
- ☐ KENORA SEXUAL ASSAULT CENTRE (phone: 468-7958; fax: 468-4808)
- ☐ LWDH MENTAL HEALTH & ADDICTION PROGRAMS(COMMUNITY PROGRAMS) (phone: 467-3555; fax: 468-9083)
  Mental Health Counselling, Adult Addiction Counselling, Youth Addiction Counselling, Problem Gambling, Psychosocial Day Treatment Program (Challenge Club), Post Custody Enhancement, MECCA, Morningstar, Early Years, MODEL program

## Client Information

Consent to Disclosure: ❒ written ❒ verbal ❒ Parent/Guardian consent (child under 12)
❒ (release of information attached)

Name: _____

- *If you are referring a child or youth please include their guardian's name & contact information*

Address: _____

Telephone: (h) _____ Message okay ❒ (w) _____ Message okay ❒

Guardian's Name: _____ Telephone # _____

***No need to fill out any further information for referral to:***

***Depressive & Manic Depressive Group, Sunset Country Psychiatric Survivors or Family Support Services***

***PLEASE CONTINUE FOR REFERRAL TO ANY OTHER AGENCY***

Revised Mar 2015

# Interagency Referral Form

Date of Birth: ____/ ____/____ Age: _____ Sex (m/f): _____

Yr mth day

Family Physician: _____ OHIP# _____

Current or past involvement with adult mental health services:

_____

_____

_____

Services Requested/reason for referral:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____

Referent's Name Name of Agency Date

## 5.0 Protocol Implementation Rating Scale

| Category | Rating 1 – 5 | |
|---|---|---|
| **1** (never) **2** (rarely) **3** (sometimes) **4** (frequently) **5** (always) | | |
| **A. A More Trauma-Informed Youth Justice System** | Circle your response | Total |
| 1. Trauma informed practice is discussed at staff meetings and/or during staff supervision meetings | 1 2 3 4 5 | /25 |
| 2. Further trauma-informed training for staff is supported by leadership | 1 2 3 4 5 | |
| 3. Education and support are provided to staff experiencing trauma exposure response (vicarious trauma) | 1 2 3 4 5 | |
| 4. Agency works at developing common language and approaches between other agencies and sectors working with justice-involved youth | 1 2 3 4 5 | |
| 5. Agency contributes to improve system capacity to support justice-involved youth exhibiting trauma exposure response and their caregivers | 1 2 3 4 5 | |
| **B. Improved Cultural Awareness** | | |
| 6. Staff attend cross-sectoral training groups (FNIM, mainstream, frontline, management) | 1 2 3 4 5 | /20 |
| 7. Agency works to improve relationships and collaboration between FNIM and non-FNIM agencies | 1 2 3 4 5 | |
| 8. Agency works towards improved capacity to support traditional ways of knowing and forms of healing | 1 2 3 4 5 | |
| 9. Agency has knowledge of and access to traditional supports | 1 2 3 4 5 | |
| **C. Universal Screening using the GAIN-SS – CAMH-modified version** | | |
| 10. Agency uses the GAIN-SS screener with clients | 1 2 3 4 5 | /20 |
| 11. Appropriate staff complete the training for GAIN-SS use with clients | 1 2 3 4 5 | |
| 12. Screening results are shared with other agencies as appropriate | 1 2 3 4 5 | |
| 13. Use of the GAIN-SS increases appropriate client referrals | 1 2 3 4 5 | |
| **D. Improved System Navigation & Referrals** | | |
| 14. Agency has knowledge of FNIM organizations, traditional healing methods, and/or cultural resources | 1 2 3 4 5 | /20 |
| 15. Agency uses the navigation map to assist with referrals | 1 2 3 4 5 | |
| 16. Agency uses the map to assist justice-involved youth and their caregivers navigate the system | 1 2 3 4 5 | |
| 17. Agency uses the inter-agency referral form | 1 2 3 4 5 | |
| **E. Monitoring & Evaluation** | | |
| 18. Agency completes protocol-related surveys, and evaluation and data requests | 1 2 3 4 5 | /15 |
| 19. Agency implementation progress is monitored using the Protocol Implementation Rating Scale | 1 2 3 4 5 | |
| 20. Agency reports implementation progress at annual Service Collaborative evaluation meeting | 1 2 3 4 5 | |
| Total Score | /100 | |

## 6.0 Implementation and Action Plan

| Item | Timeline |
|---|---|
| **Discussion & consensus**<br>• Developed and reviewed protocol with input from Service Collaborative | August 2015 - March 2016 |
| ◆ Completed final draft | April 2016 |
| **Launch**<br>◆ Identified agencies signing onto protocol | April 2016 |
| Awareness campaign –<br>• Determined if public campaign will focus on increasing Service Collaborative awareness, trauma awareness, or both<br>• Determined cost of awareness campaign | April – July 2016 |
| • Considered a logo to represent Service Collaborative<br>• Decided on which media to use (radio, newspaper/internet, billboards/poster) and length of campaign | March – August 2016 |
| • Developed campaign | April – July 2016 |
| • Launched protocol and awareness campaign | July – September 2016 |
| • Deputation to Kenora City Council and invited council members to attend Policy Level trauma-informed workshop<br>• Hosted Executive/Policy level trauma-informed workshop | June 2016 |
| **Execution** | |
| • Began agency self-evaluations for trauma-informed practice | April 2016 |
| • Reviewed progress of agency self-evaluations and fidelity checklist | September – December 2016 |
| • PDSA (Plan, Do, Study, Act) Year 1 of protocol work and plan for Year 2 | April – March 2017 |
| **This implementation strategy is a guideline only – implementation may take less time than indicated, or more due to delays or other unforeseen circumstances. | |

## 7.0 Participating Agencies

### 7.1 Protocol Working Group Co-Chairs and Members (at the time of creation 2015/16)

- **Co-Chair** Sheri Norlen, Manager William W. Creighton Youth Services, PYC
- **Co-Chair** Michelle Guitard, FIREFLY, Youth Mental Health Court Worker
- **Member** Gina Clark, Centre for Addiction and Mental Health, PSSP
- **Member** Jack Martin, Service Collaborative Implementation Team Member
- **Member** Rooke Pitura, William W. Creighton Youth Services, Community Support Team
- **Member** Sean Spencer, Anishinaabe Abinoojii Family Services

### 7.2 List of Participating Agencies*

- Anishinaabe Abinooji Family Services
- Canadian Mental Health Association, Fort Frances Branch

- Canadian Mental Health Association, Kenora Branch
- Changes Recovery Home
- FIREFLY
- Ge-Da-Gi-Binez Youth Centre
- Gizhewaadiziwin Health Access Centre
- Keewatin Patricia District School Board
- Kenora Association for Community Living
- Kenora Chiefs Advisory
- Kenora Catholic District School Board
- Kenora Rainy River Child and Family Services
- Lake of the Woods District Hospital, Mental Health and Addictions Programs
- Métis Nation of Ontario
- Ne-Chee Friendship Centre
- Ontario Provincial Police, Ministry of Community Safety and Correctional Services
- Thunder Bay Regional Health Sciences centre, Youth Forensics Program
- Victim Witness Services, Ministry of the Attorney General
- William W. Creighton Youth Services
- WJS Canada
- Youth Justice (Probation), Ministry of Child and Youth Services

*Participating agencies will be updated annually.

## 7.3 Roles, Responsibilities, and Governance

### Co-Chairs

- Prepare agendas, convene, and facilitate the Service Collaborative meetings
- Attend a minimum of 80% of all Service Collaborative and Implementation Team meetings
- Assign work tasks to members
- Incorporate feedback and content provided by members, as appropriate
- Ensure progress on overall project implementation and action plan
- Ensure progress on fidelity checklist
- Ensure the perspectives of all members are heard and respected
- Communicate information outside the Service Collaborative as determined and agreed upon by the Service Collaborative

**Member Agencies**

- Review materials in advance of meetings as applicable
- Have the ability to make decisions within the agency/institution represented
- Attend meetings/designate an alternate to attend scheduled meetings as needed
- Respond to requests within specified timeframe
- Communicate back to agency/organization regarding progress on project as relevant/appropriate
- Participate in development and execution of implementation and action plan
- Participate in evaluation and data collection throughout the project
- Complete fidelity checklist for agency/organization and report progress to Service Collaborative
- Provide direction and feedback to Service Collaborative Implementation Team
- Participate as a member of the Service Collaborative Implementation Team, if applicable

- Oversee effective execution of the implementation and action plan at the agency and system level
- Monitor process and intervention outcomes against objectives
- Advocate for resources, policy, and system changes

**Governance**

- The Service Collaborative will be co-chaired by local leaders who have the ability to lead the engagement of respective collaborative members to implement the action plan
- The Co-chairs will be selected by the membership
- The Co-chairs will make an effort to achieve consensus on issues requiring a decision. In the event that consensus cannot be reached, the voting members may resort to a vote. No decisions will be executed unless there is quorum present (simple majority of 50% +1) and of quorum present 66% or 2/3's are in favour of the decision.

**Frequency of Meeting**

- The Service Collaborative members will establish meeting frequency based on the demands and timeline of the implementation and action plan. Members will be expected to participate in the majority of the meetings held throughout each year to maintain their membership. Members are asked to assign an alternate representative who will attend meetings when they are unable to.
- Frequency of meetings will be determined by the Service Collaborative membership. Meetings may occur for both the Service Collaborative membership as a whole, as well as identified Service Collaborative Implementation Team members.
- Service Collaborative meetings will be accessible via OTN and teleconference whenever possible to ensure participation by those unable to attend in-person.

## APPENDIX 2 – KRRYJSC Interview Questions

**The following questions will serve as a guide for the type of questions that may be asked during the interview.**

- Can you walk me through the development of the KRRYSC?
- What role did your agency play throughout the process?
- Were there any significant challenges in the formation of the KRRYJSC?
- How well did the Service Collaborative process seem to work?
- How is the KRRYJSC protocol currently used in your organization?
- Are there any evaluations or ongoing monitoring activities currently in place within your own organization?
- Do you know if the organization refers to or use the 'Youth Justice Mental Health System Navigation Map'?
- Do you know if the organization utilizes the interagency referral form for youth? (12+)
- What do you see as the critical features for sustaining the KRRYJSC work?
- What are the barriers to sustaining the work?
- Are there any plans for updates/ revisions?
- Can you describe the community impact of implementing the protocol?
- What were some of the challenges in working with a collaborative?
- What were some of the benefits of working with a collaborative?
- Have you shared the protocol with any other organizations or agencies?
- Would you like to have seen anything else in terms of dissemination?
- Can you tell us about your experiences working with PSSP to develop and implement the trauma-informed protocol?
- Anything further that you would like to comment on?