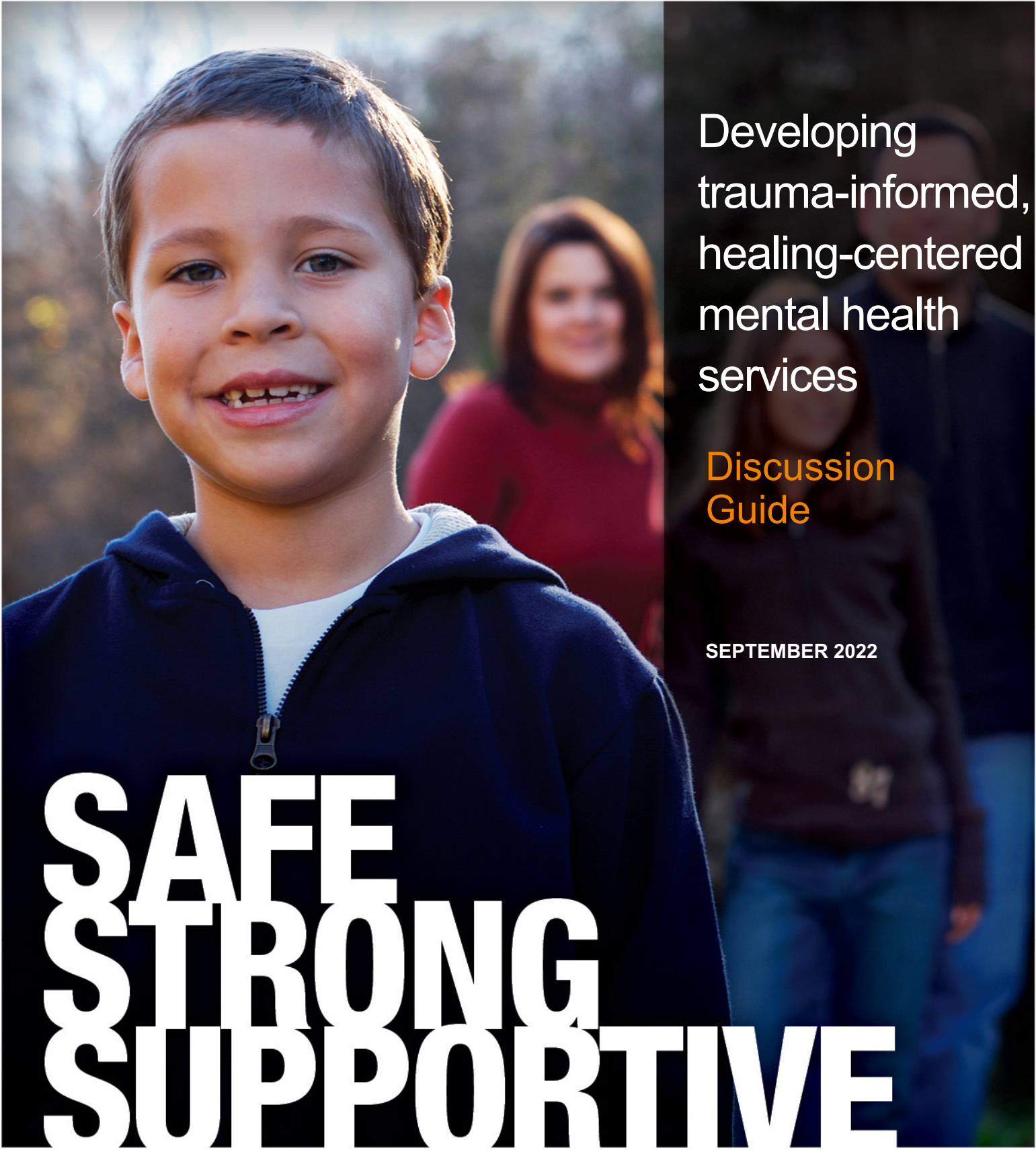




Developing  
trauma-informed,  
healing-centered  
mental health  
services

Discussion  
Guide

SEPTEMBER 2022

# SAFE STRONG SUPPORTIVE

safe children | strong families | supportive communities

## Contents

This action-oriented guide includes short, dynamic videos, discussion questions, and key resources and tools for child welfare leaders and stakeholders to:

- Hear directly from young people and parents with child welfare experience about the range of healing-centered mental health services and supports they need, including nontraditional supports;
- Shift the narrative from one that pathologizes the behavior of young people in foster care and places the challenges at the individual level to one focused on the promise of young people that places the challenges at the systems level — from “youth with complex needs” to “youth with unmet complex needs” as a result of systemic barriers and lack of capacity to provide necessary care. A new narrative acknowledges the importance of offering the right services at the right time, recognizes the trauma of separation from family and community, and understands the impact of system practices that are oppressive and disempowering; and
- Pursue concrete strategies that can make a difference in young people’s engagement in trauma-informed and healing-centered services and supports.

## Meet the experts



**NIA WEST-BEY**

Director, Youth Policy, The Center for Law and Social Policy



**YUSEF PRESSLEY**

New Deal for Youth Changemaker, The Center for Law and Social Policy, and Youth Advocate



**EDWIN DAYE**

Parent and Family Support Partner, Iowa Department of Human Services



**ALEX BRISCOE**

Principal, California Children’s Trust



**EBONY CHAMBERS MCCLINTON**

Chief Equity and Partnership Officer, Stanford Sierra Youth & Families



**CHRISTINE NORBUT BEYER**

Commissioner, New Jersey Department of Children and Families

## Healing-centered mental health supports

*“There are a lot of different forms of healing. For me it was going outside and shooting some hoops or listening to my music. Everyone heals differently.”*

-Yusef Pressley, New Deal for Youth Changemaker, The Center for Law and Social Policy, and Youth Advocate

Young people have critical perspectives about mental health and healing that can test traditional assumptions about what makes a difference for their well-being. Understanding these perspectives can provide insight into the range of clinical and non-clinical healing supports that are needed.

Learn from experts by viewing video **one** at <https://www.casey.org/ending-need-for-group-placements/?section=le3> and exploring the discussion questions and additional resources below.

### Discussion questions

1. How can your agency develop a more holistic view of mental health to incorporate clinical and non-clinical supports identified by young people, as well as culturally sensitive supports?
2. What steps have you taken to engage young people in identifying the mental health supports that make a difference and to take action based upon what you have learned?
3. How do you acknowledge the history of racism and oppression that is embedded in the systems in which young people interact, and the ways in which this historical context impacts trust and engagement in mental health services? Do you engage schools, caregivers, and others in the community to understand the roots of trauma — including as a result of institutional and systemic oppression, racial bias, and community violence — to recognize and support young people in regulating trauma responses?
4. Have you considered how mental health supports can be made available in all the places that are important to young people — home, community, schools, virtually, etc.?
5. How can the definition of who can provide healing-centered supports be expanded to include religious and tribal leaders, mentors, peer supporters, and teachers?
6. Are there indigenous healing practices that families and communities can access as a complement to clinical services?

### Resources

- [Youth-Centered Strategies for Hope, Healing and Health](#) (National Black Women's Justice Initiative and the Children's Partnership)
- [Changing the Beat of Mental Health: Amplifying Our Voice](#) (Communities United)
- [PATH and MOMD: Lessons for Mental Health Systems Change](#) (The Center for Law and Social Policy)
- [Crosswalk: Youth Thrive & Healing-Centered Engagement](#) (Youth Thrive, an Initiative of the Center for the Study of Social Policy)
- [Healing and Wellness](#) (Tribal Information Exchange of the Capacity Building Center for Tribes)
- [Understanding Trauma to Promote Healing in Child Welfare](#) (California Child Welfare Co-Investment Partnership)

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## Shifting the narrative

*“We place these kids and then we leave them and say ‘he’s broken, he’s hard’ and that’s how they’re feeling: left out and alone.”*

-Edwin Daye, Parent and Family Support Partner

Often the behaviors of young people are labeled as a mental health issue rather than a normal response to trauma. Using less stigmatizing language and pushing beyond a clinical model can allow for trauma-informed and healing-centered approaches that are more culturally responsive, developmentally appropriate, and individualized.

Learn from experts by viewing video **two** at <https://www.casey.org/ending-need-for-group-placements/?section=le3> and exploring the discussion questions and additional resources below.

### Discussion questions

1. How can you adopt less stigmatizing language around trauma that is not harmful to young people’s feelings of self-worth and use language that focuses on the potential for young people to heal and lead promising and productive lives?
2. In recognition of the significant role that family plays in creating a healing pathway, how can your agency improve its practice to prioritize youth re-establishing connections with family and engage family members to be involved in the healing process?
3. How do you remain vigilant about and address issues in broader society that might be contributing to mental health challenges, including racial injustice, social media, the COVID-19 pandemic, and poverty?
4. How can we ensure that families have all the resources and supports they need to be able to care for youth with significant unmet behavioral/mental health needs?
5. What policies does your agency have to evaluate whether psychotropic medications are over-prescribed and how this impacts the way young people respond to mental health services?

### Resources

- [The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement](#) (Shawn Ginright)
- [Beyond the Numbers](#) (Mental Health America)
- [Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems](#), (American Academy of Child and Adolescent Psychiatry)

## Strategies that work

*“One of the biggest healing-centered, culturally responsive supports that we’ve consistently heard is really helpful from young people is peer support.”*

-Nia West-Bey, Director, Youth Policy, The Center for Law and Social Policy

Young people have been clear: a broader array of healing-centered mental health services is needed. This includes mobile response services across the continuum of child welfare; indigenous healing practices; equipping teachers, foster parents, and other youth serving individuals with the skills to manage trauma responses; peer mental health supports; creating single points of access for support; strong screening and assessment; in-home stabilization services; and telehealth.

Learn from experts by viewing video **three** at <https://www.casey.org/ending-need-for-group-placements/?section=le3> and exploring the discussion questions and additional resources below.

### Discussion questions

1. Does your agency invest in mobile response services that help parents and caregivers build skill at regulating young people’s behaviors and emotions, including clinical and non-clinical mental health supports?
2. Do you have a partnership with your behavioral health system for **assessment and** leveraging Medicaid for the full range of mental health supports, including mobile response, school based mental health, and peer support services?
3. Can families access mental health supports through phone and virtual platforms?
4. Has your agency fully implemented the QRTP provisions of Family First, and what mechanisms are in place for holding providers accountable for implementing quality residential treatment?
5. Are you collaborating with other state agencies, including health, behavioral health, juvenile justice, and education to coordinate and leverage state and federal funding, and seek new funding to expand trauma-informed and culturally responsive mental health services?
6. How have you worked with partner agencies to create a continuum of care for children and families, to include **a comprehensive assessment and** array of services and supports?

### Resources

- [Joint Letter to States from Federal HHS Agencies on Opportunities to Coordinate Federal Funding for Youth Mental Health](#) (U.S. Department of Health and Human Services)
- [What is New Jersey’s Mobile Response and Stabilization Services intervention?](#) (Casey Family Programs)
- [How are some child protection agencies attending to Qualified Residential Treatment Program requirements?](#) (Casey Family Programs)
- [Building a mental health delivery system by the people, for the people](#) (California Children’s Trust)
- [What is Connecticut’s trauma-informed approach, CONCEPT?](#) (Casey Family Programs)
- [Making the Case for a Comprehensive Children’s Crisis Continuum of Care](#) (National Association of State Mental Health Program Directors)

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