

## Travis County Family Treatment Court Partnership Trauma Walkthrough Preliminary Action Plan

<b>Assessment Area: Communities for Recovery</b>				
Strengths and Positive Feedback	Potential Triggers	Possible Resolution Strategies <input type="checkbox"/> Check if implemented	Successes	Challenges
<ul style="list-style-type: none"> <li>• The building space is beautiful and very warm. It has good signs and directions on the exterior. Painting and murals are great. The café is very inviting and communicates the value of the clients.</li> <li>• The number of volunteers and the experience of the staff is a huge asset. Excelled number and variety of groups.</li> <li>• The childcare center is very nice and helps the clients to feel welcome and valued.</li> <li>• Staff get ample clinical supervision to feel supported in their role and address potential secondary trauma triggers</li> </ul>	<ol style="list-style-type: none"> <li>1. Some of the staff offices block the staff in behind a desk.</li> <li>2. Clients repeat information on assessment forms and goal sheets.</li> <li>3. Not all of the FDC team is aware of all of the resources the CFR staff offer.</li> </ol>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Rearrange furniture so that neither the client nor the staff are blocked from the door, and so neither have their back facing the door.</li> <li><input checked="" type="checkbox"/> Share information with the rest of the team to avoid duplication or unnecessary repetition for clients.</li> <li><input checked="" type="checkbox"/> Implement cross-training so all team members know the resources and processes at CFR.</li> </ul>	<p>Furniture is rearranged; some new furniture was purchased. The majority of the spaces are open. The only time when back is facing the door is when they are doing data entry.</p> <p>Team has made it a priority to develop information-sharing agreements across agencies to minimize duplication of assessments and intake questions. Julie instructs team to review the document and ask only questions that have not been asked.</p> <p>Michelle facilitated a training focused on roles and responsibilities, purpose of drug court, etc. Chuck facilitates quarterly trainings</p>	<p>The process is in place for information collection and disbursement to reduce duplication of assessment and intake questions. However, there needs to be a focus on monitoring staff to ensure that the document is being utilized as intended.</p>

	<p>4. Ensure there is ample opportunity to address staff secondary trauma</p> <p>5. Large LGBTQ population in the community but no LGBT welcome or safe zone signage</p>	<p><input checked="" type="checkbox"/> Allow staff use of meditation and other support programs. Implement a safe place for staff to access to time of need.</p> <p><input checked="" type="checkbox"/> Purchase LGBT safe sign and hang in counselor rooms to increase feelings of acceptance and safety for this population.</p>	<p>held at the site where the team is able to see the facility and is provided information about the Center for Recovery.</p> <p>Re secondary trauma-site is working to ensure that staff also have strategies in place to help and reduce the burden.</p> <p>Signs are in place.</p>	
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**Assessment Area: Substance Abuse Treatment – Austin Recovery**

Strengths and Positive Feedback	Potential Triggers	Possible Resolution Strategies <input type="checkbox"/> Check if implemented	Successes	Challenges
<ul style="list-style-type: none"> <li>The campus is beautiful and inviting. The artwork in the intake building and group rooms is very colorful and nice.</li> <li>It is very empowering for clients to be able to make their own room rules with their roommate.</li> <li>Trauma-informed Seeking Safety group for clients is great.</li> <li>Provides family rooms to allow for children to attend residential setting with their mothers</li> <li>Allows parents to attend children’s day care on their first day to alleviate stress associated</li> </ul>	<ol style="list-style-type: none"> <li>The hallway where the resident’s rooms’ are is bare and cold. The name plates for each room feel too much like a hospital.</li> <li>The kitchen area is quite loud and could be triggering for residents and young children.</li> <li>Drug testing bathroom is potentially triggering in that it does not feel warm and</li> </ol>	<p><input checked="" type="checkbox"/> Put artwork up on the walls in the hallways. Allow clients to design their own name plates for their doors.</p> <p><input checked="" type="checkbox"/> Look into putting up some acoustic barriers and items on the walls or ceilings to soften the noise level and echoing in the room.</p> <p><input checked="" type="checkbox"/> Designate another bathroom in a lower traffic area for drug screening. Ensure that it is</p>	<p>Children’s artwork is up in the women’s dorm. Clients have been invited to put up their artwork as well.</p> <p>On administration’s radar. For now, the site was able to change the colors in the cafeteria to cut down on the brightness and closed doors during meals to minimize noise level.</p>	<p>The associated cost for this change is prohibitive to immediately implement. It is part of the building improvement plan.</p>

<p>with sending their children to an unfamiliar location</p> <ul style="list-style-type: none"> <li>• Clients feel supported by staff and safe in the environment as evident by client interview</li> </ul>	<p>comfortable. It is connected to the loud kitchen.</p> <p>4. Assessment process is very long and clients sometimes bring their children.</p> <p>5. Client noted that during the Saturday visitation hours that it feels very punitive when the</p>	<p>comfortable, warm and private. Ensure that clients feel safe and comfortable.</p> <p><input checked="" type="checkbox"/> Offer childcare options for the assessment process. Allow breaks and food for participants so they are less overwhelmed by the process.</p> <p><input checked="" type="checkbox"/> Design information sharing processes to avoid any duplication of assessments and</p>	<p>Admissions/intake process has changed. Majority of the women are admitted now without their children. Women who are admitted are given 3 days to get acclimated with the treatment process. Once they are situated, their children join them (3-5 days after admission). If CPS cannot place the child with family (e.g., if the child will be removed and put into foster care etc.), the center will work to accommodate that mother's situation. Furthermore, the admissions process is moving to the treatment center location/Welcome Center (i.e., intake and services will be located in one location).</p> <p>Team has made it a priority to develop information-sharing</p>	
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	<p>residents walk into the room due to the separation of seating. Leads to an “us versus them” feeling and increases stigma</p> <p>6. Artwork on walls in some buildings can be triggering (i.e. picture of an eye in the individual counseling room)</p>	<p>limit need for clients to repeat their history.</p> <ul style="list-style-type: none"> <li>☒ Partner a peer mentor with a parent during the initial assessment to ensure the parent knows what to expect.</li> <li>☒ Look into providing screening only at the location that does not offer childcare and resume full assessment at residential location.</li> <li>☒ Allow for the clients to sit with their visitors</li> <li>☒ Shift the process (i.e. allow the clients to be in the visitation area prior to the visitor arrival) for visitation so clients feel more comfortable and less shamed.</li> <li>☒ Hold a focus group with clients to offer choices on what would help them feel more comfortable for this process.</li> <li>☒ When selecting artwork be cautious about the potential triggers that may be associated.</li> <li>☒ Prepare a space for client artwork, such as a group room, where clients can share their work in a non-triggering environment.</li> </ul>	<p>agreements across agencies.</p> <p>This was resolved immediately after identified. Process is now changed completely so clients feel more supported and comfortable. Input was gathered from residents and implemented at the time of the change in practice. Regarding visitation, everyone comes into the room at the same time so there is not separation between who is the visitor and who is the patient.</p> <p>Site/staff has a higher level of sensitivity regarding the decoration on walls and in common areas. Day rooms are more family friendly with toys, comfortable furniture and decoration. Painted walls to be “warmer” Client artwork that is pretty, recovery</p>	
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	<p>7. Large LGBTQ population in the community but no LGBT welcome or safe zone signage</p>	<p><input checked="" type="checkbox"/> Purchase LGBT safe sign and hang in counselor rooms to increase feelings of acceptance and safety for this population.</p>	<p>focused is on a designated wall.</p> <p>Signs have been purchased and placed at the entry points.</p> <p>Site is offering clients choice of therapists and are changing the wait they engage with and talk to clients (e.g., asking clients what they can do to make them feel more comfortable during a drug/urine screening process)</p> <p>The site is asking for client feedback on an ongoing basis to ensure that they feel comfortable and if any issues arise they are addressed immediately.</p>	
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**Assessment Area: Housing – Foundation Communities**

Strengths and Positive feedback	Potential Triggers	Possible Resolution Strategies <input type="checkbox"/> Check if implemented	Successes	Challenges
<ul style="list-style-type: none"> <li>The financial group and case management services are very impressive.</li> <li>The case manager’s office is very trauma-informed and warm, and it is great that the residents have access to these services onsite.</li> </ul>	<p>1. The hallways leading to the residents’ apartments could be dark at nighttime and might cause residents to feel unsafe or frightened.</p>	<p><input checked="" type="checkbox"/> Place more lights in the hallways (even during daytime). <i>Site indicated that this could not happen.</i></p>		<p>Administration is aware of the issue and will address/consider addressing if money becomes available. The associated cost for this change is prohibitive to</p>

<ul style="list-style-type: none"> <li>The case manager is engaging and supportive of clients, allowing for trust and safety.</li> </ul>	<p>2. The unannounced housing searches may be triggering for clients in that they do not know what to expect.</p> <p>3. Client action plan/goals sheet might be duplicative/cross over with other agencies' client goals sheet leading to the client feeling overwhelmed of duplication of resources</p>	<ul style="list-style-type: none"> <li>☒ Share a copy of the leasing agreement with the FDC team members and attorneys so they can communicate what the clients can expect with searches.</li> <li>☒ Review the leasing agreement often to ensure the client is fully understanding the potential of the housing search</li> <li>☒ Communicate with team members and create shared goals with clients so that they are consistent and avoid repetition.</li> </ul>	<p>Resident receives a copy of their lease and all corresponding documents. The site visit policy is reviewed with the tenant – which is case manager will notify tenant 24 hours before a visit occurs; if the tenant is not present when the case manager arrives they will enter the residence. If client cannot be present, rescheduling is a possibility, but will not often happen. Furthermore, there is more flexibility to reschedule with the case manager than it is with the property manager.</p> <p>Team ensures flow and utilization of the information. A process is in place for information collection and disbursement to reduce duplication of assessment and intake questions. DCC completes a psychosocial incorporating info from AR's intake and then distributes this document to team</p>	<p>immediately implement. It is part of the building improvement plan.</p>
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			members to reduce repetitive questioning.	
<b>Assessment Area: Child Protective Services</b>				
Strengths and Positive Feedback	Potential Triggers	Possible Resolution Strategies <input type="checkbox"/> Check if implemented	Successes	Challenges
<ul style="list-style-type: none"> <li>• Having a dedicated unit for substance abuse is a huge asset.</li> <li>• Client access to “Rainbow Rooms” for supplies is great.</li> <li>• FTM rooms are comfortable and warm.</li> <li>• Staff are very experienced and has a strong understanding of recovery.</li> </ul>	<ol style="list-style-type: none"> <li>1. The guard at the front of the office is not warm and potentially triggering for clients to see an armed officer upon entering the office. The receptionist did not welcome the visitors and was not inviting.</li> <li>2. There is no systematic process for screening and assessment during investigation. The current workers are extremely skilled and rely on intuition, but this cannot be systematized.</li> <li>3. Visitation room was dirty and disorganized</li> </ol>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Implement a training on trauma for the guard and the receptionist so they know how to create a trauma-informed waiting room environment for clients.</li> <li><input checked="" type="checkbox"/> To protect for staff turnover and ensure consistency in investigations and services for clients, implement a training program for all workers on this dedicated unit.</li> <li><input checked="" type="checkbox"/> Design a validated, standard tool (i.e. substance abuse and trauma screener) to institutionalize for the investigations process.</li> <li><input checked="" type="checkbox"/> Ensure that visitation rooms are cleaned after visits and model this behavior for the clients.</li> </ul>	<p>CPS will work on this suggestion. Fortunately the mothers enrolled in the FDC do not have many meetings at the CPS office</p> <p>Substance Abuse Manager provides ongoing training and support to CPS staff. The manager orients the new staff to the program and reviews expectations and processes.</p> <p>SA Manager uses both the SASSI and Stages of Change (RTC Questionnaire) to evaluate referred individuals for the program.</p> <p>Site considered using ACE. Need guidance on what to do with the information following administration.</p> <p>Team instituted a protocol to review the</p>	<p>This has been difficult to find an appropriate training, funding and support for these individuals to attend. The security guard is outsourced through another agency.</p> <p style="color: #00AEEF;"><a href="#">Recommendation: look into low cost online training resources.</a></p> <p>Lack of funding available.</p>

	<p>4. Front lobby is cold and not welcoming</p> <p>5. Large LGBTQ population in the community but no LGBT welcome or safe zone signage</p>	<p><input type="checkbox"/> Hang strength-based artwork and offer resources in the lobby.</p> <p><input type="checkbox"/> Purchase LGBT safe sign and hang in counselor rooms to increase feelings of acceptance and safety for this population.</p>	<p>status of the rooms on a regular basis throughout the day.</p>	<p>Lack of funding available.</p> <p>Recommendation: Print free LGBT safe signs off the internet and place in counselor rooms and in the lobby.</p>
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**Assessment Area: Mental Health Services – Austin Travis County Integral Care**

Strengths and Positive Feedback	Potential Triggers	Possible Resolution Strategies <input type="checkbox"/> Check if implemented	Successes	Challenges
<ul style="list-style-type: none"> <li>Therapists meet clients at bus stop on first visit to walk with them to the office – very trauma-informed!</li> <li>Wonderful child therapy room with excellent toys.</li> <li>Trauma therapist trained in EMDR and TF-CBT is a huge asset.</li> <li>Lobby warm and welcoming with resources easy to find.</li> <li>Mental health providers are engaging, warm and welcoming.</li> </ul>	<ol style="list-style-type: none"> <li>Assessment forms are repetitive with other agencies’ forms for clients.</li> <li>Partners unclear about what services the families are getting and the process for which certain clients are matched with specific services.</li> </ol>	<p><input checked="" type="checkbox"/> Develop process for sharing information to minimize repetition.</p> <p><input checked="" type="checkbox"/> Increase clarity of roles and services being offered to avoid resource duplication.</p>	<p>Team has made it a priority to develop roles and responsibilities and information-sharing agreements across agencies to minimize duplication. Site has open discussion and sharing regarding roles at Operations Meeting.</p>	<p>The process is in place for information collection and disbursement to reduce duplication of assessment and intake questions. However, there needs to be a focus on monitoring staff to ensure that the document is being utilized as intended.</p>

**Assessment Area: Family Drug Court Staffing and Sessions**

Strengths and Positive Feedback	Potential Triggers	Possible Resolution Strategies <input type="checkbox"/> Check if implemented	Successes	Challenges
<ul style="list-style-type: none"> <li>Great team discussion at the staffing and wonderful collaboration. The team is incredibly strong and all the players are very involved and feel safe to share their perspectives</li> <li>The weekly report forms used in staffing are great and allow all the</li> </ul>	<ol style="list-style-type: none"> <li>There was much confusion among the team about the community service sanctions. There was a lack of consistency and confusion that impacted the clients during the session and could cause</li> </ol>	<p><input checked="" type="checkbox"/> Develop a consistent plan for the use of community service. If this sanction is not effective and clients are not completing it, consider some other responses that may be more effective for</p>	<p>The team has made significant progress on this by making changes to incentives and sanctions in FDC, including implementing a tiered list of rewards and</p>	

<p>team to be consistent and on the same page.</p> <ul style="list-style-type: none"> <li>• During the court sessions, the Judge did a nice job at encouraging the clients and recognizing their strengths.</li> <li>• All partners attend court hearings including attorneys and ancillary services confirming the team approach to serving the parents. Parents are aware that the team is communicating and working to support them in their recovery</li> </ul>	<p>the clients to lose trust in the team.</p> <ol style="list-style-type: none"> <li>2. There was no variety or levels of responses to behavior. Lack of clarity of which behaviors result in which responses.</li> <li>3. The row of seats where the clients sit is limited.</li> <li>4. The “relapse” phase is potentially triggering and shaming for clients.</li> </ol>	<p>parents rather than increasing the community service.</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Decide on the final sanction amount during staffing and state it clearly so the entire team is aware of the sanction.</li> <li><input checked="" type="checkbox"/> Ask why clients are not completing sanctions to assess and address potential barriers.</li> <li><input checked="" type="checkbox"/> Create a consistent plan for responses to behaviors that involves a tier system or similar structure.</li> <li><input checked="" type="checkbox"/> Add more responses to positive behaviors and acknowledge it in the courtroom.</li> <li><input checked="" type="checkbox"/> Ensure there is enough space for the number of clients in the court that day – move in more chairs ahead of time based on the number of clients expected.</li> <li><input checked="" type="checkbox"/> Create a more strengths-based way to support clients after a relapse (i.e. “Support Phase”) and consider moving clients out of this phase through positive behavior rather than the amount of days/time.</li> </ul>	<p>sanctions and insuring consistency.</p> <p>Judge is doing this from the bench. Acknowledging dress code compliance with tokens and tiaras. <i>You are Awesome Certificate</i> (catching a person doing something good). Judge provides High 5 stickers. Logo contest for the participants with the Judge offering \$100.</p> <p>Now have participants in the well and jury box – all have a place to sit where they can see and hear proceedings. Staff is redirecting traffic (e.g. parents with strollers to one area) so the space can accommodate everyone.</p> <p>Relapse phase was renamed to Support Phase and transition out is based on personal work towards recovery. Time has been</p>	
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	<p>5. Some clients call into court sessions via telephone, which could lead to confusion or lack of clarity of response given. Client may not have support with them as they call into the court losing the fidelity of the drug court model.</p> <p>6. Unclear Sponsor requirements can lead to confusion and lack of understanding of program requirements. Recovery support is vital for long-term success.</p> <p>7. Completion of previous court response is not clear. Some team members were not aware if the response was completed or not.</p>	<p><input checked="" type="checkbox"/> Limit the amount of clients that call into the court as much as possible.</p> <p><input checked="" type="checkbox"/> Ensure that clients have support with them (e.g. AOD counselor, sponsor) when they call into court to assist with a crisis or triggering event.</p> <p><input checked="" type="checkbox"/> Clarify sponsor requirements and include this in a parent handbook. Ensure that expectations are consistent and enforced.</p> <p><input checked="" type="checkbox"/> Ensure all team members and the client are clear about what the court response is and what the process is for completion (i.e. where does the client “turn in” their community service hours)</p>	<p>removed as a factor in any phase.</p> <p>Encouraged to come to court, or do a one-on-one with the judge, if the news can be triggering. Team has not observed any differences.</p> <p>Not routine practice but still occurs either when in an out of city facility or due to work schedule. Take these participants at the end of the docket to minimize disruption. Encourage them to be in a safe spot with support. Expect them to be at court if difficult issues to discuss (unless in treatment out of City)</p> <p>There is a parent handbook and it is updated to include content regarding sponsors and the requirements. On the client agreement they initial that they understand sponsor or a court approved accountability partner. The judge will inquire</p>	
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		<p><input checked="" type="checkbox"/> Clearly state a final statement of the outcome of the hearing. State the response that was given and the reasoning for why it was given, so that all team members and clients are clear about the expectation.</p>	<p>regarding the status of sponsors in court.</p> <p>Clarification is provided by SA Manager regarding the role and importance of a sponsor.</p> <p>Reviewed by the judge and team members with the participant.</p> <p>Plan and requirements for the participant are placed in the court orders and they receive a copy before they leave the courthouse.</p> <p>Judge is doing a summation; requirements are in court orders, which they receive a copy of.</p> <p><b>Other Notes:</b></p> <p>There has been judicial turnover since the trauma walk-through. The new Judge is trained in FDC practices and engages in trauma-informed practices from the bench.</p>	
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**Attendees:**

- Alexis Balkey
- Vivian Brown
- Kimmie Nguyen
- Laura Peveto
- Michelle Kimbrough
- Chuck Roper