

A TRAUMA-INFORMED LEARNING COLLABORATIVE

MOVING FROM THEORY TO PRACTICE

Wednesday, June 7, 2018

1:00 - 2:00 PM central

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

DISCLAIMER

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PRESENTERS



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LEARNING OBJECTIVES

Participants will be able to...

- Describe the 3-year Learning Collaborative structure including the goals and objectives
- Explain the elements of a trauma-informed organization
- Explain the elements of an organizational assessment tool
- Discuss special considerations for assessing programs serving people experiencing homelessness

POLL #1



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AGENDA

- **Learning Collaborative Structure and Process**
 - Overview
 - Preparation
 - Work Phase
- **Trauma-Informed Organizations and Assessments**
 - TI Approaches
 - How to assess
 - What is a TI Organization?
- **Q and A**

LEARNING COLLABORATIVE STRUCTURE AND PROCESS

→ Overview

(<https://www.nhchc.org/2017/11/upcoming-informational-call-trauma-informed-organizations-learning-collaborative/>)

→ Purpose

→ 3-Year Project (July-June)

1. Identify Assessment Tool and Change Plan
2. Implementation
3. Resource Toolkit

→ Structure (Interactive/Learning Sessions, Action Periods, 1:1s)

LEARNING COLLABORATIVE STRUCTURE AND PROCESS

Application

- 10 slots, 29 applicants
- Selection based on strength of written application and diversity
 - Program type and size
 - Health centers, CHC, stand-alone, public entity
 - Shelters, Social Services
 - Special sub populations
 - Family, Youth, Spanish-speaking
 - Services
 - Primary Care, Medical Respite, Housing
 - TIO experience

LEARNING COLLABORATIVE STRUCTURE AND PROCESS

Work Phase

- monthly sessions
 - Guest speakers & discussion
 - 2-hour kick-off in Jan, in-person in May
 - Progression-
 - » Building baseline knowledge & group culture
 - » Assessment review & feedback
 - » Tool development
- Homework: articles, webinars, podcast, tools
- 1:1, bi-monthly, c-suite calls

LEARNING COLLABORATIVE STRUCTURE AND PROCESS

→ Next steps for Year 1

- Finalize principles and domains
- Finalize assessment tool

→ Year Two

- Starts in September
- Organizational Change Plan
- Conduct assessments locally
- Compile Results
- Develop local recommendations

VILLAGE FAMILY SERVICES

- This LC aligns with our long-term goal of becoming a fully trauma informed organization (agency)
- We recognized that we have work to do in our agency from the application process through retirement to ensure we are using TIO best practices.

- Our Agency has provided Trauma Informed Services long before we were required to.
- TIC is imbedded in our behavior health, social care and homeless services.
- Providing TI services helped us to understand Secondary Trauma in our staff.

This LC is helping our agency to

- Transition from providing services that focus on trauma to becoming a TIO
- Our Plans include updating our new employee training and on-boarding,
- updating agency policies to include the importance of self-care and wellness for ALL staff not just service providers
- Using proper TI language across the agency

- We understood we needed to become a TIO but needed assistance with the best practices in doing so.
- The LC has introduced us to various TI approaches. The Thrive Model resonates best with our agency, changing our mind about the Sanctuary model
- Thrive has 6 domains that are in line with our CARF accreditation, mission and values.

- The ability of the LC to provide the group with the available approaches has been invaluable.
- The LC has Informed our choices of the best approach to use to for our agency assessment
- Through assessment we will be identify our areas of strength and areas of opportunity in becoming a TIO.

CASCADE AIDS – LAURA

- Cascade AIDS Project commitment to TIC
- Why TIC?
- Steps for developing TIC culture
- What's next?

WHAT IS CASCADE AIDS PROJECT?

- CAP is a community-based provider of HIV services, housing, education and advocacy in Oregon and Southwest Washington.
- We provide specialized healthcare for the LGBTQ+ community at our clinic, Prism.
- CAP programs include peer support, PrEp navigation, testing, summer camp, insurance navigation, on site service center, emergency rental assistance, care linkage, referrals and more.

Source: www.cascadeaids.org

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PRISM



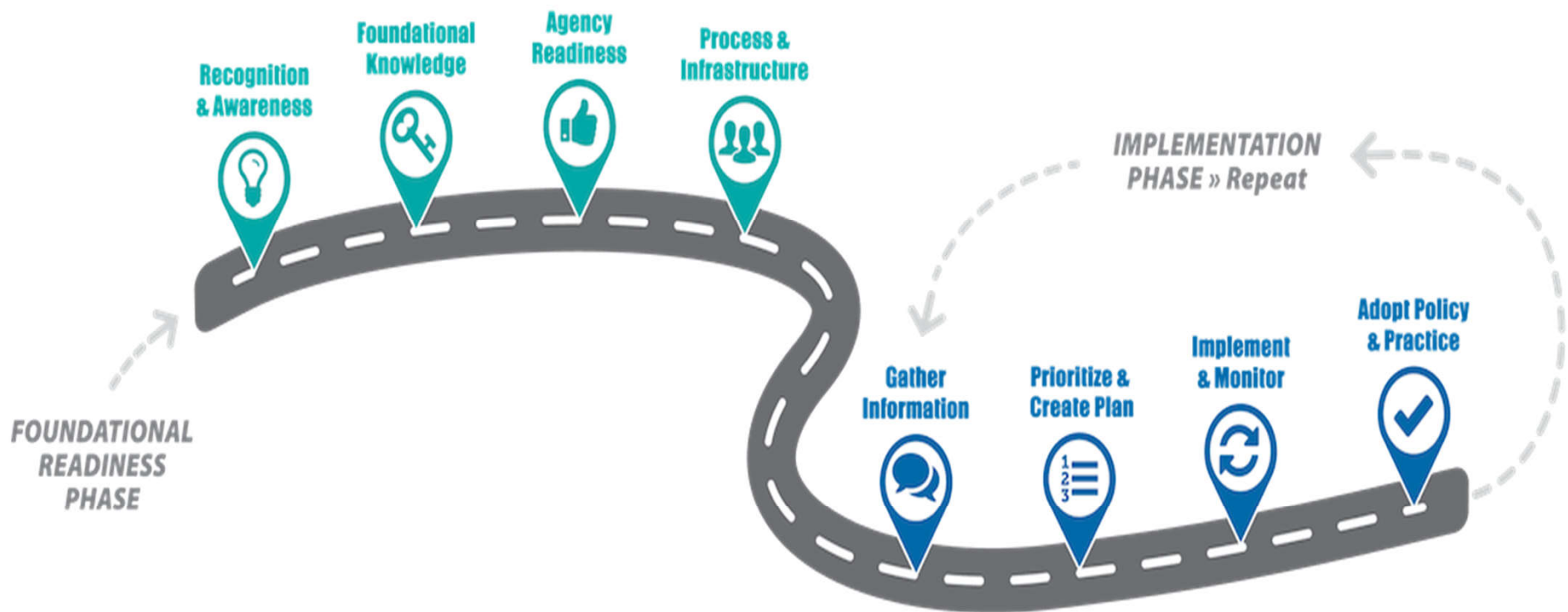
HEALTH

CAP
Cascade AIDS Project

TIC NEEDS ASSESSMENT

- Need for Trauma Informed Workgroup
- Leadership buy-in
- Pre-work and research

ROADMAP TO TRAUMA INFORMED CARE



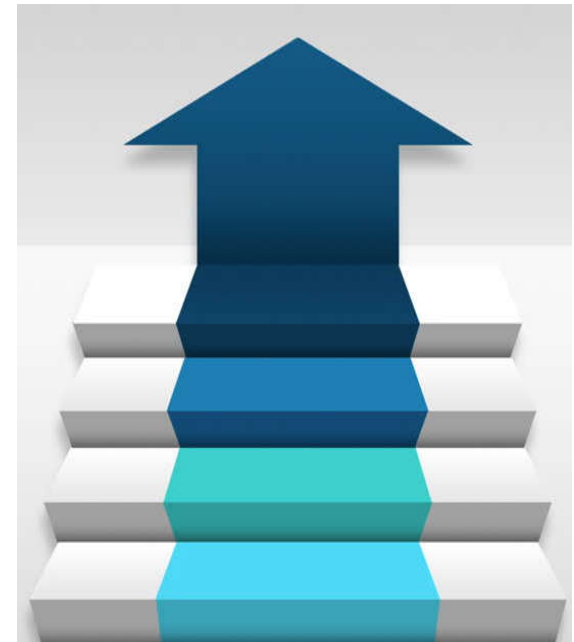
AGENCY WIDE COMMUNICATION | ONGOING EDUCATION & TRAINING

STAFF RECRUITMENT

- Clearly communicate opportunity and purpose
- Multidisciplinary Group
- Education

TRAUMA INFORMED WORKGROUP STEPS

- Group agreements
- Purpose and objective identified
- Transparency
- Representatives



IDENTIFYING GOALS

- Participant/client centered goals
- Staff centered goals
- Environmental goals
- Implementation model

“A Trauma-informed Care approach involves all levels of an agency making small adjustments while simultaneously working on big changes.” - Trauma Informed Oregon

GOALS

- ◆ CAP Calendar
 - ◆ Staff Photos
 - ◆ Fidget Toys
 - ◆ Lobby hours clearly marked
 - ◆ Training
 - ◆ Assessments
- Video explaining intake process on CAP website
 - Affirming art work
 - Relevant periodicals
 - TI influenced onboarding process
 - More color, plants, fans and fidget toys in client meetings rooms
- Mission statement clearly displayed
 - Plant Club
 - TI Informed Supervision Training
 - Staff lending library
 - Protocol for maintaining client meeting rooms
 - Make resources more accessible in Service Center
 - Verify all materials for health literacy
 - Sustainable implementation model

TRAININGS

- Trauma Informed Care 101
- Implementing Trauma Informed Care with Christie's Place
- Trauma Informed Implementation for Managers
- Webinars on the topic of Trauma Informed Care
- Referrals to outside organizations to receive training

TRAININGS

- African American Reach and Teach Health (AARTH)
- Micro aggressions and implicit bias with Sirius Bonner
- Trans 101 with Bridge 13
- Trans 202 with Trystan Reese and Leila Haile

ASSESSMENTS

- Trauma Informed Organizational Assessment for All Staff
 1. Systems Change
 2. Environment and Safety
 3. Workforce Development
 4. Service Delivery
 5. Organizational Commitment
- Biannual Participant Satisfaction Survey
- Environmental Assessment conducted by Trauma Informed Workgroup

4. I. Supporting Staff Development

A. Staff Supervision, Support and Self-Care

1. I have a regularly scheduled time for individual supervision.

Strongly Disagree Disagree Agree Strongly Agree Do not know Not applicable to my role

2. I receive individual supervision from a supervisor who is knowledgeable about the impact of trauma on clients and the people who help them.

Strongly Disagree Disagree Agree Strongly Agree Do not know Not applicable to my role

3. Part of my supervision time is used to talk about how I respond to stress and how to manage it in my work

Strongly Disagree Disagree Agree Strongly Agree Do not know Not applicable to my role

4. I have regular team meetings

Strongly Disagree Disagree Agree Strongly Agree Do not know Not applicable to my role

5. My team leader addresses trauma, stress and self-care during my team meetings

Strongly Disagree Disagree Agree Strongly Agree Do not know Not applicable to my role

*A score of 4 means you meet this standard very well and have expertise in this area that may be of help to other grantees interested in improving their performance around this standard.
 N/A = I am not sure I understand this question.

ORGANIZATIONAL SELF-ASSESSMENT: ADOPTION OF TRAUMA-INFORMED CARE

1. Early Screening and Comprehensive Assessment of Trauma

Performance Standards:

A. The initial (first encounter with the agency) intake, assessment and documentation process includes questions designed to sensitively and respectfully explore prior (including early childhood) and current trauma related experiences. The information gathering process enables a person to reveal personal histories and experiences at their own pace and in their own way. Exploration of trauma related experiences is done within a calm, safe, secure, and supportive setting by caring, interested, and skilled practitioners; it is never confrontational, coercive or demanding.

0 1 2 3 4 N/A

B. The organization recognizes that some consumers may not be able or willing to reveal traumatic life experiences early on in the intake/assessment process, given the sensitive nature of the topic. Procedures are in place to re-engage consumers and re-assess the issues related to trauma, for example during service plan review meetings, when new information is shared by other sources, when the consumer self-reports such information, or when warning signs are observed that are typically associated with trauma.

0 1 2 3 4 N/A

C. The screening and assessment process is sufficiently thorough and focused on trauma related issues to allow for the determination of a diagnosis associated with trauma (e.g. PTSD). The ongoing assessment process allows for the gathering of new trauma related information leading to potential changes in diagnosis as well as appropriate treatment objectives, goals, and services.

0 1 2 3 4 N/A

D. Early screening and assessment process is designed to promote shared decision-making between the consumer and the provider related to the selection of optimal services. The process involves identifying trauma related needs, strengths, and available services.

0 1 2 3 4 N/A

II. Domain: Youth and Family Empowerment, Choice, and Collaboration

A trauma-informed approach does not need to be an expensive, complicated process; it only needs to be one that is shaped by an understanding of the impact of trauma. Behavioral health and medical services have come from a historical position of expert superiority. Prioritizing consumer choice can challenge agencies and practitioners to view families and youth as experts in their own care.

Key Question	Best Practice Standards
<p>2.1 Maximizing Choice and Collaboration</p> <p>2.1a Youth and young adult choice and collaboration</p> <ul style="list-style-type: none"> To what extent do the program's activities and settings maximize youth/young adult experiences of choice and collaboration? Do youth/young adults have a clear and appropriate understanding of their rights and responsibilities? How can services be modified to maximize youth/young adult experiences of choice and collaboration? <p>2.1b Caregiver and family choice and collaboration</p> <ul style="list-style-type: none"> To what extent do the program's activities and settings maximize caregiver and/or family members' experience of choice and collaboration? Do caregivers and family members get a clear and appropriate message about their rights and responsibilities? How can services be modified to ensure that caregiver and family experiences of choice and collaboration are maximized? <p>2.2 Information Sharing Within the Agency</p> <p>Is information shared in a way that protects youth, young adult, caregiver, and family member privacy?</p>	<p>2.1 Maximizing Choice and Collaboration</p> <p>2.1a and 2.1b</p> <ul style="list-style-type: none"> Written policy, procedure, and practice supports consistency in communication with youth and families, including: <ul style="list-style-type: none"> agency mission eligibility criteria service/treatment practices program expectations clarity of tasks maintaining personal and professional boundaries when/how services will be terminated; limitations to confidentiality (e.g. mandated reporting) potential risks/benefits goals of the treatment limitations of the treatment <p>2.2 Information Sharing Within the Agency</p> <ul style="list-style-type: none"> Family consent and youth assent are solicited prior to information sharing. Forms or policies are in place that govern the way information is shared within the agency and programs.

WHAT'S NEXT?

- Present recommendations to the Executive Director
- Prioritize goals
- Develop implementation plan
- Invite representatives from different committees to join Trauma Informed Workgroup
- Share Trauma Informed Care Moments at bi-monthly staff meetings

WHAT IS A TRAUMA-INFORMED ORGANIZATION?

- Understands the impacts of trauma on a person's behaviors, thoughts, feelings, health, and relationships
- Recognizes that services and environments must create spaces to heal, build healthy relationships, ensure safety, and regain a sense of control and esteem
- Incorporates that understanding into policies, practices, procedures for both staff and clients

EXAMPLES OF TRAUMA-INFORMED PRINCIPLES

- Safety
- Trust
- Transparency
- Choice
- Empowerment
- Cultural Humility
- Consumer Involvement
- Emotional Intelligence
- Empathy
- Open Communication
- Democracy
- Social Responsibility
- Nonviolence
- Trauma Awareness
- Supportive Care and Relationships
- Shared Power and Autonomy
- Facilitating Connections
- Building Strengths

ORGANIZATIONAL DOMAINS



STEPS FOR BECOMING A TIO

- Leadership buy-in
- Trauma-Informed Champions
- Trauma-Informed Committee
- Organizational Implementation Plan
- Staff buy-in
- Assessment
- Recommendations
- Implement Recommendations
- Evaluation
- Sustainable Committee, Implementation, and Evaluation

POLL #2



QUESTIONS & ANSWERS



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RESOURCES

- Trauma Informed Oregon
 - <https://traumainformedoregon.org/>
- How to Host a Trauma Informed Meeting
 - <https://traumainformedoregon.org/wp-content/uploads/2014/10/Hosting-a-Meeting-Using-Principles-of-Trauma-Informed-Care.pdf>
 - <https://traumainformedoregon.org/wp-content/uploads/2016/01/Conducir-una-Junta-Usando-los-Principios-del-Cuidado-Informado-sobre-el-Trauma.pdf>
- Trauma Informed Workgroup Meeting Guidelines
 - <https://traumainformedoregon.org/wp-content/uploads/2016/01/Trauma-Informed-Care-Workgroup-Meeting-Guidelines.pdf>

RESOURCES

- Standards of Practice for Trauma Informed Care
→ <https://traumainformedoregon.org/standards-practice-trauma-informed-care/>
- Agency Environmental Components for Trauma Informed Care
→ https://www.integration.samhsa.gov/about-us/TIC_Environmental_Scan.pdf
- African American Reach and Teach Health (AARTH)
→ http://www.aarth.org/?page_id=8
- Christie's Place Trauma Informed Care Program
→ <https://www.aidsunited.org/resources/trauma-informed-care?docid=83>

ASSESSMENTS

- Adopted from the National Center on Family Homelessness Trauma-Informed Organizational Self-Assessment and “Creating Cultures of Trauma- Informed Care:A Self Assessment and Planning Protocol” article by Roger D. Falot, Ph.D. & Maxine Harris, Ph.D.
 - http://www.traumainformedcareproject.org/resources/Traum%20Informed%20Organizational%20Survey_9_13.pdf
- THRIVE Guide to Trauma Informed Organizational Development
 - http://thriveinitiative.org/thrivetraining/wp-content/plugins/rasGroupManager/rgm_uploads/THRIVE%20Guide%20to%20Trauma-Informed%20Organizational%20Development.pdf
- Traumatic Stress Institute TIC Organizational Assessment
 - <http://traumaticstressinstitute.org/wp-content/uploads/2010/06/Trauma-Informed-Care-Org-Self-Assessment-Final.pdf?32c611&32c611>
- National Center on Family Homelessness
 - https://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf