Agenda for today: organizational assessment

- Assessment goals & development process
- Assessment domains
- Administering the assessment
- Next steps
Discussion

This was designed to be an organizational-level assessment, how would you define “organization” for the assessment?

In addition to your RBC team, what additional perspectives/roles would you want to include in the assessment process?

What questions or concerns do you have about the assessment, administration process, or timeline?

What ideas do you have about how the assessment results could be useful to your organization?
Assessment goals & development process
Goals of the assessment

• Assess RBC organizations’ current practices and capacity related to trauma and resilience-informed care targeting pediatric patients (ages 0-5) and their caregivers

• Inform technical assistance (e.g., coaching, training) to meet teams where they’re at

• Promote dialogue within RBC organizations about internal capacity, current strengths, and potential areas for improvement
Assessing current state

The assessment will help us answer two key evaluation questions:

• What organizational factors positioned teams to make progress/successfully implement their action plans?

• To what extent have RBC organizations strengthened their capacity to be trauma-informed?
Development of the assessment tool

- Review of existing tools
- Expert interviews
- Feedback from program team
- Webinar with RBC teams
Review of current organizational assessment tools:

- Many tools identified, not all available in the public domain
- No consensus on a single tool
- Assessment was informed by the elements of the Pediatric Integrated Care Collaborative (PICC) Change Framework, and includes questions adapted from:
  - Trauma-Informed Organizational Survey, based on the American Institutes for Research (AIR) self-assessment;
  - Organizational Self-Assessment for Trauma-Informed Care Practices in Youth Residential Settings, developed by the University of South Florida; and
  - System of Care Trauma-Informed Agency Assessment (TIAA), developed by THRIVE.

Expert interviews:

1. Becca Sanders, Iteration Evaluation
2. Larry Wissow, Johns Hopkins
3. Jen Leland, Trauma Transformed
4. Jonathan Goldfinger, formerly of Healthy Steps
5. Alex Maul, Center for Health Strategies
6. Mary Blake, SAMHSA
Assessment domains
For the purposes of the RBC program,

Trauma and resilience-informed care refers to care in which all parties involved recognize and respond to the impact of traumatic stress and resiliency factors on children, caregivers, and service providers.
RBC Program Theory of Change

SHORT-TERM OUTCOMES - RBC organizations have:

- Increased understanding of & confidence in TIC approaches & strategies
- Increased buy in & commitment to TIC at various levels of the organization
- Developed a trauma and resilience informed office environment
- Improved clinical practices to assess and address childhood and caregiver adversity & trauma
- Improved systems, practices, and partnerships to create coordinated systems of care for patients/families (e.g., established community partners, referral & follow up systems, information sharing)
- Increased support for staff and providers (e.g., have dedicated time, reduced stress & job strain)
- Engaged in learning and improvement re: TIC (e.g., collect & use data, engage in CQI processes) & plan for deepening/sustaining the work

INTERMEDIATE OUTCOMES

As a result of shorter-term changes, RBC organizations:

- Provide more effective support to patients/families to mitigate the effects of trauma & promote family strengths & resilience
- Have deepened relationships with their patients/families (increased trust)
- Empower families to manage the effects of trauma, prevent future trauma & promote resilience
- Enhance patient/family engagement
- Improve staff /provider morale & retention

RBC teams leverage internal assets & engage in program & data reporting

Program supports the work of RBC teams

Work of RBC teams informs the program

RBC program provides funding, TA/support and evaluation
## RBC Assessment Domains

<table>
<thead>
<tr>
<th>RBC outcomes = domains</th>
<th>Example questions</th>
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| Understanding and confidence in trauma and resilience-informed care *(PICC: office environment)* | • Providers and staff understand the science between trauma and its potential impact on health and well being  
• Providers and staff are comfortable talking to patients and caregivers about trauma |
| Buy-in and commitment for trauma and resilience-informed care *(PICC: office environment)* | • Our organization’s formal policies and procedures reflect language and practice of trauma and resilience-informed care  
• Leadership provides the resources for implementation of trauma and resilience-informed care |
| Trauma and resilience-informed office environment *(PICC: office environment)* | • Our organization has educated staff and providers on trauma, resilience and implications for care  
• Our organization has established a safe physical environment  
• Our organization has flexibility in its schedules to allow for discussions of psychosocial concerns when needed |
| Support for staff and providers *(PICC: office environment)* | • Our organization builds conversations about personal boundaries and self-care into regular meetings and supervision  
• Staff identify self-care strategies in their own employee evaluations/plans |
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<tr>
<th>RBC domains</th>
<th>Example questions</th>
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| Clinical practices that assess and address childhood adversity *(PICC: Assess health & address health)*                                             | • Our organization has a consistent screening or assessment process to identify individuals who have been exposed to trauma and inform service delivery  
• Our organization uses trauma-specific evidence based practices during visits  
• Our organization provides a warm hand-off for referrals to community-based specialists  
• Level of behavioral health integration                                                                                                                                                     |
| Systems, practices, and partnerships to create coordinated systems of care *(PICC: community relationships & coordinate)*                       | • Our organization has established referral practices to connect patients to community resources  
• Our organization has staff members dedicated to linking patients to community resources  
• Our organization has a system for following up on referrals made to other service providers                                                                                                                                               |
| Patient and family engagement *(PICC: family engagement)*                                                                                         | • Our leadership commits time and resources to family involvement  
• Our organization has a formal strategy for how we recruit patients and caregivers to serve in an advisory capacity                                                                                                                    |
| Learning and improvement regarding trauma and resilience-informed care                                                                           | • Our organization has a system in place to regularly measure performance on trauma and resilience-informed care activities  
• Data related to trauma and resilience-informed care is tracked, analyzed and used to address challenges and/or reinforce progress                                                                                                    |
Administering the assessment
Administering the assessment

Assessment sent out via email on Monday, Aug 13

1. Identify multi-disciplinary team to participate in the assessment
2. Have each individual complete the assessment on their own (15 Qs)
3. Come together as a team to discuss responses and come to consensus
4. One person submits the survey to CCHE via SurveyMonkey

Assessments due on Friday, Aug 24

Assume this will be RBC team + others if needed

Note places where consensus was difficult in “comments”
## Reporting back results

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<tr>
<th>Individual RBC team reports</th>
<th>Provided to each RBC team with a summary of their responses</th>
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<tbody>
<tr>
<td>Program-level, aggregate report</td>
<td>Provided to RBC program staff and participating teams to summarize results across teams and to inform TA/support</td>
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Next steps
## Overall planned data collection schedule

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<th>Q3 2018</th>
<th>Q4 2018</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
<th>Q4 2019</th>
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Center for Community Health and Evaluation – [www.cche.org](http://www.cche.org)
Next steps for the RBC evaluation

August

• CCHE: Finalizes & sends out assessment (Aug 13)
• RBC teams: Submit completed assessment (Aug 24)
• CCHE: Begins scheduling follow-up interviews to discuss assessment, explore potential clinical/quality metrics & discuss RBC priorities

September

• RBC teams/CCHE: Participate in initial interviews
• CCHE: Provide assessment results back to RBC teams
• CCHE: Develop & vet potential clinical/quality metrics

October

• CCHE: Provide reporting template
• RBC teams: Submit initial/baseline data
Questions?

For additional questions contact:

Center for Community Health and Evaluation

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