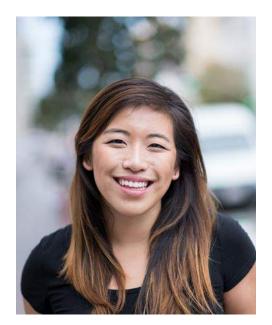# Our Program Team

Veenu Aulakh,
Program Director

Megan O'Brien,
Program Manager

Angela Liu,
Program Coordinator

The Opportunity

How might we spark, seed, and spread what works to prevent, screen, and treat the effects of childhood adversity in safety net care settings?

Conclusions

Safety net organizations are ready to take action NOW & NEED SUPPORT

- Safety net field is nascent in integrating systems to support trauma

- Lots to learn about what works on the ground

- Lots of resources and toolkits exist but not focused on needs of pediatric safety net
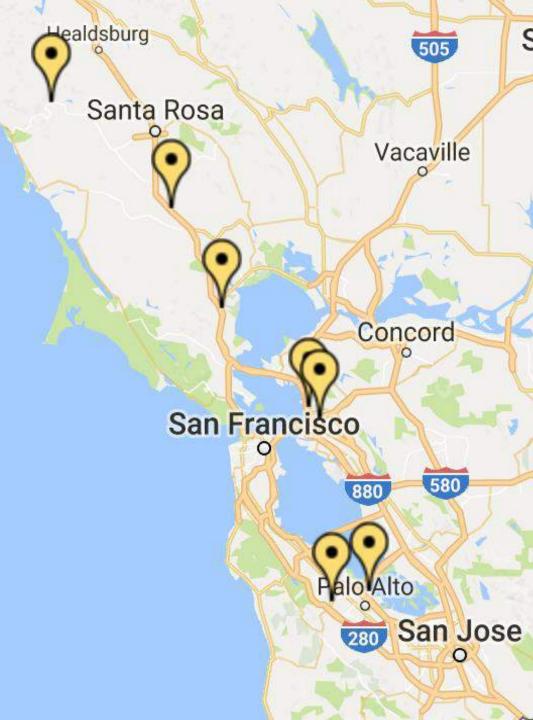
- Need to create more successful models

CCI launched the Resilient Beginnings Collaborative: a 24-month learning program dedicated to addressing childhood adversity in pediatric safety net care settings.

RBC Cohort

7 organizations from across the Bay Area

1. UCSF Benioff Children's Hospital Oakland
2. San Mateo County Health System
3. Marin Community Clinics
4. LifeLong Medical Care
5. Ravenswood Family Health Center
6. Petaluma Health Center Inc.
7. West County Health Centers

ORGANIZATION INFORMATION

Organization	City	County	#Employees	#Sites	# unduplicated patients / year	# unduplicated pediatric patients ages 0-5 / year	% of ped patients of overall patient pop.
UCSF Benioff Children's Hospital Oakland	Oakland	Alameda	2,763	21	83,405	32,341	38.8%
San Mateo County Health System	San Mateo	San Mateo	1,000	5	68,922	6,865	10.0%
Marin Community Clinics	Novato	Marin	455	8	34,000	4,750	14.0%
LifeLong Medical Care	Berkeley	Alameda	800	16	61,000	6,600	10.8%
Ravenswood Family Health Center	East Palo Alto	San Mateo	213	1	17,456	3,091	17.7%
Petaluma Health Center Inc.	Petaluma	Sonoma	389	7	31,579	3,655	11.6%
West County Health Centers	Guerneville	Sonoma	180	6	12,838	968	7.5%
OVERALL COHORT			**5,800**	**64**	**309,200**	**58,270**	

Today's Agenda

- Welcome, Overview of the Day, & Introductions
- RBC Program Overview
- Break
- Team Sharing
- Lunch
- Organization Wide Trauma-Informed Care Training Introduction & Planning
- Program Feedback, Evaluation & Closing

A Word from Genentech

Rajni Dronamraju

The Resilient Beginnings Collaborative is a part of Genentech's philanthropic commitment to addressing childhood adversity across low-income communities in the Bay Area, called **The Resilience Effect**.

The Resilience Effect supports clinical and community partners to design, test and scale the most effective ways to address adversity and strengthen resilience among young children and their caregivers. Our vision is one where all Bay Area children facing early adversity have the best possible start in life and the opportunity to build healthy and vibrant futures.

Learn more about the Resilience Effect: www.gene.com/resilience

A growing body of research shows that early childhood traumas — abuse, neglect, violence, and other forms of adversity — affect kids on a cellular level, and can lead to higher rates of many of the most life-threatening diseases.

We've launched a new signature charitable program — The Resilience Effect — to try and make a difference on this issue in our community.
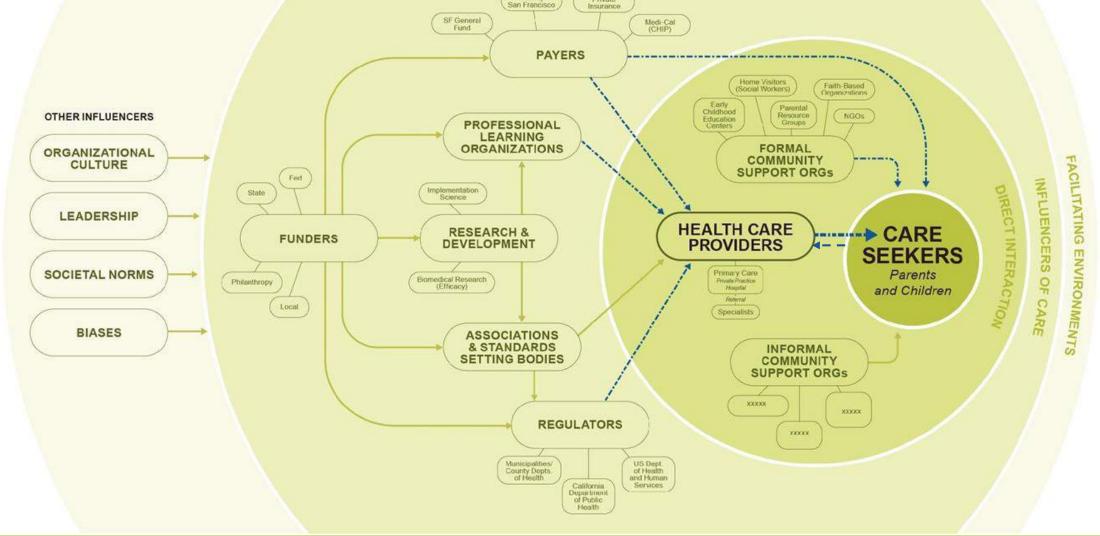
Genentech
A Member of the Roche Group

VISION:

All Bay Area children facing early adversity have healthy and vibrant futures

GOAL*:*

Significantly improve the health and well-being of young children and families affected by adversity in the Bay Area through the pediatric healthcare system and the community settings that support it.
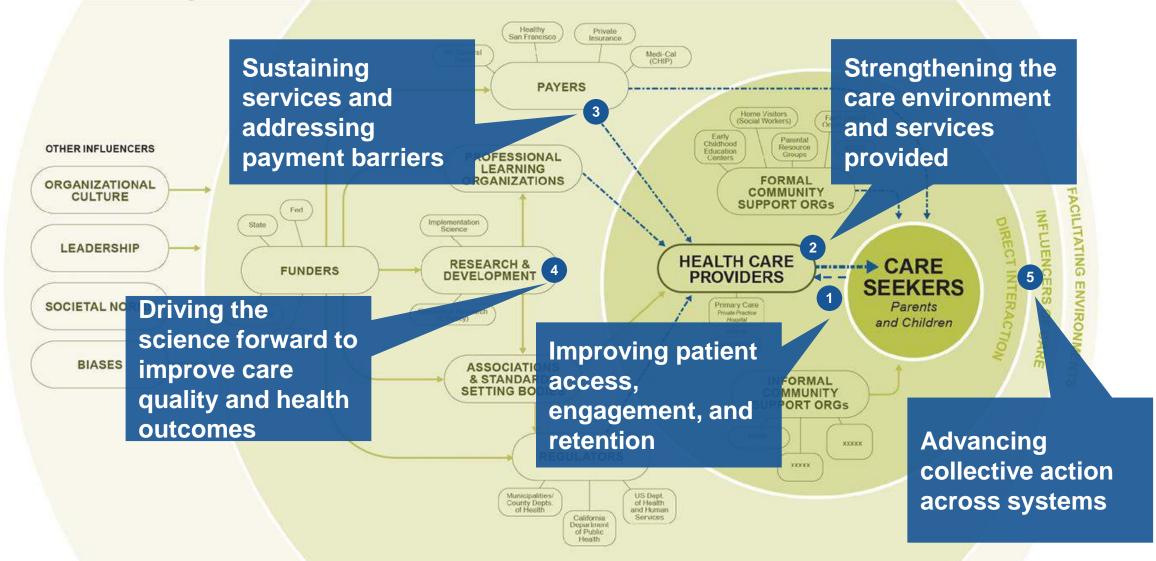
We are largely focused on the forces impacting the care kids receive

Key strategies

Sustaining services and addressing payment barriers — 3

Strengthening the care environment and services provided — 2

Driving the science forward to improve care quality and health outcomes — 4

Improving patient access, engagement, and retention — 1

Advancing collective action across systems — 5

- Core investment

- Significant potential impact

- Builds local capacity

- Advance practical learning

Thank you.

Genentech
A Member of the Roche Group

What is Resilience?

- Resilience is the capacity of people to successfully **adapt and recover**, even in the face of highly stressful and traumatic experiences.

- Can be enhanced by strengthening a variety of **protective factors**, including:
  - Individual (i.e., cognitive ability, self-efficacy, self-regulation, coping strategies, spirituality)
  - Family (supportive parent-child interaction, social support)
  - Community characteristics (positive school experiences, community resources)

- Protective factors that promote resilience can also vary culturally.

10 Ways to Build Resilience

1. Make connections.

2. Avoid seeing crisis as insurmountable problems.

3. Accept that change is a part of living.

4. Move toward your goals.

5. Take decisive actions.

6. Look for opportunities for self-discovery.

7. Nurture a positive view of yourself.

8. Keep things in perspective.
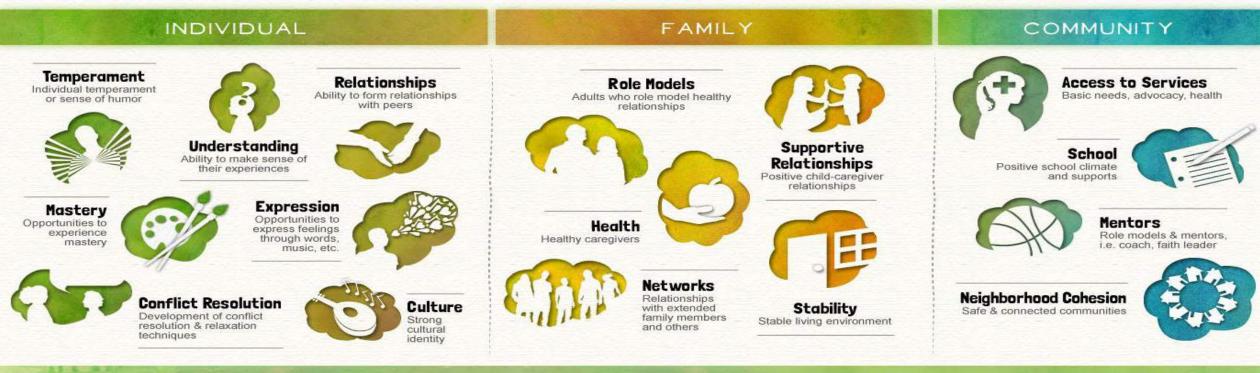
9. Maintain a hopeful outlook.

10. Take care of yourself.

http://www.apa.org/helpcenter/road-resilience.aspx

PROMISING FUTURES
PROMOTING RESILIENCY
among children and youth experiencing domestic violence

Almost 30 million American children will be exposed to family violence by the time they are 17 years old.[2] Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.[1]

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL

Temperament
Individual temperament or sense of humor

Relationships
Ability to form relationships with peers

Understanding
Ability to make sense of their experiences

Mastery
Opportunities to experience mastery

Expression
Opportunities to express feelings through words, music, etc.

Conflict Resolution
Development of conflict resolution & relaxation techniques

Culture
Strong cultural identity

FAMILY

Role Models
Adults who role model healthy relationships

Supportive Relationships
Positive child-caregiver relationships

Health
Healthy caregivers

Networks
Relationships with extended family members and others

Stability
Stable living environment

COMMUNITY

Access to Services
Basic needs, advocacy, health

School
Positive school climate and supports

Mentors
Role models & mentors, i.e. coach, faith leader

Neighborhood Cohesion
Safe & connected communities

FUTURES WITHOUT VIOLENCE
Formerly Family Violence Prevention Fund

Warm Up Activity

Reflection: What are strategies toward or examples of **resilience** in your personal and/or professional life?

Action: You have 6 minutes.

- Find 3 people you don't know.
- Introduce yourself.
- Share one thing you do, hear one thing from them.
- Capture what you heard in one word on a sticky note.

At the end of the 6 minutes, or once you've talked to 3 people, put your sticky notes on the wall.

RBC PROGRAM OVERVIEW

Key Objectives

Strengthen organizations' capacity to prevent and mitigate the effects of trauma in young children, taking a multigenerational approach;

Build on existing organization-led initiatives and interventions to address childhood adversity;

Enable organizations to further test, develop, and strengthen their role in addressing trauma and promoting resilience; and

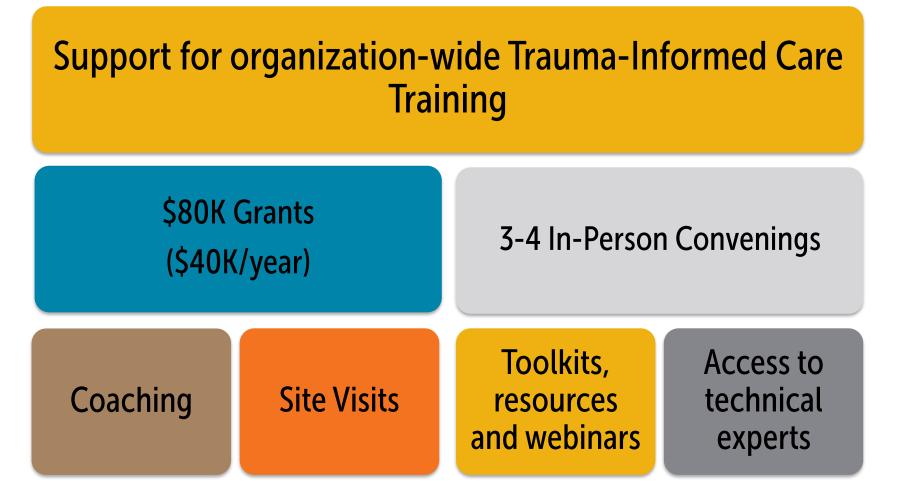Contribute to broader field-wide learning.

What Makes this Different?

Coordination with other national efforts

Local Bay Area initiative

Pediatric safety net focus

Ages 0-5

Early childhood focus

Program Support & Delivery

Support for organization-wide Trauma-Informed Care Training

$80K Grants
($40K/year)

3-4 In-Person Convenings

Coaching

Site Visits

Toolkits, resources and webinars

Access to technical experts

Grant Support

$80,000 over 2 years

Can be used to:
- Offset staff time spent participating in this program & leading change efforts at your organization;
- Travel costs to attend the program's in-person convenings and site visits;
- Other associated costs.

In-Person & Virtual Sessions

3-4 In-Person Sessions + Quarterly Webinars

1. **Session #1:** Tuesday, June 12, 2018 (half day)

2. **Session #2:** November 2018

3. **Session #3:** May 2019

4. **Session #4:** November 2020

All sessions will be held in the Bay Area; most likely on Genentech's campus in South San Francisco.

Content & Idea Sharing Webinars planned once a quarter; additional webinars can be added if needed.

Coaching

Coaching Support

- Helps with **troubleshooting** and assists teams in advancing work

- Monitors your **experience** of the program

- Connects you with **additional resources** and informs CCI of additional needs

- Provide support & guidance on **implementing TIC**, based on experience

Coaching

Deirdre Bernard-Pearl, MD
Santa Rosa Community Health

Denise Armstroff
Master Coach

Site Visits

1-2 visits to exemplar organizations

- Intended to **inspire** teams and provide **guidance** for work in the program

- Location pending; 1 will most likely occur in Southern California & the other on the East Coast

- Expect to send up to 2 team members per site visit

- Will occur in first quarter of 2019

Faculty & Technical Experts

Trauma Transformed
Strengthen capacity of practitioners across the Bay Area to deliver trauma-informed care

Johns Hopkins University
Runs SAMHSA-funded Pediatric Integrated Care Collaborative (PICC)

…..and more!

Connections

Center for Youth Wellness

Works to transform pediatric medicine, raise public awareness, and transform the way society responds to children exposed to ACEs and toxic stress.

https://centerforyouthwellness.org/

ACES Connection

Connects people with each other, news, research and events using trauma-informed/resilience-building practices.

https://www.acesconnection.com/

Phases

Phase 1: Deepen Trauma-Informed Organizational Practices

- Identify project team
- Identify TA needs
- Work with evaluator to define metrics
- Participate in organization-wide TIC training

Phase 2: Test and Implement Care Delivery Changes

- Develop action plan
- Identify community partners
- Co-design strategies with partners, patients, and families

Phase 3: Sustain and Spread

- Document workflows and protocols
- Reinforce and sustain partnerships
- Build referrals
- Spread lessons learned

Phase 1: Deepen Trauma-Informed Organizational Practices

Core Activities

- Identify a project team to participate
- Clarify organizational level needs that would benefit from technical assistance
- Work with evaluator to define metrics and start collecting baseline data
- Participate in organizational-wide trauma-informed care training *

Trauma Informed Care Training*

Goal of organization-wide, all staff training: to create a trauma-informed system of care to ensure a foundational understanding of:

- Clinical impact of trauma and adversity on children and their families.
- Building a trauma-informed organizational culture to support enduring clinical integration of trauma-informed practices.
- Understanding the core elements for integration of trauma-informed practices into clinical settings (i.e. patient engagement, training of non-clinical staff, leadership buy-in).

Trauma-Informed Care Training

Each organization will host the training onsite for all staff, and secure training space, protect time for staff to be trained, and work with the trainers to set dates and times for the training. CCI will cover the costs of the training.

The expectation is that all staff will be trained **within the first six months** of the program but trainings can be **split across different days** to accommodate all staff.

The training is expected to **last two hours**, with an additional session geared toward organizational leadership.

CCI is committed to working with organizations in the program to **ensure this training model is feasible given organizational constraints** (i.e. size of the organization, different sites, union contract concerns, etc).

Phase 2: Test & Implement Care Delivery Changes

Develop a plan to identify the activities and approaches for implementation and how CCI technical assistance resources would support success
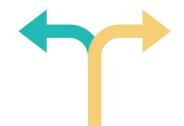
Begin **testing and implementing** the core elements

Identify **community partners** with expertise in early childhood interventions and aligned with goals of addressing trauma

Co-design strategies with community partners and patient advisory groups to ensure referral resources and coordination efforts meet needs

Phase 3: Sustain & Spread
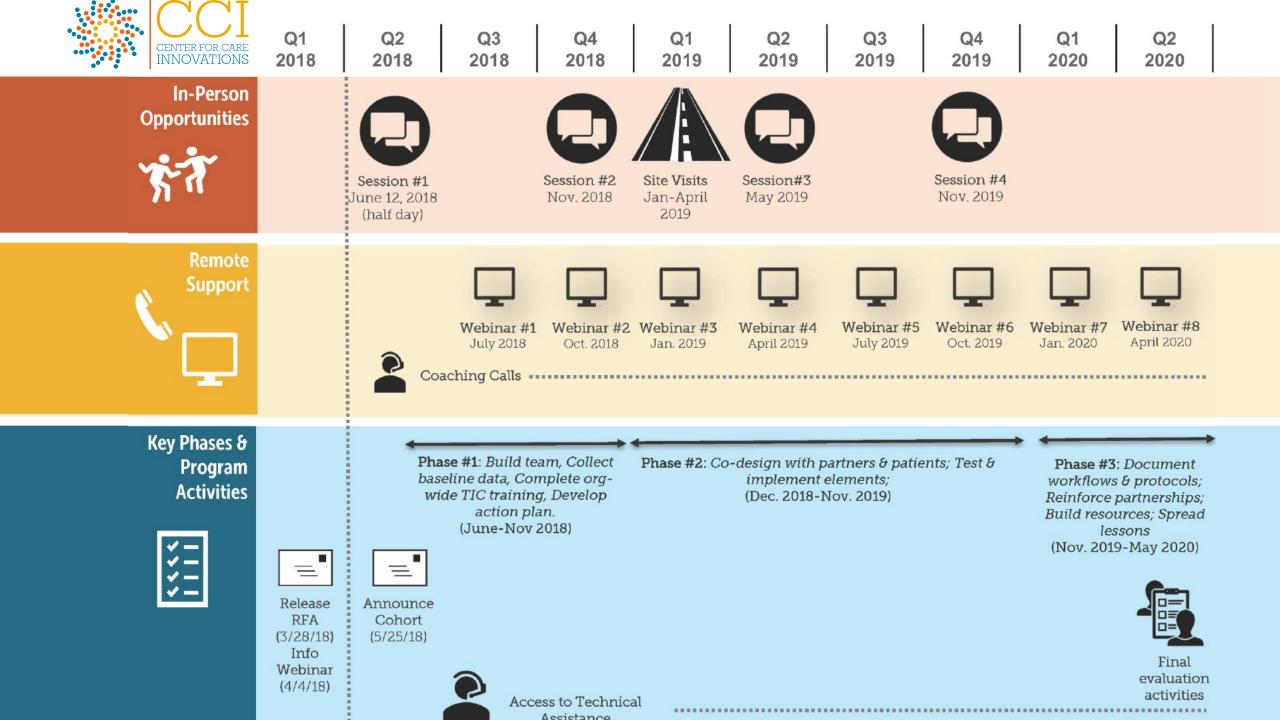
Document **internal workflows and protocols** to strengthen internal clinic infrastructure

Build a cadre of **internal and external referral resources** and design a process for seamless referrals

Reinforce partnerships made with community and public agencies and referral resources with an emphasis on sustainability

Document, communicate, and **spread lessons and stories** of success within clinic and across learning collaborative

		Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020

In-Person Opportunities

Session #1
June 12, 2018
(half day)

Session #2
Nov. 2018

Site Visits
Jan-April
2019

Session #3
May 2019

Session #4
Nov. 2019

Remote Support

Webinar #1
July 2018

Webinar #2
Oct. 2018

Webinar #3
Jan. 2019

Webinar #4
April 2019

Webinar #5
July 2019

Webinar #6
Oct. 2019

Webinar #7
Jan. 2020

Webinar #8
April 2020

Coaching Calls ···

Key Phases & Program Activities

Phase #1: Build team, Collect baseline data, Complete org-wide TIC training, Develop action plan. (June-Nov 2018)

Phase #2: Co-design with partners & patients; Test & implement elements; (Dec. 2018-Nov. 2019)

Phase #3: Document workflows & protocols; Reinforce partnerships; Build resources; Spread lessons (Nov. 2019-May 2020)

Release
RFA
(3/28/18)
Info
Webinar
(4/4/18)

Announce
Cohort
(5/25/18)

Access to Technical
Assistance

Final
evaluation
activities

CCI
CENTER FOR CARE INNOVATIONS

Questions?

EVALUATION OVERVIEW

About CCHE

Partnership

Results

Insights

CCHE designs and evaluates health-related programs and initiatives throughout the United States

Our mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation

Lisa Schafer
Research Associate

Monika Sanchez
Research Associate

Maggie Jones
Associate Director

Evaluation goals

Assess impact of the initiative

Provide **real-time feedback** to inform technical assistance & program support

Identify lessons learned to ensure better care & support for kids and families experiencing trauma

Assessing impact: what this means for you

Strategies: Were RBC teams successful at implementing identified strategies related to preventing and mitigating the effects of trauma for children?

Select short-term outcomes

- Increased knowledge, skills
- Strengthened organizational commitment
- Improved internal systems/processes
- Increased/deepened external partnerships

Strategy-level metrics

Relevant ➡ Useful ➡ Feasible

	# of RBC teams	DRAFT metrics to be reported by RBC teams
Develop & foster a **trauma and resilience informed environment**	●●●●●●●	• # of staff trained on trauma & resilience • # of individuals/families participating in co-design
Assess whole family health & resilience	●●●●●●	• #/% of individuals screened • # of individuals with a positive screen
Address whole family health & resilience	●●●●●●●	• # of individuals who received interventions onsite (by type of intervention) • # of individuals who receive referrals to specialty or community services (by referral type)
Coordinate services & supports for families	●●●●●●	• #/% of referrals/interventions that were completed • Wait time (# of days) between referral and initial visit with partner providers to whom the patient was referred
Build **relationships** with **communities** to support families	●●●●	• # of existing partnerships • # of new partnerships
Engage families in their own care	●	TBD

Assessing impact: what this means for you

Results: What difference has implementing RBC strategies made for participating organizations and their patients/families impacted by trauma?

Long-term outcomes	Impact
• Enhanced patient engagement • More appropriate care provided to families • Systems that promote family strengths & resilience	• Improved health (reduced avoidable illness & chronic disease) • Reduced health care costs

Planned data collection

		Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020
⊙	**Baseline & Follow-Up Assessment**	★							★
⊙	**Phone Interviews**	★			★				★
⊙	**Organizational Data Reporting Progress Reporting**		★		★		★		★
⊙	**Web Survey**				★			★	
⊙	**Post-Event Survey**	★	★	★	★	★	★	★	★
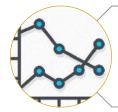
Phase 1 evaluation next steps

Baseline assessments (July)

Interviews (July/August)

Establishing progress reporting process, including identification of relevant data & metrics (August)

Post-training surveys (in partnership with T2)

RBC team input: we want to hear from you!

What does success in RBC look like for you and your team? For your organization?

What do you hope is different at the end of the program (June 2020)?

What do you want to learn from the evaluation?

BREAK

PICC FRAMEWORK

A "change framework" for trauma-informed integrated care

Larry Wissow, MD MPH

The "PICC" collaborative

Johns Hopkins Medical Institutions

Overall Model (1)

- For children to develop to their full potential, they need to be

  - Very good at social interaction

  - Able to use their emotional reactions to their best advantage

  - Able to learn new skills

  - Able to thinking carefully about important choices

- They do this best in homes/families that are supportive, predictable, responsive

Overall Model (2)

- Trauma interferes with the development of these skills

- Parents who have experienced trauma, who are stressed by poverty or living in challenging neighborhoods, have difficulty providing the kind of environment where the skills can develop

- But all parents need support navigating the big life changes that occur as their families grow

Overall Model (3)

- So we need to help families access supports and opportunities that:

  - Address both parent and child developmental and mental health needs

  - Help families gain more economic and social stability when those are threatened

- We want to do this by leveraging the capacity of the healthcare system and partnerships with the community

Why are we doing this together (1)

A "rapid impact" framework

• Develop a variety of strategies and be able to describe them to others

• Use some common measures

• Start getting an idea of what works for whom

• Share our findings among each other

• Keep trying new things and sharing

Why are we doing this together (2)

- Change is hard

- Change needs support from the inside and the outside

- Working together develops a sense of urgency and "why now"

- It's fun to learn; it's fun to teach

- We need each others' support and ideas

- There are too many moving parts for any one team to master

Our Areas of Focus: Six Elements

Oe
Office Environment
1. Develop and Foster a Trauma and Resilience-Informed Environment

Cr
Community Relationships
2. Build Relationships with Communities to Support Families

Fe
Family Engagement
3. Engage with Families in Their Own Care

As
Assess Health
4. Assess Whole Family Health and Resilience

Ad
Address Health
5. Address Whole Family Health and Resilience

Co
Coordinate
6. Coordinate Services and Supports for Families

Office environment

Oe

Office Environment
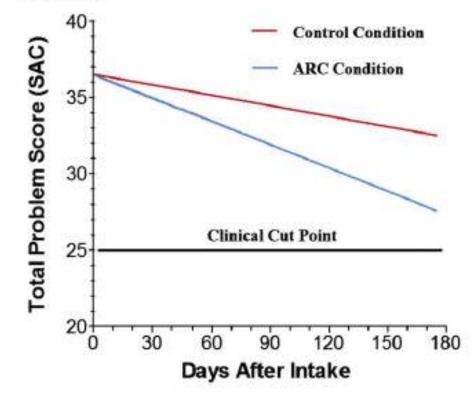
1. Develop and Foster a Trauma and Resilience-Informed Environment
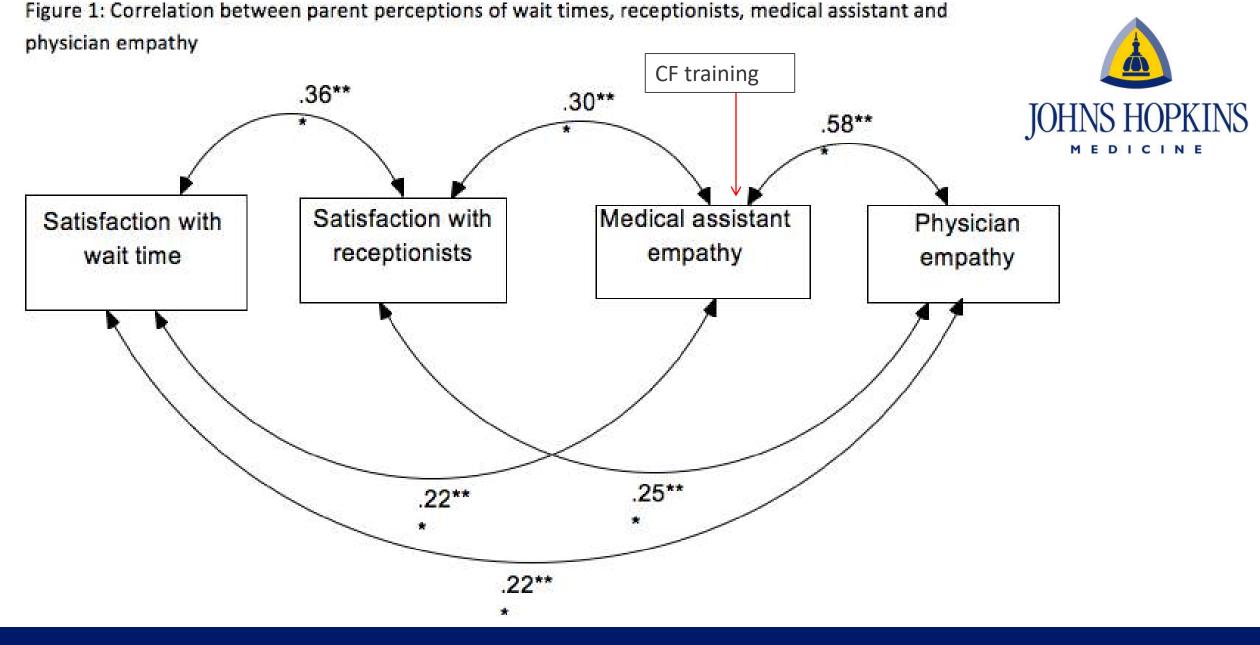
Speed of youth recovery as a function of organizational culture

FIGURE 2 Trends in Shortform Assessment for Children (SAC) total problem behavior for youth in Availability, Responsiveness and Continuity (ARC) and control conditions.

Figure 1: Correlation between parent perceptions of wait times, receptionists, medical assistant and physician empathy

GOALS	
A.	Communication: To increase staff (at all levels) ability to engage with patients, particularly those who have experienced trauma, so that they feel safe and empowered to express their needs and plan their care.
B.	Knowledge: To help staff (at all levels) understand the prevalence of trauma in children, families, and communities and its impact on behavior and health.
C.	Environment: To improve office environment so that it is hospitable and calm, promotes emotional wellness, and respects all patients of different backgrounds and cultures.
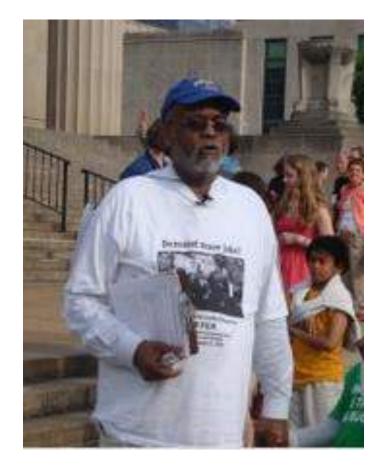
Community partnerships to address social determinants of health

Ralph Moore's definition
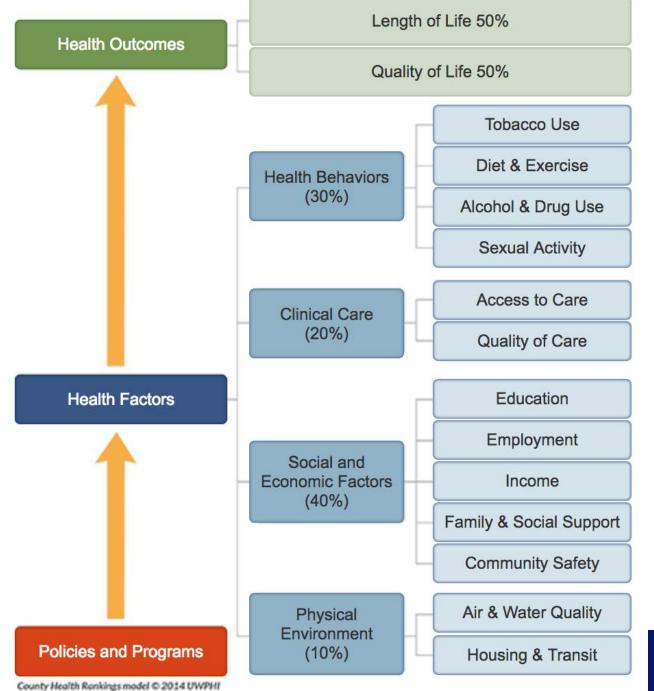
"The things you can't CBT your way out of":

- Lack of adequate schools

- Lack of adequate work

- Lack of adequate transportation

- Lack of adequate housing

- Lack of adequate food

- Lack of a sense of security

- Institutional racism

Weighted contributions to summary health outcomes

County Health Rankings model © 2014 UWPHI

Engage with families

Why care about families

- Main provider of children's social and medical services

  - Material support (food and shelter)

  - Primary source of education (factual, cultural, behavioral knowledge)

  - Day-to-day medical and mental health care

- Conduit/mediator of external social benefits

  - Schools, insurance, other benefits may be contacted and contracted via family members

- Parent and child mental health intimately linked

Possible approaches

- Extend pre-natal/perinatal interventions longer into childhood

- Be more conscious of both parent and child in same brief visit

  - Alliance/holding environment

  - Psychoeducation

- Address both parent and child in same intervention nominally targeting child

  - Parenting programs

  - Group pediatric health maintenance visits

(Barlow J. Cochrane Systematic Reviews Issue 4. Art. No.: CD002020.)

Possible approaches

- Therapies that nominally target parent and child together

    - Eg. Attachment-focused family therapy

- Supported self-help for parent in the context of child treatment

    - Safe places to contact resources

    - Supported use of on-line materials

    - Parent group during individual child tx and vv

Possible approaches

- Recognition, engagement, and "referral"

  - Co-located adult therapist in child setting

    - Parents usually come with children but not vv

  - Return to see child therapist who is capacitated to care for adults as well

  - Close collaboration with external treatment

  - Close collaboration with external agencies addressing social determinants of family function
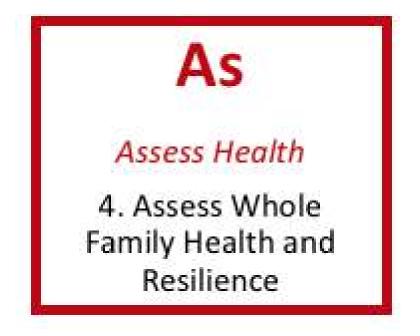
Assess family health and resilience

No ideal "screener"

- Integrates range of primary care concerns

- High enough positive predictive value

- Helps differentiate possible conditions

- Accounts for disagreement among observers

- Valid across cultures/languages/literacy issues

But screening is helpful

- Systematizes process

- May create a value that can be tracked over time

- May be of use in assessing coverage of population

- Signposts site's openness to discuss subject

- Give people time to prepare, process, before visit

Address protective and treatment issues on site

Pros & cons of "Evidence-based Practices"

Pros

- Increased potency

- More consistent intervention

- Link particular condition with specific treatment

Cons

- Not always practical for families

- May not fit family (age, gender, condition)

- Not practical for therapists – need too many EBPs to cover population

Invest in brief therapies in addition to EBPs

- Problem focused across and within diagnostic clusters

- Use "elements" on which complex EBPs are based

- Make available in a variety of formats and from a variety of kinds of providers

- Use patient-rated tools to monitor individual progress and system performance

- Don't "discharge" – offer pulsed work linked through registries and/or primary care

Brief consult/advice vs. CMHC

Scale	Group	Mean improvement	"p"
SDQ (child/youth)	Brief consult/advice	7.08	.004
	Standard CMHC	3.92	.136
GHQ (parent)	Brief consult/advice	2.46	.009
	Standard CMHC	1.09	.371

Change at 6 months, children 3-16 years, all CMHC attendees excluding ADD, ASD, psychosis, suicidal ideation.

Goal 1. Raise Awareness of Links between Trauma/Stress and Health	A. Share information with families about trauma, stress, health, resilience, and wellness
	B. Guide families about how they can help support the child
Goal 2. Provide Support and Services at the Visit	A. Provide parenting and anticipatory / developmental guidance
	B. Provide in-office evidence-based interventions to families, including caregivers who may have experienced trauma

Coordinate services and supports

Co

Coordinate

6. Coordinate Services and Supports for Families

Defining integration

- AHRQ: "unifying care"

  - Communication and coordination among providers

  - Meeting both mental and general health needs

- Occurs at multiple levels

  - In the clinical care of individuals

  - At a system/organizational level

Integration and clinical culture

- What gets integrated may depend on local clinical traditions and evolving financing

    - What constitutes mental health?

        - Epilepsy, development, substance use, psychiatry, trauma-related services, basic needs?

    - Family-oriented care

        - Do providers or systems treat both adults and children or only one or the other

    - Being able to address social determinants of health

Possible goals of integration (1)

- Increase access/number served
  - More portals, better detection, less loss from referral to follow-up
- Increase quality
  - More expert service at point of first access and ongoing, reduced time to service once in system, reduced duplication, better match of need to referred service
- Increased choice/better fit with patient preferences
  - Choice of point of entry, place of care, locus of coordination

Possible goals of integration (2)

- Improved clinical outcomes
  - At the individual level
  - At the population level
- Reduction in costs attributable to:
  - Delays in receipt of any or optimal treatment
  - Inappropriate or avoidable use of emergency facilities or inpatient stays
  - Use of expensive medications
  - Disruption to unrelated services
  - Time lost from work (among patients and staff)

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Coordinate

6. Coordinate Services and Supports for Families

TEAM SHARING

The Cabbage Game

LUNCH

TRAUMA-INFORMED CARE TRAINING

Phase 1: Deepen Trauma-Informed Organizational Practices

Core Activities

- Identify a project team to participate
- Clarify organizational level needs that would benefit from technical assistance
- Work with evaluator to define metrics and start collecting baseline data
- Participate in organizational-wide trauma-informed care training *

Trauma Informed Care Training*

Goal of organization-wide, all staff training: to create a trauma-informed system of care to ensure a foundational understanding of:

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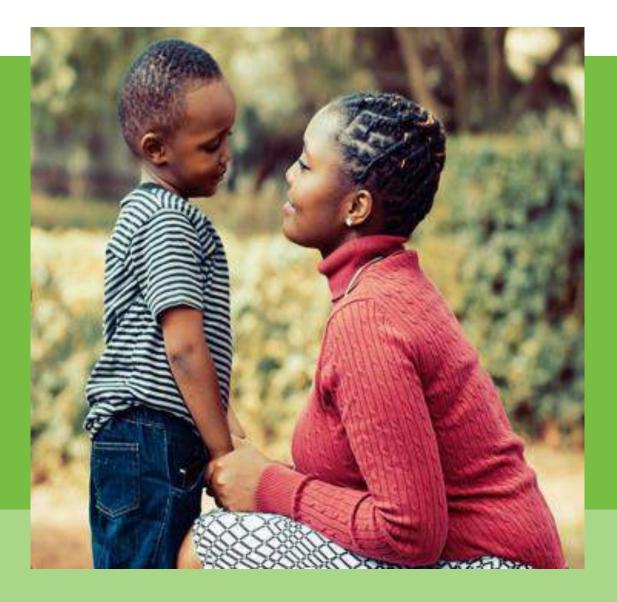
RESILIENT BEGINNINGS COLLABORATIVE

A 24-month learning program dedicated to addressing childhood adversity in pediatric safety net care settings.

**Phase 1:
Deepen Trauma-Informed
Organizational Practices**

Goal of organization-wide, all staff training:
to create a trauma-informed system of care to ensure a foundational understanding of:

- Clinical impact of trauma and adversity on children and their families.
- Building a trauma-informed organizational culture to support enduring clinical integration of trauma-informed practices.
- Understanding the core elements for integration of trauma-informed practices into clinical settings (i.e. patient engagement, training of non-clinical staff, leadership buy-in).

T²
trauma
TRANSFORMED

ABOUT TRAUMA TRANSFORMED

"For human services, practitioners are the interventions."

-Fixsen, Dean

MISSION: Bay Area communities working together to change the way we understand, respond to, and heal trauma.
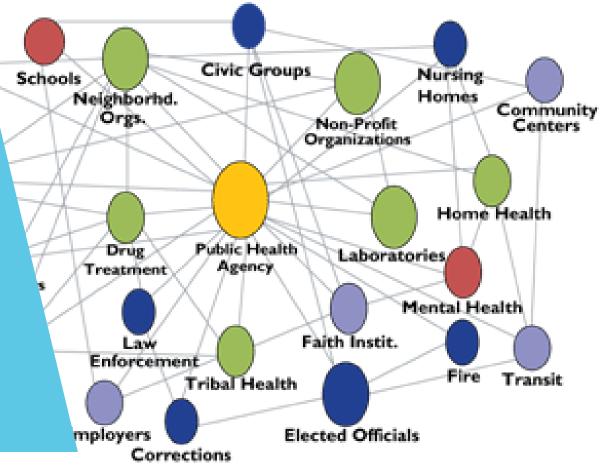
VISION: We seek to foster healthy, resilient, and safe communities through trustworthy, compassionate and coordinated public systems.
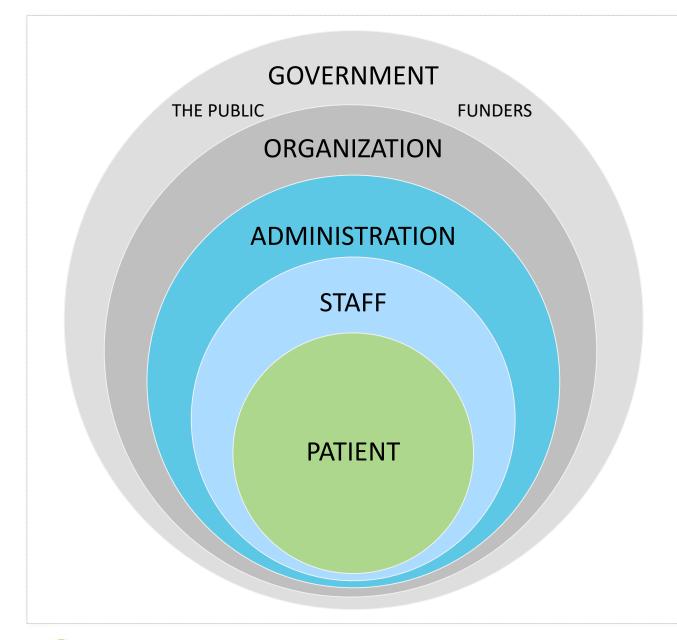
TRAUMA INFORMED VALUES:
- Understanding trauma and stress
- Compassion and dependability
- Safety and stability
- Collaboration and empowerment
- Cultural humility and responsiveness
- Resilience and recovery

STRESS AND TRAUMA ARE PUBLIC HEALTH ISSUES

- Stress linked to 6 leading causes of death
  - Heart disease, cancer, lung ailments, accidents, cirrhosis of the liver, and suicide
- Trauma impacts more than just the individual
  - Ripple effect to others
- Some communities disproportionately affected
  - Racism + Poverty + Trauma = Toxic
- Intergenerational transmission of trauma
- Systemic, preventative approach needed

GOVERNMENT

THE PUBLIC   FUNDERS

ORGANIZATION

ADMINISTRATION

STAFF

PATIENT

Trauma affects organizations and systems as well as communities and individuals

trauma
TRANSFORMED

Staff and Budget Cuts!!!

Patient needs versus HMO or western models of care

Technology and Paperwork demands

Lawsuits, reforms, task-driven vs. relational

Feeling unsafe at work

Staff Turnover

Not enough time for learning or supervision

Traumatic events-violence, suicide, deaths
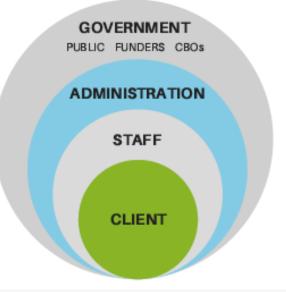
Organizational Stress and Trauma

TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
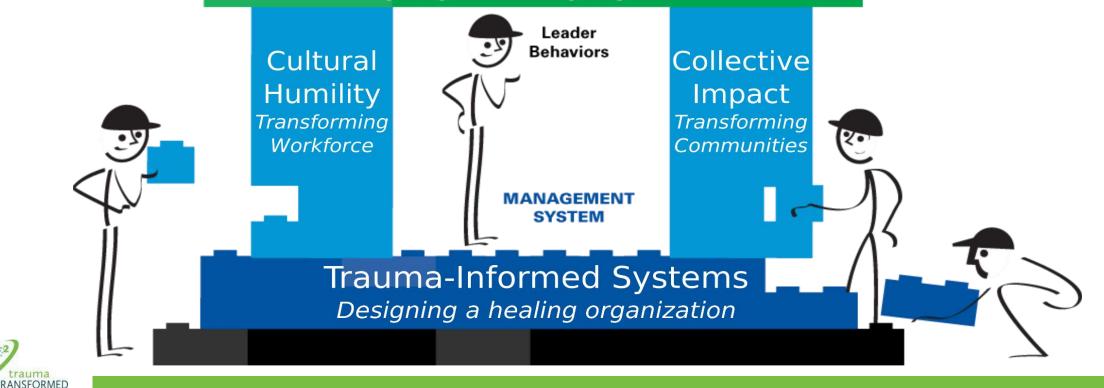- Relational Leadership

GOVERNMENT
PUBLIC   FUNDERS   CBOs

ADMINISTRATION

STAFF

CLIENT

TRAUMA INDUCING   TO   TRAUMA REDUCING

ORGANIZATIONAL CHANGE AND HEALING

RESILIENT BEGINNINGS 101

The Resilient Beginnings Foundational Training is designed for **whole organizational learning** and **delivery** as part of Phase One activities

FOCUS OF TRAINING

- To develop a shared understanding and language about early adversity, stress, and trauma and healing
- To learn guiding principles and practical tools to support building cultures of resilience in our organizations and communities.

PHASE ONE: ORGANIZATIONAL LEARNING

Each organization will host the training onsite for <u>all</u> staff, and secure training space, protect time for staff to be trained, and work with the trainers to set dates and times for the training. CCI will cover the costs of the training.

The expectation is that all staff will be trained **within the first six months** of the program but trainings can be **split across different days** to accommodate all staff.

The training is expected to **last two hours**, with an additional session geared toward organizational leadership.

CCI is committed to working with organizations in the program to **ensure this training model is feasible given organizational constraints** (i.e. size of the organization, different sites, union contract concerns, etc).

ORGANIZATIONAL PLANNING FOR GROWTH AND HEALING

I Like, I Wish, I Wonder

1. Spend 5 minutes *individually* capturing your thoughts on sticky notes.

**Yellow:
I like**

**Green:
I wish**

**Pink:
I wonder**

What I like about
the program

What I wish could
be different about
the program

What I wonder about
and still need to
better understand
about the program
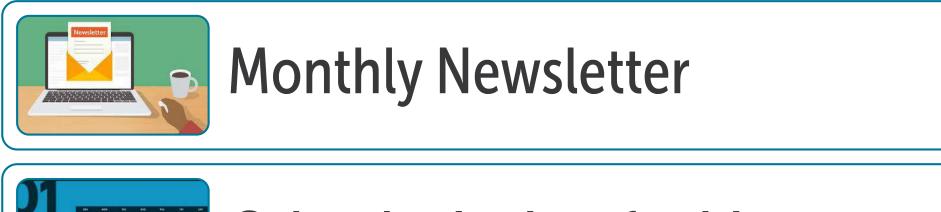
I Like, I Wish, I Wonder: Report Out

2. Share with your tables.

3. Organize sticky notes on the flip chart paper at your table.

4. Select one member of your team to report out to the group.

Yellow: I like

Pink: I wonder

Green: I wish

WHAT'S NEXT & EVALUATION

Communication Tools

 Monthly Newsletter

 Calendar invites for big events
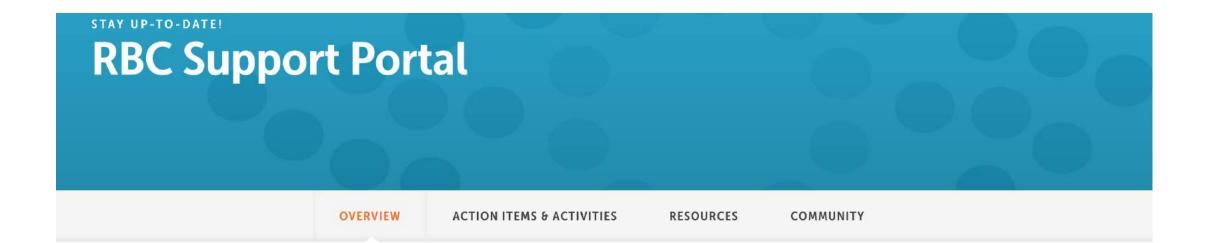
 CCI Program Portal Page

https://www.careinnovations.org/rbc-portal/

Portal Page: Action Items & Activities

https://www.careinnovations.org/rbc-portal/

Portal Page: Resources & Materials

RESILIENT BEGINNINGS COLLABORATIVE SUPPORT PORTAL

Resources

OVERVIEW   ACTION ITEMS & ACTIVITIES   RESOURCES   COMMUNITY

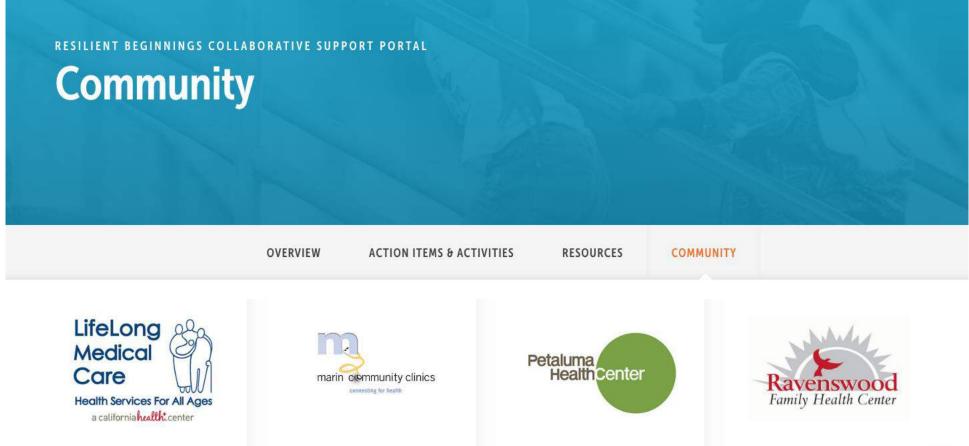The resources below are designed to help your team and organization with the concepts presented in the RBC program. We'll be developing this resource repository throughout the program.

https://www.careinnovations.org/rbc-portal/

Portal Page: Meet Your Community

https://www.careinnovations.org/rbc-portal/

To-Do's

CCI

- All materials will be posted to network portal

- First newsletter: Early July

- Will send out information about connections with your coach

RBC Teams

- Finalize organizational wide TIC training action plan

- Communicate & operationalize your TIC with others in your organization

- Find an ongoing time to meet with your coach

- Visit & use the portal, and be in touch about TA needs

Evaluation

Resilient Beginnings Collaborative (RBC)
Kickoff Meeting
Tuesday, June 12, 2018

Thank you for completing the following survey. Your responses are confidential and will be analyzed collectively with other participant responses. Aggregate data are used to provide the RBC support team with feedback regarding the quality of the meeting and collective benefit to the participants.

1. On a scale of 1-5, please select the number below that best represents your overall experience with today's meeting.

   ☐ 1= Poor   ☐ 2= Fair   ☐ 3= Good   ☐ 4= Very Good   ☐ 5= Excellent

2. Please select the number below that best represents your response to the statement: The meeting today was a valuable use of my time.

   ☐ 1= Strongly Disagree   ☐ 2= Disagree   ☐ 3= Neutral   ☐ 4= Agree   ☐ 5= Strongly Agree

3. The meeting was well organized:

   ☐ Strongly Disagree   ☐ Disagree   ☐ Agree   ☐ Strongly Agree

4. The level of participant interaction/engagement in the meeting was:

   ☐ Not enough   ☐ About right   ☐ Too much

5. I made connections today with other teams that will strengthen my organization's RBC efforts:

   ☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree ☐ N/A (not a team member)

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6. To what extent did you find the sessions **useful**?

	Not useful	Somewhat useful	Useful	Very useful	N/A – Did not attend
RBC Program Overview	☐	☐	☐	☐	☐
PICC Framework (Dr. Larry Wissow)	☐	☐	☐	☐	☐
Team Sharing (Cabbage Game)	☐	☐	☐	☐	☐
Organization-wide Trauma-Informed Care Training Overview & Planning (Jen Leland)	☐	☐	☐	☐	☐

7. What was the most **valuable** part of the meeting?

8. Please provide any **suggestions** for how the meeting could be improved.

Overall Program Evaluation Input

9. **What does success look like** for your organization's participation in RBC? What do you **hope is different** at the end of the program?

10. What would you **like to learn** from the evaluation?

Thank you!

For questions contact:

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