OCTOBER 4, 2018

RESILIENT BEGINNINGS COLLABORATIVE ORGANIZATIONAL ASSESSENT

AGGREGATE SUMMARY

Prepared by the Center for Community Health and Evaluation

The Center for Community Health and Evaluation (CCHE) administered an organizational assessment to understand current practice and organizational capacity around trauma and resilience-informed pediatric care (ages 0-5) among teams participating in the Center for Care Innovation (CCI) Resilient Beginnings Collaborative (RBC). CCHE recommended that individuals from each RBC team independently complete the assessment and then come back together to discuss responses and reach a team consensus on assessment items. Teams had the option to include additional individuals outside their RBC team to offer a more complete perspective.

A total of 46 respondents representing seven RBC teams participated in completing the team assessments. Team members who participated in the assessment process represented a variety of roles including clinical and non-clinical staff and organizational leadership.

This summary document summarizes current practice and capacity around trauma and resilience-informed pediatric care across all RBC teams. Individual team summaries were shared with each RBC team and CCI.

Key Findings

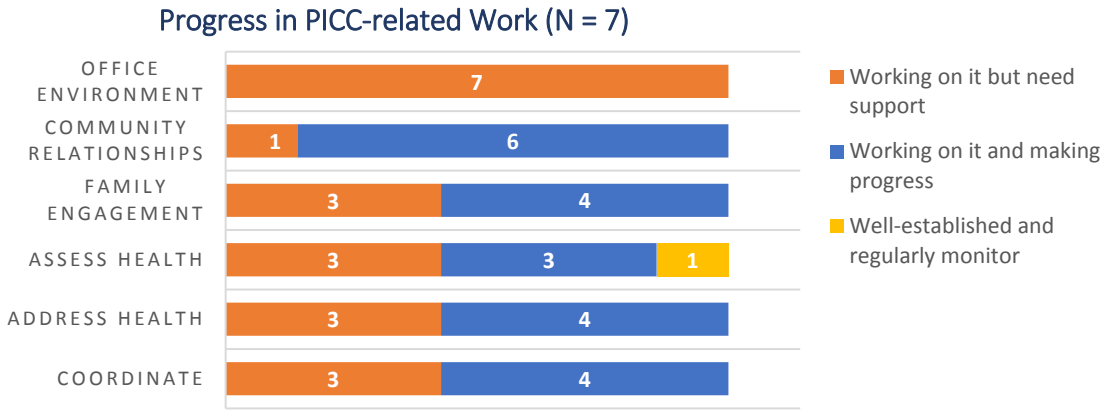
RBC teams generally rated their organizations as being relatively early in their journeys to becoming healing organizations. On a scale of 10 with "0" being trauma-organized and "10" being healing organization, 6 of 7 teams rated their organization as being between a "3" (on its way toward being trauma-informed) and a "5" (trauma-informed). One RBC team rated itself an 8.

All RBC teams reported currently working on every element of the PICC framework. The area where teams indicated requiring the most support was office environment[1] (all teams). Nearly all the teams (6) reported making progress in building community relationships.

Trauma organized organizations induce trauma by being reactive, are fragmented, avoid and numb, have authoritarian leadership, and perpetuate inequity and an us versus them mentality

Trauma informed organizations understand the nature and impact of trauma and recovery, have shared language, and recognize socio-cultural trauma and structural oppression

Healing organizations reduce trauma by being reflective, make meaning out of the past, are growth and prevention oriented, are collaborative, value equity and accountability, and have relationship leadership



[1] In the RBC organizational assessment, elements that are part of "Office Environment" in PICC framework are asked about as part of four separate domains—understanding and confidence in trauma and resilience-informed care, buy-in and commitment for trauma and resilience-informed care, support for staff and providers, and trauma and resilience-informed office environment).

Domains

RBC teams were asked to rate their level of agreement (1-4) with statements regarding nine domains associated with organizational capacity related to trauma and resilience informed care. A score of 4 represents "strongly agree" and a score of 1 represents "strongly disagree." Disagreement indicates the element assessed was not in place at the RBC organization. Domain averages were evaluated on a continuous scale. Items with an "unsure" response were not included in the calculation of domain averages.

Overall, there was a lot of disagreement across the RBC teams across all domains, which indicates that they perceive that the key elements related to trauma and resilience informed care were not in place in their organizations. The cohort domain averages ranged from 2.09 to 2.76. The two strongest domains were related to the physical office environment (domain score of 2.79) and coordinated systems of care (domain average of 2.73). The domain with the lowest average across the cohort was support for staff and providers with three teams disagreeing or strongly disagreeing that their organizations had any of the elements in this domain in place.

Across the cohort, there was no team that consistently agreed or disagreed on all domains, and all teams indicated variation across their teams and organizations. Teams had ranges of agreement across the domains indicating that they perceive their organization to be stronger in some areas than others. Many teams also discussed variation across their team and/or organization, often stemming from differences in roles at the organization (e.g., clinical versus non-clinical staff, level of leadership), departments, or clinic sites.

Domain	RBC avg	Range of ratings[2]	Take-aways
Understanding and confidence in trauma and resilience-informed care	2.49	2.11-2.89	Items in this domain were generally rated between 2 (disagree) and 3 (agree) except: • Having a shared definition for trauma and resilience-informed care was rated somewhat lower. • Understanding the importance of addressing trauma in primary care and taking a generational approach was rated somewhat higher. Comments suggested that overall understanding was variable depending on individual departments and roles.
Buy-in and commitment for trauma and resilience-informed care	2.48	1.00-4.00	Teams had higher agreement that leadership is supportive of trauma and resilience informed care, but lower agreement that that support translates into resources being allocated to the work. There was also higher disagreement that policies reflect the value of trauma and resilience-informed care.
Support for staff and providers	2.09	1.40-2.40	This was the lowest rated domain overall—teams generally disagreed that the elements of this domain are in place. The element with the most agreement was regular time for individual supervision; three teams agreed that they have this in place. Comments acknowledged the contextual and cultural challenges to supporting providers and staff.
Trauma and resilience-informed **office environment**	2.79	2.00-3.17	There was wide variability across the teams for the items in this domain. All RBC teams agreed that their organizations have culturally-responsive and supportive physical environments and most agreed that their physical environment is safe. There were higher levels of disagreement that organizations have staff and providers that are educated on trauma and resilience informed care.

[2] Range of domain average ratings across RBC teams

Domain	RBC avg	Range of ratings[2]	Take-aways
Clinical practices that **assess** childhood adversity	2.55	2.20-3.00	While only three of the RBC teams reported currently having a consistent way to screen for ACEs/toxic stress/trauma or resilience/strengths among children and/or caregivers, all the teams indicated routine screening practices related to maternal depression (including post-partum) and universal screening related to childhood development.
Clinical practices that **address** childhood adversity	2.63	1.89-3.00	All teams indicated some level of behavioral health integration at their organization and agreed that they do warm hand-offs to internal supports or resources. Although comments indicated that these practices may not be systematic and suggested that more support is needed to help strengthen coordination. There was a wide range across the teams regarding the extent to which providers/staff are trained to address patients' nonmedical needs and lower levels of agreement related to supporting and educating caregivers around trauma.
Systems, practices, and partnerships to create **coordinated systems of care**	2.73	2.38-3.88	This was one of the highest rated domains. All teams agreed that they have strong relationships with service providers in the community and have established referral practices to connect patients to those external resources. There was more disagreement for items related to having a secure system to share information with and follow-up on referrals to external service providers.
Patient and family engagement	2.65	2.14-3.00	There was little variation across the team averages in this domain. Most teams agreed that they have a systematic way to collect input from patients and families and dedicate time to discussing that feedback. However, there was more disagreement or uncertainty about if patient and family engagement is included in job descriptions or if patient and family advisory members are reflective of the populations the organization serves.
Learning and improvement regarding trauma and resilience-informed care	2.36	1.88-2.86	There was considerable variation across the items in this domain. While all teams agreed that their organizations have quality improvement infrastructure and systems in place for compiling and monitoring data and improving performance based on data, there was more disagreement for items related to measurement and improvement specifically about trauma and resilience-informed care.

Next Steps

This summary document summarizes current practice and capacity around trauma and resilience-informed pediatric care across all RBC teams to inform technical assistance, coaching, and potential areas for peer sharing across the cohort.

Individual team summaries were shared with each RBC team and CCI to help teams understand current state (e.g., areas of strength opportunities for improvement), inform discussions about the team's RBC priorities and next steps, and help identify any specific technical assistance or coaching support needed.