Trauma Informed Systems Work: An Initial Landscape Scan

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Prepared For
First 5 San Mateo County

Prepared By
Learning for Action (LFA)

Learning for Action enhances the impact and sustainability of social sector organizations through highly customized research, strategy development, and evaluation services.

Introduction

Purpose of this Landscape Scan

In June 2017, First 5 San Mateo County launched a planning initiative to explore approaches to strengthening systems within the County for addressing mental health needs in early childhood. As a result of this process, a Steering Committee comprising multiple stakeholders made, and the First 5 San Mateo County Commission approved, a recommendation to focus on supporting the development of trauma-informed systems within the County. This document summarizes findings from a landscape scan about the history of and current investments in trauma-informed systems, and will be shared with a Planning Committee (convened by First 5 San Mateo County to help advance the initiative) to generate reflection and ideas about how to focus and design an investment by First 5 San Mateo County trauma-informed systems.

Methods

LFA conducted online research to learn about the science behind trauma, models of and learnings from trauma- informed change and trauma-informed systems models from other regions, and to further define components of the local landscape in San Mateo County.

Overview of this document

The Landscape Scan begins with a documentation of the origins of trauma as a public health issue, then continues with an exploration of the concepts of trauma-informed care and trauma-informed systems as approaches to addressing the effects of trauma on our families and communities. The Scan includes a brief review of select international, national, state, and regional activities related to trauma-informed care and/or trauma-informed systems, and concludes with a presentation of a framework developed by the Center for Collective Wisdom for systems-based responses to trauma.

Findings from the Landscape Scan

The emergence of trauma as a public health issue

A key catalyst for the current movement around the effects of trauma was a 1998 Adverse Childhood Experiences (ACE) study[1] that examined the impact on health and well-being across a person's life from childhood abuse, neglect and other adverse experiences. This study documented a high prevalence of ACEs among the 17,000 predominantly white, older, college educated participants, and produced a compelling finding that the higher the number of ACEs, the higher the risk for a wide range of negative health outcomes.

Adverse Childhood Experiences (ACE) are defined as events that occur before the age of 18 including: experiencing physical, emotional or sexual abuse, physical or emotional neglect, or growing up in a household where someone abuses alcohol or other drugs, is mentally ill, is incarcerated, is a substance abuser, or where there is domestic violence. All of these problems have negative developmental impacts on children, particularly during periods of critical or sensitive brain development – a problem termed "toxic stress."[2] Adverse childhood experiences (ACEs) affect 34.8 million children across socio-economic lines, putting them at higher risk for health, behavioral and learning problems.[3]

[1] Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/acestudy/
[2] Center on the Developing Child, Harvard University. http://developingchild.harvard.edu/key_concepts/toxic_stress_response/
[3] 2011/2012 National Survey of Childrens Health

The impact from these events continues to affect people's lives across their lifespans.[4] As the number of ACEs increase, the risk for the following health problems increases in a strong and graded fashion: alcoholism and alcohol abuse, intravenous drug abuse, chronic obstructive pulmonary disease (COPD), ischemic heart disease (IHD), autoimmune disease, liver disease, depression and suicidality, fetal death, risk for intimate partner violence, multiple sexual partners, sexually transmitted diseases (STDs), smoking, and unintended pregnancies. People with high ACEs scores are more likely to die decades before their lower-scored counterparts.

ACEs also produce negative economic consequences including increased healthcare costs, higher mental health costs; higher rates of delinquency and criminal justice, child welfare and other social service costs, as well as lower productivity and poorer job performance.[5]

A recent report by the Center for Youth Wellness applied the ACEs framework to California residents[6] and found that, compared to adults with zero ACEs, Californian adults with 4 or more ACEs are:

- 12.2 times as likely to attempt suicide;
- 10.3 times as likely to use injection drugs;
- 7.4 times as likely to be an alcoholic;
- 2.2 times as likely to have ischemic heart disease;
- 1.9 times as likely to have cancer;
- 1.96 times as likely to report one or more days of poor physical health in the past 30 days;
- Almost 2 times as likely to report poor mental health in the past month; and
- 2.1 times as likely to report that their poor health—physical or mental—had prevented them from participating in their usual activities.

In recent years, the term ACEs has been increasingly interchangeable with childhood trauma, and the concept of trauma has been applied to adolescents and adults as well as to families and communities. The Substance Abuse and Mental Health Services Administration (SAMHSA) has produced the following definition of trauma: [7]

> *The term trauma refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening. Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing.*

Research on the effects of childhood trauma has produced findings that are similar to those related to ACEs. When preschool and young children are exposed to trauma, they can experience feelings of helplessness, uncertainty about whether there is continued danger, and a general fear that extends beyond the traumatic event.[8] These feelings can lead to loss of developmental skills, social isolation, sleep disturbances, and other negative outcomes from the traumatic event that can impact a child's ability to reach their greatest potential. A literature review conducted in 2006 revealed that a

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[4] Bloom, Sandra L., MD. School of Public Health, Drexel University. Why Philadelphia should become a Trauma-Informed city. http://www.sanctuaryweb.com/Portals/0/Bloom%20Pubs/2015%20Bloom%20Why%20should%20Philadelphia%20become%20a%20Trauma.pdf

[5] Felitti, V. J. and R. F. Anda (2010). The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease R. Lanius and E. Vermetten. New York, Cambridge University Press: 77-87.

[6] Center for Youth Wellness. A Hidden Crisis: Findings on Adverse Childhood Experiences in California. San Francisco, CA: 2 2014, p. 6. . Note: The data in this report on California residents was collected through the Behavioral Risk Factor Surveillance System, an annual, state-based, random-digit-dial telephone survey. The summary is a cumulative analysis of all four years of ACEs data (sample size = 27,745).

[7] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma- 5 Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf

[8] National Child Traumatic Stress Network, 2013. http://www.nctsn.org/

variety of health and behavioral health challenges experienced by youth, including juvenile delinquency and school failure, can be linked to the emergence of early onset emotional/ behavioral problems in young children.[9]

Another troubling statistic is that early childhood trauma disproportionately affects communities of color. A 2013 survey by the San Francisco Early Childhood Mental Health Consultation Initiative[10] found that, of provider mental health referrals for infants and toddlers (birth through age 3), 70% had experienced trauma, and of those, 82% were children of color (31% Hispanic, 25% Black/African American, 7% Asian, 5% Filipino, and 14% multi-racial or other).

Trauma-informed care

Trauma is a pervasive, long-lasting, public health issue that affects the ability of social service organizations to effectively work with, respond to, and help the people they serve. Unknowingly, fragmented delivery systems and a workforce unprepared to understand and address trauma can worsen instead of improve the experiences of those who have had trauma in their lives.

Defining Trauma-informed Care

Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed approach as "a program, organization, or system that realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings."[11]

For services to be "trauma-informed" they must include a number of key elements that are scientifically grounded and that focus on safety, emotional intelligence, connection, communication, resilience and healing.[12] This type of care treats a person's behavior as a result of past events or experiences rather than a personality disorder or flaw. Trauma-informed care has emerged as a particularly effective and valuable method for working with children and young adults: it fosters compassion for and empowerment of the young person, promotes understanding and coping—not just the management of symptoms—and applies a strengths-based approach that can help youth affected by trauma develop skills and relationships that foster healing.

Screening, especially developmental, behavioral, and/or family stress, is an especially critical service in relation to trauma-informed care, given that many ACEs or other traumatic experiences go undetected, and can be addressed much more effectively if they are detected early.

Resiliency

The concept of resiliency has become increasingly important to trauma-informed care, with one example being the Trauma Resource Institute's research-informed workshop series called the "Trauma Resiliency Model."[13] This and other models that incorporate resiliency view it as a critical tenet of trauma-informed care, because it is the foundation for healing trauma. The American Psychological Association (APA) defines resiliency as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means 'bouncing back' from difficult experiences."[14] The APA considers resiliency not to be a trait that someone has or does not have, but "behaviors, thoughts, and actions that can be learned and developed in anyone." Furthermore, SAMHSA emphasizes that sources of resiliency are family-and

[9] Brauner, Cheryl, MPH and Stephens, Cheryll, MD, MBA. Estimating the Prevalence of Early Childhood Serious Emotional/Behavioral Disorders: Challenges and Recommendations. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1525276/

[10] Survey for San Francisco Early Childhood Mental Health Consultation Initiative conducted by the San Francisco Department of Public Health, 2013.

[11] SAMHSA's 2014 Trauma and Justice Strategic Initiative

[12] Bloom, S. L. (1994). The Sanctuary Model: Developing Generic Inpatient Programs for the Treatment of Psychological Trauma. Handbook of Post-Traumatic Therapy, A Practical Guide to Intervention, Treatment, and Research. M. B. Williams and J. F. Sommer, Greenwood Publishing: 474-449

[13] https://www.traumaresourceinstitute.com/research/.

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

community-based, not just individual: "family organizations, belief systems, and communication also contribute to resilience as do strong community bonds, resources, and capacity."[15]

Protective Factors Framework

The Protective Factors Framework differs from trauma-informed care in that it informs the *type* of support families need rather than the way that support is delivered, however it is highly complementary and addresses the concept of resiliency that is missing from or under-represented in some trauma-informed care approaches. The Center for the Study of Social Policies (CSSP) coordinates the Strengthening Families Approach, which is informing efforts around the country (including many First 5 Commissions in California) to better support children and families. The factors identified by CSSP as key to providing what families need to thrive are:

1. Parental Resilience
2. Social Connections
3. Concrete Support in Times of Need
4. Knowledge of Parenting and Child Development
5. Social and Emotional Competence in Children

These factors are known as "protective" because they diminish the likelihood of child abuse and neglect, but they also promote family strength and healthy childhood development. These factors are embraced by multiple First 5 Agencies in California as a lens through which to view their work and support families and children.

Trauma-informed systems

While trauma-specific interventions for individuals have been shown to be effective,[16] strategies are just beginning to emerge for addressing the conditions within communities, organizations and systems that can exacerbate and reinforce the effects and experiences of chronic trauma exposure. Many systems of care, including several locally, have organized to approach trauma from a systems perspective and are investing in measures to address trauma at all levels of the system.

First 5 Los Angeles recently commissioned a detailed report on Trauma Informed Systems,[17] written by the Center for Collective Wisdom, which offers a definition for trauma-informed systems that adds the concept of resiliency:

> *The phrase trauma and resiliency-informed systems change refers to an ongoing process to strengthen an organization, department, or larger system's impact by integrating into its programs, structures, and culture a comprehensive commitment to address trauma and promote resiliency.*

The systems approach reflects a profound paradigm shift in knowledge, perspective, attitudes, and skills related to trauma. The Center for Collective Wisdom suggests the following domains be addressed in trauma informed systems work:

- Leadership and governance
- Training and workforce development
- Screening, assessment, and services
- Progress and results monitoring
- Engagement and involvement
- Physical environment
- Cross-system collaboration
- Media and marketing
- Policies and procedures

[15] https://www.samhsa.gov/capt/tools-learning-resources/trauma-resilience-resources.
[16] Cohen, Mannarino & Deblinger, 2012. Trauma-focused cognitive-behavioral therapy for children: sustained impact of treatment 6 and 12 months later. https://www.ncbi.nlm.nih.gov/pubmed/22763575
[17] Ott, John JD with Rose Pinard PhD, Ken Ithipol, and Trever Olwig. Center for Collective Wisdom. Trauma and Resiliency: A Systems Change Approach. http://www.first5la.org/files/Trauma.pdf

- Financing

The Center for Collective Wisdom goes on to suggest that a systems change process incorporate the following concepts:[18]

- An abiding why tied to results;
- A sustained focus on long-term culture change;
- An ongoing yes to participatory engagement;
- Cultivating a learning culture; and
- The complexity of community.

A framework developed by SAMHSA[19] also describes what a systems approach should entail, and has been widely embraced by change efforts across the country:

- safety;
- trust and transparency;
- peer support;
- collaboration and mutuality;
- voice, choice, and self-agency; and
- culturally, historically, and gender-identity appropriate.

The San Francisco Department of Public Health has adopted the following core principles and suggested competencies for trauma-informed systems. A more detailed version of this framework is available in Appendix A.

- Understanding Trauma & Stress
- Compassion & Dependability
- Safety & Stability
- Collaboration & Empowerment
- Cultural Humility & Responsiveness
- Resilience & Recovery

First 5 Los Angeles has advanced a definition for what it means to be a trauma-informed county:[20]

- A trauma-informed county recognizes the pervasiveness of trauma among individuals, families, communities and within public institutions and service systems.
- A trauma-informed county acknowledges the critical role services and systems play in understanding and addressing trauma.
- A trauma-informed county works to make its systems more responsive to people who have experienced trauma by implementing a trauma-informed approach that fully integrates knowledge of trauma into policies, procedures, and practices, and actively works to resist re-traumatization.

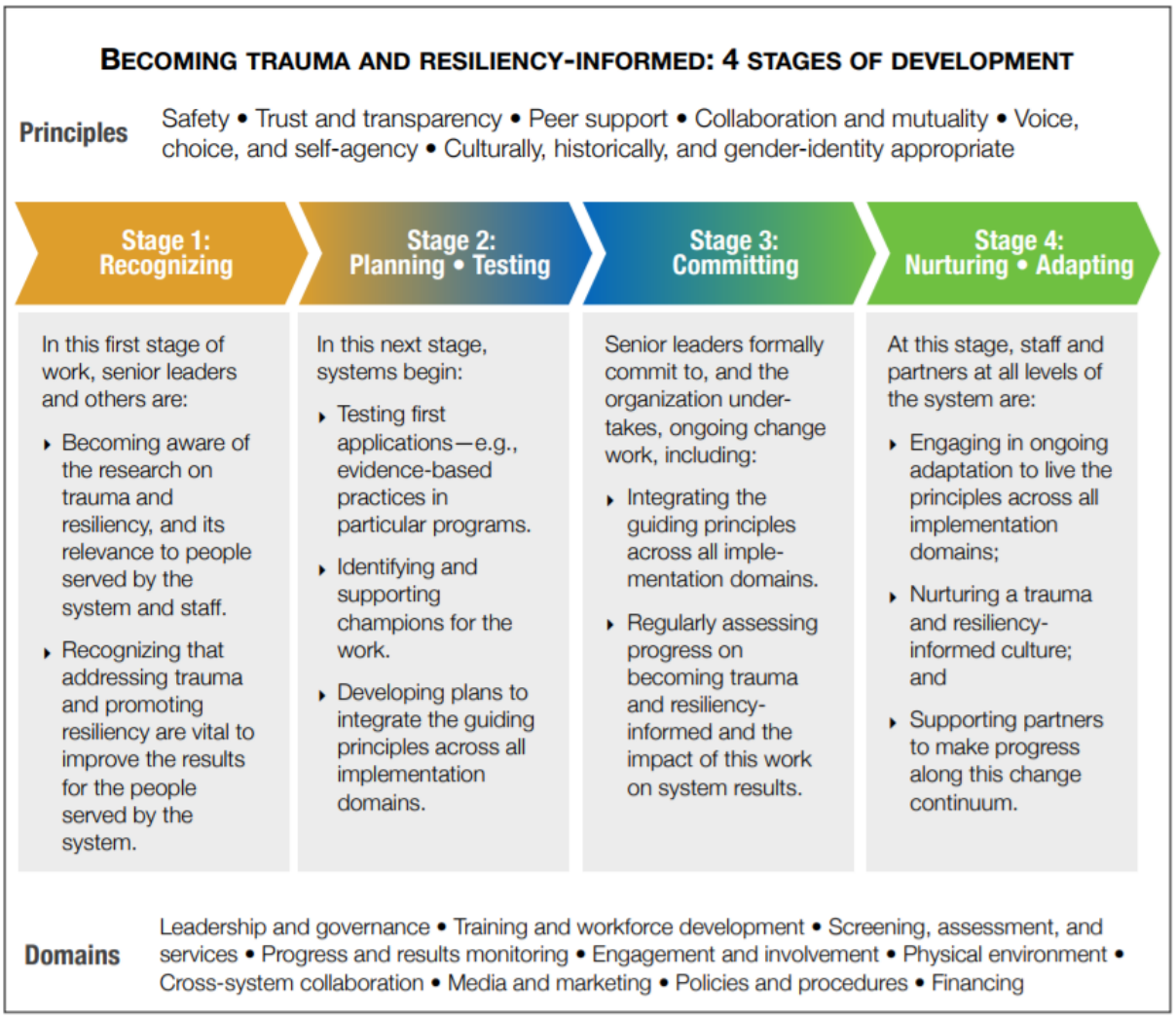
A key resource that has been developed to support the development of trauma-informed systems is called Trauma 101, a basic 3.5 hour training to understand how trauma and stress impacts developing bodies and brains, communities, organizations and systems. The goal of this training is to bring a cross-section of an organization's workforce together (janitors, counselors, administrative supports, clinical staff, leadership, etc.) to develop shared language and understanding of what it means to be a trauma-informed organization and apply common practices to help communities heal. The training was developed by the San Francisco Department of Public Health and has been in use since 2014.

Reflective supervision, considered a cornerstone of efforts to address trauma within organizations, is used across medical professions to strengthen delivery of care; it is defined as "the regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee's use of her thoughts, feelings, and values within a service

[18] ibid
[19] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
[20] http://www.first5la.org/index.php?r=site/article&id=3692

encounter."[21] Reflective supervision is commonly considered a trauma-informed practice because of its emphasis on building relationships with clients based on trust, choice, and control. On a programmatic level, reflective supervision has also been shown to increase resilience in providers, which can strengthen the quality of care that clients receive and prevents long-term provider burnout.[22] While more resource intensive than other common supervision models, such as crisis review or critical incident reviews, reflective supervision is a strengths-based approach that emphasizes the abilities of a client on an ongoing basis, rather than one point in time when there is a crisis event. To be effective, reflective practice needs a high level of leadership commitment; support for supervisors; and trust, privacy, and time.[23]

The Center for Collective Wisdom report offers a developmental framework for systems that are trying to become trauma-informed:



International Models

Trauma-informed care has global reach, and organizations and health systems around the world conduct research, use trauma-informed care principles in service delivery, and work to create system-wide trauma-informed practices. Below are examples of organizations working internationally to advance trauma-informed care.

[21] Multiplyingconnections.org

[22] Turner SD (2009). Exploring Resilience in the Lives of Women Leaders in Early Childhood Health, Human Services, and Education. Corvallis: Oregon State University.

[23]

The International Society for Traumatic Stress Studies (ITSTSS)
The ITSTSS is a research institute dedicated to learning and sharing research, clinical strategies, public policy initiatives, and theory on trauma internationally. Their work includes research on self-care for providers to mitigate the effects of vicarious, or indirect, trauma, which resembles the effect of direct trauma itself. Reflective supervision, ongoing training, initiatives to promote self-care in the workplace, and lightening of case work can all help alleviate indirect trauma.[24]

The International Trauma Center (ITC)
The ITC works with communities and social groups impacted by trauma and violence to heal as a community. They have conducted "community based interventions" at the government level as well as with organizations around the world. In addition, they provide basic and advanced trainings in community trauma interventions.[25]

Trauma Institute International (TII)
Based in Arizona, TII is a professional development organization that works around the world to support social and medical service providers with the education and training needed to provide high quality trauma-informed care. TII provides Certified Clinical Trauma Specialist certifications for families, individuals, those who have experienced sex-trafficking and exploitation, and those who have experienced trauma and addiction. These certifications include cultural humility training as well as strategies for self-care and establishing reflective supervision. [26]

The International Trauma-Healing Institute (ITI)
Dually based in the Los Angeles and Israel, ITI conducts projects to provide support, tools, and training to reduce the effects of trauma in the media (based on secondhand trauma experienced professionally in the Israeli media), schools, and communities. [27]

National Models

Organizations and models dedicated to trauma-informed care are becoming increasingly pervasive throughout the United States. While trauma-informed care is not a new practice to the behavioral health field, it has gained traction in settings like schools, juvenile justice systems, and city government agencies, bringing attention to the practice and highlighting both the need for and benefits of more widespread implementation. The American Academy of Pediatrics has embraced trauma-informed care, investing significant resources in The Resilience Project,[28] one asset of which is a "Trauma Toolbox for Primary Care" that provides detailed guidance to pediatricians on becoming trauma-informed in their practice.

The following are a sample of exemplary organizations and initiatives that demonstrate the different approaches being taken to heal and support individuals and communities around the country.

THRIVE
THRIVE is the graduated System of Care in Maine that incorporates youth and family perspective for its behavioral health, juvenile justice, child welfare, and special education systems. The goal of THRIVE is to be a trauma-informed system, and in addition to providing services using trauma-informed practices and in partnership with community members, THRIVE also provides training, technical assistance, and consultation to state and local organizations.[29] One THRIVE initiative, Youth M.O.V.E. Maine, is a regional youth and young adult program to bring lived perspectives to influence policy and program design that impacts youth, including the mental health, child welfare, and education system.

[24] International Society for Traumatic Stress Studies. Retrieved from https://www.istss.org/about-istss.aspx.
[25] The International Trauma Center. Retrieved from https://internationaltraumacenter.com/.
[26] Trauma Institute International. Retrieved from https://traumainstituteinternational.com//.
[27] The International Trauma-Healing Institute (website updated 2009). Retrieved from http://www.traumainstitute.org/projects.php.
[28] https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Becoming-a-Trauma-Informed-Practice.aspx
[29] THRIVE Initiative. Retrieved from: http://thriveinitiative.org/about/

The Sanctuary Model

The Sanctuary Model is a "theory-based, trauma-informed, trauma-responsive, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture."[30] The model includes interactive tools to intervene to improve organizations to become nonviolent, resilient, and caring toward one another. The model is organized around four main pillars for community development: Shared knowledge, shared values, shared language, and shared practice. The model can be considered a way to implement trauma-informed practices within an organizational culture.

Mobilizing Action for Resilient Communities (MARC) Program

MARC operates in 14 locations throughout the United States; it uses the principles of ACEs to create practices that will help communities make strong networks and systems that support community-wide healing and resilience. For example, MARC networks bring together educators, physicians, social service providers, elected officials, first responders, and community members – including youth – to raise awareness about the effects of trauma and adjust policies and practices to be more trauma-informed.

ChildTrauma Academy, Houston, TX

The ChildTrauma Academy works with high-risk children and families to treat maltreated and traumatized children, and improve the long-term health outcomes for these children. While CTA began as a center linked to the academic institutions of University of Chicago and the Baylor College of Medicine, it grew outside of its original mission to now work on solving systemic issues that perpetuate childhood trauma, including education, parenting, law, child protection systems, mental health, and law enforcement.[31] Dr. Bruce Perry, the founder and senior fellow at CTA, is a renowned leader in the field of childhood trauma, and participated in an interview with Learning for Action to help inform this landscape scan.

Lessons Learned

Based on their years of work studying trauma and the mechanisms within systems to help people address and heal from trauma, Dr. Perry of ChildTrauma Academy recommends the following:

- Focus on groups and systems that have demonstrated an appetite and strong interest in undertaking this work; in particular, the education, law enforcement, early childhood education, and child welfare systems are ripe for learning about and implementing trauma-informed approaches
- To train providers effectively in trauma-informed principles, training must be ongoing, long-term, and in-depth; one-time trainings are unlikely to provoke lasting change, and may even motivate eager providers to take inappropriate action based on too little information. Trainings should also be multi-media, interactive, and ongoing to ensure that trainees are able to process the information they are receiving, and are building the capacity necessary to implement trauma-informed practices in their work.
- Trauma-informed systems change is a long and incremental process, and therefore change should be approached with a long view.

Essentials for Childhood

Essentials for Childhood is a Center for Disease Control (CDC) framework intended for communities working to help children and families thrive. The framework is being used at five CDC-funded health department sites in California, Colorado, Massachusetts, North Carolina, and Washington to implement the strategies. The framework is organized around four main goals that, together, are believed to help health departments develop safe, stable, and nurturing environments for children. These goals include:

1. Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment
2. Use data to inform actions

[30] The Sanctuary Model. Retrieved from: http://sanctuaryweb.com/TheSanctuaryModel.aspx
[31] ChildTrauma Academy. Retrieved from: http://childtrauma.org/about-childtrauma-academy/

3. Create the context for healthy children and families through norms change and programs
4. Create the context for healthy children and families through policies

Lessons Learned from National Models

- **Incorporate the perspectives and ongoing participation of those with lived experiences (e.g. youth, or community members) throughout the implementation of trauma-informed initiatives.** The THRIVE program in particular shows how effective initiatives are that involve the members of the community for whom a program is designed; not only does this practice create buy-in, but it ensures that the initiative will reach and help those it is intended for.
- **Bring together diverse stakeholders from throughout a community to build a trauma-informed system.** Mental health services do not exist in a vacuum; the involvement of individuals from throughout a community and the social services system, as MARC does in the communities where it operates, makes sure that there is cross-sector communication and collaboration.
- **Continue to conduct and monitor research, and then refine practices based on evidence.** Research institutes continue to provide new and innovative research on the practices and policies that can best support trauma.

State Models

Much of the trauma informed work happening in California is being driven by First 5 Commissions, supported by the First 5 Association. The First 5 Association manages a Trauma Informed Collaborative[32] that aims to "build awareness, share information, and knowledge about best practices to improve the ability of First 5 commissions to integrate Trauma Informed Care into our work across the state of California." In addition, there is a group of First 5 County Commission representatives that convenes First 5 entities quarterly via conference call to learn about and coordinate First 5 activities related to trauma informed care.

In addition to First 5 efforts in the Bay Area, which are described in the following section, the following First 5 Commissions are actively engaged in trauma informed systems work:

First 5 Los Angeles

In 2016, First 5 LA, in partnership with The California Community Foundation, The California Endowment, and The Ralph M. Parsons Foundation, launched a countywide trauma-informed care systems change initiative with the commitment of more than 30 public, nonprofit and philanthropic partners. The initiative began with a convening of leaders from county departments, foundations, and community organizations to discuss and learn how Los Angeles County could become a model for identifying and addressing trauma in children and families in a systematic way.

The Center for Collective Wisdom (C4CW) was chosen as the organization to help design and facilitate the first exploratory phase of this effort, which included conducting an extensive environmental scan of current research and trauma-informed systems change efforts from across the country. C4CW also designed and facilitated the workgroup process that generated the recommendations for strategies to advance this work across L.A. County, which were presented in a report called "Trauma and Resiliency: A Systems Change Approach. Using the final report recommendations as a guide, the funders and county-wide partners are beginning to plan and advance specific activities to create a trauma and resiliency informed Los Angeles County.

First 5 LA has trained its own staff in trauma, and is now making public this training which provides a foundational understanding of trauma, identifies significant causes of early childhood trauma, and explores how trauma impacts not only a child's development but the parent-child relationship.

[32] http://www.acesconnection.com/g/first-5-association-statewide-trauma-informed-care-collaborative

Lessons Learned

First 5 LA described several following key takeaways from their systems change:

- Invest heavily in relationship-building not just with local stakeholders, but with statewide policy efforts, organizations, and other drivers.
- Because there are many actors in the field of trauma-informed care in California, many are willing to work collaboratively and offer in-kind resources.

First 5 San Diego

First 5 San Diego is engaged in efforts to create a more trauma-informed work place, which has included training for all staff on trauma. It is currently doing a scan of community agencies to identify both need and resources for trauma work, and is beginning to engage contractors and partners in these efforts.

First 5 Yolo County

First 5 Yolo County has conducted education internally regarding trauma, and has reached out to community partners to convene a Steering Committee to assess the need and potential for collaborative efforts.

Bay Area Models

The Bay Area is fortunate to have national experts in trauma throughout the region, including Alicia Lieberman, the Irving B. Harris Endowed Chair in Infant Mental Health and Vice Chair for Academic Affairs at the UCSF Department of Psychiatry, and Director of the Child Trauma Research Program. Also, the Bay Area has invested heavily in a regional resource for supporting trauma-informed care and trauma-informed systems work, which has taken the form of an entity called Trauma Transformed (T^2). In addition to serving as a trauma resource repository, T^2 helps to organize and support county and local entities that are advancing trauma-informed systems work. Most counties in the Bay Area have invested significantly in trauma-informed systems work, including San Mateo County. The San Francisco Department of Public Health is nationally recognized for its trauma-informed systems work, and Kaiser has invested significant resources locally to train its workforce in trauma- informed systems. All of these efforts are detailed below.

Trauma Transformed

In 2014, seven counties — Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Santa Cruz – created a partnership that was supported by a $4 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the partnership was to implement a regional Trauma Informed System of Care, and it was made possible when the East Bay Agency for Children (EBAC) , Youth in Mind, the Center for Youth Wellness, and the UCSF Benioff Children's Hospital Oakland combined forces with these seven counties to establish the T^2 Center. T^2 is now permanently housed at EBAC. The mission of the T^2 Center is to support and sustain a regional system of care by serving as a clearinghouse, systems change coordinator, and communication hub for the region. It strives to transform the regional, overlapping systems into a coordinated, trauma informed, youth-guided and family driven, evidence-based system of care.

Within the seven participating counties, there is a broad range of stakeholders from various fields who serve the initiative's target populations. These include stakeholders from the sectors of child welfare, education, Juvenile Justice, health and behavioral health, and others. The stakeholder agency-types are diverse; they consist of: government agencies; school districts; non-profit organizations; health clinics; school-based organizations; community-based organizations; and more.

As one of its initial efforts, T^2 conducted a regional baseline readiness assessment to learn more about trauma-informed practices within agencies throughout the seven-county region, and as a way to bring stakeholders to the table. Trauma Transformed selected the TIAA as the assessment tool to use to measure baseline readiness and as an assessment tool to use in an ongoing way to support the initiative. The tool, developed by Maine THRIVE, examines agency trauma informed practices along six domains: Trustworthiness, Physical and Emotional Safety, Cultural Populations and Trauma, Youth and Family Empowerment, Commitment to Trauma Informed Philosophy, and Trauma Competence. The tool is a self-

assessment instrument, completed by agency staff, that asks staff to rate their agency or program on five to six items within each of the six domains using a five-point rating scale. Aggregate scores for each of the six domains of trauma informed practice across all seven counties are generally high, but staff indicated the greatest alignment with items in the trustworthiness domain. Commitment to trauma informed philosophy emerged as the domain with the greatest potential room for development. Trauma Transformed has used the TIAA to achieve multiple functions: to build awareness and buy-in for the initiative's vision of trauma-informed systems across agencies and counties; to help agencies and programs reflect on their strengths and opportunities in implementing trauma-informed systems; and as an entrée for building partnerships with the Trauma Transformed Center.

T^2 is working to embed and institutionalize trauma-informed systems through ongoing support for translating knowledge into policy and practice. One component of this effort is learning communities designed to support leaders and champions to create contexts that nurture and sustain trauma-informed practices and to create organizations, agencies, and schools that reduce trauma.

Trauma Transformed adopted the TIS 101 training model with the goal of disseminating the training throughout the broader seven-county region. In order to increase the training capacity for the region, T^2 rolled out a train-the-trainer model. Four master trainers from San Francisco County trained a cohort of ten lead trainers. These lead trainers then trained additional cohorts of trainers in their home counties. In addition to expanding the geographic reach of the training, T^2 also sought to provide training to diverse partners across sectors as a critical part of developing a common language and understanding that includes not only mental health professionals, but other fields that serve children, youth, and their families who are impacted by trauma. In order to do so, T^2 trained trainers from a range of sectors including education, juvenile justice, early childhood, medical health, as well as social work and mental health practitioners.

There are several Trauma Transformed committees and learning communities that champion the various focus areas that support the Center's strategies and activities. The committees are depicted below and detailed in Appendix B.

Trauma Transformed Committees

Lessons Learned

Trauma Transformed offers the following lessons and takeaways for coordinating cross-sector trainings on trauma-informed care and providing support to agencies implementing trauma-informed care:

- San Mateo county has been able to achieve a higher level of cross-sector collaboration than many other Bay Area counties.
- There is an opportunity to increase the focus on trauma-informed care and resiliency in schools in San Mateo county, specifically to address racial and cultural trauma.

- There is an opportunity to provide training and support to Early Childhood educators in San Mateo county.
- To effectively facilitate collaboration among different players in any county, it is important to have a neutral party convene and organize. This helps create buy-in and encourages members to leave their individual agency's agenda at the door and work as a collective.

The Trauma Learning Collaborative

The Trauma Learning Collaborative is a 10-year old group that meets monthly in San Mateo county made up of staff from San Mateo Behavioral Health, pediatricians, representatives from Child and Family Services, representatives from Edgewood, StarVista, and other community-based organizations. The group leads Trauma 101 trainings for organizations and agencies, and members of the group have become trained in NMT and NME (Neuro-sequential Model for Education).

San Mateo County

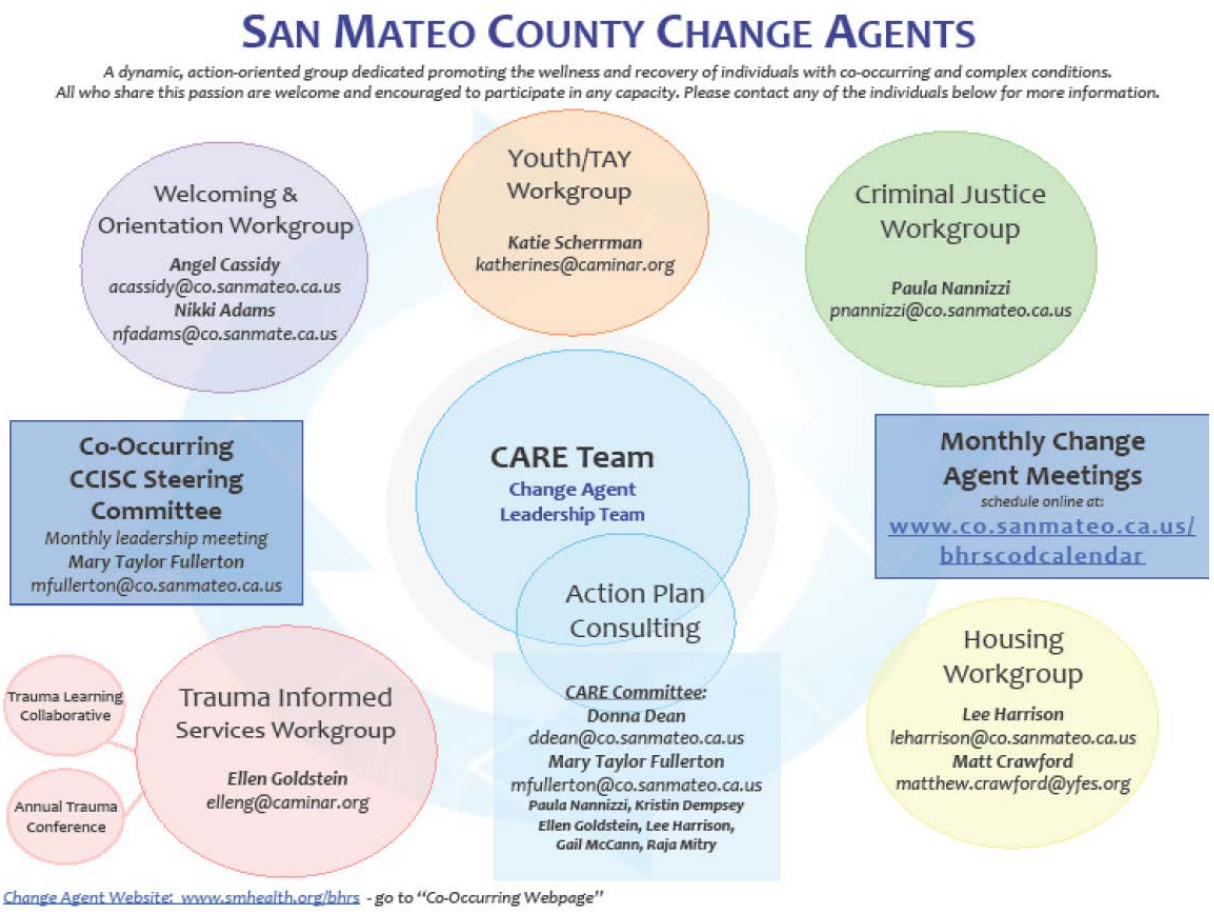
The San Mateo County Health System was an early adopter of trauma-informed systems work and has made significant progress advancing trauma informed systems and practices. Toni DeMarco, Deputy Director of San Mateo County Mental Health Services for Children and Youth, sits on the T^2 Oversight Committee. San Mateo County, like others in California, has an interdisciplinary Children and Youth System of Care (CYSOC) committee consisting of Behavioral Health and Recovery Services, the Human Services Agency, Probation, and the County Office of Education whose role is to conduct joint planning and coordination of efforts focusing on children and youth at risk of adverse psychological, health and social outcomes and their families. This collaboration has resulted in one of the lowest out of home placement rates in the state, innovative programs such as Pre to 3 and Partners for Safe and Healthy Children, and the coordination of services at the Youth Services Center.

The Health System has a Trauma Informed Systems Work Group that it formed in 2008, one function of which is to aggregate and share resources related to trauma-informed care and systems. One element of this is a "Trauma-Informed Webliography,"[33] a vast repository of research, best practices, and other resources related to trauma. The Health System also supports a Trauma Learning Collaborative and offers Trauma 101 training to its staff.

San Mateo County Behavioral Health and Recovery Services, a division of the Health System, has a Charter Document called "Improving Service Delivery to Persons with Complex Conditions through Systems Transformation"[34] that codifies and details its commitment and approach to developing trauma informed systems.

Another structure created to organize trauma-informed efforts in San Mateo County is "San Mateo County Change Agents,"[35] depicted below:

[33] https://www.smchealth.org/sites/main/files/file-attachments/traumainformedwebliography.pdf
[34] http://www.smchealth.org/sites/main/files/file-attachments/bhrscharterdocwinter2009_0.pdf
[35] Trauma-Informed Services: Becoming Trauma-Informed in San Mateo County. https://www.smchealth.org/sites/main/files/file-attachments/becomimgtraumainformedinsmc_ppt.pdf



A key lesson learned through the Health System's efforts was: "it was crucial for 'becoming trauma-informed' to grow and spread based on self-identified needs rather than a top-down approach of mandating, forcing or flooding. The latter approach creates resistance, whereas the former engenders receptivity, empowerment and choice - the very same principles from which trauma-informed services are sourced."[36]

The San Mateo County Health System, in partnership with several other county agencies, has also recently launched a place-based initiative called Community Collaboration for Children's Success (CCCS), the goal of which is to "develop data- and community-informed action plans for four communities (within San Mateo County) to identify interventions and opportunities for systems changes in high need neighborhoods to produce better outcomes for children and ultimately prevent the need for utilization of higher-cost services." As a place-based initiative, its approach is to "hone in on neighborhood-level areas, in which deep engagement of residents, leaders and the sectors that support them can be aligned to build the trust and focus required to address long-standing sources of risk." Trauma-Informed is one of four "key frameworks" guiding the initiative; the others are Focus on Neighborhood, Collaboration with Local Efforts, and Community Voice. Planning for this initiative commenced in early 2018 and the community plans are expected to be completed by the end of 2019.

The corporate sector in San Mateo County is also investing in efforts to promote awareness of and supports for trauma. Genentech's corporate giving program recently launched The Resilience Effect, the goal of which is to "support leading thinkers across clinical and community settings to design, test and scale the most effective ways to address childhood

[36] ibid

trauma."[37] The initiative focuses on children under the age of five and their caregivers in low-income communities across the Bay Area.

San Francisco Department of Public Health

In September of 2012, San Francisco Department of Public Health's Director, Barbara Garcia commissioned a workgroup led by Dr. Ken Epstein, Director of Children, Youth and Families, to initiate an exploration of how the Department of Public Health (DPH) system could benefit from and take preliminary steps to become a Trauma Informed System. Under a model of participatory leadership, a work group of subject matter experts from within the DPH system conducted a vetting process that included over 400 people within the public health system including providers, non-providers, primary care and various peer and advocacy groups. Feedback, suggestions and observations from these meetings guided the development process.

Out of this process a formal response was born in the Trauma Informed Systems Initiative,[38] intended to help improve organizational functioning, increase resilience and improve workforce experience. This effort, led by a Trauma Informed Systems Workgroup, includes the following components:

- Mandatory, foundational training to all 9,000 public health employees to create a shared language and understanding of trauma for the workforce
- Development of an embedded Champions Learning Community (CLC) to support, apply and sustain the application of the TIS principles and practices into the entire DPH workforce.
- Train the Trainer program to embed and harness trauma expertise with in the DPH system and establish a permanency of the initiative.
- Intentional efforts to align TIS with all workforce and policy initiatives to insure TIS implementation increases coherence, unifies the DPH system and improves outcomes.
- Leadership Engagement and outreach to support leaders to integrate TIS principles into day-to-day operations as well as promote system change at the program and policy level.
- Work towards establishing San Francisco as a Trauma Informed City insuring that the entire workforce has a common language and principles.

The Trauma Informed Systems Initiative Workgroup is led by Dr. Ken Epstein and currently staffed by a full time Coordinator, a team of 4 interns, a work group of subject matter experts and the support of the Community Behavioral Health Services Training Department.

Lessons Learned

A report[39] exploring the impact of DPH's mandatory, foundational training to all public health employees (via the TIS 101 training) revealed the following findings:

- The trainings are effective in that they produce statistically significant improvements in pre- to post-test scores in all six categories tested for attitudes about trauma. However, some of the gains may be temporary; the ratings return to or approach the baseline ratings for many of the attitude scale questions at follow-up. This highlights the importance of coupling the training with complimentary components such as engaging leadership and champions and supporting organizational practice change to sustain commitment to applying trauma-informed principles in the workplace.
- Challenges in system functioning such as staff/supervisor relationships, resource allocation, and communication, are the most commonly cited for barriers to making the system more trauma-informed.

[37] https://www.gene.com/good/local-initiatives/childhood-adversity/the-resilience-effect

[38] Trauma Informed Systems Initiative San Francisco Department of Public Health 2014 Year in Review. http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initative-2014.pdf

[39] San Francisco Department of Public Health Trauma Informed System Initiative First Year Data Report April 2014 – March 2015. https://www.sfdph.org/dph/hc/HCAgen/HCAgen2016/April%2019/TISFirstYearDataReport.pdf

- Increased support for sharing and applying knowledge about trauma, such as more trauma-related trainings, expanded content on trauma topics, and the provision of tools or reminders following the training, is an important marker of progress in creating a trauma informed system.
- Staff see a need for the system to better support employee wellness

In addition, TIS 101 trainers from across the region shared the following reflections on their work:

- TIS brings a systems-level approach to trauma-informed care that is key to its potential for real transformation.
- TIS 101 promotes a culture of caring for the people who care for youth and families.
- Having trainers from diverse sectors and disciplines contributes to the accessibility of the information to diverse professional communities.
- Trauma Transformed and the TIS work contributes to systems level changes with great potential to improve the experiences of youth and families served by those systems.
- TIS is contributing to changes in organizations and systems.

Kaiser Permanente

Kaiser Permanente's work to build Trauma Informed Systems includes a foundational training on trauma and trauma-informed principles along with learning communities to build cohorts of trainers, organizational leaders and champions, and to help align principles to practice. To date, more than 4,000 members of the Kaiser workforce have participated in the TIS 101 training regionally.

Kaiser Permanente Community Benefits Program *Resilience Initiative*

Kaiser Permanente Community Benefits Program's *Resilience Initiative* grants school-based health organizations and health organizations that work closely with elementary, middle, and high schools dollars and support to implement trauma-informed care practices and policies within schools, with the ultimate goal of changing school cultures to be trauma-informed.

West Ed

West Ed offers training on trauma, "Trauma-Informed Practices in Early Childhood Education" (TIP-ECE) for early childhood education providers, program administrators, Head Start staff, family child care owners and providers, advocacy organizations, families, school administrators, First 5 agencies, child care planning counsels, and early childhood mental health consultants. The basic 101 training provides information and support about trauma and its effects, ways to detect trauma, and skills to respond and care for children prenatal to 8 years old who have been affected by trauma. West Ed has recently developed trauma 102 and 103 trainings as well to provide intermediate trainings that encourage reflective practice, and help trainees implement the new practices they learn in their workplaces.

Lessons Learned

West Ed has seen the most impact and progress from their trainings when both front-line staff and administration/leadership staff are trained in trauma-informed practices. While front-line staff will be implementing the new practices, they need the support and guidance that leadership trained in these practices can offer. The combination of training both levels of staff produces deeper and more lasting results.

West Ed has learned the following important principles through their work delivering trainings on trauma:

- It is critical to have referrals and resources in place in advance to offer to those you are training to go to for their own support when they are triggered and for those they are serving;
- The train-the-trainer model works well because it builds the capacity of people who are already leaders and mentors in their communities to champion this work; and
- Cross-sector collaboration is important, but only lasts when it is driven by multiple entities.

Genentech Resilience Effect

The Resilience Effect is a new initiative led by Genentech to address childhood adversity in the Bay Area. To launch the initiative, Genentech embarked on a year-long landscape study to understand the state of the field in the Bay Area, and

where the gaps were in the sector where Genentech would have the most impact. The initiative focuses on early childhood (0-5) health, with attention to the prevention, screening, and healing from trauma in the pediatric care environment. Genentech will also be dedicating staff power to research on the biological effects of trauma.

Santa Clara County
First 5 Santa Clara formed a Community of Learning (COL) to advance its trauma-informed systems work. The COL is a cross-system and multidisciplinary workforce development institute that provides child-focused and family-centered professional development opportunities for First 5 partners and community members. The COL engages local, state and national experts in the field of early childhood development to strengthen core competencies in FIRST 5 partners from a variety of disciplines, such as community education and engagement, family support, early education, and behavioral and physical health. Central to the foundation of the COL are evidence-based practices that provide participants with the knowledge, skills, and competencies to implement proven service delivery models for supporting children and families. The Community of Learning offers professional development opportunities, ranging from one-time workshops to multi-month training programs that encompassed a variety of formats from traditional in-person settings to agency-hosted webinars to meet the learning needs and preferences of First 5 partners.

Alameda County
Alameda County was an early adopter of trauma-informed systems as an early partner in the formation of Trauma Transformed, and has created a website dedicated to trauma-informed care that includes tailored messages and resources for agencies that are interested in trauma-informed systems, caregivers and providers who are interested in trauma-informed care, and survivors and family members.

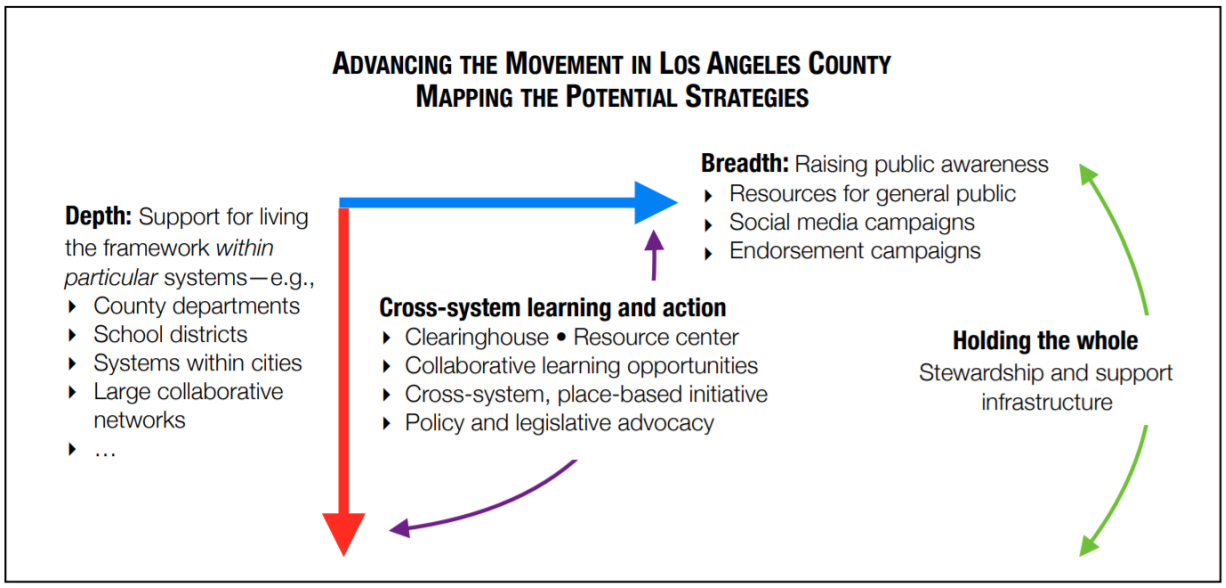
First 5 Alameda County also joined the movement early, as the results of its Training Needs Assessment showed that trauma is a topic of interest for Alameda County's 0-5 provider community. First 5 Alameda County planned and delivered a series of Early Childhood Trauma Informed Care trainings in 2015 and 2016 focused on the widespread impact of trauma, potential paths for recovery, signs and symptoms of trauma, and strategies for implementing knowledge about trauma into practices.

Contra Costa County
First 5 Contra Costa County has adopted the Sanctuary Model and is initially implementing trauma informed care practices relating to safety and environments. First 5 is also providing trauma-informed care trainings by Vincent J. Felitti, MD.

Approaching Systems Change

In its report called Trauma and Resiliency: A Systems Change Approach, the Center for Collective Wisdom proposes four types of long-term strategies for advancing trauma-informed systems work:[40]

[40] TRAUMA AND RESILIENCY: A SYSTEMS CHANGE APPROACH. John G. Ott, J.D., Rose A. Pinard, Ph.D., Ken Ithiphol, and Trevor Thomas Olwig. Center for Collective Wisdom. Downloaded from: http://www.first5la.org/files/Trauma.pdf


ADVANCING THE MOVEMENT IN LOS ANGELES COUNTY
MAPPING THE POTENTIAL STRATEGIES
Depth: Support for living the framework within particular systems—e.g.,
County departments
School districts
Systems within cities
Large collaborative networks
…
Breadth: Raising public awareness
Resources for general public
Social media campaigns
Endorsement campaigns
Cross-system learning and action
Clearinghouse • Resource center
Collaborative learning opportunities
Cross-system, place-based initiative
Policy and legislative advocacy
Holding the whole
Stewardship and support infrastructure

Appendix A

San Francisco Department of Public Health: Trauma Informed System (TIS) Core Principles & Suggested Competencies

Understanding Trauma & Stress

Without understanding trauma, we are more likely to adopt behaviors and beliefs that are negative and unhealthy. However, when we understand trauma and stress we can act compassionately and take well-informed steps toward wellness.

1. *Trauma* – We understand that trauma is common, but experienced uniquely due to its many variations in form and impact.
2. *Stress* – We understand that optimal levels of positive stress can be healthy, but that chronic or extreme stress has damaging effects.
3. *Reactions* – We understand that many trauma reactions are adaptive, but that some resulting behaviors and beliefs may impede recovery and wellness.
4. *Recovery* – We understand that trauma can be overcome effectively through accessible treatments, skills, relationships, and personal practices.

Compassion & Dependability

Trauma is overwhelming and can leave us feeling isolated or betrayed, which may make it difficult to trust others and receive support. However, when we experience compassionate and dependable relationships, we reestablish trusting connections with others that foster mutual wellness.

1. *Compassion* – We strive to act compassionately across our interactions with others through the genuine expression of concern and support.
2. *Relationships* – We value and seek to develop secure and dependable relationships characterized by mutual respect and attunement.
3. *Communication* – We promote dependability and create trust by communicating in ways that are clear, inclusive, and useful to others.

Safety & Stability

Trauma unpredictably violates our physical, social, and emotional safety resulting in a sense of threat and need to manage risks. Increasing stability in our daily lives and having these core safety needs met can minimize our stress reactions and allow us to focus our resources on wellness.

1. *Stability* – We minimize unnecessary changes and, when changes are necessary, provide sufficient notice and preparation.
2. *Physical* – We create environments that are physically safe, accessible, clean, and comfortable.
3. *Social-Emotional* – We maintain healthy interpersonal boundaries and manage conflict appropriately in our relationships with others.

Collaboration & Empowerment

Trauma involves a loss of power and control that makes us feel helpless. However, when we are prepared for and given real opportunities to make choices for ourselves and our care, we feel empowered and can promote our own wellness.

1. Empowerment – We recognize the value of personal agency and understand how it supports recovery and overall wellness.
2. Preparation – We proactively provide information and support the development of skills that are necessary for the effective empowerment of others.
3. Opportunities – We regularly offer others opportunities to make decisions and choices that have a meaningful impact on their lives.

Cultural Humility & Responsiveness

We come from diverse social and cultural groups that may experience and react to trauma differently. When we are open to understanding these differences and respond to them sensitively we make each other feel understood and wellness is enhanced.

1. Differences – We demonstrate knowledge of how specific social and cultural groups may experience, react to, and recover from trauma differently.
2. Humility – We are proactive in respectfully seeking information and learning about differences between social and cultural groups.
3. Responsiveness – We have and can easily access support and resources for sensitively meeting the unique social and cultural needs of others.

Resilience & Recovery

Trauma can have a long-lasting and broad impact on our lives that may create a feeling of hopelessness. Yet, when we focus on our strengths and clear steps we can take toward wellness we are more likely to be resilient and recover.

1. Path – We recognize the value of instilling hope by seeking to develop a clear path towards wellness that addresses stress and trauma.
2. Strengths – We proactively identify and apply strengths to promote wellness and growth, rather than focusing singularly on symptom reduction.
3. Practices – We are aware of and have access to effective treatments, skills, and personal practices that support recovery and resiliency.

Appendix B

Trauma Transformed Committees and Membership

OVERSIGHT COMMITTEE

The Oversight Committee consists of founding county department directors from each of the 7 counties, youth and family members, and the Executive Director of Youth in Mind. This team provides oversight and governance to all activities of the Center including strategic planning, mission and vision setting, and guiding sustainability efforts of the center.

ADVISORY COUNCIL

The Trauma Transformed Advisory Council is made up of youth and family members with lived systems experience from each of the seven counties. This council works alongside the Oversight Committee to provide oversight, guidance, and consultation to all center activities including: policy, care coordination, training, workforce development, social marketing, evaluation and continuous quality improvement.

OPERATIONS TEAM

The Operations Team functions as the county leads in all aspects of the Center including project planning, implementation, data collections and communication with county representatives and partners.

SOCIAL MARKETING TEAM

The Social Marketing Team contracts with public relations and communications firms and develops messaging, branding, media, media-channels and outreach strategies used by the Center to advance regional strategic goals of raising awareness and creating trauma-informed communications materials to support the Center's work and regional healing efforts.

POLICY TEAM

The Policy Team consists of policy stakeholders at the regional level who examine current county level policies for regional alignment, regional policies for state alignment, and TIS practices that can be better sustained through policy development. The Policy Team works closely with the Center for Youth Wellness.

CARE COORDINATION TEAM

The Care Coordination Team evaluates best practices for coordinating care for out-of-county foster youth and dually involved youth in our region and develops a regional model (standard process) for care coordination.

EVALUATION TEAM

The Evaluation Team develops and completes SAMHSA-required local and national evaluation and informs the continuous quality improvement (CQI) process through data sharing and reporting.

CQI TEAM

The Continuous Quality Improvement Team (CQI) uses data to understand and guide project implementation and sustainability, ensuring that project goals are met and exceeded in a meaningful way.

Appendix C.

San Francisco Department of Public Health Trauma Transformed Systems Model

Graphic developed by Trauma Transformed.