Baltimore: A Trauma and Resilience Informed City for Children and Families

Breakthrough Series Collaborative Final Report

The mission of this project was to support and facilitate nine participating teams as they deepened their capacity to recognize what resilience and trauma are; understand how they each affect children, families, and communities; acknowledge the connections between race, racism, resilience, and trauma; and collaborate, partner, and respond in ways that build resilience, address racial injustices and incivilities, reduce incidences of trauma, respond actively and sensitively when trauma does occur, and ultimately strengthen the children, families and communities within the City.

The Baltimore Partnership for Family and Trauma-Informed Care

Sponsored by The Zanvyl and Isabelle Krieger Fund

Acknowledgements

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We would especially like to express our gratitude to the community members, youth, parents, caregivers, staff, clinicians, providers, managers, and leaders who participated in this Breakthrough Series Collaborative. The work reflected here is truly theirs.

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Executive Summary

The *Trauma-Informed Resilient City for Children and Families Breakthrough Series Collaborative* (BSC) began in June 2015 and formally concluded with a reunion meeting on November 15, 2016. It included nine teams, representing a range of "formal" and "informal" organizations across Baltimore. Each team included 8-12 individuals who represented a range of roles, including family members, direct service staff, managers, administrators, and community partners. These individuals and teams came together four times (three-2 day Learning Sessions and one Reunion) over the course of the project, using a "Collaborative Change Framework" as an anchor for all of their work. The overall goal of this project was not to be "just another training," but instead to move beyond thinking and talking to action -- action that could lead to real sustainable change for the participating teams, as well as Baltimore City.

Throughout the BSC, teams tested changes in their own agencies connected to four primary themes:

These tests included creating parent/youth councils or advisory boards; getting feedback directly from parents on changes that should be made in the agency/organization; having honest conversations about race, bias, and racism; assessing staff knowledge of the levels of racism; conducting trainings on trauma and resilience informed work; screening children, families, and students for trauma exposure; focusing on staff wellness and well-being; and creating support groups. Over the course of the BSC, as teams were testing and implementing these strategies and others, the following data were collected:

- ***Training and Education***: 928 people were educated about trauma, racism, resilience, and the interaction/impact as reported by 5 teams
- ***Trauma Screening***: 639 people were screened for trauma as reported by 4 teams
- ***Trauma-Related Services***: 321 people were referred for trauma-related services as reported by 2 teams

- ***New Collaborative Relationships***: 50 new collaborative relationships were developed to support agency/team priorities reported by 3 teams
- ***Trauma-Free Zones***: 27 "trauma-free zones" were created in the program and the community reported by 6 teams

In addition the content-related learning, there were six key lessons learned about the process of working with these teams using the BSC methodology:

Testing Changes on a Small Scale	• Move to action quickly without getting overwhelmed.
Collaborating Across Teams	• Changes happen faster when learning and sharing in real time.
Leading from Where You Sit	• Everyone can take a leadership role in this work, regardless of title or role.
Building Internal Capacity	• Teams own this work and need knowledge, skills, and tools to sustain and spread it beyond the BSC timeline and team members.
Including Community Partnership Teams	• We learn and grow more from our differences than our similarities.
Providing Support to Community Partnership Teams	• Meet people where they are in the spirit of true partnership at every level.

This report provides highlights of the work done by the participating teams, some of the data they collected to track their progress, a brief synthesis of key lessons learned along the way, and direct quotes from participants. Collectively, we hope the combination of these elements provides both a flavor for the rich work of the teams along with a sense of the impact this project had on so many.

> *"Before the BSC, trauma impacted my work when responding to local, community crisis. I found that in a crisis people are quick to come in and attempt to provide recovery services but often neglect to address trauma and root causes that are responsible for creating the initial crisis. I think that it is important to provide safe spaces for people to address their internal scars before, during and after providing surface recovery services. I think that not doing so is irresponsible and ultimately leads to relapse into continued crisis."* ~Community Organizer

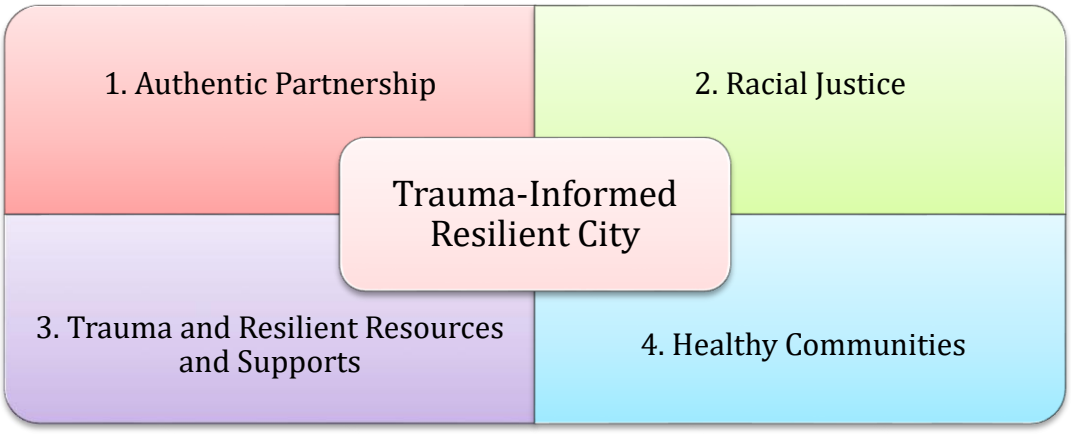
Section 1. Background and Overview

In Baltimore City, exposure to trauma and violence is entangled with decades of racial injustice and economic disadvantages. Children's, families', and communities' exposure to trauma and the lack of resources to address basic needs are recognized as a local and national crisis (U.S. Attorney General's National Task Force on Children Exposed to Violence, 2012). Building on eight years of collaboration, University of Maryland, Baltimore (UMB) Schools of Medicine and Social Work, Center for Child and Family Traumatic Stress (formerly known as The Family Center at Kennedy Krieger Institute), and The Zanvyl and Isabelle Krieger Fund led this Breakthrough Series Collaborative (BSC) to help make Baltimore a more trauma-informed, resilient city.

The Opportunity

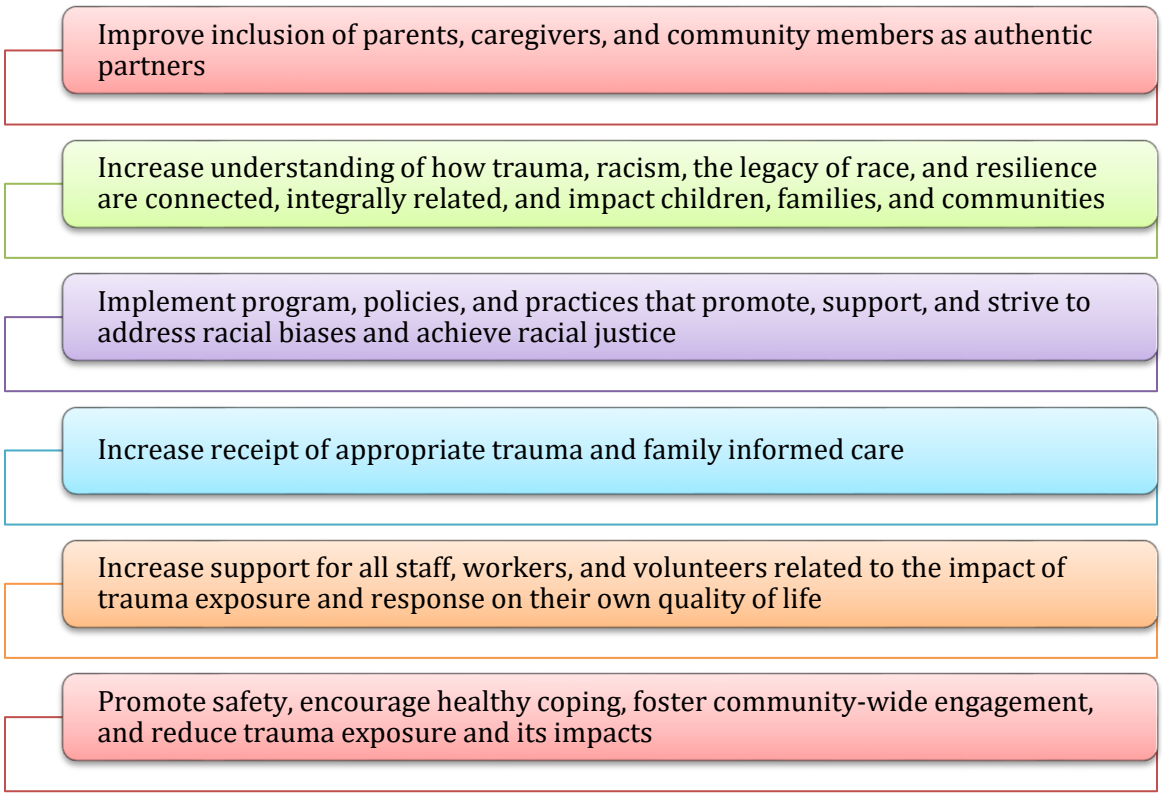
Transforming organizations and communities to address trauma and promote recovery is known to support children's development, as well as family healing and resilience, and shows promise in sustaining quality programs by improving staff retention and successful program development. To this end, a Collaborative Change Framework ("CCF") was developed by Baltimore City and national stakeholders, using a grassroots, inclusive process that included people representing various community, academic and public agencies. The goal was to use this CCF as the foundation for guiding changes and desired outcomes for this work. There were four key theme areas included in the CCF in which all participating teams tested and implemented practices and processes.

Collaborative Change Framework Themes



Additionally, because we know that not all changes result in improvements, the CCF also identified six aims (goals) that each team would strive to improve over the course of their work together.

Collaborative Change Framework Aims/Goals



The full Collaborative Change Framework can be found in Appendix A.

About the Breakthrough Series Collaborative Approach

The Breakthrough Series Collaborative (BSC) approach to quality improvement was developed in 1995 by the Institute for Healthcare Improvement (IHI) and Associates in Process Improvement (API). It focuses on testing, adapting, spreading, and sustaining promising practices across multiple settings and on implementing changes within organizations to sustain improved outcomes. Unlike more standard training approaches that focus primarily on knowledge acquisition, the BSC approach focuses on testing, implementing, and sustaining actual practices, processes, tools, and strategies in real-world settings.

"Seed has been planted. Excited to water it and watch it grow."

In this BSC, teams were composed of stakeholders from various levels and perspectives across the City who recognize the need for trauma-informed care and resilience. Team members tested strategies and practices based on the BSC Change Framework, primarily using "small tests of change" (or "Plan-Do-Study-Act/Adjust" cycles). This allowed them to focus on improving processes, practices, and tools in order to positively impact outcomes for children, families, and neighborhoods. They received coaching and technical assistance throughout the BSC as

well as training as needed from a group of faculty, core planning team members, and a BSC consultant who also crossed a number of key disciplines. (See Appendix B for a complete list of faculty and core planning team members.)

The BSC methodology uses the strengths inherent in collaboration and partnership to leverage participants' expertise and resources as they identify and address the impact of trauma on families and the community as well as the people who serve its citizens. To model this "equality of expertise," not only did the faculty members and consultant receive a stipend for participation, all teams did as well. This parallel process of participation and implementation was intended to allow teams to sustain the practices over time because the practices and processes emerged from their own collaborative processes.

"What surprised me about the Learning Session…was the various levels of providers who are a part of it. I'm used to only clinicians being interested in this work."

Participating Teams

Nine teams were selected to participate in this BSC, each receiving a small stipend of $5,540 for the entire project. This stipend was intended to support their participation in three two-day meetings (called "Learning Sessions"), the collection of monthly data, and willingness to test and implement changes in their everyday work.

The teams crossed a range of disciplines, from education to intimate partner violence to mental health to community organizing. This rich variety of teams allowed for great depth of cross-team collaboration and partnership, as described more fully below.

List of Participating Teams

Advanced Therapeutic Connections	Bon Secours Behavioral Health	Communities United
ED Pride Program at Baltimore City Schools	The Family Tree	House of Ruth Maryland
KidzStuff Childcare Center / Sage Wellness Group, Inc.	New Lens	Pressley Ridge

***Advanced Therapeutic Connections*:** Advanced Therapeutic Connections is a public outpatient mental health clinic serving approximately 375 individuals. It provides therapy and medication management as well as providing resources, opportunities for community engagement, learning opportunities and overall health and wellness as part of their work with clients and families.

***Bon Secours Behavioral Health*:** Bon Secours Behavioral Health is part of a well-established, full service, non-profit health system. Bon Secours' West Baltimore Outpatient Mental Health Clinic provides multidisciplinary services to children and adolescents in their clinic and partial day hospital program.

***Communities United*:** Communities United (CU) is a community organizing and leadership development organization to empower residents in low- to moderate-income neighborhoods. CU's Board of Directors is made up of nine member leaders, most of whom have experienced first-hand violence, homicide, poverty, incarceration and addiction. Currently they have nearly 250 dues-paying members and about 100 additional people who identify as members, participate in monthly meetings and/or come out for events and actions.

***ED PRIDE Program at Baltimore City Schools*:** ED PRIDE Program (Promoting Respect, Integrity, Discipline and Excellence) serves 1st – 12th grade students at Baltimore City schools who are on a diploma track and identified as at-risk, have an emotional disability, and who need intense behavioral supports and services in order to be successful in a Least Restrictive Environment (LRE). There are 20 PRIDE Programs across Baltimore with 100 staff at 7 Elementary Schools, 7 Middle Schools and 6 High Schools.

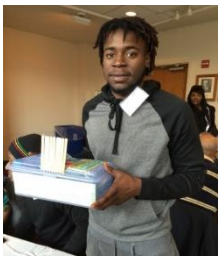
***The Family Tree*:** The Family Tree is a large organization serving over 11,000 parents, children, and professionals yearly from the family center and headquarter facility in Baltimore City; three satellite offices in Harford, Howard, and Prince George's County; over 20 community-based locations; families' own homes; and via their statewide helpline. Family Tree chairs the Maryland State Council on Child Abuse and Neglect, the State Partnership for the Prevention

of Child Sexual Abuse, and is actively involved in local and state advisory councils, committees, coalitions, and boards.

***House of Ruth Maryland*:** The House of Ruth Maryland (HRM) is Baltimore City's only social service agency devoted to the needs of adults and families struggling to survive intimate partner violence (IPV). HRM is the area's largest provider of comprehensive intimate partner violence services to victims and their children, and of education and awareness services to abusive partners and the community at large. Last year, HRM provided services to 9,133 adult victims of intimate partner violence and 523 children. 94% of all adult victims served were women.

***KidzStuff Childcare Center/Sage Wellness Group, Inc.*:** KidzStuff Childcare Center/Sage Wellness Group (KCC/SW) is a partnership that operates and supports childcare programs in Harford Heights/Bel Air Edison neighborhoods. The majority of children enrolled in the center reside in the 21213 neighborhood and 91.6% are African American. KidzStuff is under the ownership of Scarlett Covering, Inc., a non-profit agency founded in 2012. The center is licensed for 127 children, ages 6 weeks thru 12 years, and has a current enrollment of 87 children. Sage Wellness Group is a consultation firm that provides program development, staff & professional development, and clinical support to a wide variety of agencies.

***New Lens*:** New Lens is a youth-driven social justice organization working to assist youth in making art and media about often-underrepresented perspectives on employment, justice, health and education issues. They produce art and media on commission, teach youth in schools and communities and advocate for issues those impact young peoples' lives. They employ youth as leaders and through their efforts they impact over 200 youth throughout the year. They are staffed by a team of 10–20 youth and several supporting adults who are the core artists, media-makers and instructors for their projects.



***Pressley Ridge*:** Pressley Ridge is committed to the behavioral and emotional success of children and families within the entire state of Maryland. They provide Treatment Foster Care and Community-Based services in Garrett, Allegany and Washington Counties; Treatment Foster Care in Baltimore, Cumberland, and Oakland; Parent-Child Foster Care in Baltimore; Community-Based

Services in Baltimore and Cumberland; and, Washington County Diversion Program located in Hagerstown serving youth living in at-risk situations through the Diversion and Child In Need of Supervision (CINS) programs. Treatment Foster Care in Baltimore and Parent-Child Foster Care in Baltimore serve over 130 youth in yearly.

See Appendix C for a full list of participating team members.

Section 2. Unpacking the Work: Lessons Learned about the Content

Over the course of this BSC, the nine participating teams unpacked the four themes in the Collaborative Change Framework and identified possible strategies that could help them bring the themes to life in their organizations and their work with children, families, and the community. This section provides an overview of the types of strategies, processes, and practices that teams were able to put into place within each of the four key themes.

Theme 1. Authentic Partnership

Partnerships start with "family." "Family" is defined by the family. Other relevant partners may include advocates, service providers, caregivers, and other community groups and members.

Early and constant discussions in this theme area focused on the notion that families are the experts in their own lives. As such, their voices must not only be at the table, but they must be partners guiding the work as it unfolds, whether it is at the practice-level as they direct their own services or plans, or it is at the organizational-level as they guide and inform the changes needed by the agency to better serve them. To mirror this value, each team included family and community partners on their core and external teams.

> *"Before the BSC.....I didn't know how many people were out there helping day in and day out."* ~Faculty Member

The objectives that guided the work in this theme area included:

- Engaging Partners
- Establishing Mutual Respect and Trust
- Valuing Expertise
- Honoring Voices - For Us By Us
- Using Common Language

Some of the key practices and strategies tested and implemented by teams in the theme area of **Authentic Partnership** included the following:

- Testing the viability of including a volunteer on the team to support and engage adults and children & adolescents in their waiting rooms. The goal is for the

volunteer to help families feel comfortable and welcome in a health care setting. Additionally, the volunteer will play a role in handing out a satisfaction survey created to screen the child and adolescent patients and family members on their experience in the clinic. *(Bon Secours)*

- Adding a parent suggestion box in the program. *(KidzStuff and Sage Wellness Group)*
- Forming a parent council. *(KidzStuff and Sage Wellness Group)*
- Inviting clients to participate in either an adult or youth advisory board. *(Advanced Therapeutic Connections)*

The following data were collected by teams to help them assess their progress toward achieving **Authentic Partnerships.**

AIM 1: Improve how parents, caregivers, and community members are included as authentic partners in decision-making, service/program planning, and policy-making
Metric #1: Use five question survey given to parents, youth, caregivers, and/or community members and review responses before each Learning Session
Team Progress • Total surveyed as reported by 4 teams: **94 reported by 4 teams** • Overall positive feedback but each program identified areas for improvement.

Theme 2. Racial Justice

Racism is a trauma and thus must be a focal point of trauma-informed work. Racism includes interpersonal, internalized, institutional and systemic experiences, events and exposures.

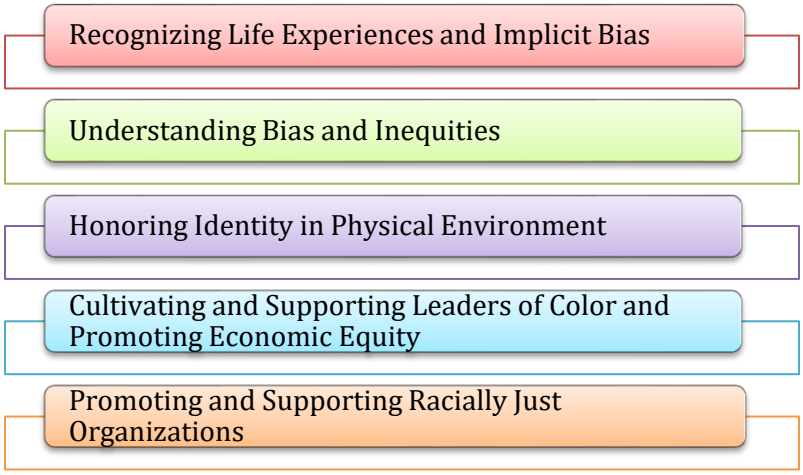
When asked what they liked best about the Learning Sessions:

"I found this very moving."

"Constructively discussed race."

We knew from the outset that we could not talk about trauma without explicitly talking about race, racism, and racial justice. Stated quite simply, trauma-informed practice must recognize and address racism, implicit biases and injustice at a fundamental level. To this end, each Learning Session included powerful facilitated dialogues about the impact of racism and the opportunities to take personal, organizational, and community action to move ourselves and our City to act without bias, advocate for racial justice, and adhere to policies and practices that support racial justice.

The objectives that guided the work in this theme area included:



Some of the key practices and strategies tested and implemented by teams in the theme area of **Racial Justice** included the following:

- Cultivating internal leadership strategies to promote and sustain change in racially just ways that led to the strengthening of the organization. *(New Lens)*
- Assessing staff knowledge on issues related to institutionalized and systematic racism at monthly staff meeting. *(KidzStuff and Sage Wellness Group)*
- Presenting at University of Maryland Department of Psychiatry's Diversity Day *(New Lens)*

The following data were collected by teams to help them assess their progress toward achieving **Racial Justice.**

AIM 3: Implement program, policies, and practices that promote, support, and strive to address racial biases and achieve racial justice for children, families, communities, and within Baltimore's child and family programs and agencies
Metric #4: # of policies, procedures, practices, and programs reviewed for implicit bias or racial inequities done prior to each Learning Session
Team Progress • Extended hours of operation to accommodate a wider range of the constituents. • Review of current SWG and KidzStuff Employee & Parent Handbooks – completed in April 2016 • Trainings about trauma, racism, and resilience will be added to the Foster Parents In-service Training Calendar at Pressley Ridge
Metric #5: Improvements in identified disparate outcome for clients/program participants prior to each Learning Session
Team Progress • No reported activity. This measure was extremely difficult for teams to track.

Theme 3. Trauma and Resilience Informed Resources and Supports

Trauma can change people, families, and communities. Although trauma can cause hardships, individuals, families, and communities can build on their strengths and mobilize their resources to counteract the negative effects.

This project "*Changed my trauma lens.*"

Many participants entered the BSC thinking that this project was simply an opportunity to get comprehensive year-long training on "trauma-informed care." But through this BSC, we learned that being <u>informed</u> about trauma is necessary, but not sufficient. Our goal was really to help teams become trauma <u>responsive</u>, not only in responding to families and communities in sensitive and appropriate ways, but also in how they learned to care for themselves and each other. This required the organizations themselves to operate in trauma-informed ways, attending to interactions between staff: up, down, and across levels, as well as staff wellness. Moreover, the work and interactions needed to be rooted firmly in strengths-based approaches that recognized, sought out, and nurtured resilience.

"Before the BSC…I didn't realize that my everyday life was being impacted by trauma, I thought it was just everyday life."
~ Community Member

The objectives that guided the work in this theme area included:

- Developing Knowledge on Trauma and Resilience
- Creating Safe Spaces
- Mobilizing and Increasing Access to Resources
- Providing Trauma-Informed Consultation and Services

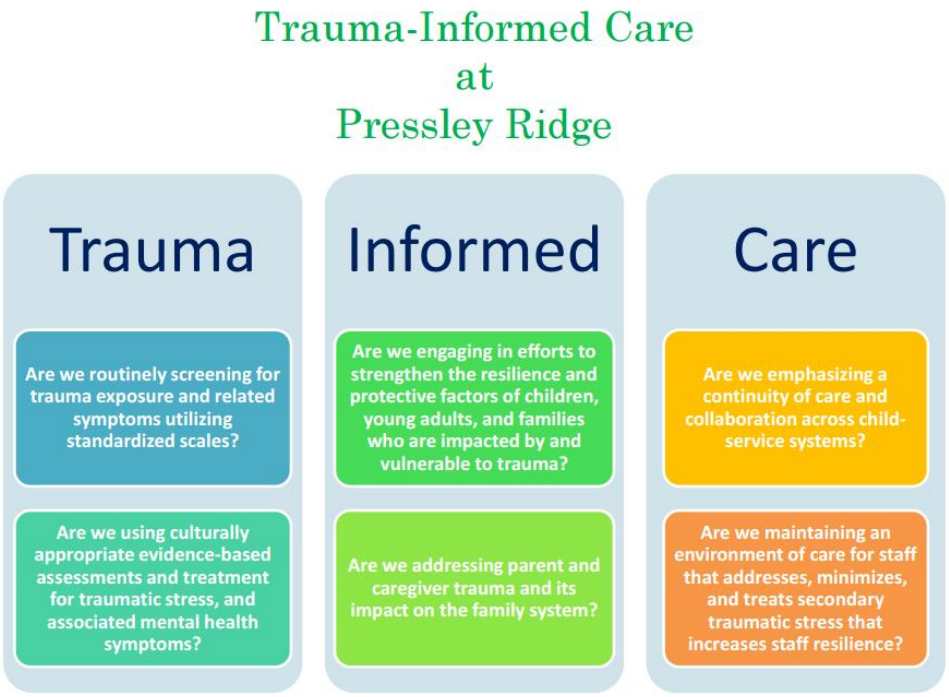
Some of the key practices and strategies tested and implemented by teams in the theme area of **Trauma and Resilience Informed Services and Supports** included the following:

Trauma Awareness and Training

- Participating in Motivational Interviewing training (the first in a three part series). *(Bon Secours)*
- Training 30 case workers and supervisors from a partner agency on Intimate Partner Violence and working with immigrants and refugees. *(House of Ruth Maryland)*
- Creating a "Trauma Box" to help team members acknowledge and get some relief and support around the burdens associated with carrying traumatic experiences each day. (*New Lens)*

Screening and Trauma Services

- Implementing Emotional Temperature Check-In every morning with students to assess well-being and possible exposure to trauma. *(ED PRIDE)*
- Implementing screening, assessment and treatment planning processes across their program – see below. *(Pressley Ridge)*



- Conducting trauma screening with consumers. *(Bon Secours)*
- Connecting consumers from the walk-in clinic to evidence-based trauma services. *(Bon Secours)*

- Beginning a partnership with ATC to offer on-site mental health services for children and families. *(KidzStuff and Sage Wellness Group)*
- Developing an assessment protocol. (*House of Ruth Maryland)*
- Offering a series of three free trainings for child care professionals in May and June 2016. *(The Family Tree)*
- Planning a Trauma 101 presentation led by core planning team member, Fred Strieder. *(Communities United)*

The following data were collected by teams to help them assess their progress toward achieving **Trauma and Resilience Informed Services and Supports.**

AIM 2: Increase understanding among families, communities, and all staff/workers/volunteers of Baltimore's child, family and community programs and agencies of how trauma, race, racism, and resilience are connected, integrally related, and impact children, families, and communities
Metric #2: # of people educated about trauma, racism, resilience, and the interaction/impact each month

Team Progress
• Total reported: **928 people educated as reported by 5 teams**
• Much additional training reported without numbers included.
  ○ Provide staff & family workshops on the impacts of the Opportunity & Achievement Gaps on children of color.
  ○ ED PRIDE joined SAMHSA for a presentation at a DOE national conference in June 2016.

Metric #3: # of staff who rate specific value statements as reflected in the agency's attitude and behaviors prior to each Learning Session

Team Progress
• Examples:
  ○ It has helped us narrow down our focus so we can accomplish these items before moving on to broader topics.
  ○ Completed by team using Subsist Scale. Demonstrates improvement in all values and statements.

AIM 4: Increase receipt of appropriate trauma and family informed care by children and their families who interact with Baltimore's child and family programs and agencies
Metric #6: # of people screened for trauma each month
Team Progress • Total: **639 people screened for trauma as reported by 4 teams**
Metric #7: # of people provided referrals for EBPs or trauma related services to identified community providers each month

Team Progress

- Total Numbers: **321 people referred for trauma-related services as reported by 2 teams**
- Initiatives are in place to provide opportunities for further trainings on Trauma Informed EBP's for other staff interested in serving that population.
- Plan to develop a "best practices" referral directory, which indicates to staff and clients which principles are followed and which practices are used.

Metric #8: Change in organizational self-assessment of trauma-informed practices, etc. done mid-way through each Action Period

Team Progress

- Some teams reported improvement initiatives related to organization self-assessment.

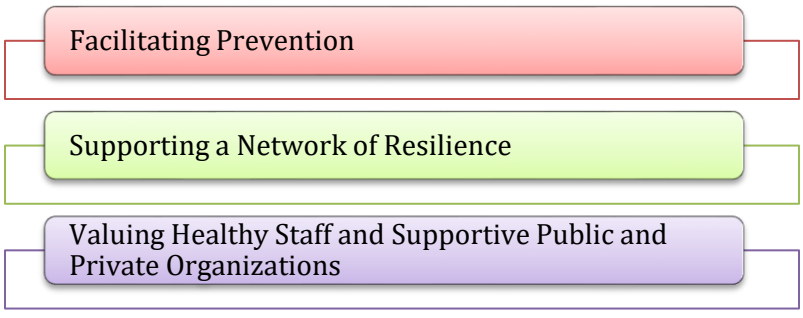
Theme 4. Healthy Communities

Healthier communities and programs prioritize the health of children, families, and communities as well as the people working there. "Health" includes physical, psychological, social, and emotional well-being.

> *"Before the BSC, trauma affected my work when facilitating parent support groups, listening to the struggles and concerns of parents began to be emotionally heavy. Sometimes I took on their concerns without even realizing how emotionally draining it had become."*

Creating and nurturing healthy communities requires shared vision, a willingness to step out of silos, and a commitment to collective action. The teams that participated in this BSC demonstrated their commitment in a variety of ways.

The objectives that guided the work in this theme area included:



Some of the key practices and strategies tested and implemented by teams in the theme area of **Healthy Communities** included the following:

- Systemically assessing four outcomes:

  - Safety: the number of clients who connected with legal
  - Housing: the number of clients who established permanent housing AND received income information
  - Trauma Reduction: the number of clients who accessed clinical services
  - Health: the number of clients who accessed health clinic services *(House of Ruth Maryland)*

- Offering biweekly chair yoga, biweekly kickboxing class, and also encourage our staff to attend a healthy choices lunch held weekly. Holding bi-weekly produce market for staff and clients on the first floor of the hospital. *(Bon Secours)*
- Consolidating all services into one location so staff have a "home base" to promote unity and get support. They also have a smoothie bar in the staff kitchen, as part of the "Healthy Happy Hour" initiative that promotes healthy breaks for staff. The garden club came and cleaned up, trimmed, and beautified the outdoor spaces in front of the Shelter to create a peaceful outdoors space for everyone to enjoy. *(House of Ruth Maryland)*

- Creating cell phone free zone policies and Mindful Mondays in their programs. *(KidzStuff and Sage Wellness Group)*
- Planning and offering a Mindfulness 101 to Staff. *(Pressley Ridge)*
- Creating and facilitating a standing neighborhood "support group" for residents who experienced traumatic events *(Communities United)*
- Sponsoring the 1st Annual Parent & Pediatrician Conference in West Baltimore. *(The Family Tree)*

The following data were collected by teams to help them assess their progress toward achieving **Healthy Communities.**

AIM 5: Increase support for all staff/workers/volunteers of Baltimore's child, family and community programs and agencies related to the impact of trauma exposure and response on their own quality of life, including professional development, family life, work productivity, and satisfaction
Metric #9: Self-report of compassion satisfaction, vicarious growth, workplace positive interactions/negative, etc. each month

Team Progress

- Total Surveys given: **48 reported by 2 teams**
- Actions Taken:
    - Self-Care vision board posted in the staff break room as a reminder to include self-care in their daily activities.
    - Instituted the Trauma box to open up lines of communication and collaboration between staff members.
    - Put more effort into helping staff understand their role and work relative to the mission.
    - Provide the appropriate atmosphere and support for staff if they need to discuss their secondary trauma: when ProQol is administered, EAP will be available for staff.

AIM 6: Foster impact in the community by increasing and improving collaboration, coordination, communication, and respect among Baltimore's child, family, and community programs and agencies to reduce trauma exposure, promote safety, and encourage healthy coping

Metric #10: # of new collaborative relationships developed to support your priorities in this BSC each month

Team Progress

- Total new relationships: **50 reported by 3 teams**

Metric #11: Increase in "trauma-free zones" in the program and the community each month

Team Progress

- Total Zones Created: **27 reported by 6 teams**
- Examples:
    - Remodel of Child & Adolescent Waiting room from a sterile looking environment to a more friendly/welcoming room. Chairs are comfortable, the walls are a pleasant, calming color and there are a variety of books to meet the various individuals in our community.
    - Mindful Mondays
    - Leadership team created and adjusted My Places Therapy Tool – feeling safe during therapy: a tool to not make assumptions about clients feeling safe during therapy.
    - Recreate the Quiet Room in the Shelter.
    - Incorporate trauma discussions during supervision and staff meetings are creating ongoing "trauma-free zones."

Section 3. Unpacking the Work: Lessons Learned from the Process

In addition to the lessons learned about what it takes to build and support a trauma-informed resilient city in terms of the content, the BSC offered a number of lessons learned about the process of making sustainable change in this work. This section shares some of these key lessons as an effort to document some of the unique aspects of this project. These key lessons fall into six thematic areas:

Testing Changes on a Small Scale

Oftentimes when we think about change – especially organizational change – we think it must be large, grandiose, and happen over an extended period of time. But the teams in the BSC reminded us that small changes do not always equal small improvements. While we teach small tests of change (primarily using the plan-do-study-act PDSA method) as a way to make the work manageable and allow teams to see results quickly, we saw time and time again in this BSC that these small tests often have surprisingly large and dramatic results.

Best part of the Learning Session: *"focus on having a plan to initiate some change (PDSA)."*

One of the best examples of this was from the ED PRIDE team, as they began by testing a brief Emotional Temperature Check-in with their students. The test began as a small PDSA – trying out a new worksheet with just a few students first. Based on feedback from the students as well as the teacher, they made adaptations to the worksheet and expanded the test. As they continued this process, some remarkable things began to happen, far beyond the scope of a simple worksheet.

First, this process of "forced mindfulness" seemed to be calming to many students. So while the worksheet was intended to be something of a screening tool, it actually served

as a therapeutic intervention. Second, students began identifying issues that were otherwise unknown to teachers and staff. Thus, it normalized emotions, reactions, and experiences. Third, it helped create a common language between and among students and staff, serving as an unintentional trauma training mechanism. And finally, it led to the development of other classroom needs, such as quiet spaces and a Feel Better Box to respond to students' needs. So this one small test – a simple worksheet – created a sustainable trauma-informed resilient classroom not only for the students, but for the staff as well.

This worksheet is documented in a brief video https://vimeo.com/157500329 (password: trauma) and can be seen in the diagram below.

Morning Meeting for Daily Check-In

Please circle the expression that best describes how you feel right now.

Questions for today	Yes	No
1. I need help to feel better.	Yes	No
2. I need a little time alone.	Yes	No
3. I need to talk with someone.	Yes	No
4. I had a problem at home.	Yes	No
5. I plan to earn my points today by doing my work and being respectful.	Yes	No
6. I plan on being successful today regardless of my feelings.	Yes	No

This type of small change leading to large impact occurred for many teams across the BSC, as they discovered that testing and implementing new practices and processes that allowed for adjustments for improvement often served as de facto training. And opening up conversations and inviting other staff in as partners engaged others from their agencies in this work.

Collaborating Across Teams

We know that we can learn more from collaborating than from working alone, yet we often use phrases such as "*it would be faster if I just did it myself.*" This BSC, however,

reinforced the notion that taking the time to partner and develop meaningful collaborations can pay dividends – both within teams as well as across teams.

Throughout the Collaborative we created intentional opportunities for teams to mix up across agencies and roles. We were not confident, based on the variation of "types" of teams in this BSC, about what would happen, but we suspected the teams would be able to find common ground despite their differences. We had mixed-team breakout sessions that focused on specific topics as well as small group facilitated dialogues on more challenging issues, such as racism and safety. We also created a special "affinity group" for those team members in leadership roles within their agencies. This "Senior Leader" group not only met in person at each Learning Session, but also met between Learning Sessions both in person and via phone.

"The shared energy was restorative and resilience building! Empowerment and resilience. Great teaching tools!"

The all-team calls that were held monthly were another strategy used to facilitate the cross-team collaboration. These calls engaged all participants in topically-focused conversations, with teams invited to share some of the changes they had tested along with their successes and challenges. By doing this, teams not only learned from one another but also developed a sense of cross-team accountability as they collectively problem-solved and found even more common ground.

Because the teams represented such different work, they also found they could benefit from one another's expertise, services, and resources <u>because of</u> their differences. In fact, these relationships and differences actually helped spread the ideas and successes not only across agencies, but also across service sectors. These teams are continuing their work together, as evidenced by the connections at the November 2016 reunion meeting, and are now involved in many other projects within the City. Some examples of the collaborations that developed across the BSC teams included:

- **Advanced Therapeutic Connections** provided support to **Communities United** and created a direct mental health referral pathway for **KidzStuff** families.
- BSC team members from many teams attended the **Communities United** Voter Registration event.
- **ED PRIDE** and **KidzStuff** connected to share, adapt, and spread the emotional temperature check-in PDSA.

- A total of 41 community collaborations were reported as part of the monthly data from teams.

In addition to the collaboration that occurred across the nine teams, the core planning team convened the **Community Collaboration Committee** (see list of members in Appendix D) to partner with other Baltimore City initiatives that share the same vision and are engaged in similar work. Given their leadership roles within the community, Committee members are working to "connect the dots" and integrate information and strategies into other trauma and recovery initiatives. The goal is for a peer-to-peer approach to develop (similar to what happened in the BSC) and support synergy amongst the trauma and recovery efforts in the City. Committee member include CURE Violence, Baltimore's Promise, Zanvyl and Isabelle Krieger Fund, Baltimore City Health Department, Family League of Baltimore, Behavioral Health Systems Baltimore, Baltimore City Public Schools, Thriving Communities Collaborative, Youth Empowered Society, Blaustein Philanthropic Group, Baltimore Child Abuse Center, and Living Well. The members of the core planning team represent The Zanvyl and Isabelle Krieger Fund, University of Maryland School of Medicine and School of Social Work Family Connections.

Leading From Where You Sit

A driving principle of the BSC methodology is supporting teams to develop "*adaptive leadership*" skills and strategies to spread and sustain the work. This leadership style is consistent with a bottom-up rather than a top-down approach to leadership. It invites people to participate in and collaborate in leading the change they want to see, regardless of their official role in the work or the titles they are given.

"We all have different areas of leadership that make us true leaders despite challenges and difficulties."

In fact, in a BSC we believe that every member of the team, whether they are a family member, a staff member, a supervisor, a partner, or a manager, has the power to effect change and lead from where they sit. They simply need the support, as well as skills, tools, and space to step into these leadership roles. More importantly, both implementation science and process improvement work tell us that the most powerful agents of sustainable changes are typically those closest to the work.

Communities United is perhaps the best example of this in our BSC. Although they are a membership organization without many "formal" leaders, every member of the team steps into leadership roles depending on the topic, issue, or project. During the BSC, they were able to share their process of shared decision-making and authentic partnership and the value it has in organizational development and change.

"Great leadership development for our folks, providing a wider view Baltimore services and non-profits."

Our faculty also shared their leadership strategies to increase authentic partnership with community and families. Faculty member and Baltimore citizen **Kim Trueheart** shared her story of deciding to run for City Council President and **Angela Vaughn Lee** attended Communities United's team meeting to support their efforts to partner with families impacted by trauma and mental health concerns. Overall, developing leaders at all levels and supporting their efforts as they step into these sometimes newly found roles was a key success in this BSC.

Building Internal Capacity

Similar to the leadership development, another key outcome of this BSC was the ability to develop internal capacity within the participating agencies and organizations. Rather than giving teams the proverbial fish, we truly focused on building knowledge, teaching skills, sharing tools and resources, and creating lasting connections. These are critical lessons learned from implementation science, as this is the only true way to sustain work.

This work "*Has helped me become a leader!"*

Much of this capacity building was around the content of the work. For example, BSC faculty members initially led trainings related to trauma for some of the participating teams. But these weren't intended to be "once and done" trainings. Instead, the materials were shared with the BSC team members such that they could then carry them forward and train others. ED Pride not only has trained their own staff, but they have spread into other City grants with one of the team's leaders now serving as a lead trauma expert for Baltimore City schools.

"I have been motivated to make a change in my community and organization."

But the capacity building around making change using PDSAs, harnessing the power of leadership at all levels, and recognizing the various opportunities to collaborate around a common vision was also critical. As teams came together for the November 2016 reunion, the knowledge and skills related to these areas were also apparent.

Including Community Partnership Teams

Breakthrough Series Collaboratives are most commonly done in what might be considered "formal" agency settings. The formality comes from having set organizational structures, polices, and procedures, as well as considerable infrastructure, such as training, human resources, and technology. The teams selected to participate in this BSC, however, were intentionally a mix of agency teams and community partnership teams. We had public institutions (school department), private providers (child care center, foster care provider agency), non-profits (health system, mental health clinic, domestic violence shelter, youth-led organization), an advocacy group, and a small community-based, resident-led coalition.

The diversity of these teams from an organizational perspective added a level of complexity to the BSC that was unusual. While defining the "senior leader" on each team is usually fairly standard, this was less straightforward with this group. Similarly, at the point in the BSC when teams are taught to move from small tests of change to sustainable implementation, the conversations were necessarily different as many teams did not have the typical infrastructure, including policies or procedures, to help provide support.

The last challenge based on the diversity among the teams at an organizational level was the lack of similarities of roles across teams. Often in a BSC, teams are split up by role into their associated "affinity groups." For instance, in a child welfare BSC, one affinity group might include social workers from all of the teams, another might include supervisors, another might include foster parents, and another might include managers. But there were no similar roles to group, thus we did not rely on affinity groups in this BSC to create these somewhat natural cross-team connections.

"The best thing was the meeting and joining with other people/organizations, join forces together. Being empowered!"

Despite their differences, or perhaps because of their differences, teams seemed to get a great deal out of hearing from, working with, and learning from one another. They never claimed that another team was too different; instead they often commented on how validating it was to hear similar challenges from different sectors. Moreover, they really found common ground around the values and themes that guided this overall work, especially as it impacted the children, families, and communities they all did have in common.

"I can use the information not only at work but within my church as well."

Two exciting results of this diverse mix of teams included the development of a resource kit for all teams to use as well as a collective call to action at the BSCs formal conclusion. The resource kit included a variety of tools and resources created by the teams and faculty members that could be used to help advance, formalize, and sustain this work. Hard copies were shared at the final in-person Learning Session as well as provided electronically. (The index for this resource kit is included in Appendix E.) And to take final advantage of the collaborative nature of this cross-sector work, the final Learning Session also provided time for the full group to define a vision for a call to action for the City related to this work. This vision was carried forward to the reunion and is continuing to be discussed with a collective voice.

Providing Support to Community Partnership Teams

Because the teams in this BSC were not traditional in many ways, the faculty and core planning team quickly realized that the support provided to the teams needed to respond to those differences. So instead of relying on the more standard all-team conference calls, monthly affinity team calls, and infrequent one-on-one consultation calls, faculty reached out individually to identify what would best meet the needs of individual teams.

Because nearly all faculty were located in Baltimore (only two were not), some faculty members visited teams in person. These visits were sometimes connected to team meetings and other times to broader agency or organizational work going on, e.g., strategic planning. The desire to truly meet teams where they were, rather than where we wanted them to be relative to the BSC process, became a theme in the faculty and planning team discussions.

Our goal was to validate the work done by each team, even when it wasn't necessarily BSC-specific. Yet the more time faculty and planning team members spent with teams, the more we realized that much of the work of teams <u>was</u> BSC-related, even if it hadn't been intended as such. The work naturally being done by many teams focused on trauma and resilience informed work but it often took an outside eye to point that out to the team.

Faculty and planning team members were also able to facilitate in-person Senior Leader sessions per the explicit request of the Senior Leaders themselves. This was quite unusual, as in many BSCs the Senior Leaders have a difficult time identifying a single hour to meet via phone. Yet this group of leaders wanted to continue to work together across organizations and sectors to promote and support their teams.

> *"My preparation for the experience and the ongoing reading, talking and reflecting during and after the formal experience broadened me in useful and uncomfortable ways. I am putting that change into my ongoing teaching, training and I hope, leadership." – BSC Faculty Member*

Perhaps the most defining aspect of the faculty's work with teams was their willingness to do the work side by side. Rather than positioning themselves as just "a sage on the stage" – teaching what they already knew, they took on roles of "a guide by the side." Each individual session at the Learning Sessions was intentionally crafted to minimize didactic teaching and instead focus on collective exploration, discussion, and learning. And each faculty member was willing to do their own personal work and inspire growth in others by experiencing growth on their own.

Next Steps

Although the last formal meeting of the BSC was held in June 2016, a reunion was held in November 2016. This provided an important opportunity not only for reflection, but also for recommitment and reconnections.

"Overall, I am leaving today feeling inspired, empowered, and committed to continuing this work."

Over 40 participants joined this half-day reunion as participants gathered to plan for "what's next" and "how do we keep this work alive?"

Below are some direct quotes from participants as they reflected on their experience in this BSC. These quotes further illustrate the deep impact of and potential for this work on individuals, teams, organizations, and the City of Baltimore.

"The BSC helped with my family…we are reconnecting… everyone is helping one another, even my six year old grandson…If I am teaching my kids and we all pull together it would extend out to other people…We understand the trauma in our family and how to deal with it….Now I can recognize when the kids are going through something, even when they are acting up….and they can talk to me about anything."

~Community Member

"What I noticed after the BSC was truly an awareness within myself that I had a responsibility to acknowledge the gaps in the service delivery……personal responsibility to be a part reshifting and restructuring things,… my responsibility deepened….went beyond my job description….to help lessen the gaps."

~ Agency Supervisor

"[This BSC] Helped me deal with trauma. Before the BSC, I didn't know what trauma was….thought it as getting your head busted and going to the hospital. Trauma can be stress, trauma can be a lot of different stuff…you never know why people are acting a certain way, helped know how to talk to people. So thank you BSC!"

~ Youth Community Organizer

"Now I know who to call… we are impacted by trauma in one way or another, I know for sure with this group when I make a call something is going to happen and you are only phone call away."
~ Family Navigator and Faculty

"I realized that I was minimizing my own fear and my own trauma…a lot of growth, and checks and balances and learning to model balance for my family, staff and community."
~ Agency Supervisor

"Since the BSC…..people in the community came together, had lunch, we cried and we talked about the things we were going through…it made me feel so loved…it has made a difference in my life!"
~ Vice President and founding member of Communities United Ear to Ear Support Group

"A young person is now in directorship….it was huge journey and transition and significant change, older white folks are serving in advisory capacity with the organization and now (the young director) is managing of team and leading of the organization."
~ Senior Leader

"Since the BSC I discovered how trauma affects my work …I now understand that trauma is the toxic waste that comes about because of power…. There are influences everywhere that want to keep things as they are. It is okay to have agencies to go and try to put fires out…….but really if you really want to mess with folks you need to find out who started the fire and where the fire comes from and when you start to deal with that you really make changes."
~ Faculty and Faith Leader

Beyond the BSC, the Collaborative Community Committee is continuing to meet. This is allowing the work to be infused into the many trauma-focused initiatives that are happening across the City. The recognition that this work is not over just because the final meeting has been held is universal. And participants, faculty, and core planning team members are all committed to continuing in whatever realms they can.

List of Appendices

A. Collaborative Change Framework
B. Faculty and Core Planning Team
C. Participating Team Members
D. Collaborative Community Committee
E. Resource Kit Index

Appendix A. Collaborative Change Framework

Baltimore: A Trauma-Informed Resilient City for Children and Families Breakthrough Series Collaborative

Collaborative Change Framework

Overview

In Baltimore City, exposure to trauma and violence is entangled with decades of racial injustice and economic disadvantages. Children, families, and communities' exposure to grief, loss, pain and instability, or violence, and the lack of resources to address basic needs is recognized as a local and national crisis (U.S. Attorney General's National Task Force on Children Exposed to Violence, 2012). Building on eight years of collaboration, University of Maryland, Baltimore (UMB) Schools of Medicine and Social Work, The Family Center at Kennedy Krieger Institute (FC at KKI), and The Zanvyl and Isabelle Krieger Fund are leading a Breakthrough Series Collaborative (BSC) to make Baltimore a more trauma-informed, resilient city.

Since 2007, the partners have:

1) increased awareness of child and family traumatic stress by hosting forums with national experts;
2) developed new and provided existing trauma treatments; and
3) developed, evaluated, and offered training on evidence-based interventions and resources to help improve the lives of children, families and communities impacted by traumatic experiences.

These form a strong foundation for the next phase of work, as awareness, services, research, and training are necessary but not sufficient ingredients to promote healthy and resilient communities. This BSC is designed to bridge the gap between "what we know" (evidence-supported and promising practices) and "what we do" (the limitations our programs and systems place on the ability to practice in these ways). Baltimore teams in this BSC will commit to changing practices to achieve trauma-informed and resilience-based programs and services. Participating teams will develop partnerships and spread practices and resources to transform Baltimore City into a resilient and trauma-informed place for children and families.

The Need

Trauma is an event perceived as a threat to survival or emotional well-being of an individual, family, community, or a culture. Research shows that trauma changes people, families, and communities and can result in a cascade of negative physical health, mental health, and social outcomes (Felitti V.J., et al. 1998; Collins, K., et al. 2010; Substance Abuse and Mental Health Services Administration, 2014). Additionally, it can alter a person's sense of self, their relationships with others, as well as their emotional, cognitive, and spiritual development, often causing ongoing problems in living, learning and working (Cloitre, M., et al., 2009).

Trauma is common in Baltimore City, as Child Health Data estimates that nearly one third of children between the ages of 0 to 17 experienced two or more traumas and adverse life events (Child & Adolescent Measurement Initiative, 2014). Living in communities impacted by racism, racial injustice, and poverty is associated with a pile up of exposure to traumatic events compounded by circumstances that result in health disparities and conditions of inequality regarding justice, employment, housing, education, and transportation (Collins, K., et al, 2010; Centers for Disease Control and Prevention, 2013; Substance Abuse and Mental Health Services Administration, 2014).

Some common types of trauma that children, families and communities in Baltimore experience are:

- Serious illness
- House fires
- Crimes
- Community violence
- School violence
- Sudden loss of a loved one
- Violence within the family
- Abuse
- Neglect
- Homelessness
- Police brutality
- Riots and vandalism
- Incarceration of a family member
- Death of a family member

Trauma can negatively affect individuals, families, and communities. When individuals, families, or neighborhoods are exposed to multiple traumas, it drains resources (time, money, energy) and takes a toll on their ability to carry out day-to-day tasks and function well. When families and communities do not have the support to recover or have a voice in

the institutions that serve them, pathways to seek justice and access quality housing, employment, education, and health services often become fragmented and difficult to access. When breaches in protection or violations in the social contract occur, youth, families and communities must remain vigilant and are often burdened with the hassles and incivilities associated with seeking justice and protection from further harm (*NCTSN Core Curriculum on Childhood Trauma Task Force (2012).*

Decades of research on child and family resilience (the capacity to move forward and grow in the face of adversity) also shed light on the risk and protective factors needed to promote positive outcomes and support continued growth and recovery. Despite years of economic decline and ongoing racial injustice, disparities, and exposure to trauma, many families and communities reach out to each other and offer help even while struggling to overcome their own hardships. When safety and basic needs are met, families can strengthen their social connections and utilize their coping resources so that they can meet their goals and support their children's growth and development.

Strides have been made in understanding how trauma impacts individuals and effective interventions have been developed to address the symptoms of trauma, but only a few examples exist of applying family-informed or community-based approaches to trauma recovery and supporting resilience. Broader approaches that use this community-based perspective need to be implemented to account for the roles that environments and institutions play in giving rise to, maintaining, and further re-traumatizing individuals, families and communities (Goldsmith RE, 2014). This community-based perspective could inform a blueprint for community collaborations that builds on its citizens' and communities' capacity to be responsive, resilient, and resourceful as they strive to strengthen the social contract needed to increase protection, justice and health for everyone (Goldsmith RE, 2014; Walsh, F., 2007; NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). In addition, by including the adaptive and refined coping mechanisms and social and spiritual networks developed by African American families and communities to withstand racial and poverty related stress, healing and wellness would be supported at the community level (Utsey, S. O., & Constantine, M. G., 2008).

The recent events in Baltimore point to the need for change and authentic partnerships with families and communities across the City. The challenges facing Baltimore families and neighborhoods cannot be remediated by one intervention or one agency alone. **A community and family driven trauma and resilience framework is needed to harness the collaborative strengths of families, youth, and communities as well as programs, agencies, businesses, universities and foundations. This will help maximize resources to create change to support recovery and develop opportunities to thrive in the face of complex health and economic problems.**

The Opportunity

Transforming organizations and communities to address trauma and support recovery is known to support children's development and family healing and resilience and shows promise in sustaining quality programs by improving practice, staff retention, and successful program development. The BSC offers a method to develop and test changes that will make lasting improvements in how trauma and racial biases are recognized and addressed and resilience is fostered in programs, organizations, and communities in Baltimore. The BSC methodology uses the strengths inherent in collaboration and partnership to leverage participants' expertise and resources as they identify and address the impact of trauma on families and the community as well as the people who serve its citizens.

Teams that participate in this BSC will become trauma and resilience-informed and focused on recognizing and addressing the negative effects of traumatic exposures at the individual, family and community levels by leveraging family and community strengths to support health, recovery and growth. Families and youth will be able to walk through the doors of participating organizations and have interactions with participating programs and team members and receive high quality trauma-informed, family and community- focused services and supports. Team members will have reliable partnerships with families, communities and other services, using a common language and tools to identify trauma and referral needs, and systematically implementing wellness and resilience practices for consumers and staff.

Teams that participate will learn to adopt family and trauma-informed principles and practices, address racial biases, and prioritize resilience as they design and test realistic practices in their settings to determine what works best for them. This will allow them to sustain the practices over time because they will have emerged from their own collaborative process.

Ultimately, the work of teams in this BSC will serve as a roadmap for other trauma and resilience-based efforts, as participating teams strive to achieve the following **aims**.

AIM 1: Improve how parents, caregivers, and community members are included as authentic partners in decision-making, service/program planning, and policy-making

AIM 2: Increase understanding among families, communities, and all staff/workers/volunteers of Baltimore's child, family and community programs and agencies of how trauma, racism, the legacy of race, and resilience are connected, integrally related, and impact children, families, and communities

AIM 3: Implement program, policies, and practices that promote, support, and strive to address racial biases and achieve racial justice for children, families, communities, and within Baltimore's child and family programs and agencies

AIM 4: Increase receipt of appropriate trauma and family informed care by children and their families who interact with Baltimore's child and family programs and agencies

AIM 5: Increase support for all staff/workers/volunteers of Baltimore's child, family and community programs and agencies related to the impact of trauma exposure and response on their own quality of life, including professional development, family life, work productivity, and satisfaction

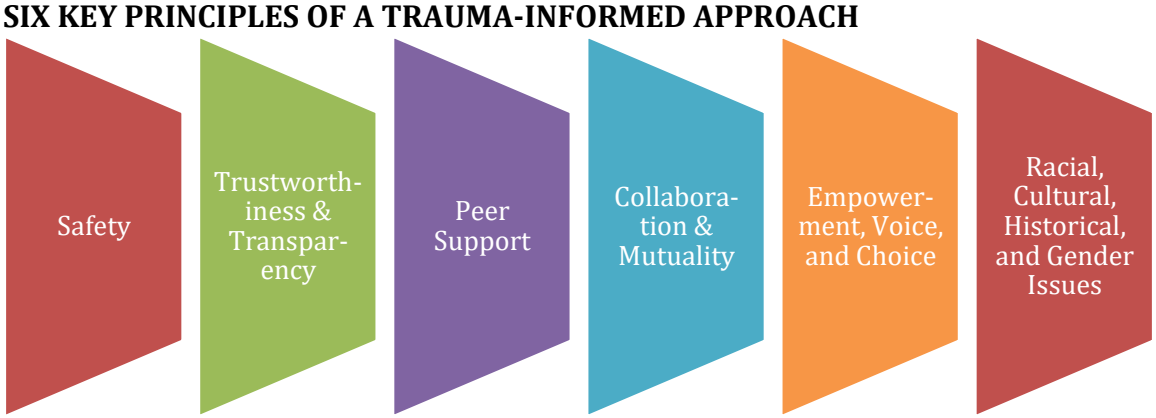
AIM 6: Promote safety, encourage healthy coping, foster community-wide engagement, and reduce trauma exposure and its impacts by increasing and improving collaboration, coordination, communication, and respect among Baltimore's child, family, and community programs and agencies

BSC Scope and Mission

After participating in this Breakthrough Series Collaborative, Baltimore families, communities, organizations and providers will recognize what resilience and trauma are; understand how they each affect children, families, and communities; acknowledge the connections between race, racism, resilience, and trauma; and collaborate, partner, and respond in ways that build resilience, address racial injustices and incivilities, reduce incidences of trauma, respond actively and sensitively when trauma does occur, and ultimately strengthen the children, families and communities within the City.

Values and Principles

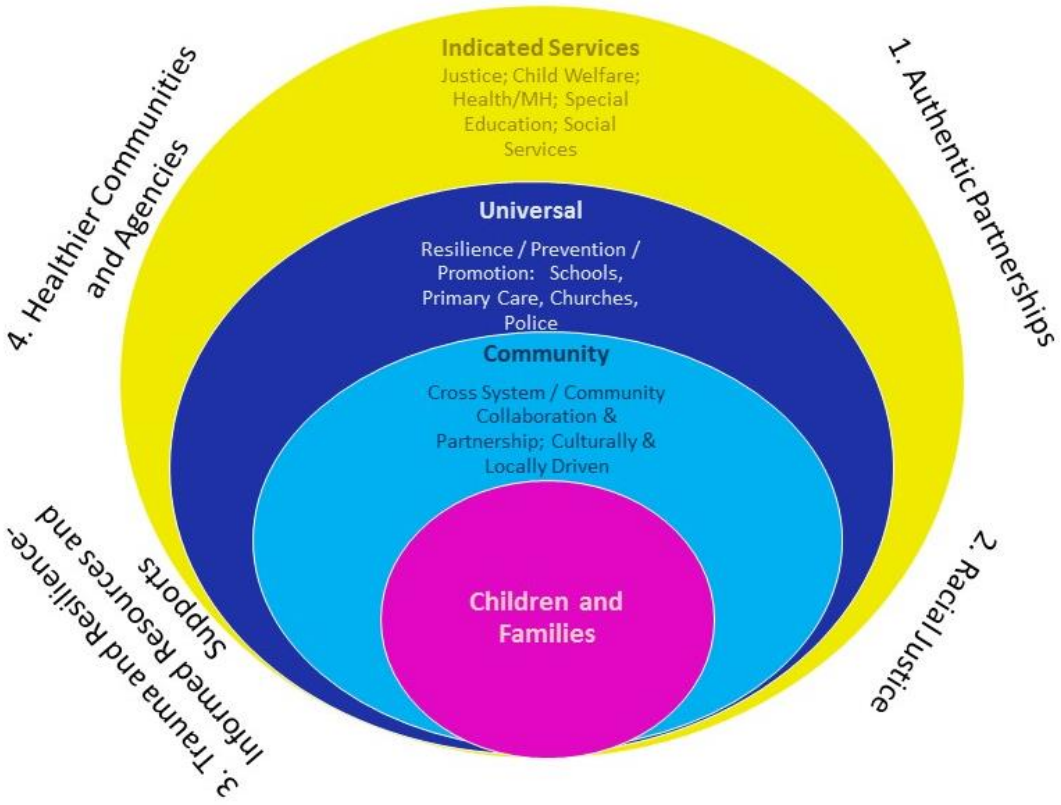
This BSC will be guided by several key values and principles. These values and principles, adapted from Harris and Fallot, will serve as the basis for all work that is done by participating teams as well as within the BSC itself (Harris, Fallot, 2001).



The Framework for Change[1]

The graphic below is intended to illustrate the various loci of impact related to this Breakthrough Series Collaborative (BSC). While the outer circles are no less important, they are intended to reflect the universality of each as they relate to children, families, and communities overall. (For instance, all children and families are touched by schools and primary health care, but only a subset of children and families are touched by child welfare, juvenile justice, law enforcement, special education, behavioral health, etc.) Around the outside are the Framework themes that will serve as the basis of work done by teams in the BSC.

[1] This Framework for Change has been developed using several sources, including: the Boston Public Health Commission's *Trauma-Informed Early Education and Care Breakthrough Series Collaborative*, 2014; Johns Hopkins University's *Pediatric Integrated Care Learning Collaboration*, 2015; National Child Traumatic Stress Network's *Implementing Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative,* 2012.



Each theme in the Framework that follows reflects multiple principles and values in the trauma-informed approach described above. Each theme includes several objectives that can be addressed over the course of a BSC through the small tests of change that teams will conduct. Although the distinction between these themes is somewhat artificial because they are so interconnected, for the purposes of a BSC it has been found to be critical to divide a complex system into 'manageable' and distinct pieces in which changes can be tested.

I. Authentic Partnerships

Partnerships start with "family." "Family" is defined by the family. Other relevant partners may include advocates, service providers, caregivers, and other community groups and members.

A	**Engaging Partners:** We understand one another's individual purposes, work, and contributions. We collectively determine a common purpose and target outcomes for working together. We provide mutual and continuous support to one another as we change and sustain trauma-informed resilient practices.
B	**Establishing Mutual Respect and Trust**: We set and abide by ground rules for how to speak about and listen to others' perspectives.

C	**Valuing Expertise:** We recognize individuals as the experts in their own lives and experiences, and incorporate their expertise into support for themselves, their children, their families, and community.
D	**Honoring Voices - For Us By Us**: Families', youths', and community partners' voices and preferences are prioritized in shared decision-making and integral to shared power.
E	**Using Common Language**: We develop a common language about trauma, resilience, families, communities based on a shared understanding of each. We communicate with this common language to ensure that decisions are made, information is shared, and resources and services are offered in ways that empower families, are transparent, and are meaningful and most helpful to the children, families, and communities being served.

II. Racial Justice

Racism is a trauma and thus must be a focal point of trauma-informed work. Racism includes interpersonal, internalized, institutional and systemic experiences, events and exposures.

A	**Recognizing Life Experiences and Implicit Bias:** We are mindful of how our own family upbringings, personal identities, power, and privilege impact our interactions. We work with others in ways that equitably affirms their race, culture, language, and identities.
B	**Understanding Bias and Inequities:** We collect, review, and use data on race and ethnicity to identify and guide strategies that avoid implicit bias, dismantle racism, and address inequities in agency/organization/program practices, decision making, and outcomes.
C	**Honoring Identity in Physical Environment:** Toys, books, visuals, activities, and our overall physical environment authentically reflect the racial and ethnic diversity of the families served and promotes the self-esteem and resilience of all children and families.
D	**Cultivating and Supporting Leaders of Color and Promoting Economic Equity:** We provide people of color with viable employment opportunities and ensure that employment practices, including pay, hiring, advancement, evaluation, and disciplinary practices, cultivate and support leaders of color.
E	**Promoting and Supporting Racially Just Organizations:** We create transformational learning opportunities aimed at creating and supporting racially just organizations and cultures. We implement initiatives and practices that incorporate restorative justice.

III. Trauma and Resilience-Informed Resources and Supports

Trauma can change people, families, and communities. But although trauma can cause hardships, individual, family, and community strengths can counteract the negative effects.

A	**Developing Knowledge on Trauma and Resilience:** We provide and receive continuous, culturally relevant, plain language training on the impact of trauma on child development, attachment, family development, behavior, and learning. We understand the importance of wellness, self-care, the balance between parent empowerment and children's autonomy, nurturing relationships, community support, and racial justice to develop resilience.
B	**Creating Safe Spaces**: We develop physically and emotionally safe, culturally responsive spaces for children, families, and community members that promote hope, common courtesy, respect, and reduction of triggers, especially related to the grief, loss, pain and instability, or violence they may have experienced. We commit to trauma- and resilience-informed policies and practices, and will be held accountable internally and by the community.
C	**Mobilizing and Increasing Access to Resources:** We have knowledge of and access to community resources and partnerships that build on families' and communities' strengths and needs. When a child, family, or community has been impacted by trauma and needs additional support, we participate in shared decision making processes to identify needs, including logistical barriers and potential resources. We mobilize and thoughtfully link families to prioritized, sequenced services and follow up to make sure the families' needs are met.
D	**Providing Trauma-Informed Consultation and Services**: We are available to listen, learn and respond in culturally responsive ways that support healing and wellness. Trauma-informed evidence based practices, including those that are effective for people of color, are available, accessible, and provided when appropriate.

IV. Healthier Communities and Programs

Healthier communities and programs prioritize the health of children, families, and communities as well as the people working there. "Health" includes physical, psychological, social, and emotional well-being.

A	**Facilitating Prevention:** We foster community level conversations for communities to express and quantify their specific needs, desires, and visions related to prevention, resilience, and trauma.

B	**Supporting a Network of Resilience**: We identify individual, family, community, and program strengths, build leadership capacity and resources, and know how to use strengths and resources when faced with adversity. We actively build the capacity to do this throughout the community, including in all programs and systems that interact with children and families.
C	**Valuing Healthy Staff and Supportive Public and Private Organizations:** We create supportive, positive, sustained environments that value reflection, resilience, and wellness, particularly recognizing the impact on staff of working with trauma-related issues. We develop policies and procedures that ensure organizational cultures and relationships are guided by the core concepts of trauma-informed practice. We create ongoing opportunities for feedback and authentic accountability.

Collaborative Change Framework Citations

Centers for Disease Control and Prevention. *CDC health disparities and inequalities report—United States, 2013.* http://www.cdc.gov/minorityhealth/CHDIReport.html.

Child & Adolescent Measurement Initiative (2014). "*Adverse Childhood Experiences among Baltimore and Maryland's Children*." Data Resource Center, supported by Cooperative Agreement 1-U59-MC0680-01 from the U.S. Department of Health & Human Services. Health Resources & Services Administration, Maternal & Child Health Bureau. Retrieved from www.childhealthealthdata.com. Revised on 10/15/14.

Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. V. D., Pynoos, R., Wang, J., & Petkova, E. (2009). *A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity*. Journal of Traumatic Stress, 22(5), 399-408.

Collins, K., Connors, K., Davis, S., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). *Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions*. Baltimore, MD: Family Informed Trauma Treatment Center**.**

Felitti VJ (2009). *Adverse Childhood Experiences and Adult Health*. Academic Pediatrics. May-June; 9(3):131-132.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS*.* (1998) *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study.* American Journal of Preventive Medicine. 14(4).

Goldsmith RE, Martin CG, Smith CP. (2014) *Systemic trauma***.**
J Trauma Dissociation. 15(2):117-32.

Harris, H. & Fallot, R. D. (2001). *Envisioning a Trauma-Informed Service System: A Vital Paradigm Shift*. New Directions in Mental Health Services, 89, 3-22.

J Am Acad Child Adolesc Psychiatry Aug;52(8):815-830.e14. doi: 10.1016/j.jaac.2013.05.011. Epub 2013 Jun 25.

Kilpatrick, D., Resnick, H., Milanak, M., Miller, M., Keyes, K., & Friedman, M. (2013). *National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria*. Journal of Traumatic Stress, 26, 537-547.

McLaughlin KA, Koenen KC, Hill ED, Petukhova M, Sampson NA, Zaslavsky AM, Kessler RC. (2013) *Trauma exposure and posttraumatic stress disorder in a national sample of adolescents*.

National Task Force on Children Exposed to Violence (US), Listenbee, R. L., & Torre, J. (2012). *Report of the Attorney General's National Task Force on Children Exposed to Violence*. Attorney General's National Task Force on Children Exposed to Violence.

NCTSN Core Curriculum on Childhood Trauma Task Force (2012). *The 12 core concepts: Concepts for understanding traumatic stress responses in children and families.* Core Curriculum on Childhood Trauma. Los Angeles, CA, and Durham, NC: UCLA-Duke University National Center for Child Traumatic Stress.

Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* Rockville, MD: Substance Abuse and Mental Health Services Administration.

Utsey, S. O., & Constantine, M. G. (2008). *Mediating and moderating effects of racism-related stress on the relation between poverty-related risk factors and subjective well-being in a community sample of African Americans*. Journal of Loss and Trauma, 13(2-3), 186-204.

Walsh, F. (2007). *Traumatic loss and major disasters: Strengthening family and community resilience*. Family process, 46(2), 207-227.

Appendix B. Faculty and Core Planning Team

The Collaborative Faculty and Core Planning Team supported the work of the teams and provided ongoing guidance, assistance, and coaching throughout the Collaborative.

BSC Core Planning Team

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Appendix C: Team Member / Participant List

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  - Senior Leader: Ditte Moeller
  - Senior Leader: Hsin-Lun Sanft
  - Day-to-Day Manager: Lindsey Suter
  - Family Partner: Kionna Coleman
  - Family Partner: Rochelle Lynch
  - Psychiatric Nurse Practitioner: Elizabeth Hughes
  - Data Manager: Emily Tarantola
  - Clinician: Yvonne Steward
  - Clinician: Leslie Dalencour
  - Clinician: Peri Cohen

- **Bon Secours Behavioral Health**
  - Senior Leader: Rebecca Blank
  - Day-to-Day Manager: Roxanne Talbott
  - Family Partner: Anthony Warfield
  - Child and Adolescent Psychiatrist: Shin-Bey Chang
  - Mental Health Therapist in Project Engage: Marnie Kahn
  - Mental Health Therapist: Shendi Ramli-Hernandez
  - Mental Health Therapist: Jackie Parker

- **ED PRIDE Program at Baltimore City Schools**
  - Senior Leader: Anisa Stubbs
  - Day-to-Day Manager: Nicole Tschopp
  - Family Partner: Margaret Neal
  - Community Member: Lina Ayers
  - Supervisor: Dana Deise
  - PRIDE Psychologist: Olivia Lewis
  - PRIDE Social Worker: Tamara Casey
  - PRIDE Social Worker: Rhona Bluman
  - PRIDE Social Worker: Nancy Drayden Hebb
  - ED Specialist: Damion Crawford

- ED Specialist: Ernestine Holley
- Social Work Intern: Jazmine Murchison

❖ **Communities United**

- Senior Leader: Jane Henderson
- Day-to-Day Manager: John Comer
- Field Organizer: Perry Hopkins
- Co-chair of Board of Directors: Robinette Barmer
- Secretary of Board of Directors: Christine Cooper
- Secretary of Board of Directors: Trina Ashley
- Secretary of Board of Directors: Deleano Handy
- Treasurer of Board of Directors: Spring Frederick
- Member of Board of Directors: Ronald Jackson
- Member of Board of Directors: Shebra Johnson
- Member of Board of Directors: Vernell Bridges

❖ **The Family Tree**

- Senior Leader: Carolyn Finney
- Day-to-Day Manager: Patricia Barger
- Family Partner: Ulysses Archie
- Clinical Supervisor, Healthy Families: Natasha Peterson
- Coordinator, Family Educator Services: Shirley Stitt
- Community Education Specialist: Mshinda Parvenu
- Family Services Facilitator: Lori Hall
- Community Education Specialist: Joan Stine
- Community Member, Rep. of Baltimore Gift Economy: Eliza Cooper

❖ **New Lens**

- Senior Leader: Zoe Reznick Gewanter
- Day-to-Day Manager: Nikita Mason
- Production Leader: Taylor Evans
- Public Ally: Michael Wills
- Public Ally: Kevin Wellons

❖ **House of Ruth Maryland**

- Senior Leader: Janice Miller
- Day-to-Day Manager: Pia DiSciullo May
- Family Partner: Vida Robertson
- Service Coordination Supervisor at HRM: Kristina Page
- Shelter Supervisor at HRM: Amber Freeman
- Bilingual Service Coordinator at HRM: Lilian Amaya
- Dir. of Adolescent Medicine, Health Care for the Homeless: Lisa Stambolis

❖ **Kidz Stuff Childcare Center/Scarlet Covering and Sage Wellness Group**

- Senior Leader: Tara Doaty-Mundell
- Day-to-Day Manager: Angela Johnston
- Family Partner: Nekesiha Chase
- Family Partner: Nicole Brown
- Supervisor: Margaret Jenkins
- Supervisor: Odessa Doaty
- Direct Service Staff: Peggy Carlton
- Direct Service Staff: Shanika Brooks
- Community Member: Danielle Davis

❖ **Pressley Ridge**

- Senior Leader: Constance Grant
- Day-to-Day Manager: Damon Thompson
- Family Partner: Sharelle White-McKnight
- Program Supervisor, Family Stability Program: Fred Slade
- Director of Clinical Services: Alex Cameron
- Clinical Coordinator: Lisa Sutton
- CEO, Time Organization: Lamont Ellis
- Senior Coordinator, Dept. of Organizational Performance: Dawn Triplett

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Appendix E: Overview of and Index for Resource Kit

The purpose of this BSC Resource Kit is to support your team's effort to sustain and spread improvements in your trauma and resilient supports and practices with youth and families, within your own team and amongst collaborators and throughout Baltimore. We have included the coversheet template and other general resources in the introduction section so that you can keep filling up your tool kit and expanding your team's progress. Keeping with the spirit of the Collaborative, BSC Faculty, Planning Team, Consultants and Team Members have shared tools, practices and resources under all of the sections below.

I. Authentic Partnerships

Partnerships start with "family." "Family" is defined by the family. Other relevant partners may include advocates, service providers, caregivers, and other community groups and members.

- Engaging Families and Youth Tips Sheet
- What Makes a Good Ally Tips Sheet
- Youth Engagement Guide
- Trauma Informed Community Building Guidebook
- Glossary of Common Language for Trauma, Resilience Informed Practice
- Applying SAMHSA Principles of Trauma Informed Care to Consumer Provider Partnerships Tips Sheet

II. Racial Justice

Racism is a trauma and thus must be a focal point of trauma-informed work. Racism includes interpersonal, internalized, institutional and systemic experiences, events and exposures.

- List of video and documentary resources (examples Paper Tigers, Cracking the Codes, etc.)
- Race Power Policy Workbook
- Implicit Bias Toolkit

III. Trauma and Resilience-Informed Resources and Supports

Trauma can change people, families, and communities. But although trauma can cause hardships, individual, family, and community strengths can counteract the negative effects.

- SAMHSA Trauma-Informed Handout
- Trauma Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy (article)
- Trauma Informed Organizational Toolkit for Homeless Services
- Family Informed Trauma Services Tips Sheets a. Trauma and Your Family Checklist, b. Getting Ready for Family Informed Trauma Services

IV. Healthier Communities and Programs

Healthier communities and programs prioritize the health of children, families, and communities as well as the people working there. "Health" includes physical, psychological, social, and emotional well-being.

- Professional Quality of Life Pocket Guide (see example)
- Secondary Traumatic Stress webinar
- An Evidence Framework to Improve white paper

V. Wellness Activities

It is vital to repair to prepare to take care of yourself, your family and your community.

Thank you for all you do to improve the lives of children and families and the citizens of Baltimore.