

## WORKING MODEL as of 1/20/16

# Logic Model: Pottstown Trauma-Informed Community Initiative

### Problem:

- There is a lack of understanding that trauma in early childhood affects behaviors and health outcomes in the present and later in life. This lack of understanding results in inappropriate or ineffective responses to children and youth who have had traumatic or adverse child experiences (ACEs).
- Barriers to addressing ACEs include: lack of knowledge about, access to, and use of community resources. These barriers are cultural, practical (e.g., costs, transportation, location, childcare), and related to a challenge itself (e.g., stigma).

### Resources:

- Pottstown School District & relationships within the community
- Pottstown Trauma-Informed Steering Committee
- Pottstown families and caregivers
- Established community partnerships & connections
- Pottstown Early Action for Kindergarten Program
- Police Department and Community Health Services-Collaborative
- Tri County Health Council (Community Health Services, Community Health and Dental Care, Pottstown Area Health & Wellness Foundation, & Hospital)
- Cluster of Religious Organizations
- Salvation Army & SA Homeless Shelter
- Family Advisory Committee
- Institute For Family Professionals
- Montgomery Early Learning Center Professional Development Dimensions
- Funders: W.K.Kellogg Foundation Community Innovation Zone Grant, Pottstown Health and Wellness Foundation, United Way GPSWNJ, United Way Montgomery County
- Strong Kids In Pottstown
- Pottstown Family Center (Bilingual Outreach Specialists)
- The Library

### Objective:

- To create a culture of safety, understanding, and care in the community that addresses the short and long-term impact of ACEs.
- To establish a comprehensive network that includes learning communities, communications, and a network of providers that offer education and supports to address the barriers to effective responses to ACEs.
- The network should include first responders, professionals that spend time with children, family members, providers and resource networks, and general community members.

## Activities

### Building a System of Trauma-Informed Networks

- Identify opportunities for collaboration and involvement with existing networks (as identified in the resources)
- Complete a community needs and resource assessment of community members, providers, barriers, & interventions
- Identify opportunities for leveraging key Pottstown stakeholders using the Steering Committee to increase and improve resources
- Develop a process for updating key Pottstown stakeholders on activities
- Develop a community-wide "referral" protocol/resource hub
- Provide supports to promote self-awareness and self-reflection in order to build a trauma-informed community

### Establishing a Trauma-Informed Learning Community

- Provide in-depth training on trauma and its effects for members of the Steering Committee/Task Force to ensure that members have a common knowledge base
- Provide Institute for Family Professionals Trauma 101 training to the Early Childhood Education network and the Pottstown School District
- Provide Institute for Family Professionals Trauma 101 training to agency partners and community stakeholders to develop buy-in and promote collaboration
- Provide in-depth training on trauma and its effects to those interested after completing the Trauma 101 training
- Provide topic-specific parenting classes to families and caregivers that have ACEs and trauma as a base of information (with childcare and transportation provided)

### Building Effective Communications

- Create a general message about ACEs and exposure to early trauma that will help to drive specific messages for target populations
- Identify target populations, including: human service professionals, school personnel, and families
- Develop messages for each of the target populations
- Identify existing relationships as outlets for a campaign, including newspapers, television and radio, and current social media
- Disseminate messages for each of the target audiences (human service professionals, school personnel, and families)

## Outputs

### Building a System of Trauma-Informed Networks

- Number of linkages/ties within the Network, including within specific groups (e.g., Steering Committee)
- Strength of Network linkages/ties, including within specific groups
- Number of public information events held for key Pottstown stakeholder groups
- Development of a community-wide referral protocol in Pottstown that is used by Pottstown human services professionals, school personnel, and other groups
- Number of referrals made within Pottstown that use a common referral protocol

### Establishing a Trauma-Informed Learning Community

- Number of Trauma 101 trainings provided to: family members/caregivers, steering committee members, agency partners/providers, community stakeholders, Pottstown School District, and early childhood educators
- Number of Trauma 101 attendees from the following groups: family members/caregivers, steering committee members, agency partners/providers, community stakeholders, Pottstown School District, and early childhood educators
- Number of "other sponsored," trauma-related topic-specific trainings provided to: family members/caregivers, steering committee members, agency partners/providers, community stakeholders, Pottstown School District, and early childhood educators
- Number of family members/caregivers, steering committee members, agency partners/providers, community stakeholders, Pottstown School District, and early childhood educators who attend "other sponsored" trauma-related, topic-specific trainings
- Number of in-depth (ex. 15hrs Institute for Family Professionals), trauma courses provided to: steering committee members, agency partners/providers, community stakeholders, Pottstown School District, and early childhood educators
- Number of steering committee members, agency partners/providers, community stakeholders, Pottstown School District, and early childhood educators who attend in-depth trauma course
- Number of trained providers available as a resource to the learning community

### Building Effective Communications

- Number of different target populations that will need a specific message about the initiative
- List of specific contacts that can be leveraged to assist in creating, disseminating, and marketing messages to targeted groups
- Number of different media to be used for messages for targeted groups
- Development of specific messages about the initiative to targeted groups
- Number of messages disseminated to specific groups

## Outcomes

### SHORT-TERM (within 1 year)

#### Individual

- Increased knowledge about ACEs and trauma in targeted groups
- Increased capacity of targeted providers to recognize trauma-related challenges in themselves
- Increased self-awareness, self-reflection, and adjustment in response to problematic behavior in targeted groups

#### Community (School and Family, ECE)

- Increased family engagement in schools
- Reduced disciplinary actions in schools

#### Systems

- Increased tracking of the use of trauma-informed services (housing, behavioral health, physical health)

### INTERMEDIATE-TERM (within 1-5 years)

#### Individual

- Reduced stigma about help seeking for ACEs and trauma
- Reduced judgment about behaviors that may be attributed to ACEs and trauma

#### Community (School and Family, ECE)

- Improved academic outcomes for children
- Reduced special education costs

#### Systems

- Increased utilization of appropriate trauma-informed services (housing, behavioral health, physical health)
- Improved trauma-informed continuum services

### LONG-TERM (within 5-10 years)

#### Individual

- Increased effective communication among individuals
- Improved interaction among individuals

#### Community (School and Family, ECE)

- Reduced transiency for families with school-aged children
- Further reduced special education costs
- Reduced juvenile recidivism
- Reduced crime
- Reduced domestic violence

#### Systems

- Further increased utilization of appropriate trauma-informed services (housing, behavioral health, physical health)
- Further enhancements in the trauma-informed continuum services