

# Kaiser Permanente Community Benefit Programs Youth & Trauma-Informed Care in the Community 2017 Evaluation Findings

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Prepared by:



LEARNING *for* ACTION

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# About Kaiser Permanente Community Benefit Programs

The Youth & Trauma-informed Care grant program and this evaluation were funded by Kaiser Permanente, as part of their investments to prevent violence and promote healing across Northern CA communities. As one of America's leading health care providers and not-for-profit health plans, Kaiser Permanente's community investments are focused on eliminating health disparities with support for programs and services that expand access to care; build healthy, safe environments; and advance health knowledge. Kaiser Permanente is committed to helping shape the future of health care through innovation, clinical research, health education, and community partnerships.

# About Learning for Action

Established in 2001, Learning for Action is headquartered in San Francisco's Mission District and has an office in Seattle, Washington. LFA's mission is to enhance the impact and sustainability of social sector organizations through highly customized research, strategy development, evaluation, and capacity-building services. LFA's approach is based on rigorous data collection while grounded in a community perspectives to catalyze social change. We aim to support structural change that addresses the underlying root causes of inequities so that all members of our communities have access to the opportunities they deserve for productive, healthy, and meaningful lives.

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# Report Overview

The Youth & Trauma-Informed Care in the Community Evaluation memo is organized into the following sections:

## 1. About the Initiative and Evaluation

An overview of the Youth & Trauma-informed Care (YTIC) in the Community Initiative, the Theory of Change, and the grantees who were funded through the initiative. This section also includes a description of the purpose of the evaluation, research questions that guided the work, and methods used to gather data.

## 2. Grant Accomplishments

A report of the accomplishments of the YTIC in the Community Initiative on mental health services, staff wellness, training, policies and practices, and infrastructure

## 3. Appendices

**Appendix A:** YTIC in the Community Theory of Change

**Appendix B:** Complete Quantitative Grant Data

# About the Initiative and the Evaluation

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About the Initiative

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Grantee Overview

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Evaluation Purpose and Research Questions

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Evaluation Methods

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# About the Initiative

## Background of the Initiative

Kaiser Permanente Northern California Region—Community Benefit Programs (KPCBP)'s Youth and Trauma-informed Care grant program (YTIC) was launched in 2014 as a strategy for addressing youth trauma and community violence by focusing on prevention as well as healing. The initiative's first set of grants supported 20 organizations serving youth in school-based and community-based settings. In 2016, KPCBP awarded two sets of grants under the YTIC initiative: to eight community-based organizations serving youth who are homeless, in foster care, truant, or otherwise especially vulnerable and disconnected from schools; and to 15 school-based organizations, including two school districts.

## Theory of Change

The Youth and Trauma-informed Care in the Community grants were awarded in alignment with the following beliefs, strategies, and goals:

We believe that relationships, trust, safety, and mindful interactions are central to trauma-informed care

- The effects of trauma on youth are often misunderstood and misdiagnosed. A trauma-informed approach to serving youth will foster healing, increase resilience, and reduce future trauma.
- Youth-serving organizations are uniquely poised to identify and respond to trauma in youth.
- Staff of youth-serving organizations are at risk for experiencing high stress, burnout, compassion fatigue, and even vicarious trauma.
- **Investing in training and capacity building, trauma-informed mental health services, staff support and wellness, and infrastructure enhancements will lead to: shared understanding about trauma-informed care and the effects and symptoms of trauma; healing relationships; a thriving workforce; and restorative spaces.** Those outcomes will contribute to a trauma-informed environment in youth-serving organizations and positive changes in youth that will enable youth to lead successful lives.

See Appendix A for the full Youth and Trauma-informed Care in the Community Theory of Change.

# Grantee Overview

## The following community-based organizations participated in the 2016-17 YTIC in the Community Initiative:

- **Another Choice, Another Chance**  
Another Choice, Another Chance is a Behavioral Health Care Clinic specializing in services for youth ages 12-19. Their mission is to reduce the incidence and prevalence of substance abuse, mental health and other behavioral health disorders among youth and families.
- **Covenant House**  
Covenant House California (CHC) is a non-profit youth homeless shelter that provides sanctuary and support for homeless and trafficked youth, ages 18-24.
- **First Place for Youth**  
First Place serves foster kids who have the greatest needs in the community, helping them find their way as adults and build a foundation for a bright future.
- **Huckleberry Youth Programs**  
Huckleberry's mission is to educate, inspire, and support under-served youth to develop healthy life choices, to maximize their potential, and to realize their dreams.
- **Instituto Familiar de la Raza**  
The mission of Instituto Familiar de la Raza (IFR) is to promote and enhance the health and well-being of Chicanos/Latinos and multicultural/multiracial youth.
- **KidsFirst**  
KidsFirst is a child abuse prevention agency operating family resource centers in Roseville and Auburn, CA.
- **On the Move/VOICES**  
On The Move (OTM) develops young leaders by building exceptional programs that challenge inequities in their communities. OTM designed VOICES as a youth-led community center to address issues facing youth aging out of the foster care system who have very few resources.
- **StarVista**  
StarVista delivers high impact services through counseling, skill development, and crisis prevention to children, youth, adults, and families. The GIRLS program serves at-risk, adolescent girls with complex trauma in the juvenile justice system.



# Evaluation Purpose

Kaiser Permanent Community Benefit Programs (KPCBP) engaged LFA in 2014 to conduct a formative evaluation of the first year of their Youth & Trauma-informed Care (YTIC) grants program. This evaluation of the 2016-17 YTIC in the Community Initiative built upon the lessons learned from the formative evaluation, and began with a Theory of Change process. The KPCBP YTIC in the Community Theory of Change (Appendix A) codifies KPCBP's assumptions and beliefs about trauma-informed care, and outlines strategies for achieving the outcomes and ultimate impact the initiative seeks to foster. This evaluation explores the ways that grantees supported the wellbeing of youth and staff through direct service, training, and consultation, and measures changes in awareness, knowledge, skills, practices, and policies as a result of grantee activities.

## Research Questions

The following research questions were developed in conjunction with the YTIC in the Community Theory of Change (Appendix A). These questions served as a framework to guide the evaluation and to enhance understanding about the work of each grantee.

- 1. How did the grants enhance youth mental health services?**
- 2. What are effective ways to support staff wellness and address vicarious trauma?**
- 3. How did grantees implement training?**
- 4. How did training change staff knowledge and skills?**
- 5. What changes in policies, practices or services at grantee sites are occurring because of changes in knowledge about trauma-informed care for youth?**
- 6. How have infrastructure enhancements contributed to more restorative spaces?**
- 7. What factors common to high-need youth (homeless, in the foster care system, truant) can inform our prevention and service delivery systems?\***

\*While research question seven was initially included as part of the evaluation framework, it was determined by KPCBP that this area of inquiry was no longer a priority for inclusion in the evaluation, and is therefore not included in this memo. For more information, see the Adjustments to Evaluation Strategy section on slide 9.



# Evaluation Methods

The data for this evaluation were obtained and analyzed through the following methods:

## Adjustments to Evaluation Strategy

As KPCBP began planning for the next phase of the YTIC Initiative, it was determined that the Evaluation of the YTIC in the Community Initiative would be scaled back to focus more narrowly on documenting the grant activities. As such, the data collection instruments described here, the Training Logs and the End of Grant Survey, address research questions one through six in less depth than a more comprehensive evaluation. Additionally, research question seven was removed as an area of inquiry, and is therefore not explored in this memo.

## Data Collection

### Training Logs

Grantees provided information regarding any trauma-informed trainings they conducted or coordinated, including the topic of the training, and the number of attendees, both within and external to the grantee organization.

### End of Grant Survey

The End of Grant survey gathered grantee data related to grant activities, including youth mental health services, staff support, and trauma-informed trainings. The survey also explored grantee perspectives on changes as a result of the grant in terms of youth experiences, staff wellness, organizational policies and practices, and infrastructure.

## Data Analysis

### Statistical Analysis of Quantitative Data

Quantitative data from the Training Logs and End of Grant Survey was managed and analyzed using the Statistical Package for the Social Sciences (SPSS) software. Basic means and frequencies of responses to survey questions and training log data are reported in Appendix B: Complete Quantitative Grant Data.

# Grant Accomplishments

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Enhanced Mental Health Services for Youth

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Staff Support and Wellness

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Trauma-informed Training

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Infrastructure Enhancements

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Changes in Policies and Practices

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Shifts in Organizational Culture

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Challenges to Enhancing Organizational Culture

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# Introduction

The KPCBP Youth & Trauma-informed Care in the Community initiative seeks to foster healing and enhanced outcomes for youth who may be disconnected from their school environments, where they might otherwise receive trauma-informed services. Grantees in the YTIC in the Community initiative serve youth who are homeless, in foster care, or who are truant. This section describes the Grant Accomplishments in each of the five core strategies areas for fostering trauma-informed care, as established in the Theory of Change (Appendix A).



### **STRATEGY 1: Mental Health Services for Youth**

Mental health services is one of the core components of trauma-informed care for youth. Grantee organizations provide a range of services to youth, including: individual therapy, youth support groups, mentoring, and family support services.



### **STRATEGY 2: Staff Support and Wellness**

Building on the lessons learned from the formative evaluation of the 2014-15 YTIC grant initiative, the 2015-16 YTIC initiative included an increased focus on supporting staff who serve youth, including increasing awareness of vicarious trauma and building coping skills for managing its effects.



### **STRATEGY 3: Trauma-informed Training**

A critical component to providing trauma-informed care is ongoing training for those who are working with youth. Grantees trained their own staff, providers at partner organizations, and youth, to enhance awareness and understanding of the effects of trauma and strategies to engage with youth in a more trauma-informed way.



### **STRATEGY 4: Infrastructure Enhancements**

Learnings from the 2014-15 YTIC initiative revealed that there were opportunities for many organizations to enhance their spaces to be more trauma-informed. Infrastructure enhancements include designated program and meeting spaces that evoke an atmosphere of wellness, safety, and healing.



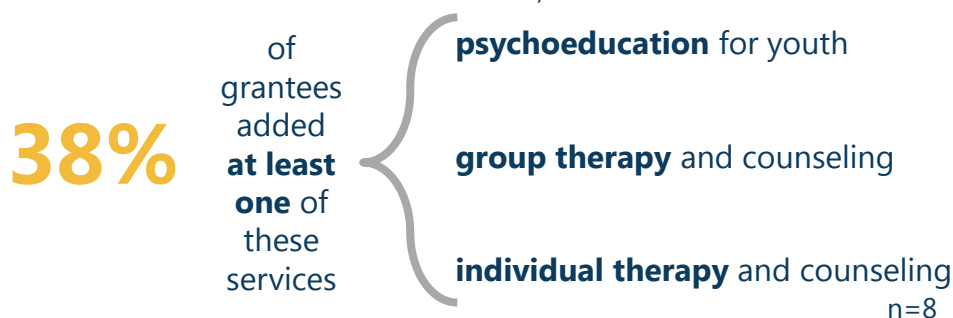
### **STRATEGY 5: Cultivating Trauma-informed Organizational Cultures**

Creating more trauma-informed organizations requires a shift in the way that individuals and systems engage with youth. This includes ensuring that policies and practices are trauma-informed, promoting safe, trusting relationships that put the youth's wellbeing first, and creating more opportunities for youth voice and choice.

# Enhanced Mental Health Services for Youth

The 2016-17 YTIC in the Community grant initiative supported enrichments to mental health services to ensure that youth have access to robust trauma-informed services on-site.

Organizations used YTIC funding to sustain previously implemented mental health services as well as augment existing services and add new services. Of the new services added, the most common were:



In addition to increasing the types of services offered, organizations also increased the **number of referrals** they made for youth to on-site mental health services and the **number of youth served** for on-site mental health services in 2016-17.\*

Some of the family therapy sessions were profoundly moving and **the clinical team's confidence level in their family therapy skills significantly increased as the families made visible progress.** These changes also contributed to the team having a high level of morale in what has been a challenging year with limited support available for the interns.

**We have been able to build our capacity to treat youth over 17 years old to age 25, which are still formative years in dealing with trauma and stress.** We have been able to add EMDR therapy to our trauma modalities to better structure the best treatment plan based on individual needs. We have been able to expand our trainee program with the added space to help promote learning and provide a variety of perspectives from a greater/larger pool of therapists/trainees.

## Changes in Youth Experiences in School

One of the desired goals of YTIC for increasing and enhancing mental health services was to see how these changes affected youth and their success in school. While not all of the YTIC in the Community grantees served youth who were in the school system, many of the organizations who were able to track this data reported a **reduction in suspensions and expulsions among the youth they served in the last year, and no organizations reported an increase in suspensions or expulsions.\***



\*Based on responses to the End of Grant Survey. Please see Appendix B.

# Staff Support and Wellness

To help alleviate vicarious trauma and support staff to better incorporate trauma-informed practices into their work, the YTIC grant enhanced staff wellness through training, policy changes, additional time or resources for self-care, additional funded staff hours, and improved administrative systems.

The most common types of supports that organizations added during the grant were:

**63%** of organizations **changed internal policies** to better support staff during times of stress

**50%** of organizations **improved administrative systems** and processes to reduce burden on staff

**50%** of organizations **added staff training** to better identify and understand vicarious trauma (the remaining 50% of organizations already provided these trainings)

n=8

[We have implemented] wellness activities for both staff and residents to participate in, we are providing more groups and outings aimed at wellness, weaving wellness goals into the case plans, and discussing staff wellness at more meetings. **We have shifted the culture to emphasize wellness and self-care** and staff now expect to be asked about it in meetings as well as in supervision. **The culture expects that each staff and resident have an active plan for how they will keep themselves well!**

I think the training has helped validate what we had already been working on in terms of supporting staff's work with the youth by investing time in creating a team that understands the importance of supporting each other. It became clear a number of years ago that **unless we first invest in the staff in terms of training and creating a supportive team, that we would not be able to create a trauma-informed environment for the clients.** This year our team has been willing to take on extra tasks to support each other, has worked on setting healthy boundaries for self care, socializes more together and functions better as a team.

**We have encouraged staff to take care of themselves and use their sick days if needed,** to take care of their wellness, and use them to go to the doctors and get needed check-ups and treatment. **We want to make sure that our staff are not too busy caring for others to care for themselves.**

# Stories of Success in Staff Support and Wellness

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During the reporting period there has been an increase in supervision and group time being utilized to discuss vicarious trauma, countertransference, issues that arise for staff while working with clients. Staff have had more attention on self-care for themselves. Little changes like not accessing email during time off and weekends has been noted among staff as a positive change. **During an age of electronic access and dependence, it's important that our staff are reminded that they need time to disconnect and unplug from work.** This is a small yet hugely impactful change in self-care and development of boundaries within the staff. Though staff are experiencing an increased volume of clients and are seeing a high level of trauma amongst clients, **staff are very actively engaged in discussions regarding wellness and self-care**, and this has resulted in improvements in their sense of well-being.

The grant made an enormous difference to our work at a very difficult time for the team. It helped us improve the quality of our family therapy and improve the collaboration within the multi-disciplinary team (MDT). Both of these are vital aspects of our work with the youth. It also **helped our team have a very high morale at a time when, with the loss of funding and reduced supervision and management hours, the morale could have been very low.** Although it may be hard to measure, I imagine the high morale within the team had a significant impact on the effectiveness of the services provided to the youth.

# Trauma-informed Training

Grantees provided trainings on a range of topics related to trauma-informed care to enhance understanding and encourage the development of more trauma-informed approaches to engaging with youth and with each other.

2,226

individuals participated in trauma-informed care trainings conducted or coordinated by grantee organizations over the course of the 2016-17 grant year.

1,157

grantee program staff attended trauma-informed trainings

136

trainings were coordinated or conducted by grantees

n=8

Community-based grantees coordinated, conducted, and participated in trauma-informed care trainings on a variety of trauma-related topics to ensure their staff were equipped with the level of understanding necessary to support youth. Half of organizations (50%) added trainings for staff during the grant, and the remainder continued to offer trainings that they had begun offering prior to the grant. Trainings for youth were less common, but one organization added these trainings during the grant, and two conducted trainings for youth both before and during the grant.

**Grantees provided training to staff on the following topics during the grant:**

- Vicarious trauma: signs, symptoms, and ways to alleviate stress
- Trauma history, within family and community contexts
- Family therapy
- In-depth trainings on youth behavior and other symptoms of trauma
- EMDR therapy and other evidence-based practices to address trauma

We have partnered with the International Trauma Center in order to receive the needed training to become a trauma-informed program. With **56 hours of training, 2 days of on-site support and 10 hours of technical support**, we have been able to increase capacity to integrate new policies and procedures at both centers.

As a result of the grant, our staff and members of the multi-disciplinary team felt supported in a way that we have not before. **The training on vicarious traumatization was so well received that San Mateo County is investigating the possibility of repeating it county-wide to hundreds of participants.** Many of the participants reported that it was the best training they had ever attended. I think this training was particularly successful because the trainer did such a wonderful job of teaching in a way that everyone could understand and relate to.

# Infrastructure Enhancements

The 2016-17 YTIC in the Community grant initiative included an option to undertake infrastructure enhancements to support the principles of trauma-informed care within organizational spaces.

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grantees implemented infrastructure enhancements as part of the 2016-17 YTIC in the Community grant

Infrastructure enhancements undertaken by grantees included:

- **Redecoration of spaces to be more youth-friendly and trauma-informed**, creating a calmer environment that supports healthy coping.
- Addition of **trauma-informed resources and tools in meeting spaces** to ensure youth are supported in healing such as:
  - Water and snacks
  - Himalayan salt lamps
  - Stress balls and other tools for mindfulness or stress-reduction
- **Equipment (such as computers) and other resources to provide opportunities for youth** engagement and academic support
- **More comfortable, more functional, and quieter work areas** for grantee staff
- **Cultivation of gardens** at one grantee's sites to provide fruit, vegetables, and flowers for the enjoyment of staff and youth

We **re-decorated our spaces to be youth-friendly and trauma-informed**. The selection of colors and art were done intentionally to evoke inspiration and peacefulness and to add a calming effect to the space. To enhance the youth space, we have added **stress toys and activities**, including "Questions in a Box" **to promote healthy coping mechanisms and inspire conversations**.

We made enhancements to staff spaces in a myriad of ways. Each room has access to **trauma-informed props** (peacock feathers, stress balls, PlayDoh, etc). In addition, each meeting space has **water and nutritious snacks available**. Himalayan salt lamps have also been introduced to soothe and energize staff. Both centers have begun growing fruits, vegetables and flowers in the **gardens** for access to nature as well as healthy sustenance during the workday.

We used the infrastructure funds to create **enhanced and functional cubical space for staff**. This allowed for utilizing space to best meet the growing needs of the agency, and create a **better working environment for staff**. The new cubicle space was designed to add temporary work space for therapy trainees and interns, and as a result we were able to increase the number of therapy trainees and interns. In addition, we were able to **add an extra therapy room**, which allows us to see more clients and reduce or waitlist for therapy.



# Changes in Policies and Practices

Grantees reported the following changes in their organizational policies and practices over the grant period:

## Changes to staff support include:

- Greater attention to and support for wellness and vicarious trauma among organization staff
- Enhancing performance review tools to better understand the wellness and support needs of staff and to better respond to vicarious trauma
- Developing personal safety plans for staff detailing self-care practices, mindfulness activities, and a plan for coping with emergent stressors

## Changes to trauma-informed training include:

- Providing more trauma-informed trainings for staff, including topics such as historical and cultural trauma
- Providing training on mindfulness for staff and youth
- Incorporating trauma-informed trainings into new staff onboarding

## Changes to therapeutic practice include:

- Redesigning intake processes to incorporate a trauma-informed lens
- More inclusivity in gender identity and sexual identity in intake paperwork
- Engaging more family members in supporting youth, and addressing challenging areas directly with members of the youth's family
- Implementing a new trauma screening tool to better understand the extent and impact of trauma on youth
- Updating resources regularly to ensure accurate and accessible information for youth support
- Securing contracts with other mental health service providers to ensure youth are able to be connected with the services they need
- Partnering with other agencies to ensure trauma-informed wrap-around services are available to youth

We have **improved performance review materials to better understand the support and wellness needs of staff** and we continue to develop agency guidelines for responding to vicarious trauma in staff. Staff have received more trauma informed training opportunities and ways to **incorporate a trauma -informed, vicarious trauma lens in supervision** and group time. We have implemented monthly reports from staff that involve self-evaluation of level of stress and self-care. This is used as a platform for discussion in individual supervision.

The grant allowed us to prepare **a nine-month training to address the organization's roots, historical trauma, vicarious trauma, trauma encountered in the Chicano/Latino/Indigena community** (among immigrants, youth, etc.), **how the agency becomes more trauma-informed**, and trainings for various staff.

We were able to increase attention to incorporating **trauma-informed training into routine onboarding** and refresh this training for other staff. This included a **full-day mindfulness training for staff**, with half of the day devoted to **self care** and the other half devoted to learning how to use **mindfulness with youth**.

# Stories of Success in Policies and Practices

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A major project we undertook was to **redesign our intake process from start to finish, looking at it through the lens of trauma-informed care**. We assessed what information was essential during which phase of engagement, significantly decreasing the questions asked at the outset, and coordinating with staff to ensure that youth were not asked to continue to share potentially re-traumatizing information. We also broke up the questions to not ask a youth to share too much information at once. We also started inviting potential residents on-site to meet face-to-face, so relationship building could begin with program staff, youth could see the building that they would be living in, and so they could be better informed about the program and what would be required of them. **We have seen that this has improved their initial adjustment and stabilization period in our program. We believe these changes to help make our processes more youth-centered and trauma-informed.**

Promoting a **positive, strengths-based, patient engagement** with clients helps staff to pace the work for themselves and participants. **One goal is that this will reduce staff turnover and increase youth outcomes.**

# Shifts in Organizational Culture

Grantees reflect on the positive changes they have observed in their organizational culture over the past year as a result of their grant activities.

- **Greater awareness and better understanding of the role of trauma in the lives of their youth, as well as the impact on staff.**
- **Enhanced understanding of the importance of self-care** to address vicarious trauma, cope with stress and avoid burnout.
- **Enhanced focus on wellness and self-care at the organizational level**
- **More formal wellness and self-care plans for staff and youth**
- **More integration of mindfulness activities within the culture** of grantee organizations
- **More opportunities for staff to interact with one another and build community**
- **Greater mindfulness in staff interactions** with their colleagues and the youth they serve
- More shared understanding of trauma has led to:
  - **Greater alignment of staff with organizational mission**
  - More **trauma-informed interactions with youth**
  - **Enhanced collaboration** among staff
  - **Greater focus on understanding trauma history when collaborating** among staff to provide the best possible care for youth

Each training session includes small group discussions comprised of individuals from different programs throughout the agency. Given that our organization has grown to 95 staff, **this allowed staff to engage with colleagues they don't usually have occasion to share thoughts and ideas with, resulting in increased community building.**

Our administrative staff, in particular, have benefitted greatly from trainings on trauma as they understand more fully their role in clients' recovery and healing. This also has the added benefit of unifying staff more fully around our organization's mission.

There is **increased self-awareness** and self-monitoring **by staff**. There is also more playful use of time off to regenerate.

We have noticed that staff members are present in both body and mind. **Staff feel more appreciated and work space is conducive to productivity and healing.** The work environment has been **more collaborative** and departments are **communicating better** with one another. There is a **feeling of cohesiveness** between the therapists and case managers as they work to support to families. We were able to host a retreat for the therapists and case managers where they could re-energize and work on team building.

# Stories of Success in Organizational Culture



Below, and on the slides that follow, grantees share ways the YTIC in the Community initiative supported shifts in organizational culture. These include: a greater understanding of vicarious trauma; more resources and greater intentionality toward self-care; enhanced collaboration among staff; and incorporation of the concepts of healing, resiliency, and trauma-informed approaches throughout the organization.

The **training on vicarious traumatization** that we put on as part of the grant funding **was very effective in helping each member of the multi-disciplinary team (MDT) understand how much they have been impacted** by working with youth who have experienced significant trauma. I think this **helped us see as a team how crucial it is that we both take care of ourselves** as an important part of our work **and also how vital it is that we support each other in order to prevent burnout** and how that affects our work with the youth. Doing the training with just the multi-disciplinary team was also helpful in **teambuilding** - there was a sense of us being in this together, which contributed to everyone with their different role in the team collaborating. We have been working for a few years now on how to improve the collaboration within the MDT and this training felt like a good step forward. This year, the MDT members have generally been **kinder to each other**, have more fun together - there have been MDT meetings where everyone has been laughing, which never happened before. We have been **more patient with each other** and the non-clinical staff utilize more trauma-informed interventions and collaborate more than in the past. **I think one of the most significant lessons is how vital it is for both the success of the youth as well as for our own well being that we collaborate closely together.**

**We emphasize healing and resiliency through a restorative model.** We expect that young people are going to make mistakes, endure setbacks, and have struggles with staff, peers, and themselves. We have created an atmosphere where young people can admit and talk about their mistakes, learn from them, restore relationships with others as needed, and continue on in a stronger manner. Examples include making space for staff and youth to talk through difficult interactions after the fact, with the intent of repairing the relationship, making space for youth to repair relationships with each other, and using language that supports a young person's strengths and confidence in their ability to bounce back and build their resilience. **We also integrate into our culture the idea that healing is available for the trauma that one has endured.** We lovingly address areas in a young person's life where the need for healing is evident by the difficulties they are experiencing. Where there is an opportunity for healing, several different options are discussed and offered, and staff will most times accompany youth to take that first step in addressing their trauma. Those steps are encouraged and celebrated through words as well as 'healthy choice' awards we hand out on a monthly basis.

# Stories of Success in Organizational Culture



One of the protective factors is parental **resiliency**. We use this with our clients to remind them that they must be strong and take care of themselves first before they can care for anyone. This is also true for our staff. In order for them to provide the best support to their clients, they must take care of their emotional and physical health. We do a variety of things to promote this within our organizational culture. We host monthly take-care workshops. In these workshops staff are given a variety of ways they can heal from vicarious trauma. Topics have included emotional first aid, music therapy, relaxation and meditation, paint night, etc. **The workshops not only provide good tips for the future but also allow for a time in office to practice and release the tension. We continuously promote self-care within the work culture and encourage staff to take time as needed due to the work they are facing.** Many times at a home visit or interview at the Multi-Disciplinary Interview Center, the therapists and case managers can witness or hear information regarding child abuse allegations that is traumatizing and difficult to process. We often see the staff take a moment after to debrief together and vent or take a walk around the block. Some staff use adult coloring books to relieve stress. **We are very supportive of staff using the time they need at work to process.** Additionally, we have a sunshine committee who support employee morale, periodically providing recognition activities. We have recently been exploring Adverse Childhood Experiences as a team and **making the connection between hope and resiliency. We really try to emphasize self-care for employees so they can continue to provide the best care for the children and families we serve.**

Trauma-informed care practices are strengths-based and have shown themselves to be normalizing and healing. These practices naturally provide people with the ability to heal, be resilient and increase self-worth and self-esteem. Our intention is to ensure that every person who comes through the doors leaves feeling capable, loving and worthy. This concept is embedded in the organizational fabric of the program and is in line with trauma-informed practices. We had several existing services, but **with this grant we have been able to take our practices deeper to continue to provide youth with healing and resiliency.** Each workshop and activity has a healing component to it. Healing is a deeply individual process, one that is unique to the person. We believe that healing can come in all forms, which is why the diversity of services and activities exists. **In order to provide the exemplary and authentic services that we provide, the organizational culture needed to embody the practices of trauma-informed care.** In this vein, each staff member embraced the ideas and concepts presented with being trauma-informed. With this energy and dedication, the organizational culture was born and as a result, **people were able to truly put the trauma-informed lens to practice.** This provided youth with the courage to embrace the practices as well and identify their own healing and resiliency.

# Stories of Success in Organizational Culture

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The culture of our organization has seen **shifts in intention and mindfulness as a result of the activities that have been undertaken due to this grant**. The increase in mindfulness presents itself in the daily culture of our organization with breathing exercises and physical activity being woven into staff schedules as well as management creating space for this to occur. The culture has consistently promoted intentionality and with this grant, we have been afforded the opportunity to practice this even more; **by changing paperwork practices to understanding vicarious trauma to framing youth behavior through the increased knowledge of trauma responses, to adding trauma-informed activities in every program, our culture has truly become trauma-informed.**

Our organization has always held as a strong value that youth are resilient and can overcome incredible obstacles. With an increased focus on the number of traumatic events that occur in the lives of youth, it would've been easy for staff to feel overwhelmed with how they would overcome these challenges. **Through a culture of honoring resilience, we focus on successes of our youth and families continuously.** The counseling team uses an evidence-based tool in tracking growth of personal well-being. The counselor is able to see at every session the progress that clients make, usually toward the better. **We discuss healing and resiliency in performance evaluation, clinical consultation, staff meetings, group supervision, program retreats, and individual supervision.** While always maintaining client confidentiality, we share parts of client stories with other staff and talk about ways that youth triumph, get on a new path, achieve their goals, and rise above obstacles.

We have noticed **significant shifts in organizational culture in the areas of wellness and trauma responses**. One of our goals for the grant period was to increase the wellness of both staff and residents. [...] The other areas that we have seen a shift is in **the way we view behaviors and trauma responses**. With more trauma informed trainings, we have been able to help shed light on the origins of certain behaviors we see on a daily basis in our program. We take time during case conferences to look at the trauma history of the client and understand their behaviors through that lens. **The shift has been from seeing 'bad behavior' as rebellion, to seeing behavior as the language of need. This has led to greater empathy from staff and the ability to help dig deeper to try and treat the origin of the difficulty.**



# Challenges to Enhancing Organizational Policies, Practices, and Culture

Grantees reflect on challenges they faced while seeking to implement more trauma-informed organizational cultures over the past year.

- Organizations must take time to **define what trauma-informed approaches look like within the context of their own organizations**, and come to a shared understanding of what trauma-informed practices look like **for collaborating partners**.
- The **urgency of emergent issues and crisis situations is at odds** with the slower, more deliberate, intentional pace of **trauma-informed approaches**.
- **It takes time for staff to become comfortable** with addressing trauma with youth, and identifying and addressing their own vicarious trauma. **Adequate and appropriate supports and supervision for staff are crucial** to ensure staff are able to provide high quality care to youth as well as maintain their own wellness.
- In small organizations with **limited time and resources**, dedicated time for staff wellness may reduce the amount of time available for youth service provision.
- **Restrictions on the ways in which funds may be used** can prevent organizations from being able to invest in staff supports and other initiatives that support youth but are not considered direct service.
- **Collaborating with and providing training to partners from collaborating agencies**, such as probation, can be challenging due to:
  - **lack of shared understanding** of the basic tenets of mental health and trauma-informed care; and
  - partner organization policies and practices that are counter to grantee's trauma-informed approaches.
- In some areas, **accessibility to youth-friendly, trauma-informed health and mental health providers is limited**, which may prevent grantees from ensuring youth receive appropriate and timely referrals for additional care.

The nature of the work requires **fast-paced, urgent, proactive work, which can contradict a more patient, trauma-informed approach**. Impacts of vicarious trauma-especially when collaborating with county case managers-can interfere with goals and the style of trauma-informed work.

We are always **balancing the wellbeing of staff and our mission to provide needed services** to youth and families. When the demand is high, management carefully navigate the balance of a manageable case load while still prioritizing youth access to needed services.

A challenge we encountered with the training is **how to present material in a way that everyone in the multi-disciplinary team could understand**. A clinician did a case presentation of a youth's assessment to her probation officer and a correctional staff member in an effort to help everyone get on the same page about the youth's treatment. One of the responses was to "be kind to us" in the way it is articulated because so much of the presentation was in clinical terms or assumed a certain level of knowledge about the brain.

# Impact of the Grant



Grantees share the ways the 2016-17 YTIC in the Community grant has supported their organizations and their staff, enabling grantee organizations to be more trauma-informed through: shifting their organizational culture; modifying policies and practices; creating more trauma-informed workspaces; improving services; enhancing collaboration; providing enhanced support for staff; and providing more opportunities to educate the community about trauma. Below, and on the following slide, grantees share comments about the impact the grant has had for their organizations.

**This grant has helped us build a sustainable structure in added therapy and intake space, a more solid and defined program to “take care” of staff dealing with vicarious trauma, expanded scope of those we treat with trauma, and a plan/vision for what policies and practices we need to better define** to keep the practices in place that have been implemented.

**There has been a culture change across all programs, with ALL staff having a new and more developed understanding of the impact of trauma, how we integrate trauma-informed care, as well as how we take care of ourselves and each other** in an organization that works with youth who have experienced high levels of trauma. **This is, perhaps, the biggest success of,** not only our 2016-17 grant, but **our three-year partnership with Kaiser on this project.**

**The grant made an enormous difference to our work** at a very difficult time for the team. It helped us **improve the quality of our family therapy and improve the collaboration** within the multi-disciplinary team. Both of these are vital aspects of our work with the youth. It also helped our team have a very high morale; at a time when with the loss of funding and reduced supervision and management hours, the morale could have been very low. Although it may be hard to measure, I imagine the high morale within the team had a significant impact on the effectiveness of the services provided to the youth.



# Impact of the Grant

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We chose within our grant to **provide a production, co-written, co-produced, co-directed and acted by youth**. This was a **great way to engage youth and the community to understand and discuss trauma** and what it looks and feels like to youth. We believe this method of reaching out to the community was a success because entertainment is one of the most effective methods of education.

The most significant challenge this year has been losing our funding from probation and consequently having to let staff go and reduce staff hours as another provider was brought in. This caused significant stress for the team as well as reduced services being provided to clients. The reduction in hours meant that we were unable to provide the level of support or training within the team that we would have hoped for to the new interns starting in the program. **The Kaiser funding proved a life saver for the program at this time because in the midst of all of this we were able to provide intensive training on family therapy, which helped provide additional support to the interns, improve the services we provided to clients, and improve the team morale.**

As a result of grant activities, **there are more discussions about trauma, vicarious trauma, compassion fatigue as well as culture, power, and privilege at all levels of the agency in multiple forums**. We have a better understanding that trauma-informed care is not just relevant to our counseling and substance abuse interventions; but rather, integrated into all programs, from sexual health workshops, to college access programming, to reproductive healthcare direct service, etc. In addition to providing trauma screening and trauma-informed counseling interventions, all program staff understand that most of the youth we work with are struggling with exposure to multiple traumatic events. As a result, staff choose their words thoughtfully, ask focused questions, and work to understand triggers for clients. **This culture has been developed across programs, and the unification makes our organization stronger.**

Having a grant that earmarks trauma-informed training and development of skills among staff **allows this to remain an agency priority despite the challenges [we encounter]**.

# Appendices

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A: Theory of Change

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B: Complete Quantitative Grant Data

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# THEORY OF CHANGE

Appendix A

## Why this work?

The effects of trauma on youth are often misunderstood and misdiagnosed. A trauma-informed approach to serving youth will foster healing, increase resilience and reduce future trauma.

We believe that relationships, trust, safety, and mindful interactions are central to trauma-informed care

## Focal Grantees

Organizations serving high need youth including those who are homeless, in foster care, truant, etc.

## Assumptions and Beliefs

- Youth are particularly vulnerable to the significant and lifelong impacts of trauma, which often emerge in maladaptive ways;
- Youth-serving organizations are uniquely poised to identify and respond to trauma in youth;
- Staff of youth-serving organizations are at risk for experiencing high stress, burnout, compassion fatigue and even vicarious trauma; and
- Cultivating organizational cultures that prioritize relationships, safety, trust and mindful interactions will foster healing and enable youth and staff to thrive.

### If we invest in these STRATEGIES

#### 1) Training and/or Capacity Building

Trauma-informed care training and skill-building for all organizational staff and partners who provide on-site services.

Therapeutic tools, data systems, referral processes, etc. to promote trauma-informed best practices

#### 2) Mental Health Services

Support / expand staff time to work with youth and to connect youth with partners for extended care

#### 3) Staff Mental Health & Wellness

Support / expand opportunities for staff to reflect, connect and heal

#### 4) Infrastructure Enhancements (optional)

Designated program and meeting spaces that evoke an atmosphere of wellness, safety, and healing

### ...then we expect to see these short term outcomes:

#### Shared Understanding

All staff recognize and understand the impacts and symptoms of trauma

Shared understanding and effective processes facilitate a unified trauma-informed approach

#### Healing Relationships

Staff build safe, trusting relationships with youth and provide trauma-informed care that supports healing

#### Thriving Workforce

Staff receive necessary support to reduce work-related stress and burnout

#### Restorative Spatial Environments

Restorative spaces where youth are engaged to minimize re-traumatization and foster healing

### ...and contribute to these intermediate outcomes:

#### Trauma-Informed Environment

Robust trauma -informed services are available on-site, and effective referrals are made as needed

Lower rates of vicarious trauma and lower staff turnover

Every interaction puts relationship, trust and safety first

Organizational culture emphasizes healing and resiliency

#### Positive Changes in Youth

Increased use of on-site mental health services

(As appropriate) Youth are better/reconnected to schools (fewer suspensions and expulsions)

Youth are better able to participate in organization activities

Increased resiliency for the future

### ...to achieve these ultimate impacts:

Youth experience **healing** and increased resiliency

Organizations embrace a trauma-informed culture **organization-wide**

Cycles of violence are **interrupted**

so that

**Youth are better equipped to go on to lead successful, productive lives**

# COMPLETE QUANTITATIVE GRANT DATA

Appendix B

# End of Grant Survey

The End of Grant survey, completed by each grantee organization at the end of the 2016-2017 grant period, gathered data related to grant activities, including youth mental health services, staff support, and trauma-informed trainings provided under the grant. The survey also explored grantee perspectives on changes they have observed in their organization's policies and practices in terms of youth experiences, staff wellness, and infrastructure as a result of trauma-informed interventions.

### Mental Health Services for Youth

Across all Grantees	Before the Grant*	During the Grant*	Change over Time
Number of referrals to on-site mental health services	1,113	1,428	+315
Number of youth served for on-site mental health services	1,173	1,744	+571
Number of youth served (other than mental health services)	10,992	10,856	-136
Number of direct service FTEs on staff	145	168	+23
Total number of clinic service hours**	90,166	81,498	-8,668
Total number of youth per caseload	138	123	-15

*n=8*

\*Before the grant (May 2015-April 2016); During the grant (May 2016-April 2017)

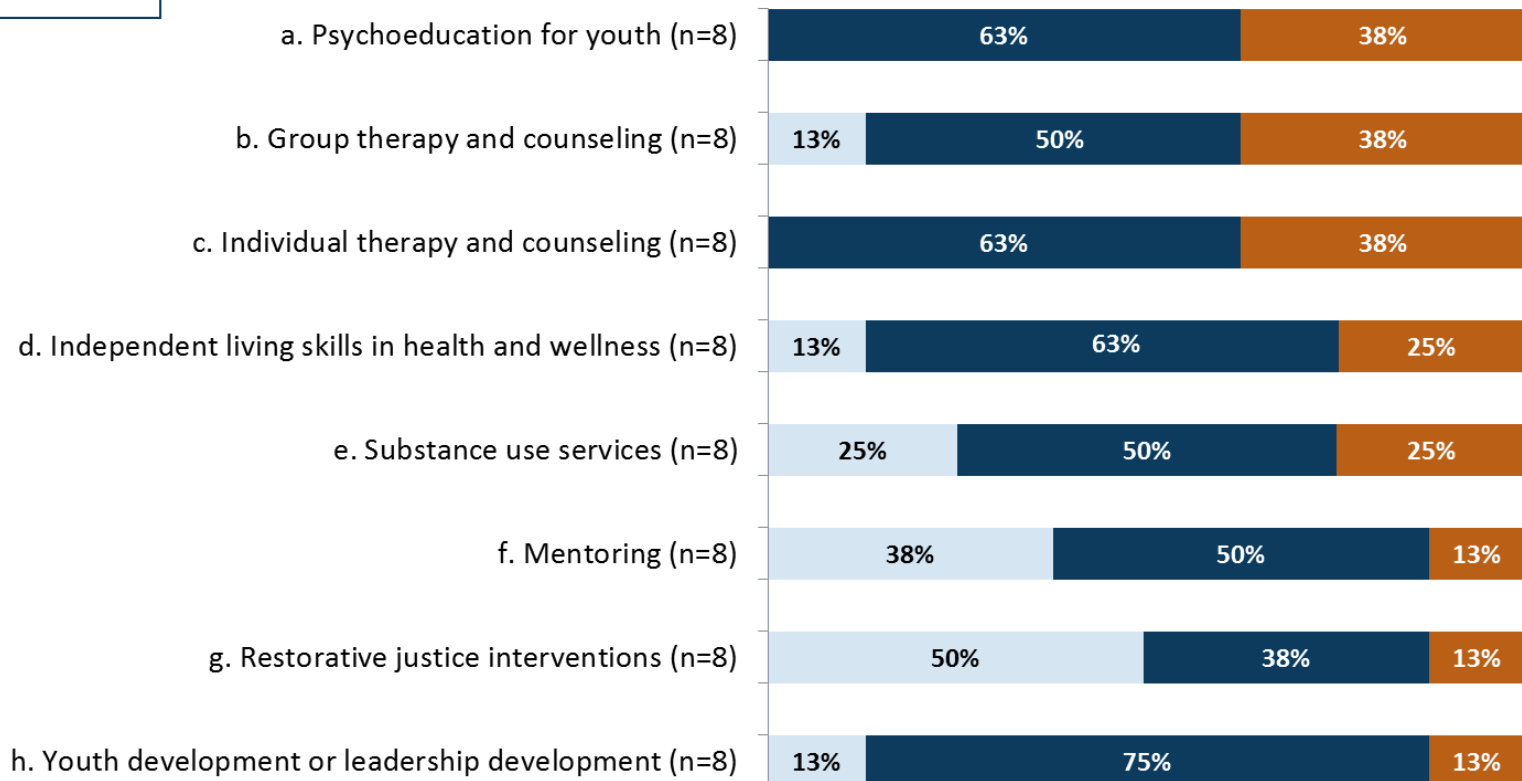
\*\*May reflect more time spent in training, and reduction of caseloads, both of which are in alignment with trauma-informed principles

## Types of Trauma-informed Services Available Before and During the Grant\*

(Chart 1 of 2)

■ Service never available ■ Service available before and during the grant ■ Added this service during the grant

Chart 1 of 2



Percentages may sum to greater or less than 100% due to rounding

\*Before the grant (May 2015-April 2016); During the grant (May 2016-April 2017)

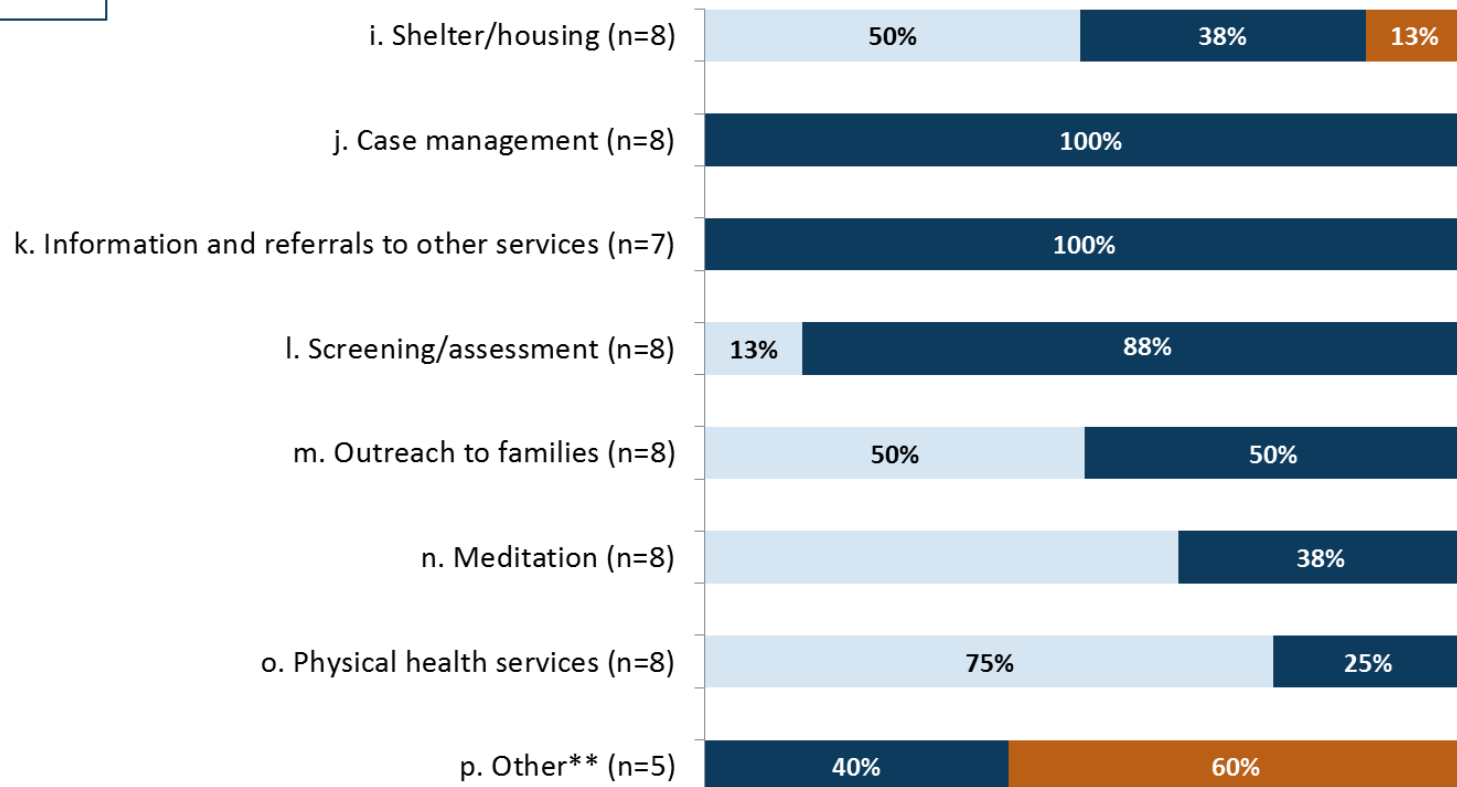


## Types of Trauma-informed Services Available Before and During the Grant\*

(Chart 2 of 2)

Service never available    Service available before and during the grant    Added this service during the grant

Chart 2 of 2



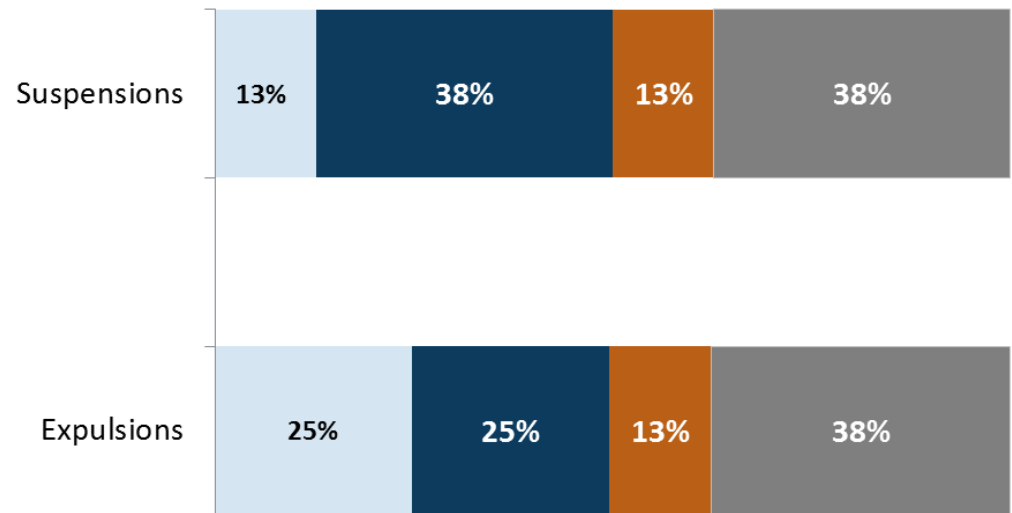
Percentages may sum to greater or less than 100% due to rounding

\*Before the grant (May 2015-April 2016); During the grant (May 2016-April 2017)

\*\*Other services reported include: cultural interventions, specific therapeutic interventions, and supports such as bus passes

## Number of Youth School Suspensions and Expulsions\* Before and During the Grant\*\*

■ A lot more than last year ■ A little more than last year ■ No change ■ A little less than last year ■ A lot less than last year ■ I don't know



n = 8

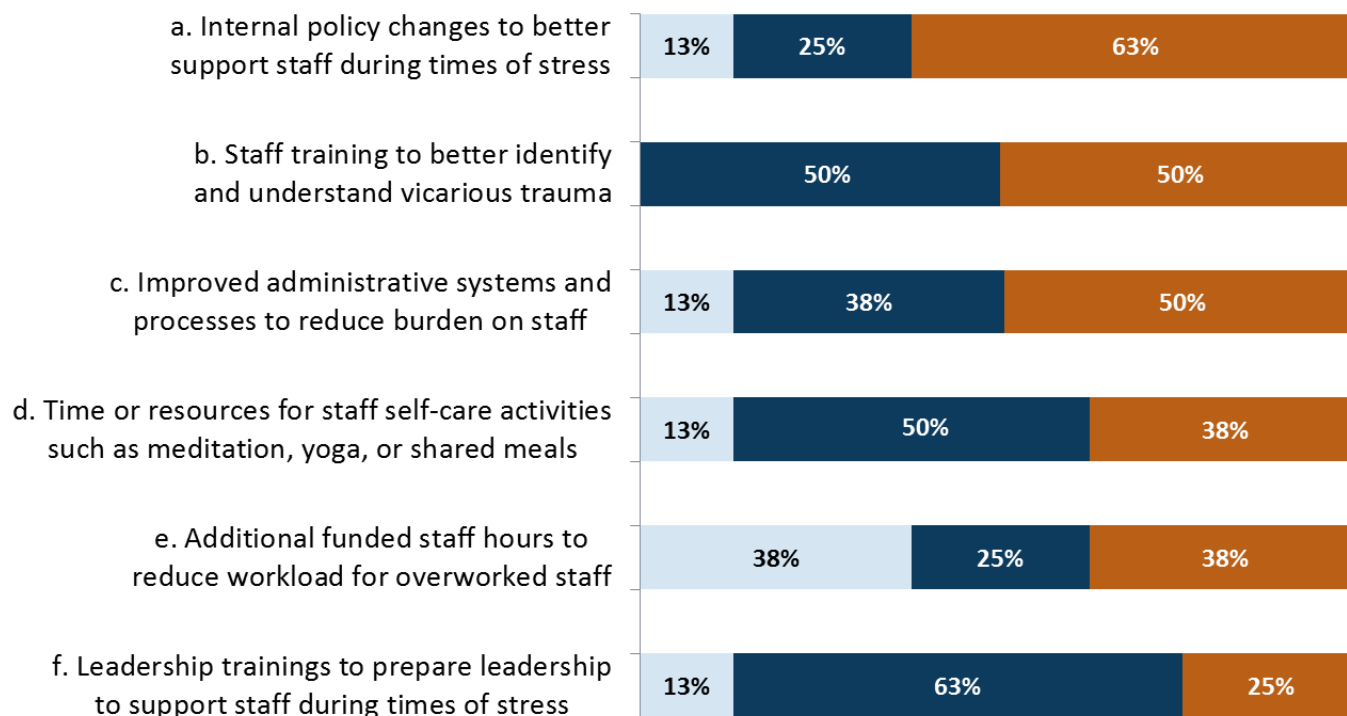
*Percentages may sum to greater or less than 100% due to rounding*

\*Data as reported by CBO grantees, not reported by schools or individual youth

\*\*Before the grant (Academic Year 2015-16); During the grant (Academic Year 2016-17)

## Staff Supports Available to Reduce Work-Related Stress and Burnout Before and During the Grant\*

■ Support never available   ■ Support available before and during the grant   ■ Added this support during the grant



*Percentages may sum to greater or less than 100% due to rounding*

n = 8

\*Before the grant (May 2015-April 2016); During the grant (May 2016-April 2017)

# Trauma-informed Training Data

Grantees provided information regarding any trauma-informed trainings they conducted or coordinated during the grant period, including: topic of the training, the number of attendees, and whether attendees were program staff, students, or other members of the community.

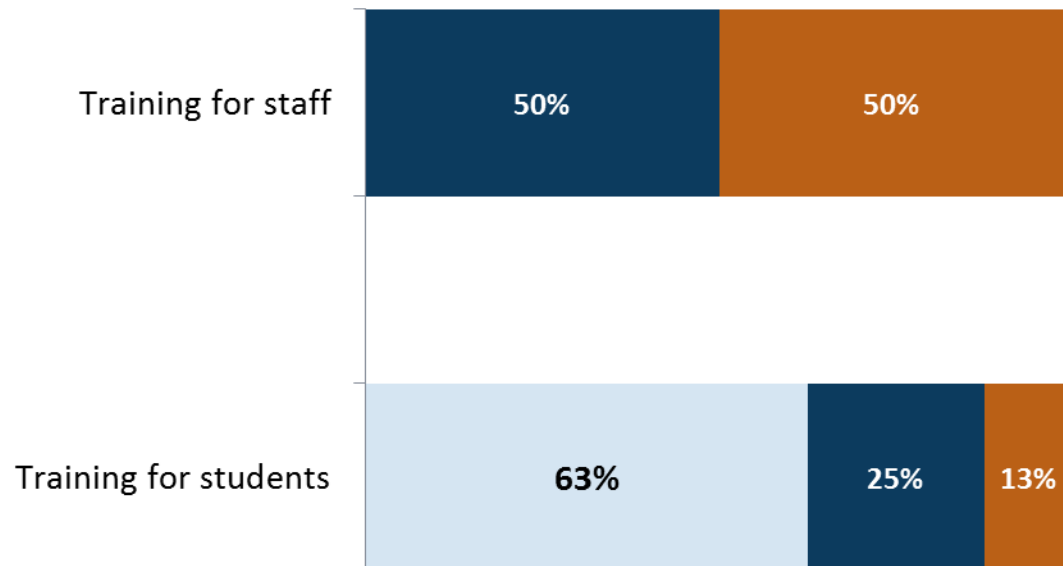
## Trauma-informed Trainings Conducted or Coordinated by Grantees During the Grant

	Trainings		Training Participants		
	Number of <u>staff</u> trainings per site	Number of <u>youth</u> trainings per site	Number of <u>program staff</u> who attended training per site	Number of <u>non-program staff</u> who attended training per site	<u>Total</u> number of participants trained per site
Minimum	8	0	21	0	22
Maximum	47	70	355	773	794
Average	17	13	145	134	278
<b>Total</b>	<b>136</b>	<b>104</b>	<b>1157</b>	<b>1069</b>	<b>2226</b>

*n*=8

## Trauma-informed Care Training Opportunities For Staff and Youth Before and During the Grant \*

■ Service never available ■ Service available before and during the grant ■ Added this service during the grant



n = 8

*Percentages may sum to greater or less than 100% due to rounding*