Fostering Futures
County Systems
Trauma-Informed Learning Community

Kickoff Meeting
April 6, 2016
Learning Community Faculty

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National Council for Behavioral Health

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Agenda

- Welcome and Introductions
- Role of the Consumer Voice
- Critical Start Elements of the Change Process
- Seven Domains of Trauma-Informed Care
- Getting the Vision Right
- Communicating for Buy-In
- Project Evaluation
  - Organizational Self Assessment
  - Performance Monitoring Tool
- Other tools and logistics
Introductions

Team Leaders

• Introduce your organization and your team members

• Share what you hope to take away from today

• Share one or two things you would like others to know about your trauma-informed care journey
Critical Role of the Consumer Voice
Cheryl Sharp, MSW, ALWF is an exclusive consultant for trauma-informed services for the National Council for Behavioral Health and holds the unique perspective of a person who has recovered from significant mental health challenges, a trauma survivor, a family member of a loved one who died as a result of mental illness, and a provider of substance abuse and mental health services. Sharp has worked with adult trauma survivors for over 30 years and trains and speaks nationally on trauma-informed care.
The 7 Domains of Trauma-Informed Care

- **Domain 1**: Early Screening & Comprehensive Assessment of Trauma
- **Domain 2**: Consumer Driven Care & Services
- **Domain 3**: Trauma-Informed, Educated & Responsive Workforce
- **Domain 4**: Trauma-Informed, Evidence-Based and Emerging Best Practices
- **Domain 5**: Safe and Secure Environment
- **Domain 6**: Community Outreach and Partnership Building
- **Domain 7**: Ongoing Performance Improvement
Critical Elements of the Change Process
Sense of Urgency
How Can Your Organization Create and Sustain Change?

Culture Shift – Kotter’s 8 steps to successfully implement change

Learning Community Model, Supports, Tools, Resources

Structured, Guided Process – National Council TIC Implementation Process

NATIONAL COUNCIL FOR BEHAVIORAL HEALTH
STATE ASSOCIATIONS OF ADDICTION SERVICES
Adoption of TIC Practices: Implementation Process

1. Gain commitment from leadership
2. Develop Core Implementation Team (CIT)
3. Build consensus
4. Create a shared vision
5. Communicate for buy-in
6. Assess your organization
7. Develop a plan
8. Create a monitoring system
9. Take action
Gain Commitment from Leadership

- Buy in to create culture change
- Willingness to lead change process
- Input and approval of vision statement
- Participation and support for all TIC efforts
Core Implementation Team

Never doubt that a small group of thoughtful committed citizens can change the world: indeed it's the only thing that ever has.

Margaret Mead
Build Consensus

Core Implementation Team gains consensus on:

• What TIC means to each member
• What TIC means for the organization
• Language around TIC
Create a Shared Vision

- How is TIC important to Mission?
- How will organization be different?
- Create a shared vision for leadership approval
- Who, what, how and where will you get the word out?
Get the Vision Right

OUR TIC VISION

The Kitsap Mental Health Services community fosters a culture of hope and empowerment through a safe welcoming environment, compassionate relationships, and a commitment to respecting life experiences.

Kitsap Mental Health Service, Bremerton, WA
Vision and Mission

Leadership has explained to staff the answers to:

• Why are we doing this?
• Why now?
• How will this affect my daily work?
• What’s in it for me?
Create a Shared Vision: Questions to Consider and Discuss

• In what way will our organization change as we adopt the principles and practices of trauma informed care?
• Day to day, what will we be doing differently?
• How will the relationships among the staff and clients change in a trauma informed organization?
• What does our organization need to Keep Doing, Stop Doing, and Start Doing?
• What is the best way to make the vision a reality?
Get the Vision Right: Key Concepts

• Safe, calm and secure environment with supportive care
• System wide understanding of trauma prevalence, impact and trauma informed care
• Cultural competence
• Consumer voice, choice and self-advocacy
• Recovery, consumer-driven and trauma specific services
• Healing, hopeful, honest and trusting relationships
Getting the Vision Right
Group Exercise

Instructions:
1. Break up into groups
2. On flipchart, generate a list of words that represent the values and principles of trauma informed care
3. Refer to these words in creating a vision statement
4. Write your vision statement on a flipchart
5. Report out
Communicate for Buy-in

Influence attitudes, beliefs, expectations

How

Who

When

What
Assess Your Organization

Implement the Organizational Self-Assessment (OSA)

Decide

✓ which programs to assess
✓ how to disseminate the OSA
✓ how to collect completed OSA data
Create a Monitoring System

• Establish a system to collect data related to each goal using the Performance Monitoring Tool (PMT)
• Determine who will be responsible for collecting this data
• Ensure that meeting agenda includes review of data
• Use the data to identify and address challenges and revise or establish new goals
## Develop Plan & Enable Action

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Assess your organization</td>
</tr>
<tr>
<td>2.</td>
<td>Identify strengths and areas for improvement</td>
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<tr>
<td>3.</td>
<td>Decide where to begin improvement efforts</td>
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<tr>
<td>4.</td>
<td>Remove barriers to implementing plan</td>
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<tr>
<td>5.</td>
<td>Create Trauma Champions!</td>
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Take Action

• Meet regularly to make changes stick
• Ensure leadership approval
• Ensure CIT is clear about their mission
• Establish reporting and communication systems
• Utilize the National Council supports, resources and tools - website, list serve, faculty, webinars, calls
The Seven Domains of Trauma-Informed Care
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Domain 1
Early Screening and Comprehensive Assessment

Ensure a respectful screening and assessment process

• Routine
• Competently done
• Culturally relevant
• Developmentally appropriate
• Sensitive
Domain 2
Consumer Driven Care and Services

Involve and engage people who are or have been recipients of our services to
• function in numerous roles
• meaningfully participate in planning, implementation and evaluation
Domain 3
Trauma-Informed, Educated and Responsive Workforce

Increase awareness, knowledge, skills of the entire workforce to deliver services that are
Effective
Efficient
Timely
Respectful
Person-centered

Implement policies, practices and procedures that build and sustain a trauma-informed work force
Domain 4
Trauma-Informed, Evidence Based and Emerging Best Practices

Increase awareness, knowledge and skills of the clinical and peer workforce to deliver research informed treatment services that address effects associated with trauma and honor the core principles of trauma-informed care.

- EMDR
- PCIT
- TFCBT
- WRAP
- NMT
- TREM
- CBITS
- Seeking Safety

- Collaborative documentation
- Shared decision making
- Person-centered
- Holistic care
Domain 5
Safe and Secure Environments

Create Environments that are

- Safe
- Trusting
- Healing
Behavioral Health Services
Kearney, Nebraska

Comfort Room for Consumers and Staff

Consumer Art Gallery
RULES!
1. You SHALL!
2. You WILL!
3. You MUST!

Seclusion & Restraint
Domain 6
Community Outreach and Partnership Building

We assume a leadership role in educating and engaging partners

Legislators and policy advisors
Corrections
Courts
Public health
Emergency care
Domestic violence services
Treatment services
Consumer run services
Home visiting programs
Parenting programs

Food pantries
Housing services
Faith based organizations
Schools
Early childhood programs
Child care
Community centers
Public health
Veterans organizations
Senior services
And many more....
Domain 7
Ongoing Performance Improvement

Data related to each domain is *tracked, analyzed* and *used*
to address challenges and/or reinforce progress
Navos Mental Health Solutions

Combined Summary of the Organizational Self-Assessment: Self-Trauma Informed Care Ratings
Navos Mental Health Solutions
2013 (in blue) 2014 (in red)

| Domains                  | Average Domain Score | 2013 | | Average Domain Score | 2014 |
|--------------------------|----------------------|------|--------------------------|------|
| Domain 1: Screening Assessment | 2.29 | 2.29 | | Domain 1: Screening Assessment | 2.29 |
| Domain 2: Consumer Driven | 1.54 | 2.00 | | Domain 2: Consumer Driven | 2.00 |
| Domain 3: Workforce      | 1.63 | 2.50 | | Domain 3: Workforce | 2.50 |
| Domain 4: Best Practices | 2.33 | 2.60 | | Domain 4: Best Practices | 2.60 |
| Domain 5: Safety Environ | 2.21 | 2.75 | | Domain 5: Safety Environ | 2.75 |
| Domain 6: Community Outreach | 1.26 | 2.00 | | Domain 6: Community Outreach | 2.00 |
| Domain 7: Evaluation Data | 1.33 | 2.00 | | Domain 7: Evaluation Data | 2.00 |
Outcomes Associated with TIC Initiatives

Decrease in
• # of psychiatric diagnosis
• # of medications prescribed and dosage
• seclusion and restraints
• critical incidents
• staff turn-over
• staff use of sick time
• staff injury
• length of stay
• recidivism
• detentions/arrests
• emergency room visits
• school suspensions/office referrals

Increase in
• patient satisfaction
• staff satisfaction
• diagnosis of PTSD
• voluntary treatment
• external customer satisfaction
• internal customer satisfaction
• engagement
Team/Coach Matches and Cohorts

Karen Johnson
- Dane County
- Door County
- Fond du Lac County
- Kewanee County
- Sheboygan County

Cheryl Sharp
- Baron County
- Oneida County
- Price County
- Sawyer County
- St. Croix County

Randy Moss
- Adams County
- Chippewa County
- Jackson County
Cohorts Calls

Karen Johnson
July 20, 2016 at 2:00 CT

Randy Moss
July 11, 2016 at 10:00 CT

Cheryl Sharp
July 11, 2016 at 12:00 CT

1 to 1.5 hour call with all teams
Communicating for Buy-In
Communicating for Buy-In

What is it?

- Influencing attitudes, beliefs, expectations, perceptions and worries to support the adoption of trauma informed care
- Increasing positive feelings in a way that overcomes the “negative” feelings that is often associated with change:
  - Control
  - Meaning
  - Status
Communicating for Buy-In: Shaping the Message

- Communicate frequently and in a heartfelt manner
- Emphasize the benefits to ALL stakeholders
- Include stakeholders in the change process
- Ensure that leadership “walks the talk”
- Acknowledge common workforce concerns:
  - Personal meaning associated with current practices
  - Fear of loss of control
  - Change in perceived professional and personal status
- Assist staff to regain control, status and personal meaning
Communicate for Buy in

• Decide who needs to know about TIC efforts
• Determine what they need to know and gather the resources to heighten awareness
• Decide where and when to provide this information
• Identify who will deliver this information and what data needs to be collected
Communicating for Buy-In Group Exercise

Break up into teams
1. Each team is assigned a different stakeholder
2. Complete the Communicating for Buy in Tool for your respective stakeholder
3. Each team reports out to larger group
Do agencies become more trauma-informed over the course of the initiative? In what ways?

What successes/setbacks do core teams experience implementing their FF work?

Do participants practice more self-care as a result of FF involvement?

**FF Evaluation – Capturing learnings & impact**

- **Mixed Methods Approach**

  - Story + Telling =
Fostering Futures Evaluation Team

- Wilder Research
- Fostering Futures Steering Committee
- WI Department of Children and Families (Trauma Project)
- National Council for Behavioral Health (NCBH)
- Casey Family Programs

***Principal Investigators (Medical College of Wisconsin): Dr. Lynn Sheets and Dr. Kelly Hodges***
Wilder Research: Who we are

Michelle Gerrard
Monica Idzelis Rothe
Jackie Aman
What is my role in the evaluation?

- Asked to provide info and feedback at different points of initiative through:
  - Online assessments and surveys
  - Core team quarterly reports
  - Focus groups
  - Staff turnover data from your organization
- Participation is voluntary
- Data will be kept confidential and de-identified at the individual level
The Trauma Informed Care Organizational Self-Assessment (OSA)
OSA: A Multi-Dimensional View of Trauma-Informed Care

6 core trauma focused domains

1 performance improvement and evaluation domain

Domains consist of sets of performance indicators/standards

Standards rated on a 5 point scale
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How to Use the OSA to Achieve Your Goals

- Defines trauma-informed care
- Develops a shared understanding among the core implementation team members
- Serves as a reference guide to create a vision for the organization
- Engages and informs the organization's leadership and workforce
Organizational Self-Assessment Rating and Graphing

Instructions: Indicate, as best you can, the degree to which the following standards describe your organization on a five point scale, ranging from 0 to 4:

- 0 = we don’t meet this standard at all
- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

*A score of 4 means you have expertise in this area that may be of help to other organizations interested in improving their performance around this standard

- N/A = I do not know the answer, do not understand the standards, or the standards do not apply to our agency
Manual Scoring Example

DOMAIN 1

• Standard A: __2__ Standard B __2__

• Standard C __1__ Standard D __2__

ADD all 4 scores (TOTAL SCORE) = ____7____

• Divide TOTAL SCORE by 4 = 1.75
OSA Graph for All Domains

Place your DOT on the graph corresponding to the score for Domain 1
Repeat for each of the domain
OSA Graph for All Domains

It’s about moving your dot!
Graphic Representation of the OSA
Summary of Ratings
(Completed by 7 raters)
Completing the OSA Group Exercise

Each team member completes the OSA individually (without discussing scores on standards)

Tally team results upon completion

Dot your graphs!

Share with the larger group
Each team shares responses to the following questions:

- What did you find?
- In what way was this tool helpful?
- How might you use the OSA tool to inform your implementation plan?
The Performance Monitoring Tool (PMT)
The Performance Monitoring Tool (PMT)

- Identifying measureable goals within each domain
- Where and how to refocus efforts
- Tracking and monitoring progress
- Analyzing what is and is not working
- Keeping everyone informed, involved and motivated
- Maintaining your momentum

Keeping everyone informed, involved and motivated

Maintaining your momentum

Where and how to refocus efforts

Analyzing what is and is not working

Tracking and monitoring progress

Identifying measureable goals within each domain
PMT: Develop a System

- Include a data person on your team
- Use CIT meetings to track, analyze, and use data
- Plan to keep “all” shareholders current, involved, and motivated
Completing the PMT Group Exercise

Each team completes a baseline PMT followed by discussion
Next Steps

• Set your meeting schedules and agenda
• Become familiar with tools and process
• Get team members on list serve
• Participate in your first coaching call

Webinars

• April 11: Making Big Shifts: Traversing the Landscape of Change and Implementation
• May 2: Domain 1 – Screening and Assessment
• June 13: Domain 2 – Consumer Driven Care and Services
Contact Information

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