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Community-Oriented Public Health Practice (COPHP) is committed to becoming an anti-racist program. There were no conflicts of interest in the completion of this report.
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Executive Summary

The terms adverse childhood experiences (ACEs), trauma-informed care (TIC), and resilience are commonly grouped together – some literature might even use them interchangeably. As knowledge in this subject matter continues to emerge and further research is published, consistency is lacking with regards to the use of the terminology. Washington State currently leads the nation’s ACEs efforts in both research and practice; it was the first to pass legislation directed at ACEs prevention. The state’s leading ACEs organizations, the Foundation for Healthy Generations and its subsidiary (the ACEs Learning Institute), are pioneering a new approach to adverse childhood experiences and health called Neuroscience Epigenetics ACEs Resilience (NEAR) Science Education. In this report, we use the term “ACEs” while referring to the study of ACEs and their significance or the adverse experiences themselves; we use “trauma-informed care” and “resilience-based approaches” as intervention strategies to combat the effects of ACEs. Semantics aside, trauma-informed care, resilience, and ACEs are all attempts to look at upstream factors originating in childhood that lead to significantly worse health behaviors and outcomes later in life.

As a community, moving forward from adverse experiences and trauma is achieved through building resilience. Though there is much to be discovered about the nature of resilience, it is an unquestionably significant topic of interest for researchers “exploring the channels of moderation and prevention of ACEs for adults and children.” Harvard University’s National Scientific Council on the Developing Child promotes the idea that resilience is a tool; and when adopted by children at an early age it becomes a part of their normative behavior as they enter adulthood. Resilience-based approaches to ACEs then become intervention strategies at the individual, family, agency, or community level. These approaches utilize development of resilience in combating the long-term detrimental health effects of ACEs.

Methods

We reached out to a total of 33 people and were able to conduct a total of 20 interviews, 16 in-person and 4 over the phone (see Fig. 1).

Figure 1: Sectors and community members who we interviewed
Findings
From the various community stakeholders we interviewed, we learned that there is a genuine investment within the community to obtain training on ACEs and trauma-informed care approaches. The various stakeholders we spoke with recognized the perilous, intergenerational nature of ACEs within Pacific County. Many organizations have at least one individual who is either currently practicing trauma-informed approaches or is knowledgeable about ACEs. Specifically, we noticed that the School District and Law Enforcement already bring a trauma-informed approach to their work, though they might not know it as such. We learned from several department heads that they would like their whole staff formally trained on what ACEs are, in order to implement trauma-informed care and resilience based approaches. The sentiment seemed to be the sooner, the better.

Key Recommendations

Full Community Involvement
- Invite underrepresented communities to the table, such as the Hispanic/Latino community, seasonal workers, and the Shoalwater Bay Tribe.
- Center the youth voice by gathering their insight, prioritizing their vocalized needs/interests, and formally including them via a spot on WellSpring’s leadership team or a newly formed youth advisory council.

Focus on Pacific County’s Strengths
- Identify the community's assets, subject matter experts, and influencers and leverage them in building a community-wide approach to ACEs/TIC/Resilience.
- Build new partnerships and collaborations and revive old relationships, such as previous work with Ron Hertel of the Compassionate Schools initiative from the Office of Superintendent of Public Instruction (OSPI).
- Leverage membership in the Cascade Pacific Action Alliance.

Make ACEs, Trauma-Informed, and Resilience-Based Work Accessible for All
- Make meetings and trainings available via conference call or webinar to accommodate community members and professionals in all parts of Pacific County.
- Make necessary accommodations for community members who may be elderly, non-English speaking, require child care, or have non-traditional/seasonal work schedules.
- Employ a “train the trainer” model to expand training capabilities within community.
- Hold monthly community meetings open to the public.

Apply a Health Equity and Social Justice Lens
- Recognize that the 3 categories of ACEs do not reflect the totality of adverse experiences or trauma experienced by communities that are diverse in terms of culture, ethnicity, family structure, or socioeconomic status
- Acknowledge that poverty is not an ACE, yet it may play a prominent role in the lives of Pacific County community members and should be seriously considered, and that a disproportionate number of minority individuals experience poverty in Pacific County.
Policies
We reviewed a variety of policies, approaches, and strategies that have been implemented or recommended as ways to prevent ACEs and build resilience. Our efforts in this research were to focus on policies and strategies that may be applicable to Pacific County’s unique nature.

We selected the following sector-specific policy examples that Pacific County can use as a guide in their work on ACEs response:

- **Education**
  - Compassionate Schools: The Heart of Learning and Teaching
  - Trauma Sensitive Schools
- **Health Care**
  - The Health Center- Walla Walla, WA
- **Early Learning**
  - Trauma Smart
- **Social Services**
  - NEAR@Home
- **Courts, Child Welfare, Law Enforcement**
  - Zero to Three: Safe Babies Court Teams
  - Healing Invisible Wounds: Policy Brief
  - Trauma and Resilience: A new look at legal advocacy for youth in the juvenile justice and child welfare systems
- **Behavioral Health**
  - Oklahoma Department of Mental Health and Substance Abuse Services: SHARE Model

We also evaluated community level approaches and found the following community-wide initiatives to be applicable and useful to Pacific County:

- **Washington State ACEs Public-Private Initiative**
  - The Coalition for Children & Families of North Central WA
  - Okanogan County Community Coalition
  - Skagit County Child & Family Consortium
  - Walla Walla Co Community Network / Children’s Resilience Initiative
  - Whatcom Family Community Network
- **The Community Resilience Cookbook**

Assessments
Given our research and key stakeholder interviews, we looked for organizational assessment tools that were easy to use, were relevant for many sectors, promoted action and implementation, and valued diversity. In our research, we came across 14 assessment tools (full list in Appendix), and highlighted 3 we thought would be useful for Pacific County.

- Trauma-Informed Organizational Toolkit - National Center on Family Homelessness
- Standards of Practice for Trauma Informed Care - Trauma Informed Oregon
- Organizational Self-Assessment: Adoption of Trauma-Informed Care Practice - National Council for Behavioral Health
Purpose of this Report

As current Master of Public Health students in Community Oriented Public Health Practice, Pacific County Public Health and Human Services (PCPHHS) tasked us with the following objectives:

- Do community stakeholders see ACEs as a critical issue in Pacific County?
- How might organizations play a role in preventing ACEs or in using Trauma-informed approaches?
- What can PCPHHS learn from other communities who have implemented trauma-informed approaches and how might that play out in a rural community? Are there any assessments and policies that may work for law enforcement, education and other sectors that PCPHHS can learn from?

Our goal was to investigate, through various stakeholder interviews, the general knowledge about ACEs, trauma-informed care, and resilience within Pacific County. In addition, we were asked to provide examples of policies and assessments that may serve the Pacific County community in their quest to ameliorate ACEs and build resilience. In this report, we will present the overarching themes we identified through stakeholder interviews, recommend policies and assessments that PCPHHS may find useful and make recommendations regarding next steps in ACEs training implementation. Additionally, ACEs can have detrimental effects on the community and are an excellent vehicle to perpetuate the intergenerational transmission of poverty; the local government and community organizations have risen to the challenge in response. Our report will contribute to knowledge to those making informed and data-driven decisions and planning for measurable outcomes.

Background

Adverse Childhood Experiences (ACEs)

ACEs are events that happen during childhood and these events have been found to have overwhelming effects through adulthood. In fact, ACEs are so connected to health that they have been called the most powerful determinant of health.\(^6\) ACEs are intersectional as experienced events occur across multiple areas of life; current research reports experiencing stressful or traumatic events during childhood inform future health and behaviors.\(^9\) ACEs commonly include the 10 indicators shown in the chart below:

- Disease rates increase: COPD, cancer, heart disease, asthma, cardiovascular disease, liver disease
- Risky health behavior increases: smoking, drinking, illicit drug use, risk of HIV
- Rates of poor mental health increase: depression, mental distress, anxiety, nervousness, serious mental illness
- Social/other risks increase: divorce, disability, incarceration, homelessness, intimate partner violence, workplace injury, unemployment

The knowledge surrounding ACEs is structured around a finite number of factors and conditions observed by the CDC, therefore many types of trauma exist outside
of the academic realm. In the seminal ACE study, Dr. Robert Anda and Dr. Vincent Felitti considered ten experiences of ACEs falling under three themes: family dysfunction, abuse and neglect. While the categories above do represent a wide range of traumatic and stressful experiences, it is by no means a comprehensive list. They only represent the problems of ACEs and do not propose any solutions or mitigation strategies. In our conversation with Omid Bagheri, Fellow at the Foundation for Health Generations, we learned that one might consider ACEs reduction and prevention work “one ball in the larger basket of trauma-informed care.”

**Trauma-Informed Care (TIC)**

Trauma-informed care can be defined as a care-giving approach which orients physical and behavioral health care providers towards recognizing and understanding the trauma in a patient’s life. Instead of wondering “what is wrong with a person, why are they acting that way?” a trauma-informed approach would require asking “what happened to that individual that would cause them to react the way they do?” In providing trauma-informed care, providers are tasked with turning their health practice into a safe environment that greatly reduces the patient’s chance of re-traumatization.

According to Substance Abuse and Mental Health Services Administration (SAMHSA) a trauma-informed care approach involves evaluating the consequences related to trauma and assessing how to facilitate healing given these consequences. SAMHSA introduces several principles that serve as a guide to sustain a trauma-informed approach (see Fig. 3).

**Resilience**

Out of all terms covered in this report, resilience (or resiliency) has the widest range of contexts. Most academic definitions characterize resilience as an attribute that determines an individual’s ability to positively adapt in the aftermath of adversity. Many view resilience as a learned behavior – especially when taught at a young age – though some experts believe resilience to be somewhat of a genetic trait. NEAR Science sits at the intersection of these two levels of thought. Specifically, Near Science looks at the neurological, epigenetic, socio-emotional, and environmental factors that determine an individual’s behavioral reactions to lived experiences.

Though there is much to be discovered about the nature of resilience, it is a significant topic of interest for researchers “exploring the channels of moderation and prevention of ACEs for adults and children.” Harvard University’s National Scientific Council on the Developing Child promotes the idea that resilience is a tool, that when adopted by children at an early age it becomes a part of their normative behavior as they enter adulthood. Resilience-based approaches to ACEs then become intervention strategies at the individual, family, agency, or community level. These approaches utilize development of resilience in combating the long-term detrimental health effects of ACEs.
ACEs in Washington and Pacific County

Washington voluntarily added additional ACEs questions in the annual Behavioral Risk Factor Surveillance System (BRFSS) survey during 2009-2011. The survey incorporated questions pertaining to each of the aforementioned indicators (Figure 2) except neglect due to the questions not passing the CDC’s rigorous testing approval process.\textsuperscript{7,14} The results from survey indicated that the higher the ACEs score, the higher the risk of physical, behavioral, social and mental issues: \textsuperscript{7}

- **Disease rates increase**: COPD, cancer, heart disease, asthma, cardiovascular disease, liver disease
- **Risky health behavior increases**: smoking, drinking, illicit drug use, risk of HIV
- **Rates of poor mental health increase**: depression, mental distress, anxiety, nervousness, serious mental illness
- **Social/other risks increase**: divorce, disability, incarceration, homelessness, intimate partner violence, workplace injury, unemployment

The Cascade Pacific Action Alliance (CPAA), a regional association of stakeholders, which includes Pacific County, aligned to improve individual and community safety and wellbeing, encompassing the Southwest region of Washington. The CPAA explains why ACEs is a primary focus:

\textit{“Our region has a high burden of ACEs...Reducing adverse childhood experiences for our youth therefore is an important long-term goal for our region. Improving health outcomes in our region will depending on our ability to increase individual and community resilience to mitigate the impact of Adverse Childhood Experiences.”}\textsuperscript{15}

The 2009-2011 BRFSS survey found 26.5\% of adults in WA experienced 3 or more ACEs. We learned through our conversation with Laura Porter that roughly 27\% of adults in Pacific County experience 3 or more ACEs. Laura also underlined that there is a difference between the South and North end of Pacific county; adults in South, roughly 39-51\% of adults, have experienced 3 or more ACEs. In contrast to North Pacific County about 22-26\% of adults have experienced 3 or more ACEs.\textsuperscript{7}
Methods

Mary Goelz, Director of Pacific County Health and Human Services, assisted our team in reaching out to agencies identified as community stakeholders across several different sectors. Three students, prior to the launch of our project, attended a planning meeting on resilience efforts in Pacific County. In this meeting, Mary introduced our group, along with our tasks and timeline, to the community members currently driving the ACEs effort in the county. She later provided our team with a list of key organizations and agencies to contact upon the official start of our project. We contacted multiple community stakeholders and organizations to begin setting up in-person meetings that would align with our planned two-day trip for Pacific County. Stakeholders who responded to our meeting request but unable to meet during our quick turnaround trip, were interviewed over the phone at their convenience.

One week after the initial ACEs planning meeting, six students drove down to Pacific County to conduct scheduled interviews and learn about the community in person. In total, we reached out to 33 community stakeholders and were able to conduct 16 in-person and five telephone interviews. Our interviews covered nine different organizations – eight local and one non-local. These organizations include the Long Beach Police Department, Pacific County Sheriff’s Department, Ocean Beach School District, Ocean Beach Hospital, Willapa Harbor Hospital, Healthy Generations, business owners, and two local business employees.

To help guide our interviews, we formulated a series of questions designed to uncover the interviewees’ understanding of ACEs in general and in Pacific County, their organization’s involvement with youth, and the organization’s perceived strengths and barriers in addressing ACEs, and the organization’s interest in addressing ACEs in Pacific County. While, these questions were used to guide our interviews, we
felt it important to allow conversations to progress naturally to cover topics and issues the stakeholder felt were important. As a result, not all questions were asked of all stakeholders and several interviews covered topics we had not anticipated. Overall, the approach of having informal conversations guided by prepared questions provided useful insights without stifling the creativity or passion of the stakeholders.

After gathering preliminary information and conducting a two-day in-person community assessment, our team met to discuss our experiences and synthesize information. Overall, we completed 20 qualitative interviews (telephone and in-person), compiled local and national quantitative data, and performed a comprehensive place-based assessment through research and community walking and driving. Our goal was to develop criteria for successful policies, methods and tools that would aid PCPHHS and the ACEs and resilience team in implementing actionable and sustainable policies and assessments. Finally, we compiled a list of recommendations applicable to the unique layout of the community with regards to demographics and physical landscape of Pacific County.

**Guiding Interview Questions**

1) Do we have permission to use your name in our report?

2) What does your organization do? What is your involvement with youth?

3) Are you familiar with the terms “ACEs”, “trauma-informed care”, or “resilience”?

4) Do you see ACEs as a pressing issue in Pacific County?

5) What kinds of challenges or stressors do the children you work with experience?

6) What strengths do the children you work with possess?

7) What support are you able to offer children? How are you limited in offering support?

8) Describe your staff training process. If you were to implement a new training, how would you approach it?

9) Do you have recommendation of other resources or organizations in Pacific County we should contact about this topic?

*Figure 5: Interview Questions*
**Interview Findings**

**Race, Class, and ACEs**
The findings and resulting categories of the ACE study were representative of a largely white, middle to upper-middle class, highly educated population. In our conversation with Omid Bagheri, he informed us that ACEs work may not account for the specific types of trauma that more diverse communities may face. For example, a community with many refugees might need to focus on trauma related to loss of home, ostracism, and exposure to violent conflict. Or a community that includes a large number of migrant or immigrant workers might need to focus on historical trauma of xenophobia and racism or potential stresses related to child labor. In any case, it is important not to assume what the adverse experiences of any population or community might be – this information can only come from engaging with the community itself.

In our assessment of Pacific County, we learned about specific challenges facing members of the community, including high rates of economic inequality, lack of resources, intergenerational transmission of ACEs, poverty, alcohol and drug abuse. It is important to recognize that these challenges may be directly related to unique types of trauma to which children, adults, and families in Pacific County may be exposed to. PCHHS and WellSpring Coalition may want to consider this while moving forward with ACEs, TIC, and resilience-based approaches to ensure that organizations and agencies are equipped to address the full range of adverse experiences that may be experienced by all members of the Pacific County community.

**Awareness and Readiness to Address ACEs Across Pacific County**
Through our research we identified several strengths as well as areas for connection and growth within the Pacific County community. By far, all of the people we met with expressed significant motivation and genuine interest in the well-being of the community. Many interviewees characterized their community as close-knit and supportive. In our conversation with Undersheriff, Ron Clarke, he echoed many others when he said that “the whole entire county works together.” In our meeting with Chief of Police, Flint Wright added that the Pacific County community is a “compassionate and caring [community].” Furthermore, in our conversation with Director of Student Learning at Ocean Beach School District, Amy Huntley, also stated there was a “strong sense of community where everyone provides support for one another... it helps make up for lack of resources within the community.”

![Figure 6: Location of Interviews](image-url)
Most organizations that we spoke with had at least one person who was either currently knowledgeable in or working to reduce or ACEs. Additionally, many organizations utilized an approach based in a trauma-informed care framework, although they may not have identified it as such. In our meeting with Amy Huntley, she also informed us that “all teachers were aware of adverse childhood experiences, but did not know them as ACEs.”

Many interviewees reported being well aware of the intergenerational dynamic of ACEs. For instance, in our meeting with, Chief Wright, he mentioned “dealing with grandchildren” of those who were previously involved in the criminal justice system of Pacific County. Chief Wright further added, “seeing the effects of ACEs play out throughout generations” and that the department “rejoices when someone breaks out of it [the cycle].”

Upon meeting with Geri Marcus, we asked what had been her observations on the intergenerational natures of ACEs, she replied: “the majority of people don’t make it out and break the cycle,” going on to say that the county initiative on ACEs “is big, this is changing the way.”

The supportive and concerned nature of the Pacific County community, along with the recognition of the detrimental intergenerational effects of ACEs, buoys support for PCPHHS to implement and sustain an ACEs and trauma-informed training. In order for such work to be effective in communities, communities must acknowledge that sustained change is a process requiring continuous education and training. There was also an emphasis on the ability of the community to provide wrap-around services, which we saw as indicative of a supportive community dynamic. Based on our various stakeholder meetings, we gathered that many community organizations acknowledged the insidious intergenerational nature of ACEs. We also learned even though the community is aware of adverse childhood experiences (yet they may not know them as ACEs) and may use some form of trauma-inform approaches in their work; we believe that the community is open and ready to formally learn about work related to ACEs, trauma-informed and resilience approaches.

In our conversation with Ron Clarke, we asked him to share specific challenges faced by Pacific County Sheriff’s Department and to elaborate on their role in the community, he responded: “the department does well...but [Pacific County] is such a rural area...there are different struggles and not a lot of resources, so we have to outsource.” Ron expanded, describing that when an individual is assaulted, they have to take them to Grays Harbor for forensic interviewing because there are no forensic interviewers present in Pacific County. He felt that hiring a local forensic interviewer would potentially reduce the additional stress and trauma of having to travel to another county for an interview. Across the board, all three law enforcement officials spoke about different techniques of reducing trauma, including taking a trauma informed approach when interacting with young suspects. After receiving funding from the WellSpring Coalition, a police officer was placed in the schools as a Resource Officer. This officer has built rapport and is trusted by the students. Additionally, this position has opened the door to ACEs awareness and opportunities for resilience building. Both law enforcement
departments expressed that they would like to see all of their staff trained in a manner consistent with the principles of ACEs and trauma-informed care, however budgeting remains a barrier.

Pacific County’s school districts are well positioned to play a role in the reduction of ACEs among children. In our conversation with Amy Huntley, she informed us that Ocean Beach School District began a training last spring following a restorative justice model – which is based from a trauma-informed approach. Based on our conversation with Amy, we gathered that the school districts are eager to learn more about how to identify ACEs and implement trauma-informed and resilience based approaches.

In contrast, health care facilities in Pacific County face a different challenge that questions their readiness in learning about ACEs, TIC, and resilience building approaches. In our conversation with Ocean Beach Hospital’s Clinical Nurse Manager Marianne Baker, she mentioned that training in TIC and resilience based approaches may not be viewed as a priority for the hospital; especially given that youth and young adults account for an estimated 2% of their patient load. Our meeting with Chief Nursing Officer at Willapa Harbor Hospital Bobbi Hallberg revealed a similar situation. She mentioned that there are no pediatricians at Ocean Beach or Willapa Harbor Hospitals, in turn if someone needs to see a pediatrician they are sent to Aberdeen, Tacoma, or across state lines to Astoria, Oregon. Likewise, Willapa Harbor Hospital sees few youth and young adults. The lack of pediatricians, and not to mention cardiologists, orthopedists, speaks to another challenge Pacific County is faced with – the ability to recruit and retain skilled workers.
Recommendations for Increasing Community Involvement

The clear strength of Pacific County remains to be the sense of tight-knit community. Across each sector we interviewed, a commitment to and long term investment working together to improve the lives of friends, family, and neighbors was expressed with genuineness and determination. Rooted in community, we have compiled a list of recommendations that build off Pacific County’s sense of community and related strengths that we identified during our initial assessment of the county. We offer suggestions on strategic approach, policies, and programming with a hope to provide a platform for sustaining the county wide effort to ameliorate ACEs while simultaneously providing community members tools to recognize resilience and continue to grow.

Full Community Involvement

- Start with mindset that this will be a continuous evolving process requiring sustained effort and commitment from all members of the community.

- Invite underrepresented communities to the table. Identify trusted leaders from within Latino/Hispanic communities, tribal nations, and other marginalized groups; invite their perspective and ask for their help as community liaisons (e.g. Mario Rodriguez Casilla from the Migrant Services Program with Ocean Beach School District).

- Center the youth voice by talking to youth in the county, gathering their insight, and prioritizing what change they hope to see in their community. Formally involve them in the process through spots on the Wellspring Coalition leadership team or by creating a youth advisory council. Consider implementing the Healthy Youth Survey, which has ACE related questions and will better position Pacific County for government funding.

Focus on Pacific County’s Strengths

- Complete an inventory of the Pacific County community’s assets using toolkits from the Asset-Based Community Development Institute.

- Continue to identify and involve the Pacific County’s subject matter experts, people who have a wealth of knowledge in related areas or may have experience with ACEs/resilience/TIC, and influencers, passionate, trusted individuals whom others tend to rally around.

- Consider reviving old partnerships and collaborations and/or build new ones, such as with Ron Hertel of Compassionate Schools (Office of Superintendent of Public Instruction), a great example of a subject matter expert.

- Leverage membership in the Cascade Pacific Action Alliance to best position the ACH region to seek funding for additional community health workers. In our conversation with Laura Porter, she emphasized that Pacific County would benefit from the work of community health workers because they enhance social bridging and improve cultural support in service accessibility.

- Incorporate ACEs screening and education into existing home visit services using the NEAR@Home Toolkit. The NEAR@Home Toolkit is also adaptable for out-of-home use. The toolkit includes a readiness checklist, service worker self-reflection education, and a work based training, amongst other things. The
South Bend Early Learning Center already has a team of community health workers who could be trained in NEAR@Home.

Make ACEs, Trauma-Informed, and Resilience-Based Work Accessible for All

- Due to Pacific County’s geographical nature and seasonal work schedules, consider making all meetings and trainings available via conference call or webinar. This step is crucial in ensuring that information is accessible to community members and professionals in the more isolated parts of Pacific County.

- Make necessary accommodations for community members who may be elderly, non-English speaking, or have non-traditional/seasonal work schedules. Consider holding meetings in the evening, providing interpreters, publishing materials in English and Spanish, having child care, and hosting important events during slower commercial seasons.

- Specifically consider taking a multi-generational approach to ACEs, since many of Pacific County’s immediate families are structured intergenerationally. Some examples of this may include ACEs education classes for grandparent caregivers and interventions that leverage involvement by the senior population as a positive adult presence.

- Develop a core team of ACEs trainers (ideally at least one member from each stakeholder organization within the community) who can use the “train the trainer” model to spread and sustain ACEs training. Laura Porter’s ACE Interface Master trainer education uses the train the trainer method.

- Hold monthly meetings with all community stakeholders to track progress post-ACEs training. Add WellSpring meetings to the agenda. The Ocean Beach School District has a method for restorative justice meetings that works well and may be considered as a model.

Apply a Health Equity and Social Justice Lens

- Recognize that ACEs doesn’t reflect all of the adverse experiences or trauma experienced by every community as the initial ACE study was carried out within a largely white, middle class, highly educated population. Consider what adverse experiences or trauma might be experienced by members of the Pacific County Community.

- Acknowledge that poverty is not listed as an ACE though it is an important adverse experience that should be considered. Likewise, a disproportionate number of minority individuals are affected by poverty; consider how this knowledge might be applied to ACEs/TIC/resilience-based work.
Moving Forward: Policies and Organizational Assessments

Policies

Through our research we identified multiple policy approaches utilized in other geographically and/or demographically similar regions that were facing similar issues. These approaches may be adapted for use by Pacific County organizations to become trauma-informed in their practices, leading to reduction in ACEs and resilience building. Please keep in mind that some of the policy approaches may not fit all of Pacific County’s to be determined criteria, though the county may be able to pick and choose certain tools from each approach to create their own, tailored ACEs, TIC, and resilience building initiative.

We have broken the information down into Sector Specific Approaches, which includes courts, child welfare services, and law enforcement; health care; early childhood education; education; behavioral health; social services; and Community Level Approaches. For more detailed information on each approach, please see Appendix A.

Sector-Specific Approaches

Education

Compassionate Schools: The Heart of Learning and Teaching

Compassionate Schools is an initiative by the Washington Office of Superintendent of Public Instruction (OSPI). The Compassionate Schools Initiative provides training, guidance, referral, and technical assistance to schools wishing to adopt a Compassionate Schools Infrastructure.

In our conversation with Ron Hertel, the Readiness to Learn supervisor at OSPI, he emphasized this is a handbook to guide a process, rather than a formulaic, “one size fits all” program. In going through the Compassionate Schools process, each school and community will develop their own unique compassionate “personality.”

Several school districts in Washington and across the U.S. are currently using the Compassionate Schools model. These include Enumclaw, WA; Marysville, WA; Asheville, NC; among others. The Compassionate Schools model could be particularly appealing to Pacific County because it is a Washington based program. In an informational interview with Ron Hertel he shared that he had previously worked with Pacific County and with Laura Porter. The geographical proximity and pre-existing relationships in place may prove to be an asset should Pacific County choose to further pursue the Compassionate Schools model.

Compassionate Schools benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives. These schools create compassionate classrooms and foster compassionate attitudes of their school staff. The goal is to keep students engaged and learning by creating and supporting a healthy climate and culture within the school where all students can learn.

Trauma Sensitive Schools

The Trauma and Learning Policy Initiative (TLPI) is a collaboration, formed in 2004, between Massachusetts Advocates for Children and Harvard Law School. In 2005, they published published Helping Traumatized Children Learn, a two-volume guide to creating trauma-sensitive schools and policy agendas to provide the support schools need to achieve this goal. TLPI is unique because it seeks to not only address changes within schools and communities, but also advocates for broad scale education reform.
In our interviews with Pacific County stakeholders, staff training was cited as a challenge, partially due to the travel time required to attend trainings in person. Access to an online community of educators and learning modules would be an effective way of addressing this challenge.

As a state-wide effort, the TPLI model is likely too large and resource intensive to be fully implemented in Pacific County. However, the guide to changes within schools and communities provides potentially valuable information and can serve as a resource for Pacific County.

The TPLI website has a wealth of resources that may be useful to Pacific County. This includes the development of a new online Learning Community composed of educators, schools and districts that are embarking on the process of creating trauma-sensitive schools. Members of the online learning community have access to learning modules, videos, facilitator’s guides, discussion forums, and consultation with TPLI staff.

Health Care

The Health Center- Walla Walla, WA
Walla Walla, WA currently has two integrated school-based health centers that provide supportive services to students. The Health Center at Lincoln was opened in 2008 and due to it’s success, a second health center was opened at Blue Ridge Elementary School in 2012. The health centers provide free medical, behavioral health, and social-support services to Walla Walla students. In order to provide these services, The Health Center is partnered with a number of community partners from various sectors including: health, public sector, education, non-profit organizations, and various community initiatives. The Health Center is partnered with the Children’s Resilience initiative, Walla Walla’s ACE advocacy organization funded by the Washington State ACEs Public-Private Initiative (APPI).

Pacific County is uniquely positioned to open a school-based health center. Amber Rosewood of the Family Health Center shared that they are in the final month of an 18-month study of Longview to assess the need and feasibility of opening a school-based health center. The findings indicate that the community is very much in support of a school-based health center and that such centers have been shown to have a positive impact on communities. However, Amber stated that Long Beach or Ocean Park may be better potential locations than Longview for the school based health center. A school-based health center would be well suited to the unique needs of a rural community such as south Pacific County. As transportation can be a challenge in rural areas, it would make sense to provide health care in an area where students are already travelling to, such as a school.

Early Childhood Education

Trauma Smart

Amy Nelson at South Bend Early Learning Center shared that they have a Head Start program in which Pacific County may be able to incorporate the Trauma Smart model into their existing programs.
Trauma Smart is a practice model designed to address trauma that negatively impacts children’s lives. The model is currently provided in Head Start preschool programs in 26 counties in the Kansas City metro area and across Missouri, and includes around 3,200 children annually. Trauma Smart helps preschool children, and the adults who care for them, calmly navigate difficult life challenges by pairing practical, hands-on tools with effective coping strategies.

Social Services

NEAR@Home

Pacific County may be well positioned to implement NEAR@Home trainings for home visitors. Mario Rodriguez from Migrant Services and Ocean Beach School District and Amy Nelson from South Bend Early Learning Center shared that their organizations have a number of home visitors already. If additional home visit provider n the county can be identified and offered the NEAR@Home training, this may be a powerful avenue to combat ACEs and build resilience in the Pacific County community.

The Maternal, Infant and Early Childhood Home Visiting leaders in Region X (Washington, Oregon, Idaho and Alaska) developed the NEAR@Home toolkit to guide home visitors with ACE and trauma related discussions. The toolkit provides home visitor specific training to educate staff on how adversity embeds itself into individuals' lives using the NEAR science approach. Additionally, NEAR@Home teaches home visitors how to speak with parents about their own childhood and adult adverse experiences. These conversations are meant to help home visiting staff empower parents to work to better their children’s lives. Through adhering to five core principles of preparing, asking, listening, affirming and remembering, home visiting staff enhance their own practices and learn how to better serve their clients and families.

Courts, Child Welfare Services, Law Enforcement

Zero to Three: Safe Babies Court Teams

The Safe Babies Court Team is a community engagement and systems-change initiative focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the child welfare system. The Safe Babies Court Teams help very young victims of maltreatment by:

1. Protecting babies from further harm and addressing the damage already done
2. Exposing the structural issues in the child welfare system that prevent families from succeeding.
Each Safe Babies Court Team is a public–private collaboration between Zero to Three (ZTT), local courts, community leaders, child and family advocates, child welfare agencies, early care and education providers, government agencies, private philanthropies, nonprofit and private service providers, and attorneys working to improve the community’s response to child abuse and neglect.

The full scope of ZTT and the Safe Babies Court Teams is likely beyond what Pacific County is currently prepared to do. However, the county may be able to use the Court Teams model as a guide for moving their judicial and child welfare services towards a resilience-building and trauma-informed model.¹⁷

**Healing Invisible Wounds: Policy Brief** ¹⁸
Pacific County may find this policy brief helpful as it provides a succinct and well-researched background of the role of trauma in the juvenile justice system and provides clear policy recommendations for creating a trauma-informed model to address ACEs.¹⁸

**Trauma and Resilience: A new look at legal advocacy for youth in the juvenile justice and child welfare systems** ¹⁹
Pacific County may find this report useful as it is an in-depth and multi-faceted look at the role trauma in the juvenile justice and child welfare systems. The report not only provides specific recommendations, but it also addresses potential risks associated with changes.¹⁹

**Behavioral Health**

**Oklahoma Department of Mental Health and Substance Abuse Services: SHARE Model**
“SHARE is more than another program or policy. It's about changing culture, battling stigma, and creating community. Learn a little more about SHARE and how you can SHARE too!” Oklahoma’s Strengthening Hope and Resilience Everyday (SHARE) program seeks to create a community that shares stories of hope, shares ideas and resources for building resilience, and above all shares the information and tools necessary to create safety, in individual’s lives and in communities. The SHARE website offers resources for Children, Youth and Family; Adults and Families; Professionals; and Trainers. Pacific County may find this resource useful.²³

**Community Level Approaches**

**ACEs Public-Private Initiative**
The Washington State ACEs Public-Private Initiative (APPI) is a collaboration of private, community, and public entities working together to learn how communities can prevent and address ACEs. We think this is great opportunity for Pacific County. Many counties that were awarded grants are similar to Pacific County in terms of population and current ACEs efforts.²⁵

APPI is conducting a 2.5-year evaluation from September 2013-December 2015 with five communities in Washington State that have ongoing, multi-faceted initiatives targeting ACEs. APPI awarded grants to the following five community initiatives in WA State:²⁶

1. The Coalition for Children & Families of North Central WA
2. Okanogan County Community Coalition
3. Skagit County Child & Family Consortium
4. Walla Walla Co Community Network / Children’s Resilience Initiative
5. Whatcom Family Community Network
The evaluation was designed to answer a central question: “Can a multifaceted, scalable, community-based empowerment strategy focused on mitigating or preventing ACEs succeed in producing a wide array of positive outcomes in a community, including reduction of child maltreatment and improvement of child and youth development outcomes?”

The following section provides an overview of the five different APPI funded community initiatives. Pacific County may find these example helpful, especially those that have been implemented in rural areas.

The Coalition for Children & Families of NCW
The Coalition for Children & Families of North Central Washington serves Chelan, Douglas, and Okanogan counties. The coalition serves a population in an agriculture based economy, is multi-cultural and bi-lingual over more than 10,000 square miles from North Central Washington to the Canadian border. The coalition promotes collaboration to serve 150,000 people in a large area with limited funds.

“The coalition acknowledges and seeks to address that people w/ physical and emotional disabilities that do not receive appropriate community supports experience social isolation, episodes of unemployment and higher rates of sexual assault. Young people without community support are more likely to act out of join a gang. The elderly are more likely to experience social isolation and depression without community support. The partnerships created by the work of the coalition, has done much to develop support networks that prevent and reduce the adverse experiences and their impacts by connecting people with the resources they need.”

Okanogan County Community Coalition (OCCC)
The Okanogan County Community Coalition serves the residents of Okanogan County, WA. Okanogan County is largely rural in character, and may be a useful example for Pacific County. OCCC’s work has focused to decrease substance abuse and violence among the youth in the county – “for over a decade.”

The coalition is comprised of approximately 30 community members, all committed to making their communities “a better place to live in.” Members meet once a month and meetings are open to the public. Coalition membership includes a variety of members from: “business, school districts/education, faith based groups, health care providers, parents, youth, media, law enforcement, elected officials, non-profit agencies, and other community sectors.” The OCCC works with law enforcement to enforce underage drinking laws.

OCCC collaborates with local systems, state agencies and federal partners to create an environment that prevents childhood trauma and fosters resilience in the Omak population. OCCC utilizes community surveys available on their home page in both English & Spanish.

Skagit County Child and Family Consortium (SCCFC)
Skagit County Child and Family Consortium unites community coalitions, service providers, school districts, and other partners serving children and families in Skagit county. They do so by:

• Providing community education and discussion forum opportunities
• Forming partnerships to strengthen existing resources
• Identifying gaps or overlaps in services for children and families most at-risk of academic failure, dropping out of school, drug and alcohol abuse, violence and homelessness in Skagit county
• Developing the means to fill those gaps and increase service capacity
• Promoting best practices

Children’s Resilience Initiative- Walla Walla, WA
The Children’s Resilience Initiative is one of the most comprehensive initiatives in Washington State. While Walla Walla is a larger community than Pacific County, their website [http://www.resiliencetrumpsaces.org/](http://www.resiliencetrumpsaces.org/) is an excellent resource that Pacific County should refer to in their journey forward.30 (Figure 7)

Whatcom Family & Community Network (WFCN)
The Whatcom Family & Community Network serves the people of Whatcom County, Washington. Although Bellingham is larger than any town in Pacific County, much of Whatcom County is rural in nature.31

WFCN seeks to build organizational and community capacity necessary to assure all children, youth, and families have the skills and opportunities they need to lead healthy, productive lives and is committed to linking the gifts of all children, youth and adults in order to create and sustain a stronger, healthier community. WFCN focuses on community organizing at the neighborhood and county-wide level. They approach this work by:31

• Working with residents and key leaders to solve problems and build on existing community strengths, using principles of asset-based community development and family support
• Believing that healthy and well connected communities are necessary to support healthy families and healthy families are the foundation of a healthy community
• Working through its partnerships to engage the broad diversity of children, youth, and families in improving their community
• Functioning as a catalyst/facilitator to assure abundant of resources (formal and informal) are available for families

Network Members represent the diversity of civic and resident leadership in their community. Of these members, three serve as the Governing Board for the non-profit and the Executive Committee for the Network.31 The Governing Board meets bi-monthly and oversees the operations, policies, and work plan of the organization. Network membership includes 3 advisory committees: Whatcom Prevention Coalition, Gang Prevention Team, and ACE/Resilience Network.31 These committees hold various forums and engage in dialogue on critical issues facing the community’s children, youth and families to create the agenda for Network action.
The Community Resilience Cookbook is a well-organized and comprehensive website focused on building community resilience in response to ACEs. The Cookbook offers a 23-step “recipe” for building community resilience based on the experience of nine different communities across the U.S. that have engaged in community resilience building. Like any good recipe, there is room to make adjustments to fit an individual community’s “taste”.

The Cookbook is an excellent guide and resource that Pacific County should refer to in moving forward with its efforts in addressing ACEs, building resilience, and becoming trauma-informed.

Figure 9: Recipe for Resilience
Organizational Assessment Tools

In our research, we found many different types of organizational assessments that can be used with various community institutions to become trauma-informed in their practices, the full list of which can be found in Appendix B. Informed by our interviews with key stakeholders as well as some preliminary work, we created a list of criteria in order to narrow down the list to a few assessments that would be a better fit for Pacific County.

As shown in the following table, the organizational assessment tools that exist did not always fulfill our ideal requirements. We chose 3 that best fit, prioritizing what we heard from our key informant interviews. Our three recommended tools all lend themselves well to highlighting next steps organizations can take, focus on resilience rather than trauma, and can be used for a range of organizations with few modifications. No one tool fulfills all requirements; therefore, we will showcase the bright spots of each tool they fall short so they can be modified strategically to fit the context of Pacific County.
Trauma-Informed Organizational Toolkit - National Center on Family Homelessness
This toolkit is based on a self-assessment tool that would ideally be completed by all staff. It has 134 items across 5 areas, such as Supporting Staff Development, Creating a Safe and Supportive Environment, Assessing and Planning Services, Involving Consumers, and Adapting Policies. It takes approximately 30-40 minutes to complete.

There are several caveats about this toolkit: it was intended for organizations addressing homelessness, and it is long compared to other assessments. Though it was tested in shelters and homelessness programs, it has been adapted for other populations such as women, veterans and children who experienced abuse. It can therefore be similarly adapted to the Pacific County context. The strengths of this toolkit is the wealth of documentation it offers in support of the assessment: it walks through the scoring of the self-assessment very clearly and offers a range of implementation ideas.

Further reading: 33,34,35
   a. Webinar by one of the authors
   b. Adaptation for Agencies Preventing Child Abuse by the Wisconsin Children’s Trust Fund
   c. Resources from Trauma Informed Care Project

Standards of Practice for Trauma Informed Care - Trauma Informed Oregon
This tool operationalizes Substance Abuse and Mental Health Services Administration’s (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach. It has 51 items across 5 domains, which include Agency Commitment and Endorsement, Environment and Safety, Workforce Development, Services and Service Delivery and Systems Change. There is also opportunity for short responses.

This tool is quite new, dated October 2015. According to Trauma Informed Oregon website, it has been piloted by partners in mental health, housing, juvenile justice, and other systems, underlining the flexibility of the tool. It is intended to be updated every year. There is not much documentation support for action; identification and implementation of next steps will be mostly organization driven with the assessment’s scaled items demonstrating areas of improvement or success. However, given the proximity of Oregon as well as the ongoing revision process, there may be opportunity for further support and collaboration.

Further Reading: 36,37
   a. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach
   b. Blog post about Standards of Practice

Organizational Self-Assessment: Adoption of Trauma-Informed Care Practice - National Council for Behavioral Health
This tool is the shortest of the three, with 39 scales over 7 domains: Early Screening and Comprehensive Assessment of Trauma; Consumer Driven Care and Services; Trauma-Informed, Educated and Responsive Workforce; Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices; Create Safe and Secure Environments; Engage in Community Outreach and Partnership Building; Ongoing Performance Improvement and Evaluation.

This tool, besides being briefer, can also fit most contexts without much change. But there is even less support for implementation compared to the previous two. Like Trauma Informed Oregon’s Standards of Practice for Informed Care, the assessment’s scaled items will suggest areas of improvement. However, the National Council for Behavioral Health currently only offers fee-based consulting packages; the above tool seems to be an older remnant still online. It is also a tool that is not as well-referenced in the literature. Lastly, there is a lack of
assessment in regards to diversity. Although the tool mentions cultural competency in the introduction to the tool, it does not mention it anywhere else.
Iowa’s Framework: A Future Example for Pacific County

Iowa serves as a great example of grassroots effort for long-term change in rural communities (the smallest county population lands around 3,900-Adams County).\textsuperscript{38} ACEs integration and longitudinal data collection have been in place in the state for a multiple years; often times Iowa is used as a model for survey implementation.\textsuperscript{39} Iowa has a history of assessing youth risk factors and developing prevention programing. We want to direct attention to the fact that Iowa has achieved this through partnerships developed over time between the University of Iowa, the Department of Public Health, area education systems (schools state-wide), and regional hospitals. In order to help alleviate funding pressures, grants were achieved in partnership and funding shared across borders (county to county as well as across state lines) to assess and counter ACEs and youth risk behaviors. Some key recommendations stemming from Iowa’s framework are:

- Iowa Child Health Specialty Clinics: developed to serve at risk and disabled youth to provide them with adequate and accessible services across Iowa.
- Foster Grandparent Programs: developed to allow senior citizens to help local children. These programs are beneficial to child readiness for entering school among other healthy community benefits. This may also be extremely useful in a community with a high retirement demographic and a need for early childhood resources.\textsuperscript{40,41}
- Intergenerational program or learning center: designed to create a care cycle from early childhood years to the senior population. Intergenerational centers foster learning and community building from the start of life.

We recommend Pacific County view methods of cross-sector cooperation as essential in achieving not only a rural county cooperation and implementation but also a state-wide prevention effort. Please refer to the section “Iowa’s framework” in the appendix for further details.

Conclusion

Adverse childhood experiences are a formidable public health problem. Those affected by ACEs experience detrimental health effects later in life. Based on the qualitative information we gathered, community stakeholders are aware of the effect ACEs have on their community and are ready to implement training that reduces ACEs and build resiliency. Myriad policy approaches and assessments exist for Pacific County to draw upon in this fight for health, many of which are included in this report and its appendices. Right now, the environment in Pacific County is ripe for change, with a Task Force coming together to create a plan to ameliorate ACEs, introduce a formal trauma-informed care approach, and build resilience in the County’s youth and young adults. As Robert Anda inferred, ACEs are transmitted like viruses, and must be fought face to face.\textsuperscript{42}

Acknowledgements

We would like to thank the Pacific County community and the organizations who took the time to speak with us. Specifically, we would like to thank Marianne Baker, MaryEllen Becker, Ron Clarke, Mary Goelz, Bobby Hallberg, Vinessa Karnofski, Wayne Leonard, Geri Marcus, Greta McDougall, Amy Nelson, Laura Porter, Jenny Risner, Mario Rodriguez Casilla, Amber Rosewood, Kathy Spoor, and Flint Wright. We would also like to thank our Faculty Facilitator, Sharon Bogan, for her generosity with her time, guidance, and insight.
References


Appendix A

Sector-Specific Approaches

Courts, Child Welfare Services, Law Enforcement

ZERO TO THREE: Safe Babies Court Teams

The Safe Babies Court Team is a community engagement and systems-change initiative focused on improving how the courts, child welfare agencies, and related child-serving organizations work together, share information, and expedite services for young children in the child welfare system. The Safe Babies Court Teams help very young victims of maltreatment by:

3. Protecting babies from further harm and addressing the damage already done
4. Exposing the structural issues in the child welfare system that prevent families from succeeding.

Safe Babies Court Teams began in 2005 and have been replicated over the years in several sites across the country. Each Safe Babies Court Team is a public–private collaboration between ZERO TO THREE (ZTT), local courts, community leaders, child and family advocates, child welfare agencies, early care and education providers, government agencies, private philanthropies, nonprofit and private service providers, and attorneys committed to improving the community’s response to child abuse and neglect.

On the local level, each Safe Babies Court Team is convened by a judge with jurisdiction over foster care cases. The judge works closely with the ZTT community coordinator—a child development specialist—to build a community-wide collaborative Safe Babies Team. They invite other judges, child welfare staff, attorneys, service providers, and other community leaders to join the Team. At Team meetings and at regularly scheduled training events, stakeholders develop their knowledge of child development. Over time they use their knowledge to transform the experiences of young children in the child welfare system.

The Safe Babies Court Team model focuses on five areas:

Championing Children
1. Child-focused services
2. Concurrent planning
3. Quality Early learning experiences
4. Frequent family time

Encouraging Parents
1. Recognize the overwhelming odds confronting parents
2. Honor the parents’ personal journey
3. Confront racial inequity
4. Provide services that target the specific individual needs of that parent or family

Engaging Communities
1. “R House”, a Home-like visitation center for parents and children
2. Monthly parent activity
3. Dedicated Early Head Start slots
4. Making Child-Parent Psychotherapy available to families served by Safe Babies Teams
5. Identifying developmental delays and disabilities as quickly as possible
Evidence-Based Practice

1. To date, Safe Babies Court Team approach has conducted three evaluations
2. In 2014, the Safe Babies Court Teams Project was added to the California Evidence-Based Clearinghouse for Child Welfare

Affecting State and Federal Policy

1. ZTT recognizes the challenges of moving bureaucracies in new directions
2. The Safe Baby Court Teams function as community laboratories where hard-won experience at the local level has been used to inform local, state, and federal policymakers.
3. Based on the experiences of Safe Babies Courts Teams, ZTT has published a call to action and a self assessment tool for states and counties administering child welfare services. They also published a survey of state child welfare policies and initiatives.

The full scope of ZTT and the Safe Babies Court Teams is likely beyond what Pacific County is currently prepared to do. However, the county may be able to use the Court Teams model as a guide for moving their judicial and child welfare services towards a resilience-building and trauma-informed model.

Healing Invisible Wounds: Policy Brief

This 15-page policy brief published in 2010 by the Justice Policy Institute outlines the role of trauma in the juvenile criminal justice system. The brief makes the following recommendations for child-serving systems, law enforcement, judges and entire judicial systems to better recognize and treat trauma in children. These recommendations outline “trauma-informed” care models for people who have experienced childhood trauma, the overall goal being to improve systematic responses to these people using evidence-based practices. The following policies outline steps towards a trauma-informed system:

1. Improve in-system understanding and public awareness of the effects of childhood trauma
2. Improve reporting and screening for trauma exposure
3. Improve assessment of trauma exposure
4. Provide targeted prevention and early intervention programs
5. Provide Services and treatment programs for children who have experienced trauma
6. Avoid further traumatization within the justice system
7. Consider trauma exposure when deciding sentencing and placement
8. Invest in prevention and trauma-informed programs

Pacific County may find this policy brief helpful as it provides a succinct and well-researched background of the role of trauma in the juvenile justice system and provides clear policy recommendations for creating a trauma-informed model to address ACEs.

Trauma and Resilience: A new look at legal advocacy for youth in the juvenile justice and child welfare systems

This 50-page publication sets forth key risks of and opportunities for using research on trauma in youth advocacy. The publication focuses on legal strategies advocates can use in court, and the state and local policies needed to support these strategies.
The report addresses the following topics:

1. Background Information on Trauma
2. Race, Class, Context, and Trauma-Informed Advocacy
3. Gender, Sexual Identity, and Trauma-Informed Advocacy
4. Identifying Trauma: Approaches and Legal Consequences

The report makes recommendations related to each topic discussed and puts forth the following overarching recommendations:

1. Use evidence related to trauma in the courtroom to connect youth and families with needed mental health services that are voluntary or that divert youth and families from more coercive interventions
2. Avoid raising trauma in courtroom contexts in which it may justify imposing harsh consequences on youth or separating youth from their families
3. Use research on trauma to prevent harm imposed by public systems
4. Require public systems to provide high-quality services to address trauma symptoms in youth and families.

Pacific County may find this report useful as it is an in-depth and multi-faceted look at the role trauma in the juvenile justice and child welfare systems. The report not only provides specific recommendations, but it also addresses potential risks associated with changes.

**Health Care**

The Health Center- Walla Walla, WA

Walla Walla, WA currently has two integrated school-based health centers that provide supportive services to students. The Health Center at Lincoln was opened in 2008 and due to its success, a second health center was opened at Blue Ridge Elementary School in 2012. The health centers provide free medical, behavioral health, and social-support services to Walla Walla students. In order to provide these services, The Health Center is partnered with a number of community partners from various sectors including: health, public sector, education, non-profit organizations, and various community initiatives. The Health Center is partnered with the Children’s Resilience initiative, Walla Walla’s ACE advocacy organization funded by the Washington State ACEs Public-Private Initiative (APPI).

Pacific County is uniquely positioned to open a school-based health center. Amber Rosewood of the Family Health Center shared that they are in the final month of an 18-month study of Longview to assess the need and feasibility of opening a school-based health center. The findings indicate that the community is very much in support of a school-based health center and that such centers have been shown to have a positive impact on communities. However, Amber stated that Long Beach or Ocean Park may be better potential locations for the school based health center. A school-based health center would be well suited to the unique needs of a rural community such as south Pacific County. As transportation can be a challenge in rural areas, it would make sense to provide health care in an area where students are already travelling to, such as a school.
Early Childhood Education

Trauma Smart

Trauma Smart is a practice model designed to address trauma that negatively impacts children’s lives. The model is currently provided in Head Start preschool programs in 26 counties in the Kansas City metro area and across Missouri, and includes around 3,200 children annually. Trauma Smart helps preschool children, and the adults who care for them, calmly navigate difficult life challenges by pairing practical, hands-on tools with effective coping strategies.

Trauma Smart holds that the most effective way to mitigate the effects of trauma is to treat the entire community, by creating an environment where all of the adults in a child’s life are able to help the child heal. Trauma Smart is a systemic practice model demonstrated over the last several years to effectively address the aftermath of violence and trauma within the context of a natural environment – Head Start classrooms. Trauma Smart is constantly evaluating and refining their program based on what works. They use the following systems to measure success:

1. Childhood Trust Events Survey
2. CLASS (Classroom Assessment Scoring System)
3. ASEBA (Achenbach System of Empirically Based Assessment)
4. Parent/Teacher post-training tests and satisfaction surveys for training, treatment and consultation
5. On-going focus groups and feedback from stakeholders through quarterly local advisory committees, and a statewide advisory committee

Amy Nelson of South Bend Early Learning Center shared that they have a Head Start program. Pacific County may be able to incorporate the Trauma Smart model into its existing Head Start programs.
Education

Compassionate Schools: The Heart of Learning and Teaching

Compassionate Schools is an initiative by the Washington Office of Superintendent of Public Instruction (OSPI). The Compassionate Schools Initiative provides training, guidance, referral, and technical assistance to schools wishing to adopt a Compassionate Schools Infrastructure.

Compassionate Schools benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives. These schools create compassionate classrooms and foster compassionate attitudes of their school staff. The goal is to keep students engaged and learning by creating and supporting a healthy climate and culture within the school where all students can learn.

The ten principles of a compassionate school are:

1. Focus on culture and climate in the school and community.
2. Train and support all staff regarding trauma and learning.
3. Encourage and sustain open and regular communication for all.
4. Develop a strengths based approach in working with students and peers.
5. Ensure discipline policies are both compassionate and effective (Restorative Practices).
6. Weave compassionate strategies into school improvement planning.
7. Provide tiered support for all students based on what they need.
8. Create flexible accommodations for diverse learners.
9. Provide access, voice, and ownership for staff, students and community.
10. Use data to:
   a. Identify vulnerable students, and
   b. Determine outcomes and strategies for continuous quality improvement.

OSPI partnered with Western Washington University to publish a 246-page handbook in 2009. The handbook serves as a framework to guide schools in developing a compassionate environment that fosters healing and resilience in children who have experienced trauma.

Ron Hertel, the Readiness to Learn supervisor at OSPI, emphasizes that this is a handbook to guide a process. It is not a formulaic, “one size fits all” program. In going through the Compassionate Schools process, each school and community will develop their own unique compassionate “personality.”

Several school districts in Washington and across the U.S. are currently using the Compassionate Schools model. These include Enumclaw, WA; Marysville, WA; Asheville, NC; among others.

The Compassionate Schools model could be particularly appealing to Pacific County because it is a Washington based program. In an informational interview, Ron Hertel shared that he had worked with Pacific County in the past, as well as with Laura Porter. The geographical proximity and pre-existing relationships in place may prove to be an asset should Pacific County choose to further pursue the Compassionate Schools model.
Trauma Sensitive Schools

The Trauma and Learning Policy Initiative (TLPI) is a collaboration between Massachusetts Advocates for Children and Harvard Law School that was formed in 2004. In 2005, they published *Helping Traumatized Children Learn*, a two-volume guide to creating trauma-sensitive schools and policy agendas to provide the support schools need to achieve this goal.

TLPI is unique because it seeks to not only address changes within schools and communities, but also advocates for broad scale education reform.

As a state-wide effort, the TPLI model is likely too large and resource intensive to be fully implemented in Pacific County. However, the guide to changes within schools and communities provides potentially valuable information and can serve as a resource for Pacific County.

The TPLI website has a wealth of resources that may be useful to Pacific County. This includes the development of a new online Learning Community composed of educators, schools and districts that are embarking on the process of creating trauma-sensitive schools. Members of the online learning community have access to learning modules, videos, facilitator’s guides, discussion forums, and consultation with TPLI staff.

In our interviews with Pacific County Stakeholders, staff training was cited as a challenge, partially due to the travel time required to attend trainings in person. Access to an online community of educators and learning modules would be an effective way of addressing this challenge.

Behavioral Health

Oklahoma Department of Mental Health and Substance Abuse Services: SHARE Model

“SHARE is more than another program or policy. It’s about changing culture, battling stigma, and creating community. Learn a little more about SHARE and how you can SHARE too!”

Oklahoma’s Strengthening Hope and Resilience Everyday (SHARE) program seeks to create a community that shares stories of hope, shares ideas and resources for building resilience, and above all shares the information and tools necessary to create safety, in individual’s lives and in communities.

The SHARE website offers resources for Children, Youth and Family; Adults and Families; Professionals; and Trainers. Pacific County may find this resource useful.

Social Services

NEAR@Home

The Maternal, Infant and Early Childhood Home Visiting leaders in Region X (Washington, Oregon, Idaho and Alaska) developed the Near@Home toolkit to guide home visitors with ACE and trauma related discussions. The toolkit provides home visitor specific training to educate staff on how adversity embeds itself into individuals' lives using the NEAR science approach. Additionally, NEAR@Home teaches home visitors how to speak with parents about their own childhood and adult adverse experiences. These conversations are meant to help home visiting staff empower parents to work to better their children's lives. Through adhering to five core principles of preparing, asking, listening, affirming and remembering, home visiting staff enhance their own practices and learn how to better serve their clients and families.
Pacific County may be well positioned to implement NEAR@Home trainings for home visitors. Mario Rodriguez from Migrant Services and Ocean Beach School District and Amy Nelson from South Bend Early Learning Center shared that their organizations have a number of home visitors already. If additional home visit provider n the county can be identified and offered the NEAR@Home training, this may be a powerful avenue to combat ACEs and build resilience in the Pacific County community.

Community Level Approaches

**ACEs Public-Private Initiative (APPI)**

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APPI is conducting a 2.5-year evaluation from September 2013-December 2015 with five communities in Washington State that have ongoing, multi-faceted initiatives targeting ACEs. APPI awarded grants to the following five community initiatives in WA State:

6. The Coalition for Children & Families of North Central WA
7. Okanogan County Community Coalition
8. Skagit County Child & Family Consortium
9. Walla Walla Co Community Network / Children's Resilience Initiative
10. Whatcom Family Community Network

Requirements of the evaluation communities awarded grants were:

1. Participate in a three-year evaluation and learning community to build understanding about community approaches and strategies that reduce, prevent, and ACEs and/or childhood trauma and their impacts on health, social, educational, and economic well-being.
2. Provide the following evidence of:
   a. Established history of and existing structure working across sectors toward common goals
   b. Commitment to and experience with collaborative community-based initiatives to prevent, reduce and minimize impacts of ACEs
   c. Well-articulated, evidence based strategies for reducing ACE prevalence, and/or preventing, or mitigating specific ACEs which are aligned with related state and local initiatives
   d. Feasible plan for sustaining the collaboration and prevention and mitigation strategies during and after the evaluation period

**APPI Cross-Site Evaluation: Interim Report**

In 2015, Mathematica Policy Research published a 182-page retrospective evaluation of the five APPI funded initiatives. The report is a thorough and comprehensive examination of what has worked and what has not worked in the evaluation communities.

The evaluation was designed to answer a central question: “Can a multifaceted, scalable, community-based empowerment strategy focused on mitigating or preventing ACEs succeed in producing a wide array of positive outcomes in a community, including reduction of child maltreatment and improvement of child and youth development outcomes?”
The evaluation is addressing the following topics:

1. Initiatives; contexts
2. Strategies used to build community capacity to reduce ACEs and increase resilience
3. How the sites used their capacity to trigger community change at multiple levels
4. How these changes are shifting local conditions in ways that may affect ACEs and resilience
5. Potential lessons about how to increase the effectiveness and cost savings of such initiatives

This interim cross-site evaluation report addresses the first three subjects. The final evaluation report, due in late 2015, will address the final two topics.

This report, while too long to summarize here, is a highly recommended resource for Pacific County as it moves forward in its journey to address ACEs.

**APPI Evaluation Community Initiatives**

The following section provides an overview of the five different APPI funded community initiatives. Pacific County may find these example helpful, especially those that have been implemented in rural areas.

**The Coalition for Children & Families of NCW**

The Coalition for Children & Families of North Central Washington serves Chelan, Douglas, and Okanogan counties. These counties are largely rural in character and the coalition may be a particularly useful example for Pacific County.

The coalition serves a population in an agriculture based economy, is multi-cultural and bi-lingual over more than 10,000 square miles from North Central Washington to the Canadian border. The coalition promotes collaboration to serve 150,000 people in a large area with limited funds. The coalition acknowledges and seeks to address that people with physical and emotional disabilities that do not receive appropriate community supports experience social isolation, episodes of unemployment and higher rates of sexual assault. Young people without community support are more likely to act out or join a gang. The elderly are more likely to experience social isolation and depression without community support. The partnerships created by the work of the coalition, has done much to develop support networks that prevent and reduce the adverse experiences and their impacts by connecting people with the resources they need.

**Coalition Structure**
The Coalition for Children & Families of NCW is comprised of representatives from 36 Member Organizations and 53 Participating Members.

The Board of Directors provides leadership to the coalition on behalf of its members. The Board of Directors meets once a month. The Board acknowledges the difficulties in coordinating a variety of groups to have the same goal/vision, and calls upon the Wilder Collaboration Factors Inventory to help with “organizational management structure.”
The Policy Board is composed of director seats that represent broad areas of industry that impact families and children the most (e.g. health and mental health, rural life, community based family support, early learning, education and Latino communities).

The Standing Committee is comprised of 5 members who provide “focused attention on specific sectors of the community”. They also balance partnerships and funding for projects and capacity to building efforts.

Guiding Principles
1. The coalition invests these resources & assets:
   - Capacity
   - Influence
   - Expertise
   - Funding
   - Partners

2. The coalition and its partners implement these strategies:
   - Assess gaps and needs
   - Evaluation info systems to support
   - Strategic planning & continuous report
   - Initiate and grow relevant relationships
   - Effective communication and engagement
   - Public Awareness and Advocacy
   - Utilize an ACEs lens

3. Service Systems can build and sustain these outcomes:
   - Relevance
   - Responsiveness
   - Continuum
   - Seamless
   - Access
   - Public Support
   - Sustainability

4. Consumer, clients, and constituents realize these long term results:
   - People have a voice to engage in planning services needed
   - Children and families move between programs and agencies easily and w/o any interruptions and problems
   - Birth to death service coordination between programs for all needs
   - Needs are recognized and responded to

Okanogan County Community Coalition (OCCC)
http://www.okcommunity.org/

The Okanogan County Community Coalition serves the residents of Okanogan County, WA. Okanogan County is largely rural in character, and may be a useful example for Pacific County.
OCCC Mission: “To effectively address the problems of substance abuse and violence by promotion collaboration, cooperation, communication, commitment and cultural competency.”

OCCC’s work has focused to decrease substance abuse and violence among the youth in the county – “for over a decade”

Coalition Structure

- The coalition is comprised of approximately 30 community members, all committed to making their communities “a better place to live in”. Members meet once a month and meetings are open to the public. Coalition membership includes a variety of members from: “business, school districts/education, faith based groups, health care providers, parents, youth, media, law enforcement, elected officials, non-profit agencies, and other community sectors.” The OCCC works with law enforcement to enforce underage drinking laws.

Resiliency Building/ACE Prevention Approach

OCCC collaborates with local systems, state agencies and federal partners to create an environment that prevents childhood trauma and fosters resiliency in the Omak population. Some programs include:

- Parent education
- Free family friendly activities in the community
- Supporting Omak High School Link Crew and Key Club
- Omak community truancy board participation
- Okanogan County youth suicide prevention participation
- Good Behavior Game

OCCC utilizes community surveys available on their home page in both English & Spanish.

Skagit County Child and Family Consortium (SCCFC)
http://www.sccfc.org/

Skagit County Child and Family Consortium unites community coalitions, service providers, school districts, and other partners serving children and families in Skagit county. They do so by:

- Providing community education and discussion forum opportunities
- Forming partnerships to strengthen existing resources
- Identifying gaps or overlaps in services for children and families most at-risk of academic failure, dropping out of school, drug and alcohol abuse, violence and homelessness in Skagit county
- Developing the means to fill those gaps and increase service capacity
- Promoting best practices

The consortium meets once a month.
The Children’s Resilience Initiative is one of the most comprehensive initiatives in Washington State. While Walla Walla is a larger community than Pacific County, their website [http://www.resiliencetrumpsaces.org/](http://www.resiliencetrumpsaces.org/) is an excellent resource that Pacific County should refer to in their journey forward.

**Timeline**
- October 2007, Teri Barila (Walla Walla County Community Network coordinator) heard Dr. Robert Anda speak at a Washington State Family Policy Council (FPC) event. Teri learned that the ACE study, which Robert Anda was a part of, was “the largest public health study you never heard of.”
- Teri became even more invested once she learned that childhood adversities are the leading causes for violence, mental illness, and chronic diseases. Barila returned from the FPC event determined to share what she had learned with the Walla Walla community.
- In 2008, Teri organized a community meeting and invited Robert Anda to facilitate a seminar, where to her surprise about 160 people were in attendance. It did take Teri some time to get other community members and leaders to be invested.
- February of 2010 the Children’s Resilience Initiative (CRI) was launched. CRI was created to help the Walla Walla community to “see the power in Resilience.” In doing so, CRI works towards increasing “the positive, resilience-building experiences in the lives of children, parents and families in their community.” CRI recognizes that ACEs are distributing to one’s health, therefore they have “created a model of community services and roads to follow to build resilience.”
Whatcom Family & Community Network (WFCN)
http://wfcn.org/

The Whatcom Family & Community Network serves the people of Whatcom County, Washington. Although Bellingham is larger than any town in Pacific County, much of Whatcom County is rural in nature.

Mission: Help build organizational and community capacity necessary to assure all children, youth, and families have the skills and opportunities they need to lead healthy, productive lives. WFCN is committed to linking the gifts of all children, youth and adults in order to create and sustain a stronger, healthier community. WFCN focuses on community organizing at the neighborhood and county-wide level. They approach this work by:

- Working with residents and key leaders to solve problems and build on existing community strengths, using principles of asset-based community development and family support
- Believing that healthy and well connected communities are necessary to support healthy families and healthy families are the foundation of a healthy community
- Working through its partnerships to engage the broad diversity of children, youth, and families in improving their community
- Functioning as a catalyst/facilitator to assure abundant of resources (formal and informal) are available for families

Network Structure

Network Members represent the diversity of civic and resident leadership in their community.

Of these members, three serve as the Governing Board for the non-profit and the Executive Committee for the Network. The Governing Board meets bi-monthly and oversees the operations, policies, and work plan of the organization.

Network membership includes 3 advisory committees: Whatcom Prevention Coalition, Gang Prevention Team, and ACE/Resilience Network. These committees hold various forums and engage in dialogue on critical issues facing the community’s children, youth and families to create the agenda for Network action.

WFCN’s primary strategy of community mobilization includes:

- Support to organizing efforts at the grassroots level
- Convening residents around critical family issues
- Assistance in the development of funding and resources to local efforts
- Promotion of youth and adult service, leadership and recognition
- Broadening the diversity of civic engagement in local action
- Promotion of asset based and family support practices
- Piloting and testing promising practices in family support
- Training and education to support local leadership
The Community Resilience Cookbook is a well organized and comprehensive website focused on building community resilience in response to ACEs.

The Cookbook offers a 23-step “recipe” for building community resilience based on the experience of nine different communities across the U.S. that have engaged in community resilience building. Like any good recipe, there is room to make adjustments to fit an individual community’s “taste”.

The Cookbook is an excellent guide and resource that Pacific County should refer to in moving forward with its efforts in addressing ACEs, building resilience, and becoming trauma-informed.
Appendix B

**Recommended**

1. **Trauma-Informed Organizational Toolkit**
   Organization: National Center on Family Homelessness

   This toolkit is based on a self-assessment tool that would ideally be completed by all staff. It has 134 items across 5 areas, such as Supporting Staff Development, Creating a Safe and Supportive Environment, Assessing and Planning Services, Involving Consumers, and Adapting Policies. It takes approximately 30-40 minutes to complete.

   There are several caveats about this toolkit: it was intended for organizations addressing homelessness, and it is long compared to other assessments. But though it was tested in shelters and homelessness programs, it has been adapted for other populations such as women veterans and children who experienced abuse. It can therefore be similarly adapted to the Pacific County context. The strengths of this toolkit is the wealth of documentation it offers in support of the assessment: it walks through the scoring of the self-assessment very clearly and offers a range of implementation ideas.

   Further reading:
   

2. **Standards of Practice for Trauma Informed Care**
   Organization: Trauma Informed Oregon

   This tool operationalizes SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. It has 51 items across 5 domains, which include Agency Commitment and Endorsement, Environment and Safety, Workforce Development, Services and Service Delivery and Systems Change. There is also opportunity for short responses.

   This tool is quite new, dated October 2015. According to Trauma Informed Oregon website, it has been piloted by partners in mental health, housing, juvenile justice, and other systems, underlining the flexibility of the tool. It is intended to be updated every year. There is not much documentation support for action; identification and implementation of next steps will be mostly organization driven with the assessment’s scaled items demonstrating areas of improvement or success. However, given the proximity of Oregon as well as the ongoing revision process, there may be opportunity for further support and collaboration.

   Further Reading:
   
   a. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach: [http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf](http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf)
3. **Organizational Self-Assessment: Adoption of Trauma-Informed Care Practice**

   Organization: National Council for Behavioral Health

   This tool is the shortest of the three, with 39 scales over 7 domains: Early Screening and Comprehensive Assessment of Trauma; Consumer Driven Care and Services; Trauma-Informed, Educated and Responsive Workforce; Provision of Trauma-Informed, Evidence-Based and Emerging Best Practices; Create Safe and Secure Environments; Engage in Community Outreach and Partnership Building; Ongoing Performance Improvement and Evaluation.

   This tool, besides being briefer, can also fit most contexts without much change. But there is even less support for implementation compared to the previous two. Like Trauma Informed Oregon’s Standards of Practice for Informed Care, the assessment’s scaled items will suggest areas of improvement. However, the National Council for Behavioral Health currently only offers fee-based consulting packages; the above tool seems to be an older remnant still online. It is also a tool that is not as well-referenced in the literature. Lastly, there is a lack of assessment in regards to diversity. Although the tool mentions cultural competency in the introduction to the tool, it does not mention it anywhere else.

**General/ Community-Based**

1. **Community Readiness for Community Change**

   Organization: Tri-Ethnic Center for Prevention

   This is a model of assessment that is for a variety of different issues. Iowa360, which works on ACEs specifically, modified this for their context.

   This process is very community driven, but also can be resource extensive. The instrument itself is an interview that takes up to an hour, with 36 questions that address different dimensions of readiness, such as community efforts and community knowledge of efforts, leadership, community climate, community knowledge about the issue, and resources. Ideally 4-10 people would be interviewed, and each interview would be scored by two people. Depending on the result, this tool would recommend next steps.

   Compared to Pacific County context, it seems more resource intensive than is desired. In addition the drivers of change is very community driven while in Pacific County context, organizations are already doing a lot of work in driving campaign to address ACEs. In this model, to move ahead, “readiness on all dimensions must be at the same level.”

   Further reading:
2. Organizational Readiness Assessment  
   Organization: Trauma-Informed Care Consortium of Central Texas,

   This assessment was designed by the leadership of the Consortium, who had familiarity with trauma-informed care systems and trauma-informed organizational assessment tools. The assessment seems to be designed for a range of organizations, and is easily accessible through Survey Monkey. Unfortunately, it has only been used for one year so far.

   Further reading:

3. Roadmap to Resilience Toolkit  
   Organization: ACE’s Connection Network

   This toolkit has many different resources, from infographics, mission statements, and case studies. It also has an Asset Mapping tool and also Resilience Surveys that can be useful for communities. Tools use open-ended questions that relies on some prior knowledge of ACEs and resilience, and would probably involve some more extensive processing afterward. Could use some fine-turning but a good start to a community assessment that is less resource extensive than Community Readiness for Community Change.

   Further reading:
   a. [http://www.acesconnection.com/blog/assets-mapping-for-communities](http://www.acesconnection.com/blog/assets-mapping-for-communities)

4. National Center for Trauma-Informed Care

   NCTIC does not have a readily available organizational assessment tool online. However, NCTIC provides training for a range of audiences and organizations; virtually, in-person, or via downloadable technical assistance materials. They have been operating since 2005.

Child Welfare Systems

1. Trauma-Informed Child Welfare Practice Toolkit  
   Organization: The Chadwick Center

   A component of this toolkit is the Trauma System Readiness Tool (TSRT), which, alongside site visits and interviews and focus groups, is meant to assess child welfare systems’ work on trauma. It is meant for a range of organizations in child welfare systems and is developed to be used by many people across all levels of the organization. However, it is more provider oriented, with a focus on resources to support parents. There are 46 questions, with both scales and short response. It is recommended that the jurisdiction work with a skilled researcher with a solid understanding of statistical software in order to analyze results. This tool was pilot tested in three states in 2011 and adjusted.

   Due to focus on child welfare system, as well as resource intensiveness, believed to not match Pacific County context.

   Further reading:
2. **Trauma Informed System Change Instrument**  
Organization: Southwest Michigan Children’s Trauma Assessment Center

This instrument has only 19 items across 4 domains. One the larger scale, Agency Policy and Agency Practice. On the individual scale, Integration and Openness. It was designed to measure perceived change in the function of the agency within the child welfare community, although written to be adaptable. It has undergone some testing and analysis for reliability. Unfortunately, we cannot recommend this tool due to the uncertainty on how to score the instrument, as well as the lack of guidance for next steps and implementation.

Further reading:
- b. Publication in regards to testing: [https://wmich.edu/sites/default/files/attachments/u248/2013/2012%20Factorial%20Validity%20of%20TISCI_0.pdf](https://wmich.edu/sites/default/files/attachments/u248/2013/2012%20Factorial%20Validity%20of%20TISCI_0.pdf)

3. **Trauma-Informed Organizational Self-Assessment for Child Abuse Prevention Agencies**  
Organization: Wisconsin Children’s Trust Fund

This document is derived from the National Center on Family Homelessness, and was adapted to more specifically address the child abuse prevention agency. It covers 5 domains: Supporting Staff Development, Creating a Safe and Supportive Environment, Assessing and Planning Services, Involving Consumers, and Adapting Policies.

Further Reading:

**Provider Organizations**

1. **Creating Cultures of Trauma-Informed Care.**  
Organization: Community Connections

This model of change for trauma-informed care is one of the most well-known and oft-cited. It focuses on shifting organizational culture, and is used by state service systems and provider organizations. Fallot and Harris, the creators, offer consultation and training through their organization, Community Connections. They have also written a book on Creating Cultures of Trauma-Informed Care (CCTIC) and also drafted several tools to be used: 1.) Trauma Informed Services Self-Assessment and Planning Protocol, 2.) Trauma Informed Self-Assessment Checklist, and 3.) Trauma-Informed Services. CCTIC is therefore designed with next steps and implementation in mind, with the Trauma-Informed Self-Assessment Scale used by organizations to identify readiness. These tools are not exactly free, though versions can be found online through the Anna Institute.

The Self-Assessment Scale covers 6 domains. Unfortunately, despite how well-known it is, there was difficulty in identifying case studies where CCTIC only was used. Besides the provider focus and provider-specific language, the self-assessment scale is not in an easy to use format, and therefore we did not recommend its use. Scales significantly modifying CCTIC were found, although provider focus was retained.

Further Reading:
a. Community Connections page:  
http://www.communityconnectionsdc.org/web/page/673/interior.html

b. Tools from the Anna Institute: http://www.theannainstitute.org/TIC-RESOURCES.html

c. Adaptation by Trauma Stress Institute of Klingberg Family Centers:  

d. Further adaptation by University of South Florida, Creating Trauma-Informed Care Environments:  
http://www.cfbhn.org/assets/TIC/youthresidentialself%20assess%20Fillable%20FORM%20(2).pdf, designed for out of home mental health treatment programs

2. **NCTSN Learning Collaborative Toolkit**  
Organization: The National Child Traumatic Stress Network

This toolkit is actually intended for a learning collaborative, rather than implementation of change. Despite this difference in purpose, there are still some useful tools, including an organizational readiness and capacity assessment. For learning collaborative purpose, one per organization is meant to filled out, with a focus on provider organizations.

There are 29 items, all scales, that cover Clients, Leadership/Clinicians/Staff, Supervision, Internal and External Stakeholders, Program/Culture/Services, Finance and Administration, Education, Technology. Changing items that are provider focused would change the majority of the assessment.

3. **Trauma Responsive Systems Implementation Advisor Suite (TReSIA)**  
Organization: Epower & Associates

This toolkit is from an organization that consults on implementing trauma informed systems. There is an organizational assessment with 5 domains: Leadership and Culture, TIC/Response Structure, Policies and Processes, Employee Skills, and Tools and Resources. There are 10 scales for each domain. The assessment states it has not been tested for reliability or validity, and we could not find any examples of its use. The assessment takes about 45 minutes.

Although the assessment available is geared towards mental health and social service agencies, there are supposed to be other versions available if Epower and Associates is contacted. However, from the assessment we could see, the assessment seemed somewhat limiting, with an ideal trauma-informed organization that does not necessarily match with Pacific County’s context, and appears to be arbitrary.
4. **Trauma-Informed Agency Assessment**  
   Organization: THRIVE

   This tool is meant to be completed by a team within organization that is focused on trauma-informed care. There are 6 domains, corresponding to Safety, Youth and Family Empowerment Choice and Collaboration, Trauma Competence, Trustworthiness, Commitment, Language Access and Cultural Competence. It has been validated to demonstrate a relatively high internal consistency or reliability. It is implemented in mental health agencies in Maine, but could be modified to be more flexible.

   The reason we did not recommend for Pacific County is due to the nature of its questions, similar to a checklist. Because there are no scales, it may be difficult to see what areas could be improved upon, and which areas an organization is exemplary with. May also be more difficult to process.

5. **NEAR@Home Toolkit**  
   Organization: THRIVE Washington

   This toolkit is meant to provide strategies for engaging parents in discussing and using the ACEs questionnaire in a safe, respectful, and effective way for providers making home visits and family. The toolkit does contain a Readiness Checklist for NEAR Home Visiting Education that is geared towards ACEs. However, as a checklist, it is hard to identify areas to improve on. The tool is also very provider focused; being short, it is also hard to modify in order to be applicable to all sectors.