

Becoming Trauma Informed

A COLLABORATIVE APPROACH TO IMPLEMENTING TRAUMA INFORMED SYSTEMS OF CARE AND CORRECTION IN JOHNSON COUNTY, KANSAS



**United Community Services
of Johnson County**

January 2016



Introduction

The Johnson County Trauma Informed Care Task Force began in early 2012 with a shared vision for a more trauma-informed community. Since then, seventeen organizations across Johnson County, Kansas have trained staff, collaborated with others, and implemented organizational action plans to expand the breadth and depth of trauma-informed approaches in their agencies and throughout the community. Facilitated by United Community Services of Johnson County with funding from the Health Care Foundation of Greater Kansas City, member organizations created a framework for learning about and implementing trauma-informed practices. Task Force members dedicated a combined 200+ hours per month to making their workplaces, services, and in turn their community more trauma-informed. Their collective work resulted in expanded and strengthened trauma-informed systems across Johnson County that improve care and outcomes for some of the region's most vulnerable individuals.

The Task Force successfully brings together members from agencies that serve people at increased risk for exposure to trauma, including those struggling with homelessness, addiction and recovery, domestic violence, abuse and neglect and more. Criminal justice partners are also at the Task Force table, bringing the professional perspective of law enforcement agencies, corrections and probation programs as well as victim advocates. Finally, the Task Force includes organizations that can intervene early among children who experience or are at increased risk for a history of trauma.

As a result of the Task Force's efforts, hundreds of staff and volunteers deepened their understanding of trauma, its effects and steps they can take to infuse their work with a trauma-informed perspective. Educational efforts began with a train-the-trainer model and subsequently each organization customized curricula and training calendars. Along the way those involved recognized that becoming trauma informed is as valuable to staff as it is to clients.

Most Task Force members developed and later enriched action plans to make their organizations more trauma informed. Their combined Implementation Plans include dozens of goals and hundreds of detailed action steps to support staff development, create a safe and supportive environment, involve consumers, adapt policies and assess services. A significant portion of these goals have already been achieved.

The Task Force's collaborative efforts foster sharing resources and expertise across organizations. Regular Task Force meetings provide opportunities to share successes and lessons learned in implementing trauma-informed practices. New personnel across all member organizations have ready access to foundational training through the Task Force's creation of a shared training curriculum and schedule. Those efforts are complemented by local and regional conferences and training events that expand awareness and understanding among both members and community partners.

Going forward, Task Force members are committed to ongoing efforts to raise awareness about trauma and its affects and implementing trauma-sensitive practices in order to infuse Johnson County with a more trauma-informed culture.

Task Force Members

CASA of Johnson and Wyandotte Counties, empowering abused and neglected children with a volunteer's voice in court

Catholic Charities of Northeast Kansas, providing a wide range of emergency assistance and housing supports for low income households

Friends of Recovery Association, supporting people in recovery & local Oxford Houses.

Gillis, helping at-risk children and families reach their potential through education, counseling, and social services in campus, community and school-based settings

Growing Futures Early Education Center, a Head Start early learning center and home visiting program

Heartland Regional Alcohol and Drug Assessment Center, providing an array of services to individuals confronting alcohol and drug issues

Johnson County Court Services, overseeing adult supervision, juvenile court services and domestic matters

Johnson County Department of Corrections supervising juvenile and adult offenders, including the County Juvenile Detention Center

Johnson County District Attorney's Office/Victim Services Unit, creating a more compassionate and inclusive response for victims and witness involved within the criminal justice system

Johnson County Mental Health Center, offering a wide range of mental health and substance abuse services

Johnson County Sheriff's Department, including the New Century Adult Detention Center

Kids TLC, providing children with a continuum of care psychiatric treatment, community outreach, outpatient behavioral health, autism and wellness programs

KVC Behavioral HealthCare, enriching and enhancing the lives of children and families by providing medical and behavioral healthcare, social services, and education

Kansas Children's Service League, working to prevent child abuse, strengthen families and empower parents

Marillac, providing treatment for children and adolescents challenged with mental health issues

SAFEHOME, sheltering and serving survivors of domestic violence

Sunflower House, protecting children community from physical and sexual abuse through education, advocacy, forensic and medical services

Participants in Task Force Meetings & Trainings

10th District Court

Olathe Police Department

Overland Park Police Department

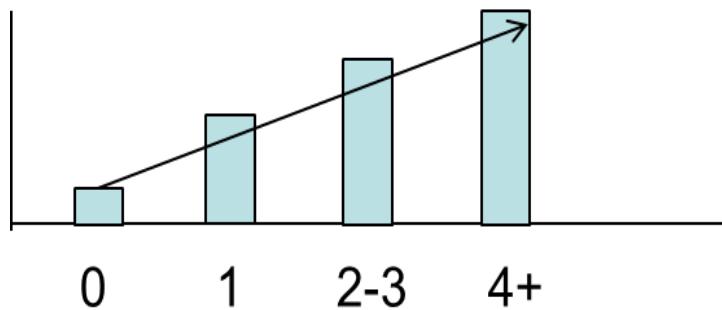
Trauma Matters KC

What is Trauma & Who Does it Affect?

Trauma is the experience of extreme adversity and stress that overwhelms an individual's capacity to cope. Recent research clearly links trauma in early childhood to negative behaviors and poor health outcomes in adult life.

The most often-cited work demonstrating the link between the experience of trauma and negative adult outcomes is The Adverse Childhood Experiences (ACE) Study, pivotal research in which 17,000 HMO members provided information about their history of stressful or traumatic experiences in childhood. Ten different categories of events emerged as highly correlated with negative outcomes in adulthood. The total number of different ACEs reported as having occurred before the age of 18 years was called a person's "ACE Score," the maximum score being a 10. A detailed description of the ten ACEs can be found in the appendix.

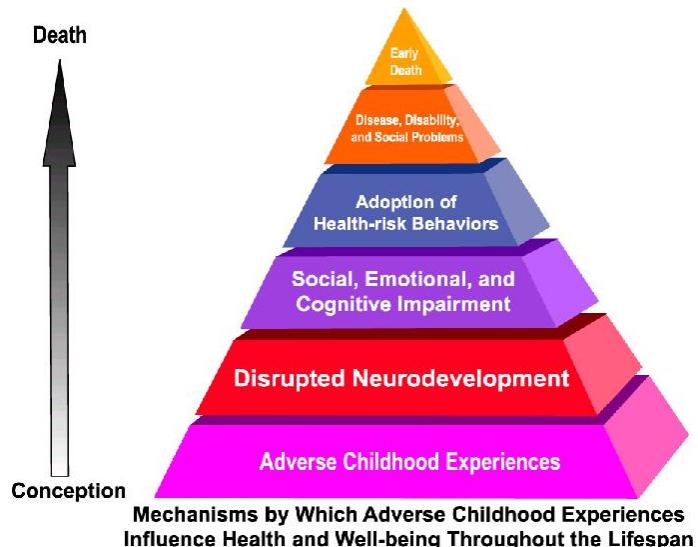
The ACE study found that the greater the number of ACEs a person experiences in childhood, the greater their likelihood for a broad range of poor outcomes in adulthood. The reason for these outcomes is in part because one's brain is undergoing tremendous development and refinement during childhood and the experience of trauma fundamentally modifies the trajectory of neurological development. Natural defense mechanisms become hyper-sensitized, stress hormones are chronically high throughout the developing brain and body, responses to common threats become excessive, and maladaptive associations between environmental triggers and feelings of threat and danger are strengthened. The brain's systems and their normal development are changed. These changes in turn increase the likelihood of adopting self-destructive coping mechanisms and developing diseases related to the ongoing chronic stress on physiological systems.



This graph (left) shows the relationship between trauma exposure and negative physical and mental health conditions. The greater the number of trauma categories experienced, the greater the risk for adverse outcomes.

Research confirms that adults with elevated ACE scores are at greater risk for substance abuse, homelessness, depression, attempted suicide, and partner violence. They are also at increased risk for chronic obstructive pulmonary disease, liver disease, obesity and ischemic heart disease. Increasingly it is understood that trauma has both a long term physiological and psychological impact, and that many maladaptive behaviors function as a way to manage a person's response to triggers in their environment forcing them to re-live their early trauma.

This pyramid illustrates a key conclusion: early Adverse Childhood Experiences (ACEs) contribute to the risk for negative health outcomes later in life.



What is a Trauma-Informed Approach?

A trauma informed approach recognizes that past trauma can affect current functioning and health. It first focuses on what has happened to a person and frames their behavior as adaptations to trauma. Trauma informed approaches work to develop a healthy relationship by maximizing trust, ensuring safety, promoting choice, seeking out collaboration with the person and empowering them to make choices and assume control of their recovery.

*A trauma-informed approach asks,
“**What happened to you?**”
rather than
“**What’s wrong with you?**”*

Trauma-informed organizations recognize that each person is unique in their trauma history, their response and coping mechanisms, and which triggers can lead to re-traumatization. In these organizations staff and clients work together to create an environment that reduces triggers and decide how best to intervene to help people feel safe, manage their emotions, express their loss and grief, and re-establish a vision for their future.

For our clients . . . the biggest benefit is the realization that there has been trauma in their lives. A lot of men, in particular, equate trauma to physical violence, and don’t realize it is much broader than that.

*Kitty Wright, Executive Director
Friends of Recovery Association*

Roots of the Task Force

Discussions about a coordinated response to trauma emerged initially from the Johnson County Community Violence Action Council (COMVAC). COMVAC offered a training on Trauma-Informed Care led by staff from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Center for Trauma Informed Care (NCTIC) in the Fall of 2011. Following this session many participants expressed interest in exploring how trauma informed practices and policies might benefit their organizations.

As awareness and understanding about how trauma affects individuals and communities increased, there was a desire to develop a county-wide response. The need for leadership, planning and coordination was clear, and United Community Services of Johnson County (UCS) was asked to convene an initial group to explore what it would mean for an organization to become "trauma informed".



Raul Almazar, Consultant for SAMHSA's National Center for Trauma Informed Care presents to local members of the Johnson County Trauma Informed Care Task Force in August 2012.

Learning more about trauma and its effects was, "A huge eye opener in terms of the people we serve." It brought about, "a better understanding of the responses we were getting from the people we were serving," and a realization among staff that, "I need to rethink how I respond to people I work with.' "

*Kim Paul
Victim Advocate
Johnson County District Attorney's Office*

UCS held the first targeted meeting of interested parties in December 2011. Discussion focused on the current status of TIC in the County, what those present already knew about TIC and how it was practiced in their organizations, how trauma-informed approaches might add value for their clients, and what might be needed to advance TIC in each organization. Participants also discussed their desire to work together to adopt TIC across multiple systems, and began identifying key players and potential next steps.

United Community Services

United Community Services (UCS) leads efforts in Johnson County, Kansas to identify community challenges and develop regional responses. UCS was created in the late 1960s based on a vision for a well-planned and coordinated response to human service needs.

UCS accomplishes this role by analyzing data and sparking discussion about noteworthy trends. When the need for closer examination of specific issues emerges, UCS leads action by bringing key partners together to develop community-wide strategies and improve systems. UCS brings the power of this coordinated approach to advocate for public policies that promote community well-being and to leverage resources to enhance service capacity and delivery across Johnson County.

Establishing the Johnson County Trauma Informed Care Task Force

A dozen human service organizations in Johnson County formally established the Trauma Informed Task Force in 2012 because they recognized the importance of understanding trauma and its affects, as well as the value of adopting approaches to maximize resilience and positive outcomes for those affected by trauma. Under the leadership of UCS and with funding from the Health Care Foundation of Greater Kansas City, Task Force members began laying the groundwork for a trauma-informed community.

Court Services has been able to learn that there will always be a need to connect on a deeper level, a need to better services with clients but more importantly, that there is always the ABILITY within us to do so. The challenges we have faced in implementing trauma informed care are nothing compared to the rewards it has brought to our staff and clients.

*Meghan Saylor, JIAC Case Management Specialist
Johnson County Court Services*

Task Force Vision: Trauma Informed Organizations and Communities

The vision of the Task Force is to create a trauma-informed community across Johnson County, KS through both organizational-level work and collaborative efforts. Like many regions, Johnson County includes a diverse array of public and non-profit agencies that address the human service needs of its residents. Knowing that people in need often encounter a number of different service providers, the Task Force built a diverse membership to ensure that regardless of where a household enters the human service system and which resources they use, every interaction will be characterized by trauma-informed practices and culture.

Much of the work of the Johnson County Task Force on Trauma-Informed Care was made possible through financial support from the Health Care Foundation of Greater Kansas City, whose support for planning, implementation and expansion over three years has been crucial to the success of this effort. This support was especially valuable to the many partners who did not have dedicated staff resources for such an initiative.

Task Force Membership

The breadth and diversity of Task Force members is an essential foundation for achieving its vision. Participating organizations serve people with mental illness, those who have experienced domestic violence, survivors of physical, sexual or emotional abuse, individuals struggling with alcohol and/or drug addiction and people involved with the criminal justice system. Each of these populations are at increased risk for elevated ACE scores compared to the overall population and with it, poorer health outcomes. It is important to note that staffs within these same organizations are also more likely to have elevated ACE scores and to experience compassion fatigue.

Both the clients and direct/non direct service staff have benefitted from knowing how trauma changes the brain, and therefore changes behaviors. It offers a more compassionate lens through which staff can see clients during times of crisis or conflict.

*Aubree Ridley
Therapist, SAFEHOME*

Initial Task Force Meetings

Following its formal establishment in early 2012, the Trauma Informed Care Task Force members collaborated to plan future activities, identify additional partners and develop membership criteria. UCS staff led assessment and planning efforts for the Task Force's work.



Meetings of the Johnson County Trauma Informed Care Task Force are opportunities for ongoing education, collaboration and dialogue.

To kick off this phase the Task Force applied for and was granted technical assistance for additional training with SAMHSA's NCTIC team. The July 2012 event consisted of a half-day training followed by a consultation about the Task Force's initial efforts. The group discussed systems level change, technical assistance needs and other issues and began work to establish goals and next steps. The session also included the opportunity for Task Force members to meet in small groups specific to the systems or services they offer to discuss shared challenges and opportunities.

The greatest benefit for our clients was an enhanced awareness and better understanding of this topic. This caused immediate and on-going changes in our policy and procedures including the environment. The greatest benefit for our staff and volunteers is recognizing that TIC is about everyone and how TIC can impact our daily decisions, behaviors and reactions to certain situations.

*Johnson County Department of Corrections
TIC Team*

Each Task Force member organization committed to taking specific steps and dedicating resources to explore which trauma-informed practices and policies were right for their organization, including:

- Regular attendance at Task Force meetings
- Engagement in TIC training
- Establishment of a work team to implement trauma-informed practices
- Collaboration with UCS to establish staff training, prepare TIC implementation plans and submit a summary of TIC-related accomplishments.

The group met monthly, led by Valorie Carson, UCS community planning director. Key Task Force activities in 2012 included conducting trauma-informed care self-assessments at member organizations; recruiting additional Task Force members; designating liaisons from each partner organization; and, exploring options and resources to support both organization-specific and Task Force-wide implementation of trauma-informed approaches. Meeting agendas during this period and going forward also consistently included opportunities to share information about trauma-related training and other activities in the region.

Task Force Focus: Collaborative Efforts and Organizational-level Implementation

While awareness of the benefits of trauma informed practices and culture was growing, few had taken formal steps to implement TIC within their organizations. This was due to the lack of a model or clear roadmap for such an effort, the variety of programs and trainings available, the varied levels of awareness and infrastructure to support TIC implementation at each partner organization, and other factors.



Training with staff... will help connect the dots on why/how parents/children react differently to situations.

*Beth Nichols, Program Director
Growing Futures Early Education Center*



During 2013 the Task Force's work included shared training efforts, preparing for the implementation of trauma-informed care across multiple systems and within multiple organizations, and ongoing collaboration at Task Force meetings. A critical first step was completed when the Task Force evaluated training options, selected a training model and developed plans to disseminate information about trauma and its affects to staff throughout member organizations.

The Andrus Institute led a 3-day train-the-trainer event in July 2013 for Task Force member organizations. Thirty-four people attended from 12 agencies, as well as several guests from Kansas City-based Trauma Matters KC. Participants were the staff identified by member organizations to lead future trauma-informed training in their agencies. Following this event each agency developed detailed training plans, customized training curricula and materials to best suit the needs of their staff and clients.

Our child assessment and education staff were fairly knowledgeable about Trauma-Informed Care but we realized through this initiative that there were many others that we had overlooked in educating, particularly our development and support staff, and reception volunteers. Helping them understand these concepts has been very valuable in insuring consistently sensitive interactions with the children and families we serve.

*Michelle Hermann
President & CEO, Sunflower House*

Every Task Force member organization began providing training within 90 days of being trained by the Andrus Institute. The direct result was rapid and dramatic growth in the number of staff who understood the long term impact of childhood trauma. As becoming more trauma-informed requires a change in culture throughout the organization, agencies were encouraged to include both those who have direct client service responsibilities and those who work in administrative and support roles in training, as well as volunteers. To date, hundreds of staff and volunteers at more than a dozen agencies have completed training on trauma-informed approaches.

Continued Collaboration

In 2013, the Task Force met monthly to build upon the foundation established in its first year. The eleven member organizations of the Task Force combined spent 200+ hours per month actively training, meeting and implementing new policies and practices in order to become more trauma informed. Notable activities included: working at both organizational and Task Force levels to analyze TIC self-assessment findings; identifying and planning for changes to member agencies' policies and procedures with a trauma-informed lens; and, establishing core TIC teams at each organization. Group discussions offered the opportunity to share knowledge and ideas about critical issues such as engaging consumers/clients in the process of TIC Implementation and creating a trauma-informed workplace for all levels of staff.

What was learned at the initial training?

"...realizing that small steps can make a big difference."

*Kim Paul
Victim Advocate
Johnson County DA's Office*

Developing Individual Implementation Plans

In 2013 each member agency also began working to develop organization-specific plans to more fully integrate trauma-informed approaches. Understanding that systemic change requires input and buy-in from every level of the agency, every Task Force partner designated an internal team to lead TIC efforts. While most were composed of key staff, several included volunteers and/or board members.

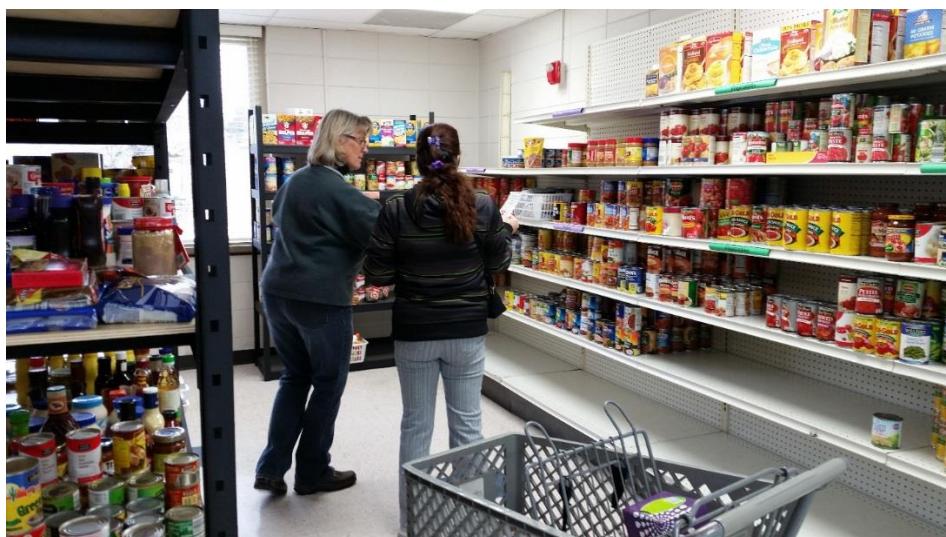
A number of factors influenced this phase of the Task Force's work. There was no standardized approach to implementing TIC. Task Force member agencies are diverse and modifying organizational practices and culture presented unique challenges for each organization.

In the early days it was about education and reaching out to everyone about TIC. Name a TIC Implementation Team. Outline a strategic plan of action. A survey was conducted of staff so that we could get an idea what staff knew about TIC. From there, we were able to begin the process of focusing in on the issues, take meaningful steps and create outcomes.

Johnson County Department of Corrections TIC Team

To foster individualized planning and provide support for this new work, UCS contracted with Karen Dehais, Strategic Solutions Consulting, as an “Implementation Coach” to work with Task Force member organizations on creating trauma-informed training and implementation plans. Initial Implementation Coaching activities included on-site meetings at member organizations to review results of the self-assessment, identify strengths and challenges related to implementation of trauma-informed approaches and designate areas in which organizations desired assistance to plan for change.

During the Fall of 2013, the consultant worked with each agency to create organization specific “Coaching Plans,” which detailed how the consultant and member organization would work together to plan the training of staff and implementation of trauma informed care in their organization. All Task Force member organizations completed their “Coaching Plans” - each finding unique approaches that were the best fit for each individual agency.



Catholic Charities of Northeast Kansas modified their food pantries so clients can “shop” to choose the food that best meets their needs. In the past pantry clients were given a bag of items selected by a volunteer. This new practice offers more choice and control to consumers, reflecting a trauma-informed perspective and Catholic Charities’ commitment to the dignity of each person served.

Coaching plans were followed by the development of detailed, organization-specific plans for the implementation of trauma-informed care. Through a series of facilitated sessions, the Implementation Coach worked with each Task Force partner to draft individualized short and long-term plans detailing their trauma-related goals and action steps, as well as related timeframes and measures of progress.

Implementation Plans were in place for most Task Force member agencies by January 2014. Representatives from each partner's TIC teams met with UCS staff and the Implementation Coach to share observations about their initial implementation plans, and to discuss accomplishments and how to overcome barriers.

Illustrative Action Steps from Task Force Implementation Plans

- 100 percent of Task Force member organizations wrote at least one goal related to **Supporting Staff and Volunteer Development**. They set a total of 93 action steps to achieve these goals. Examples include:
 - ✓ Enable staff to articulate and practice the elements of a trauma informed environment.
 - ✓ Create an agency culture that understands and embraces the belief that to be trauma informed will result in client success.
 - ✓ Prepare staff & volunteers to help clients understand their own trauma and to respond with empathy, understanding and calm.
- 90 percent of Task Force Member organizations wrote at least one goal related to **Creating a Safe and Supportive Environment**. They set a total of 88 action steps to achieve these goals. Examples include:
 - ✓ Support staff so they can address the needs of families with a TIC lens.
 - ✓ All staff will be emotionally and physically safe, and will feel validated about their value, work and safety.
 - ✓ Prepare staff to provide more effective care by increasing their awareness of their triggers and responses.
 - ✓ Promote the development of individual safety plans so that staff recognize how trauma impacts their response.

The content of Task Force members' initial implementation plans reflected an emphasis on staff and volunteer development and creating a safe/supportive environment, including the promotion of staff self-care (*see box above*). Agencies involved also identified several quantitative measures that could potentially be used to monitor progress toward becoming more trauma-informed, such as:

- Change in the number of incidents involving use of force and/or restraints
- Stable or increased staff retention rates
- Percent of staff completing safety plan at training
- Staff reporting increased teamwork and/or more effective collaboration within their organization
- Number and percent of staff meeting their TIC-related performance appraisal goals



Highlighting exemplary practices, UCS recommended all participating agencies consider using several action steps from selected individual agencies' implementation plans, including:

- ☆ Integrating TIC concepts into annual employee training.
- ☆ Identifying "coaches/champions" to promote TIC and provide staff TIC coaching throughout the organization.
- ☆ Incorporating TIC into an agency's performance appraisal process.

We focused on the environment of the facility, such as brighter colors of hallways and living units. Because of some other initiatives going on additional changes were made which aligned perfectly with TIC. Painted chalk boards in cells which allowed the residents to create drawings in their own space. Ended the practice of jump suits for residents to a more relaxed style of garments.

Johnson County Department of Corrections TIC Team

During this phase all Task Force member organizations also identified specific strategies to strengthen and sustain their TIC Implementation Teams. Those recommended for replication included:

- ☆ Reviewing the composition of the implementation team annually to ensure needed roles/skills are represented, and use rotating, staggered terms for both team membership and team leadership.
- ☆ Holding meetings at regular intervals to monitor progress, prioritize activities and set new goals.
- ☆ Developing a TIC-outcome report or dashboard to monitor progress and share with internal and external stakeholders.

On-site facilitated sessions with the Implementation Coach were used to strengthen existing plans at each agency once again approximately six months after the completion of initial implementation plans. UCS encouraged each organization to ensure their Phase 2 TIC plans included three goals during this phase:

1. Consumers participated in goal and action step setting, evaluation.
2. All staff felt safe, trusted, supported, and empowered in the workplace.
3. Re-traumatization was reduced among the organization's clients/consumers.

One of the greatest benefits for staff has been the training around secondary trauma and the emphasis on self-care. I think that staff feel they have "permission" to step away from their work periodically and do something to attend to their own needs and self-care.

*Kristin Brumm
Executive Vice President, SAFEHOME*

By late spring, 91 percent of Task Force members published progress reports and updated TIC implementation plans addressing the target areas. Facilitated sessions focused on articulating a trauma-informed vision and enriching initial plans by filling gaps and updating action steps. Coaching also emphasized the importance of planning tools such as including specific timeframes for completing each action step, and incorporating outcomes and measures of progress. Finally, organizations were encouraged to include action steps through 2016, positioning Task Force members for ongoing progress using detailed, longer-term implementation plans.

Illustrative Action Steps from Implementation Plans, Phase 2

- 1. Consumers participate in goal & action step setting**
 - Identify changes to current client input process and forms to make them more user-friendly and enhance opportunities for meaningful responses
 - Add 1-2 questions to client follow up calls to invite client input regarding frustrations and positive experiences, and use that input to shape policy revisions
- 2. All staff feel safe, trusted, supported, and empowered in the workplace**
 - Build and distribute a TIC tool kit (addressing topics such as coping plans, community meetings) for all staff and update it annually
 - Team leaders promote self-care techniques through supervision and staff meetings
- 3. Reduce re-traumatization of the organization's clients/consumers**
 - Reduce the potential to re-traumatize consumers and reduce consumer frustration/confusion by improving communication and coordination across units
 - Empower staff to make trauma-informed decisions in their daily work and to share these actions with supervisor, TIC Team, or manager

Focusing on these areas produced results. The number of Task Force members whose Implementation Plans included strategies related to involving consumers rose from five to eight. Detailed plans became more robust as the number of action steps included in Implementation Plans related to creating a safe and supportive environment increased from 52 to 88 and the number of action steps related to supporting staff and volunteer development grew from 58 to 93.

Planning work also included discussions about the infrastructure needed to sustain TIC and support ongoing success. While each organization prepared unique action steps to achieve this goal, several stood out as ideas that were then recommended for consideration by other Task Force partners (*see box below*).

Recommended Action Steps for Long Term Success

- ★ The implementation team will meet regularly to:
 - monitor and document implementation progress;
 - discuss implementation successes & challenges;
 - identify additional goals/action items;
 - designate staff to lead efforts on specific initiatives between meetings; and,
 - review items that have current/upcoming due dates.
- ★ Communicate implementation progress via the agency website, newsletter, volunteer newsletter (focusing on upcoming TIC activities for volunteers) and other vehicles.
- ★ Review implementation progress with full staff at staff meetings twice a year.
- ★ Consider repeating the TIC self-assessment after all staff have been trained and various trauma-informed practices have been implemented, and use results to identify additional TIC implementation goals and action steps.

Expanding the Task Force

Recruiting additional organizations to the Task Force was an ongoing component of efforts to create a trauma-informed community. With this vision in mind, growth efforts in 2014 included a focus on new organizations that serve populations likely to have elevated trauma histories, especially those who interact with other Task Force members. And, in an effort to reduce the negative impact of trauma earlier, new members were recruited among organizations that can intervene early among children experiencing or having a history of trauma.

Eight new organizations joined the Task Force, representing three new sectors. The second cohort of member organizations included those serving clients experiencing homelessness and/or addiction, as well as agencies educating children from low income families. All new members benefitted from UCS expansion of on-site TIC training and Implementation Coaching. Most had detailed plans in place to make their organizations more trauma-informed by 2015.

Hanging prominently at Johnson County Court Services, this sign is a daily reminder of key trauma informed principles. Megan Saylor, a Juvenile Intake and Assessment Center Case Management Specialist said, "Staff are able to visualize our trauma centered focus with new, uplifting signs that outline the core expectations of what it means to be trauma sensitive with clients and themselves."



2014/15 Task Force Activities

The Task Force continued its role in convening and creating an ongoing learning community among members in addition to supporting implementation of trauma-informed approaches at individual organizations. Together partners shared roadblocks to implementation and potential solutions, discussed options for measuring and documenting success and initiated a dialogue about how to sustain this important work. Original Task Force members shared their perspective on approaches to TIC self-assessment with newer members, and meetings included opportunities to share implementation updates with one another.



At a TIC training session, Johnson County Corrections staff learn about the positive impact of trauma-informed approaches for their clients.

The Task Force invited guest speakers to share their perspective on trauma-informed approaches, including: Trauma Matters KC, which leads parallel efforts to expand trauma awareness and sensitivity in the Kansas City Metro region; a judge from Kansas' 29th Judicial District who has incorporated trauma informed practices into her courtroom in an adjacent county; and, the Director of Victim Services for the Kansas Department of Corrections, who uses ACE tools in a Batterer's Intervention Program. Sharing the experiences of others who are applying TIC in their daily operations provides Task Force members with real world examples of how practices and culture can become more trauma-informed.

The biggest benefit is helping our clients understand trauma, and how they can use TIC to communicate more effectively within their houses. It is so helpful to have another tool in our toolbox!

*Kitty Wright
Executive Director
Friends of Recovery Association*

With ongoing support from the National Center for Trauma-Informed Care and the Health Care Foundation of Greater Kansas City, UCS supported Task Force members and other interested parties in Johnson County by participating in a day-long training in September 2014 entitled, "What is Trauma and Why Must We Address It?" Presenters included leadership from NCTIC, an Acting Supreme Court Justice from Queens, NY Treatment Court (where she has adopted trauma-informed practices) and a trauma survivor who shared her powerful personal story. Throughout the day Task Force members, as well as several Judges and representatives from criminal justice organizations in Johnson County joined others from across the region to hear about the effects of trauma and strategies for responding.

After working in this field for so long and knowing we are adept in dealing with the circumstances surrounding the children we serve, staff were surprised to find out just how much we have been impacted by our cases. Now that we have that knowledge, we have started a new dialogue which is now integrated into our daily language to ensure we continue to be a trauma informed agency. We now talk about how we can better support each other as well as the volunteers. We talk to our 'safe person' when need be and we take care of ourselves inside and outside of the office walls.

*Amorita Johnson, Program Director
CASA of Johnson & Wyandotte Counties*

2015 and Beyond

Formal collaborative efforts grew with the development of Core TIC training open to all Task Force members. After initial TIC education efforts at each organization, training for additional staff and/or new hires was a challenge for some agencies, especially smaller organizations. Task Force members from the Johnson County Department of Corrections, SAFEHOME, and the Johnson County Mental Health Department, with assistance from UCS staff, developed a TIC core training curriculum and related materials. The Task Force began offering quarterly trainings for staff and volunteers from member organizations in 2015, with the Departments of Corrections and Mental Health taking primary responsibility for leading training in the first year. Quarterly trainings were conducted in June and September 2015, and each had attendance between 35-45 participants.

The Task Force plans to continue offering quarterly core training in the future and UCS staff will convene partners to revise the curricula in response to feedback. Task Force members will volunteer to lead and host these sessions on a rotating basis.



Becoming more trauma-informed at the Johnson County Juvenile Detention Center (JDC), a secure facility that houses youth from ages 10-17, included physical changes. Murals like those pictured above were created by JDC youth in the facility's living units to create a calmer environment. In addition, each room at JDC has its own chalk board so youth can draw about their thoughts and feelings. Staff note that the very artistic drawings that emerged demonstrate the value of this creative outlet.

Keeping everyone educated in Trauma-Informed Care through normal staff and volunteer turnover has been the most significant challenge. The quarterly training the Task Force partners offer for new employees is very much appreciated and ensures everyone has the same opportunity to learn how this is important and apply it to their own work at the agency.

*Michelle Herman
President & CEO, Sunflower House*



TIC Task force quarterly trainings like those pictured above assure all member organizations' staff remain knowledgeable about TIC.

Knowledge about trauma-informed care and commitment to its implementation continued to increase in the broader community as well. More than twenty-five presentations, workshops, trainings or conference sessions were offered by UCS staff alone, in addition to presentations from staff at SAFEHOME, Johnson County Mental Health, and Johnson County Department of Corrections. Audience size for presentations ranged from 20 to 100 attendees with median attendance levels of 45 each.

Facilitated coaching sessions during this phase addressed updating each organization's TIC Implementation Plan to build on successes, overcome roadblocks and resistance, fill gaps and take the next steps.

At the September 2014 training, it was, "really great to have judges involved. I have seen a judge implement some of those thoughts and ideas into how he handles his courtroom, giving victims room to speak and time to speak. That presentation had a big impact in the courthouse."

*Kim Paul
Victim Advocate
Johnson County DA's Office*

Each organization was invited to consider how trauma-informed approaches had been integrated into existing organizational practices and policies, as well as what strategies they would use to sustain a trauma-informed culture.

Ongoing Coaching support in 2015 included help with documenting progress and enriching plans to help member organizations sustain their TIC implementation efforts. TIC Implementation Teams at each agency envision that as they become more trauma informed, clients will feel greater trust, ownership and an increased sense of control. They believe consumers will describe their agencies as safe, non-judgmental, compassionate and consistent. And, they forecast that as a result of better understanding of trauma and its effects, staff and volunteers will feel less stressed and more effective, and will have tools to address their secondary trauma.

How do Task Force members describe success?

Changes in organizational culture:

- TIC language is now a part of conversations
- TIC is integrated into agency culture, present at every level e.g. explaining behavior differently at transition meetings

Emphasis on staff support & self-care:

- Increased emphasis on staff well being
- Initial development of staff safety plans led to conversations about other staff needs
- Updating safety plans shows staff are thinking about safety and how to help themselves.
- Following up on staff feedback built greater trust
- Staff are more conscious of secondary trauma and have more specific tools to express that.
- Increased awareness of secondary trauma for volunteers.

Enriched understanding of fundamental TIC concepts:

- Training formalized awareness of why we do things in a certain way
- Seeing clients as a person rather than a "case"

Integration into organizational practices:

- Intake forms include trauma history
- Treatment plans have trauma integrated into all goals

Impact throughout the organization:

- Having a broad, engaged internal team to implement TIC

What do Task Force members say is a barrier to success?

- Some projects are more involved than anticipated
- Early timeframes seem ambitious in hindsight
- Competing priorities
- Old habits
- Change can take longer than expected
- Obtaining meaningful consumer involvement in TIC planning

One of the greatest challenges has been the time and energy required of staff to create, implement and track the new policies and practices. One way we dealt with this was by adjusting our original timeline for completion of tasks, as we realized it was too ambitious.

*Kristin Brumm
Executive Vice President, SAFEHOME*



Ongoing Commitment to TIC

Progress toward becoming a more trauma-informed community continues. The Task Force returned to its roots in COMVAC and became a standing committee in the Fall of 2015. UCS will continue to provide staff time to convene and lead the Task Force. Meetings will be held bi-monthly and the Task Force will sustain quarterly training and co-host a conference with Trauma Matters KC.

Members will continue individual implementation efforts as well, working to overcome remaining challenges, which include: effectively measuring the success of clients due to TIC implementation efforts; developing mechanisms for ongoing self-assessment; shifting focus to include secondary trauma; ongoing staff training; and, getting information out to new and existing volunteers.

These and other challenges will undoubtedly be the focus of the Task Force and its members in the future, as the group continues to raise awareness about trauma and its affects and implement trauma-sensitive practices across its organizations in order to infuse Johnson County with a more trauma-informed culture.

United Community Services of Johnson County and the Johnson County Trauma Informed Care Task Force thanks the Health Care Foundation of Greater Kansas City for its grant funding of the Task Force's planning and implementation work.



Additionally, they would like to deeply thank our initial program officer Mary Kettlewell who was an advocate for multiple initiatives

related to trauma in the Kansas City Metro area. As a result of her support, there is greater awareness of the impact of early childhood trauma and more resources available for recovery in communities across our region.

Appendix

Adverse Childhood Experiences (*adapted from the Centers for Disease Control*)

Abuse

Emotional Abuse

Your parent(s) often or very often swore at you, insulted you, or put you down and often or very often acted in a way that made you think that you might be physically hurt.

Physical Abuse

Your parent(s) often, or very often pushed, grabbed, slapped, or threw something at you, or hit you so hard that you had marks or were injured.

Sexual Abuse

An adult or person at least 5 years older touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.

Neglect

Emotional Neglect

You didn't feel that that your family loved you or thought you were important or special, and your family wasn't a source of strength, support, and protection.

Physical Neglect

You often didn't have enough to eat, wore dirty clothes, felt unprotected, or your parents substance abuse interfered with your regular care such as getting medical care when needed.

Household Dysfunction

Mother Treated Violently

Your mother or stepmother was often, or very often pushed, grabbed, slapped, or had something thrown at her and/or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or ever threatened or hurt by a knife or gun.

Household Substance Abuse

You lived with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs.

Household Mental Illness

One of your household's members was depressed or mentally ill or a household member attempted suicide.

Parental Separation

One or more of your biological parents was lost due to divorce, abandonment or other reason.

Incarcerated Household Member

One of your household's members went to prison.