SUMMARY | June 2019

Profiles of Select Trauma-Informed Programs

Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families

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Overview and Purpose

Trauma-informed (TI) approaches provide a framework for preventing and addressing childhood trauma and building resilience in communities, children, and families. The U.S. Department of Health and Human Services (HHS) has integrated TI approaches into a growing number of federal initiatives and grant programs; similar changes are happening at the state and community levels. These efforts often occur in silos, however, preventing stakeholders from learning from—and building off of—each other's work.

To increase awareness of existing trauma-informed programs operating across the country, the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and its contractor, James Bell Associates, and subcontractor EDC, conducted a search to identify TI programs[1] that address the following questions:

- What HHS and related federal agency investments focus on addressing trauma and/or promoting resilience in children and families?
- What are promising community- or state-level programs supported by federal and non-federal investments?

This publication summarizes 13 selected examples of TI programs that emerged from that search and highlights their key characteristics (aims, components, evaluation efforts, etc.) and emerging findings. The first section presents an overview of selected programs and high-level summary of key observations. The second section features individual program profiles beginning with federally funded programs (profiles 1-7) before switching to programs funded by non-federal sources (profiles 8-13).

This document is not a comprehensive review or exhaustive list of the many TI programs operating across the country. Rather, the program profiles highlighted here were selected to serve as a sampling of TI community approaches across diverse sectors and localities. Appendix A presents additional information about technical assistance centers and select trauma-related resources.

[1] Programs is used throughout the document as an overarching term for efforts, grants, projects, initiatives, and investments.

Overview of Select Programs and Summary of Key Observations

Key Program Characteristics

Exhibit 1 on the following page lists the 13 programs profiled in this document and, when applicable, their federal funders and initiative/grants. It also summarizes key program characteristics, including level of targeted efforts and primary type of trauma addressed. Click the numbered link in the first column to view the corresponding program profile.

Exhibit 1. Key Program Characteristics

Profile number	Federal funder	Federal initiative/ grant	Program	Lead agency/ location	Level targeted by efforts	Prevention component	Intervention (direct services) component	Systems response component	Primary type of trauma addressed
1	Centers for Disease Control and Prevention (CDC)	Essentials for Childhood (EfC)	Colorado EfC, featuring their Family-Friendly Workplace Toolkit efforts	Colorado Department of Public Health and Environment and Department of Human Services	State	✓		✓	Child maltreatment
2	Health Resources and Services Administration (HRSA)	Home Visiting Innovation Awards	Region X Innovation Grant for Workforce Development, NEAR@Home Component (NEAR@Home)	Washington Department of Children, Youth, and Families	State	✓	✓	✓	Adverse childhood experiences (ACEs)
3	Administration for Children and Families (ACF) / Children's Bureau (CB)	Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery	Connecticut Collaborative on Effective Practices for Trauma (CT CONCEPT)	Connecticut Department of Children and Families	State		✓	✓	Child maltreatment
4	Department of Justice (DOJ) / Office of Victims of Crime (OVC)	Linking Systems of Care for Children and Youth	Linking Systems of Care for Ohio's Youth (LSCOY)	Ohio Attorney General's Office	State		✓	✓	Victims of violence

Profile number	Federal funder	Federal initiative/ grant	Program	Lead agency/ location	Level targeted by efforts	Prevention component	Intervention (direct services) component	Systems response component	Primary type of trauma addressed
5	Department of Education (DOE)/Office of Elementary and Secondary Education	Promoting Student Resilience	Chicago Public School's Healing Trauma Together Program	Chicago Public Schools/ Illinois	Community	✓	✓	✓	Complex trauma
6	Substance Abuse and Mental Health Services Administration (SAMHSA)	Resilience in Communities After Stress and Trauma (ReCAST)	ReCAST Minneapolis	City of Minneapolis/ Minnesota	Community	✓		✓	Community violence
7	Family and Youth Services Bureau (FYSB)	Specialized Services to Abused Parents and Their Children (SSAPC)	Durham Integrated Domestic Violence Response System (DIDVRS)	Durham County Department of Social Services/ North Carolina	Community		✓	✓	Domestic violence
8	n/a	n/a	Building Community Resilience (BCR)	Milken Institute School of Public Health, Sumner M. Redstone Global Center for Prevention and Wellness/ Washington, DC	Multiple states and communities	✓		✓	ACEs
9	n/a	n/a	Building Strong Brains Tennessee	Building Strong Brains Tennessee Coordinating Team	State Multiple communities	✓	✓	✓	ACEs

Profile number	Federal funder	Federal initiative/ grant	Program	Lead agency/ location	Level targeted by efforts	Prevention component	Intervention (direct services) component	Systems response component	Primary type of trauma addressed
10	n/a	n/a	Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma/ Missouri Model	Missouri Department of Mental Health (originally); transitioning to Department of Social Services	State	✓		✓	Complex trauma
11	n/a	n/a	Moblizing Action for Resilient Communities (MARC)	Health Federation of Philadelphia/ Pennsylvania	Multiple states and communities	✓		✓	ACEs
12	n/a	n/a	Trauma Informed Oregon	Portland State University/Oregon	State Multiple communities	✓		✓	ACEs
13	n/a	n/a	Trauma Smart®	Saint Luke's Hospital's Crittenton Children's Center/ Kansas City, Missouri	Multiple communities	✓	✓	✓	Complex trauma

Core Components and Interventions

All programs implemented TI approaches with multiple core components and a range of interventions. Several observations emerged during the review, including:

- **Although the profiled programs generally use TI frameworks to ground their work, these connections are not always explicit, and many of the highlighted programs pull from multiple program theories.** The most commonly referenced theories include SAMHSA's TI principles and domains, ACEs science, and TI activities from the National Child Traumatic Stress Network (NCTSN). Some programs use clear and defined frameworks, infusing program theory into diverse components, such as training, screening, and service delivery. Examples include the NEAR@Home TI toolkit for home visiting programs.
- **Many of the highlighted programs work across sectors to better identify and respond to children and families experiencing trauma and ACEs.** Almost all of the highlighted TI programs seek to expand their multisector collaborations to improve screening, referrals, and access to services. For example, CT CONCEPT features notable collaboration between child welfare and behavioral health systems. In Ohio, LSCOY includes partnerships among behavioral health, supportive services, and justice systems, among others.
- **Some of the profiled programs engage with other sectors through innovative partnerships.** For example, Colorado EfC collaborates with local businesses to develop and implement TI practices and policies in the workplace.
- **Many of these programs develop resources with the potential for wider application, particularly among state and community programs.** Examples include policy and advocacy guides (BCR, Missouri Model), implementation assessments and strategic planning tools (BCR, Missouri Model, MARC), and TI practice guides (Trauma Informed Oregon, NEAR@Home)

Exhibit 2 summarizes the primary components and interventions implemented by selected programs.[2]

[2] Exhibit 2 presents a snapshot of primary core components and activities across selected TI programs. Checked items reflect activities featured in program materials reviewed for this publication and may not be comprehensive.

Exhibit 2. Core Components and Interventions

Profile	Program	Awareness/ knowledge/ resources	Multi-sector collaborations	Workforce training	Identification through screening	Access to TI Evidence-Based Practices	TI practices	Policy changes	Implementation supports	Community and family supports	Other
1	Colorado Essentials for Childhood, featuring their Family-Friendly Workplace Toolkit efforts	✓	✓					✓	✓	✓	Engagement of business sector
2	Region X Innovation Grant for Workforce Development, NEAR@Home Component	✓		✓	✓		✓		✓	✓	
3	Connecticut Collaborative on Effective Practices for Trauma	✓	✓	✓	✓	✓	✓	✓	✓		
4	Linking Systems of Care for Ohio's Youth	✓	✓	✓	✓	✓	✓	✓	✓		
5	Chicago Public School's Healing Trauma Together Program	✓		✓	✓	✓	✓	✓	✓	✓	
6	ReCAST Minneapolis	✓	✓	✓			✓	✓		✓	Community needs assessments

Profile	Program	Awareness/ knowledge/ resources	Multi-sector collaborations	Workforce training	Identification through screening	Access to TI Evidence-Based Practices	TI practices	Policy changes	Implementation supports	Community and family supports	Other
7	Durham Integrated Domestic Violence Response System	✓	✓	✓	✓	✓	✓			✓	
8	Building Community Resilience	✓	✓	C	**C**	**C**	**C**	✓	✓	C	Measurement improvements, peer learning
9	Building Strong Brains Tennessee	✓	✓	✓	C	C	✓	✓	✓	✓	
10	Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma/ Missouri Model	✓	✓	✓	✓		✓	✓	✓		
11	Moblizing Action for Resilient Communities	✓	✓	C	**C**	C	**C**	✓	✓	C	Measurement improvements peer learning
12	Trauma Informed Oregon	✓	✓	✓	✓		✓	✓	✓	✓	Measurement improvements
13	Trauma Smart®	✓		✓	✓	✓	✓	✓	✓	✓	

Note: A 'C' is denoted for those programs that bring together or fund multiple communities and where these communities implement core components or interventions.

Intended Outcomes and Emerging Findings

Programs highlighted here represent a range of intended outcomes, evaluation methods, and key findings emerging from process, implementation, and outcome evaluation efforts. Many of the programs shared preliminary findings because they are still in active implementation or the first years of their grants. Several observations emerged when comparing across the program examples, including:

- **There are discrepancies between intended outcomes and outcomes actually measured**. Programs propose aspirational long-term outcomes to reduce ACEs, infuse TI in sectors and services, and build community resilience. It can be difficult, however, to identify and assess indicators that measure related progress. Most programs track key implementation indicators rather than measure outcomes. In some cases, outcomes have not been assessed because programs are too early in the implementation process.
- **There are notable systems-level outcomes and achievements across the highlighted TI programs.** Examples include:
    - Wide-reaching workforce development through TI and ACEs trainings. Some of the profiled programs report increased knowledge and improved attitudes among workforce participants, but they do not have enough data to demonstrate actual practice change.
    - Systems-wide policy changes. For example, CT CONCEPT helped refine all state child welfare policies to become more TI. BCR and MARC communities have also seen legislative TI enhancements.
    - New community programs targeted to specific needs. Examples include Safe/Brave Space conversations launched by ReCAST Minneapolis to increase city employees' awareness of trauma and new TI practices in courts, emergency rooms, and low-income housing programs in MARC communities.
- **Some of the profiled programs demonstrate improvements in child and family outcomes.** Examples include:
    - Decreased discipline referrals and improved social-emotional-behavioral well-being. For example, Chicago Public School's Healing Trauma Together Project, Building Strong Brains Tennessee, and Trauma Smart© showed improvements in these measures.
    - Reduced child trauma symptoms, depression levels, and behaviors. For example, children participating in evidence based treatments as part of the CT CONCEPT reduced these symptoms.
    - Enhanced parenting skills and confidence. For example, parents completing the DIDVRS treatment reported knowledge improvements about the impacts of domestic violence and increased confidence in ability to parent and create safety plans for themselves and their children.
- **Some of the programs use a collective impact model that allows for developmental and flexible measurement strategies to assess systems change.** For example, Colorado's EfC,

Building Strong Brains Tennessee, and MARC all use outcomes harvesting to identify evidence of systems changes and work backward to understand whether and how the program contributed to these changes.

- **Some of the selected programs contribute to TI measurement and improve evaluability of programs in vital ways.** Examples include:
    - Development of TI systems assessments (Trauma Informed Oregon, Colorado EfC, Missouri Model)
    - Identification of community indicator data and strategies to measure and monitor community change (BCR)
- **There is a lack of information about the costs of TI approaches.** Few of the programs profiled here conduct rigorous outcome evaluations, and only one program mentions a cost evaluation component. Cost assessments and return-on-investment assessments are critical needs given the extensive resources required to establish and sustain TI projects.

Exhibit 3 presents select findings shared by programs in key areas of intended outcomes.

Exhibit 3. Select Program Findings Organized by Intended Outcome Area

Outcome area	Program(s)	Findings
Gains in workforce development and training	NEAR@Home	Formal training in NEAR@Home model to more than 225 home visitors and 55 supervisors
	CT CONCEPT	All child welfare staff complete NCTSN training
	ReCAST Minneapolis	Trauma and secondary/vicarious trauma trainings to 45 city employees across 15 departments
	Trauma Smart	Training of more than 12,500 teachers and school staff caring for nearly 53,000 children
Evidence of TI and ACEs knowledge dissemination impacts	Building Strong Brains Tennessee	Increases in media coverage of ACE/related issues and mentions of ACEs in state legislation
	Ohio LSCOY	Use of online resource inventory
Increased TI practices	Colorado EfC	Frequent downloads of the Colorado Family-Friendly Workplace Toolkit and encouraged use among government offices
	Healing Trauma Together	Behavioral health teams embedded in schools
Installation of TI policies	CT CONCEPT	37 child welfare agency policies and practice guides modified to be TI
	Building Strong Brains Tennessee	Increased use of TI practices observed after training in Boys and Girls Clubs
TI/ACEs screening and assessment	CT CONCEPT	All children <3 years old in child protective services screened for trauma
Use of TI evidence-based practices or evidence-informed interventions	CT CONCEPT	Trauma-Focused Cognitive Behavior Therapy (TF-CBT); Child Traumatic Stress Intervention
	Healing Trauma Together	Multiple school-based EBTs including Structured Psychotherapy for Adolescents Responding to Chronic Stress, Youth Mental Health First Aid
	MARC (participating communities)	Compassionate Trauma-Informed Schools, Head Start Trauma Smart

Outcome area	Program(s)	Findings
	Trauma Smart	Trauma Smart Curriculum; Attachment, Regulation, and Commitment (ARC); TF-CBT, Dialectical Behavior Therapy
Expansion of direct services for children and families	Healing Trauma Together	Increases in mental health services from 216 children in 9 schools to 563 children in 10 schools
Improved child and family outcomes	Healing Trauma Together	Increases in students' perceptions of help received from Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) intervention in expressing feelings, problem-solving, and self-soothing
	Building Strong Brains Tennessee, Trauma Informed Oregon	Decreases in child discipline referrals and suspensions after implementation of schoolwide TI
	Trauma Smart	Improved quality of classroom environments, staff attitudes for TI care, and staff learning
	CT CONCEPT	Improvements in symptoms among 84% of children receiving an evidence-based program (EBP)
	DIDVRS	Improvements in parenting and confidence to create safety plans for children, according to pre-post surveys
Extensive community engagement and collaborations	BCR	Increases in community networks
	MARC	Increases in density of partnerships, types of sectors involved
	Building Strong Brains Tennessee	32 community innovations and 3 statewide projects funded in 2019

Future Directions

The profiles presented in this document highlight a selection of TI programs in federally funded and state and community contexts and provide a sampling of a large and wide-ranging set of programs that aim to mitigate trauma and improve community resilience. These reflect a point-in-time snapshot of just some of the many federal, state, and community investments in TI efforts. Despite significant investments in TI capacity and evidence building by HHS and other federal agencies, there is at present no systematic mode or venue for sharing learnings across federally funded initiatives and among federal leaders in the field. This set of select programs provides one opportunity to exchange information on program strategies and findings in diverse contexts. Future efforts could stimulate additional creative partnerships, innovative thinking, and collective impacts.

Profiles of Trauma-Informed Initiatives

This section presents summary profiles of highlighted programs implementing TI approaches. Profiles are first presented for TI initiatives primarily or solely funded by grants from HHS and other federal agencies. (Profiles are listed in alphabetical order by title of program.) Each profile starts with an overview and key details about the federal grant program or federal funding mechanism.

One grantee project from each federal program is then named and summarized. Descriptive details include:

- Key stakeholders (e.g., implementing agencies and partnerships)
- Target populations
- Focus areas
- TI approach (i.e., theoretical or scientific frameworks or operationalized approach)
- Core components and specific interventions
- Evaluation methods and select findings
- Point of contact for more information

Profiles are also presented for state- and community-led TI programs (also in alphabetical order by title of program.) State and community profiles feature the same descriptive details listed above. Community-level information may also be provided in two areas: (1) core components and specific interventions and (2) evaluation methods and select findings.

Federally Funded Programs

Essentials for Childhood
2013–2018

Federal Funder: Centers for Disease Control and Prevention (CDC)

CDC funded five state health departments (2013-2018 cohort) to implement the CDC Essentials for Childhood (EfC) Framework to promote safe, stable, nurturing relationships and environments that help children grow up to be healthy and productive citizens so that they can build stronger and safer families and communities for their children. The EfC Framework aims to reduce/prevent child maltreatment.

Using a collective impact process, key stakeholders from diverse sectors developed shared vision, goals, and strategies and shared metrics to track their process. They identified action steps and selected strategies based on best available evidence to achieve each goal in the four goal areas:

- Raise awareness and commitment to promote safe, stable, nurturing relationships and environments for all children
- Use data to inform actions
- Create the context for healthy children and families through norms change and programs
- Create the context for healthy children and families through policies

State health departments aligned funds and coordinate with federal initiatives, including the child care and development block grant; Head Start/Early Head Start; Maternal, Infant, and Early Childhood Home Visiting grants; the Community-Based Child Abuse Prevention grant; and Race to the Top Early Learning Challenge grant as well as philanthropic and community organizations.

Grantee Highlight: Colorado Essentials for Childhood, featuring their Family-Friendly Workplace Toolkit efforts

The Colorado Essentials for Childhood grant (Colorado EfC) coordinated cross-sector groups to develop a vision, set strategic goals, and support aligned activities. Colorado EfC project envisioned "a future where children and families thrive in places where they live, learn, work and play" and proposed to advance policy and community approaches to:

- Increase family-friendly business practices across Colorado
- Increase access to childcare and afterschool care
- Increase access to preschool and full-day kindergarten
- Improve social and emotional health of mothers, fathers, caregivers and children

Colorado stakeholders chose to focus on employer engagement as one strategy to address child abuse and neglect prevention and promote safe, stable, nurturing relationships and environments for all children. The Colorado EfC project leveraged partnerships and resources to develop the *Family-Friendly Workplace Toolkit*, which provides employers with evidence-informed practices and policies that enhance employee health and well-being.

Profile 1. Colorado Essentials for Childhood – Family Friendly Workplace Toolkit

Program element	Details
Key stakeholders	*Lead agency/implementer:* Colorado Department of Public Health and Environment and Office of Early Childhood, Colorado Department of Human Services (CDHS) *Key partners:* Early Childhood Colorado Partnership, Executives Partnering to Invest in Children (EPIC), Children's Hospital, Colorado Children's Trust Fund, HealthLinks
Target populations	• All children, but especially younger children • Business leaders • State agencies
Focus areas	• Family-friendly workplace
Trauma-informed approach	Shared Risk and Protective Factors Framework, CDC's Essentials for Childhood Framework
Core components and specific interventions	• Applied the collective impact approach to leverage multi-sector partnerships, including the commonly missing business sector • Developed the *Family-Friendly Workplace Toolkit*, which provides employers with evidence-informed practices and policies that enhance employee health and well-being and provides case studies as examples • Connected child maltreatment and business practices to translate efforts from a public health lens to a business sector lens. • Completed a research review on best practices to support worker health and well-being • Developed a *Family-Friendly Assessment (FF+)*, an organizational tool for organizations to prioritize needs and activities to create environments to support families • Provided tools and coaching for implementation as part of the *FF+*
Intended outcomes	*Systems and organizational level* • Increase family-friendly business practices across Colorado

Program element	Details
	• Implement and/or enhance existing evidence-informed, family-friendly systems • Enhance existing, and support new business roundtables of companies that support families *Child and family level* • Increase parents' ability to care for children
Evaluation	*Methods* • Developmental evaluation • Process study of collective impact including key informant interviews and Awareness, Commitment, and Norms survey • Metrics tracked to assess progress on goals *Select findings* • Increased interest from businesses and local partners (1800 hard copies of the toolkit were disseminated, and online version shared nationally) • New business forums created, focused on best practices • Use of the FF+ (55 businesses have taken the FF+ to assess level of family-friendly practices, CO Governor's Office is encouraging all state departments to use FF+) • Lessons learned included importance of: infusing the work into other initiatives and build intentional relationships to enhance sustainability; engaging in early and comprehensive strategic planning to establish clear vision; clearly communicating stakeholder roles; acknowledging backbone constraints and ensure that technical assistance is practical; assuring that collective impact feels collective, and aligning on clear project objectives and success metrics for evaluation
Point of contact	Tomei Kuehl, MPA

Home Visiting Innovation Awards
2017

Federal Funder: Health Resources and Services Administration (HRSA)

These awards support select HRSA Federal Home Visiting Program awardees in the development, implementation, and evaluation of innovations to strengthen and improve delivery of coordinated and comprehensive high-quality voluntary services to eligible families. Administered by HRSA, in close partnership with the Administration for Children and Families, the Federal Home Visiting Program aims to improve the essential foundations in early childhood for future healthy development and well-being. Each awardee proposed an innovation that is expected to demonstrate improvement in at least one of four identified program areas.

The highlighted grantee targets priority area 2 – development and retention of a trained, highly skilled home visiting workforce.

Grantee Highlight: Region X Innovation Grant for Workforce Development, NEAR@Home Component

Beginning in 2014, collaborators from HRSA's Region X (Alaska, Idaho, Oregon, and Washington), home visitors, and TA specialists created NEAR@Home, a toolkit for addressing ACEs in home visiting that is based in Neuroscience, Epigenetics, ACEs, and Resilience (NEAR) science. Created as a guide for home visitors to respectfully and effectively address ACEs with families, the toolkit has evolved into a facilitated learning process designed to help home visitors and their teams learn and practice language and strategies to safely and effectively talk with families about the wide-ranging and long-term effects of their childhood trauma, to offer support and strategies to buffer these experiences and build resilience, and to reduce intergenerational transmission of ACEs.

The toolkit was originally pilot-tested by Thrive Washington, involving home visiting staff in all four Region X states, with positive early results. Represented by DCYF, Region X was awarded a 2017 Innovation grant to support workforce development, with one of its two major efforts being to pilot an expansion of the toolkit across Region X's four states. Combining experiential learning with reflective support, NEAR@Home is a strengths-based process that builds home visitor safety, skill and confidence in addressing sensitive topics and is grounded in the parallel processes behind workforce well-being and family resilience outcomes.

Profile 2. Region X Innovation Grant for Workforce Development, NEAR@Home Toolkit Component

Program element	Details
Key stakeholders	*Lead agency/implementer:* Washington Department of Children, Youth, and Families (WA-DCYF) *Key partners:* Region X states collaborating with WA DCYF represented by Idaho Department of Health Welfare, Alaska Department of Health and Social Services, and the Oregon Health Authority
Target populations	• Children, youth, and families involved in early childhood home visiting programs • Home visitation workforce • State agencies • Local implementing agencies
Focus areas	• Child abuse/neglect/child protective services • Prevention • Home visiting
Trauma-informed approach	NEAR science, ACEs science, attachment theory, resiliency/risk and protective factors framework, social justice
Core components and specific interventions	• Facilitated learning for home visitors to train on NEAR@Home model through assessment, calls, virtual meetings, in-person group training, and four months of ongoing consultation group calls • Completion of self-assessment to explore readiness and fit of model • Training in NEAR and ACEs research and TI theory and principles • Knowledge of core elements of toolkit • Practice and coaching in ongoing case conferences and reflective supervision to support integration into practice • Implementation of NEAR@Home model with all clients • Explanation of ACEs/NEAR research and health risks throughout lifespan to all clients • Gather clients' ACEs history using CDC short form • Provide responsive and sensitive exploration with parents to help them respond to trauma
Intended outcomes	*Systems* • Increased knowledge and commitment among leaders to safely and effectively integrate NEAR into evidence-based home visiting

Program element	Details
	• Enhanced home visitor skills and increased compassion, patience, and stamina in their work with families *Child and family* • Parents feel understood/accepted • Parents gain knowledge of determinants of health • Parents have safe environment to explore impacts of ACEs and build resilience • Parents improve parenting behaviors, including making decisions to protect children and becoming more sensitive/responsive to child needs • Parents engage in community supports • Child has healthy and resilient relationships • Child has lower ACEs scores • Family experiences fewer intergenerational impacts of trauma
Evaluation	*Methods, leadership level* • Pilot test expansion in four states, with at least 4 sites within states • Pre-, post-, and follow-up training surveys during pilot phase • Formative evaluation focused on implementation challenges and needs through facilitator interviews and reflection forms • Tracking of outputs including reach and dissemination of toolkit *Methods, implementing agency level* • Readiness Exploration Discussion tool that assesses presence of key implementation supports, including staff commitment, use of ACEs assessments, adoption of manual, prioritized NEAR@Home visits to facilitate intensive learning cycle, program champion, and others *Select findings* • Workforce development gains (225 Home Visitors and 55 supervisors trained in the model) • Widespread interest and dissemination of toolkit (over 4,600 downloads by 3,500 unique users from 50 states and 21 countries, average of 85 downloads a month) • Continuous quality improvements identified including plan to prioritize relationship-based supports led by highly skilled Infant Mental Health providers
Point of contact	NEAR@Home toolkit: Quen Zorrah, R.N. Region X Innovation Grant: Nina Evers, BSE, Special Education

Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery

2011–2018

Federal Funder: Children's Bureau, Administration for Children and Families

Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery (Trauma Discretionary Grants – Cohort 1) centered on screening and treatment referral for children entering child protective services. Cohort 1—the first of three—included five projects seeking to provide effective, trauma-informed mental and behavioral health services promoting children's safety, permanency, and well-being.

Grantees used implementation science to assess existing child welfare systems and then implement and/or expand evidenced-based interventions, practices, and programs at the child, family, and system levels. Multiple stakeholders took part in capacity-building efforts, including child welfare caseworkers, behavioral health workers, and community and stakeholder groups. Grantees also conducted robust evaluations of project implementation, costs, and short- and long-term outcomes.

Grantee Highlight: Connecticut Collaborative on Effective Practices for Trauma

The Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) sought to enhance the Department of Children and Families' (DCF) capacity to identify and respond to children who have experienced trauma; enhance the wellness of child welfare workers and provide support for secondary traumatic stress; and install trauma-informed EBPs for children in the child welfare system. Grant activities focused on:

Trauma screening of children in the child welfare system

Dissemination of EBPs to treat children with exposure to trauma

Workforce development for child welfare staff

Policy change supporting the use of a TI approach across the child welfare system

CONCEPT was central to building a TI system of care.

Profile 3. Connecticut Collaborative on Effective Practices for Trauma

Program element	Details
Key stakeholders	*Lead agency/implementer:* Connecticut DCF *Key partners:* Child Health and Development Institute (coordinating center), The Consultation Center at Yale (evaluators)
Target populations	• Children, youth, and families involved in the child welfare system • Child welfare and behavioral health workforces • State agencies
Focus areas	• Child abuse/neglect/child protective services • Behavioral health
Trauma-informed approach	NCTSN TI approach
Core components and specific interventions	• Infrastructure development and modification of policies to promote a trauma informed approach across all practice areas • Development and validation of brief Child Trauma Screen (CTS) and implementation in the child welfare system • Train-the-trainer sessions using the *NCTSN Child Welfare Trauma Training Toolkit* to institutionalize trauma training for child welfare staff, administrators, managers, and resource parents and cross-training of child welfare and mental health providers • Learning collaboratives of cross-system behavioral health and child welfare teams to increase access to two TI EBPs, *Trauma-Focused Cognitive Behavioral Therapy* and *Child and Family Traumatic Stress Intervention* • Development of core data set and ongoing quality assurance to assess implementation, outcomes, and cost • Support of staff wellness activities, including some addressing secondary traumatic stress
Intended outcomes	*Systems and organizational level* • Improved capacity for trauma-focused care • Improved staff awareness, knowledge of trauma, and satisfaction with approach • Greater implementation of sustainable trauma-focused EBPs with fidelity • Improved capacity to adopt other EBPs • Increased adoption of policies and procedures to support and embed a TI approach

Program element	Details
	• Greater access to EBPs to address trauma needs within service array *Child and family level* • Reduced parenting stress and depression • Reduced child traumatic stress, depression symptoms, emotional/behavioral problems
Evaluation	*Methods* • Mixed methods • Comparative evaluations of implementation, outcomes, and costs *Select findings* • Workforce development gains (3,191child welfare staff trained, 200 child welfare and clinical providers cross-trained) • Trauma informed policies implemented (37 child welfare policy and practice guides modified to be trauma informed) • Trauma findings strong among children screened with CTS (87% exposed to at least 1 of 4 events, 39% met clinical cutoff indicating need for mental health services, 39% referred for assessment or treatment) • Use of Trauma-Focused Cognitive Behavioral Therapy (170 clinicians in 13 agencies trained, 2,063 children received treatment) • Use of Child and Family Traumatic Stress Intervention (42 clinicians in 7 agencies trained, 216 children received treatment) • Improvement in symptoms among 84% of children receiving an EBP • Sustainability gains (NCTSN training now required for all child welfare staff, all children >3 years old placed in child welfare system screened for trauma, child welfare policy and practice guides are TI, DCF/state support for EBP sustainability and expansion)
Point of contact	Kristina Stevens, M.S.W., Jason Lang, Ph.D.

Linking Systems of Care for Children and Youth

2017–2023

Federal Funder: Office of Victims of Crime, Department of Justice

Linking Systems of Care for Children and Youth are six-year demonstration projects, during which grantees bring together relevant systems and professionals in their state to provide early identification, intervention, and treatment for child and youth victims of violence and their families and caregivers. The sites work strategically and collaboratively with multidisciplinary stakeholders to ensure that prevention and intervention services are determined by the needs of families, and that community resources are provided with holistic and coordinated intent. Sustainable practices and policies are being explored for long-term use and potential replication in other communities.

The four participating states are Illinois, Montana, Ohio, and Virginia. The states received technical assistance and a cross-site evaluation is underway.

Grantee Highlight: Linking Systems of Care for Ohio's Youth

Linking Systems of Care for Ohio's Youth (LSCOY) entered as a demonstration site in 2017. Under the leadership of the Ohio Attorney General's Office, they have assembled a broad range of stakeholder agencies and are currently undergoing a comprehensive planning process to identify gaps within the current victims' support network and are developing a plan for identifying needs and making robust service referrals.

The project goals are to link systems impacting children/youth victims on a statewide level for greater coordination to improve family outcomes, responsiveness, efficiency, and to increase leveraging of additional resources for Ohio's child/youth victims.

Profile 4. Linking Systems of Care for Ohio's Youth

Program element	Details
Key stakeholders	*Lead agency/implementer:* Ohio Attorney General's Office *Key partners:* Ohio Domestic Violence Network (ODVN), Case Western Reserve University (CWRU), Nirvana Now!, Ohio CASA/GAL Association, Ohio Network of Child Advocacy Centers, and the Ohio Poverty Law Center, and Ronald McDonald Treehouse
Target populations	• Children, youth, and families who are victims of physical or sexual violence or proximal to severe violence

Program element	Details
	• Organizations serving victimized children, youth, and families • Courts and supportive service through courts
Focus areas	• Child abuse/neglect/child protective services • Community violence • Behavioral health • Juvenile justice • Courts and legal services • Healthcare • Victims services
Trauma-informed approach	SAMHSA TI Approach, NCTSN TI approach, ACEs science, emphasis on survivor-centered approaches within a cultural humility framework
Core components and specific interventions	• Formation of a statewide key stakeholder group and seven work groups (State-Involved Cases Privately-Filed Cases, Criminal Justice, Survivors and Families, Supportive Services, Policy, and Research) • Use of ACEs real-time survey with key stakeholders to understand and acknowledge the prevalence of ACEs within the work groups • Conduct a gap analysis/needs assessment • Map of all major state initiatives related to victimized children and youth • Screening tool to address victimization and trauma symptoms with linkage to an online resource directory • Agency linkage and communication through service-linkage protocol and related tools • Strategic plan addressing access to safety, justice and healing through TI approaches and developing Ohio's research capacity • Elevation of the issue of trauma as a public priority • Creation of TI toolkits of evidence-based practices (EBPs) • Support for a more TI Ohio through creation of a budget and governance home for TI efforts
Intended outcomes	*Systems and organizational level* • Victimized children and youth are identified • Systems impacting child and youth victims are linked to improve outcomes and to leverage and garner additional resources *Child and family level* • Victimized children and youth are linked to local resources

Program element	Details
Evaluation	*Methods* • Formative, process and outcome evaluation components • Research review to support development and testing of screening tool and cataloguing of appropriate evidence-based programs (EBPs) • Surveys with state service providers and interviews with families and survivors to identify available services and gaps • Outcome evaluation in development (will assess policy adoption, adoption of coordinated service models, stakeholder linkage, training outcomes of knowledge, skills and attitudes) • Cross-grantee evaluation planned but terminated early in the grant period *Select findings* • Identification of geographic availability of EBPs for childhood trauma across state • Use of the online resource inventory
Point of contact	Nancy Radcliffe, CA

Promoting Student Resilience
2016–2019

Federal Funder: Office of Elementary and Secondary Education

The Promoting Student Resilience program provides grants to local educational agencies (LEAs) (or consortia of LEAs) to build and increase their capacity to address the comprehensive behavioral and mental health needs of students in communities that have experienced significant civil unrest in the past 24 months (2016). Grantees conduct activities to provide increased access for students to school-based counseling services, or referrals to community-based counseling services, for assistance in coping with trauma.

Grantee Highlight: Chicago Public School's Healing Trauma Together Program

Chicago Public Schools implemented the *Healing Trauma Together (HTT)* program, expanding district capacity to meet behavioral and mental health needs of students attending 10 high schools in communities facing violence and civil unrest. This program helps students recover from traumatic exposure to violence and civil unrest. It also improves mental health in high-need communities and creates safe and supportive learning environments for student learning and engagement.

HTT is coordinated with the Chicago Department of Public Health grant received under the SAMHSA ReCAST program.

Profile 5. Chicago's Public Schools Healing Trauma Together Program

Program element	Details
Key stakeholders	*Lead agency/implementer:* Chicago Public Schools (CPS), Office of Social and Emotional Learning *Key partners:* Healing, Empowerment, Learning Professionals (HELP), Youth Guidance, DePaul University, Chicago Department of Public Health, Engaging Schools, Lurie Children's Hospital, Chaddock, American Institutes for Research (evaluators)
Target populations	• Children, youth, and families • Education and behavioral health workforce • Community-based mental health partners
Focus areas	• Community violence • Behavioral health

Program element	Details
	• Education/child care • Prevention • Community resilience
Trauma-informed approach	Trauma-informed practices
Core components and specific interventions	• Professional development to support adoption of TI practices and improving school climates • *Trauma Sensitive Schools*: Recognizing signs of trauma, developing effective school and classroom strategies • *Child-Adult Relationship Enhancement (CARE)* and *CARE Booster*: Skills to connect with children, foster student self-regulation and implement techniques on positive commands and ignoring behaviors • *Safety Care*: Behavioral-de-escalation to help maintain safe environments and respond to dangerous behaviors • *Discipline in the Secondary Classroom:* Classroom management that fosters academic, social, emotional learning (SEL) and development • *Youth Mental Health First Aid*: Risk factors and warning signs of mental health problems, importance of early intervention, and how to help adolescents in crisis or experiencing a mental health challenge • *Behavioral Health Team (BHT) Workshops*: A series of workshops on the BHT, development of protocols for referring, screening, assigning, and monitoring students, and Tier 2/3 SEL interventions • *Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) Workshops*: Workshops on a group intervention for chronically traumatized youth with ongoing stress or challenges • *Resilience in Community After Stress and Trauma:* A parent and community member workshop that provides a trauma overview and teaches families how to support their children with SEL • *Mikva Challenge Youth Wellness Team Summit*: School teams create youth-initiated solutions to address behavioral health needs with peers • Strengthened team structure (BHT) to aid identification and referrals • Universal screenings via *Trauma Events Screening Inventory (TESI)* • Evidence-based trauma-focused interventions for students who have experienced chronic stress or complex trauma • Linkages to local community mental health agencies for students and/or families in need of more intensive services • Parent education on trauma and strategies to support youth

Program element	Details
Intended outcomes	*Systems and organizational level* • Improved capacity for trauma-focused care • Improved staff awareness, knowledge about trauma and satisfaction • Sustainable trauma-focused EBP programs with fidelity • Improved capacity to adopt other EBPs • Adoption of policies and procedures to support trauma-informed care • Greater access to EBTs to address trauma needs within service array *Child and family level* • Reduced parenting stress and depression • Reduced child traumatic stress, depression, social-emotional problems
Evaluation	*Methods* • Mixed methods • Planned surveys of attitude and practice changes • Planned pre-post evaluations using TESI and TSI • Planned analysis of HTT using comparative interrupted time series analysis to assess impact of HTT program on student outcomes *Select findings* • Workforce development gains (76 trainings across 10 schools involving 1705 attendees on trauma, child-adult relationships, behavior de-escalation, psychotherapy, and behavior health teams) • Mental health service delivery expansion (in first year, direct services provided to 216 students from 9 schools; in second year, 563 students from 10 schools) • Students perceptions of help received from SPARCS intervention in expressing feelings, problem-solving, self-soothing strategies • Elements of a strong Behavioral Health Team in place in schools (increases in staff-reported practices, including classroom-based SEL curriculum and dedicated time for professional development to address SEL needs, standardized policies and procedures for referral and screening of students with SEL issues, and schoolwide supports that promote positive/safe learning climate)
Point of contact	Rachel Whybrow, LCSW

Resilience in Communities After Stress and Trauma

2016-present

Federal Funder: Services Administration in Mental Health and Substance Abuse

The Resilience in Communities After Stress and Trauma (ReCAST) grants aim to assist high-risk youth and families and promote resilience and equity in eight communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed (TI) behavioral health services. The goal is for local community entities to work together in ways that lead to improved behavioral health, empowered community residents, and reductions in trauma and sustained community change.

Grantee Highlight: ReCAST Minneapolis

ReCAST Minneapolis exists to address the root cause of stress and trauma by lifting up community-based solutions that are anchored in undoing racism and a commitment to healing. ReCAST MSP intends to assist high-risk youth and families, promote resilience and equity in communities that have recently faced civil unrest, and affect policy change. This is done through collaborative partnerships aimed at undoing institutional and structural racism, evidence-based violence prevention and community youth engagement programs, trauma education and skill-building, as well as trauma-informed (TI) behavioral health services.

The vision of ReCAST Minneapolis is to promote and strengthen:

- Well-being, resiliency, and healing through community-based participatory approaches
- Equitable access to TI community behavioral health resources
- Integration of behavioral health services and other community systems to address the social determinants of health, recognizing that factors, such as law enforcement practices, transportation, employment, economic development, education, and housing policies, can contribute to health outcomes
- Change through community/youth engagement, improved governance, and capacity building
- Program services to ensure they are culturally specific and developmentally appropriate
- Capacity of first point of contact staff and trusted community partners to provide TI service and care

Profile 6. ReCAST Minneapolis

Program element	Details
Key stakeholders	*Lead agency/implementer:* City of Minneapolis *Key partners:* Over 25 Minneapolis city, community, and state/county government organizations, and 16 City of Minneapolis departments
Target populations	• 3 communities: North Minneapolis, South Minneapolis-Phillips community, Cedar-Riverside neighborhood) • All residents living in the communities of focus including, but not limited to, African-American, Native-American, Latino, Lao, Hmong, and Somali communities • City department leadership and city employees
Focus areas	• Community violence • Behavioral health • Prevention • Community resilience • Undoing institutional and structural racism
Trauma-informed approach	Community-based participatory approaches and solutions to promote health equity and address social determinants of health; understanding around race, culture and community history; trauma-informed care
Core components and specific interventions	• Community coalition of individuals with diverse and critical perspectives • Strategic plan with activities to promote trust and understanding between community and the City, mental and behavioral heal capacity; and ensure communities play a key role in advising decision-making • *Capacity Building Institute* for faith-based and cultural leaders • *Safe/Brave Space Conversations* with City employees to understand trauma in community interactions • Community-informed institutional policy development to reverse racial disparity trends in housing, workforce, economic development, transportation and public safety • Trauma and secondary/vicarious trauma trainings • Trauma informed training workshops for youth through partnership with *My Brother's Keeper* • *Community Needs and Resource Assessment*, that identified historical and current structural racism as a root cause of trauma in the community • Community assets identified to address root issues including social and community networks, cultural and spiritual institutions, community-

Program element	Details
	based organizations, recreational activities, and mental health care services • *Community Resource Inventory* to identify gaps in behavioral health services and provide resources for City staff • Response to controversial events including immediate engagement with community impacted by increased xenophobia due to charged event to identify community-based trauma-informed solutions • Community events to promote sharing of immigrant experiences • Communication to public through newsletter and website
Intended outcomes	*Systems and organizational level* • Equitable access to TI community behavioral health resources • Integration of behavioral health services and other community systems • Culturally specific and developmentally appropriate program services • First point of contact staff and community partners providing TI service and care • Development of policies designed to reverse racial disparity trends *Child and family level* • Community members' healing, well-being, and resiliency
Evaluation	*Methods* • Tracking of performance metrics and progress towards goals *Select findings* • Collaboration expansion (over 30 community partners on Advisory Team, 43 City employees participated in *Safe/Brave Space Conversations*, 38 youth engaged to help plan evaluation; 60 organizations and community representatives actively coordinating) • Workforce development gains (45 City employees from 15 departments participated in trauma-informed, community selected trainings; 22 mental health professionals trained; 150 individuals outside of mental health field trained in trauma-informed approaches, violence prevention, MH literacy; 28 City employees provided secondary/vicarious trauma training) • Service expansion (50 youth and family members referred to TI behavioral health services)
Point of contact	Joy Marsh Stephens, M.Ed.

Specialized Services to Abused Parents and Their Children, and Expanding Services to Children, Youth, and Abused Parents
2016

Federal Funder: Family and Youth Services Bureau (FYSB)

These Family Violence Prevention and Services (FYPSA) 12 grantees include domestic violence coalitions, local domestic violence programs, tribal organizations, behavioral health organizations, and a state social services agency. The demonstration sites are working to alleviate trauma experienced by children and youth; support enhanced relationships between children/youth and parents; and improve systemic responses to children and youth exposed to domestic violence, and their abused parents.

Grantee Highlight: Durham Integrated Domestic Violence Response System (DIDVRS)

The Durham Integrated Domestic Violence Response System (DIDVRS) is a collaborative effort aimed toward improving systems collaboration between service providers in the Durham community who work with children and families impacted by domestic violence (DV). A goal of the project is to improve alignment among providers regarding approaches, values, and assumptions when serving abused parents and their children. Improved system collaboration is anticipated to help children and families exposed to DV by:

- Improving the system and responses to abused parents and their children exposed to DV
- Coordinating and providing new or enhanced residential and non-residential services for children and youth exposed to DV
- Enhancing evidence and practice-informed services, strategies, advocacy, and interventions for children/youth exposed to DV.

By partnering with a National Child Traumatic Stress Network Community Treatment Center, the project also delivers training and technical assistance to Durham first responders on:

- Awareness of DV
- Skills to screen for DV and its impact on children and make appropriate referrals
- Improving system collaboration between agencies. The project aims to empower first responders to make appropriate referrals to a trauma-informed network of care.

Profile 7. Durham Integrated Domestic Violence Response System (DIDVRS)

Program element	Details
Key stakeholders	*Lead agency/implementer:* Durham County Department of Social Services (DSS) *Key partners:* Durham Crisis Response Center, Exchange Family Center, the Duke Center for Child and Family Policy, and the Center for Child and Family Health (a National Child Traumatic Stress Network Community Treatment Center)
Target populations	• Children, youth, and families impacted by DV • Community providers (including first responders) working with families exposed to DV • Childcare providers working with children exposed to trauma
Focus areas	• Child abuse/neglect/child protective services • Behavioral health • Education/child care • Domestic violence
Trauma-informed approach	National Child Traumatic Stress Network (NCTSN) resources; SAMHSA trauma-informed principles; ACE science.
Core components and activities	• Comprehensive, multi-phased training on DV and associated impacts targeted to first responders, DCDSS social workers and other community-based service providers • Brief case management and referrals for services for identified families • Assessment and evidenced-based TI treatment services for families DV survivors and their children • Training and consultation for childcare providers serving children exposed to DV and other trauma • Community outreach and advocacy efforts
Intended outcomes	*Systems and organizational level* • Improved coordination and alignment across systems • Improved service provider/first responder confidence and knowledge in working with families exposed to DV • Increased referrals from service providers/first responders to the trauma-informed network of care and other DV related services • Decrease in the number of families with repeat DV related contacts with first responders and/or CPS *Child and family level*

Program element	Details
	• Identified families will receive case management and be connected to DV related services and supports • Pilot families will be connected to the TI network of care for assessment and treatment; families will show improved functioning on EBT specific measures • Pilot families will report increased confidence and knowledge in the areas of parenting, safety planning and the impacts of DV
Evaluation	*Methods* • Surveys (post-training; pre-post from families) • Program administrative data • Child and family outcome data collected form service providers *Select findings* • Workforce development gains (399 professionals have been trained representing key agencies including DCDSS, DPD, DCRC and Emergency Medical Services) • Knowledge on DV topics increased post-trainings • Use of case management services (65 families including 64 referrals to community-based organizations) • Use of evidence-based TI treatment (36 pilot families referred, 7 families completed to date) • Among parents completing treatment, knowledge improvements about the impacts of DV and increased confidence in ability to parent and create safety plans for themselves and their children
Point of contact	Jovetta Whitfield, MSW

State and Community Programs

Building Resilient Communities
2015–present

The Building Community Resilience (BCR) collaborative at the Redstone Center at Milken Institute School of Public Health, George Washington University seeks to improve the health of children, families, and communities by fostering engagement between grassroots community services and public and private systems to develop a protective buffer against Adverse Childhood Experiences (ACEs) occurring in Adverse Community Environments (ACEs) – the "Pair of ACEs."

With technical support and tools from the national BCR team, the five participating communities apply four central components of the BCR model in a continuous quality improvement (CQI) model: 1) creating shared understanding of childhood and community adversity; 2) assessing system readiness; 3) developing cross-sector partnerships; and 4) engaging families and residents in a collaborative response to prevent and address the Pair of ACEs. Each community develops its own unique strategies, yet assesses common data elements, achievements, and lessons learned so that innovations are identified and shared. BCR leadership also works to drive national change through policy efforts to raise awareness of the long-term impacts of the Pair of ACEs and strategies to improve coordination, prevention, and response to childhood trauma.

Profile 8. Building Community Resilience

Program element	Details
Key stakeholders	*Funders:* Doris Duke Charitable Foundation, Kresge Foundation, Milken Institute School of Public Health at George Washington University *Lead agency/implementer:* Milken Institute School of Public Health, Sumner M. Redstone Global Center for Prevention and Wellness *Partners:* Center for Trauma-Informed Policy & Practice (CTIPP), National Association of County and City Officials (NACCHO) *Communities:* Cincinnati, OH; Dallas, TX; the state of Oregon; Washington, DC; and the Alive and Well Communities in Missouri and Kansas (KC-MO)
Target populations	• Federal, state, and community leaders and policy makers • Organizational staff • Children and families (community level only)
Focus areas	• Behavioral health/substance misuse • Education/child care • Racism, gentrification, displacement • Prevention

Program element	Details
	• Community resilience • Juvenile justice • Physical health/medical/public health • Business • Government • Child abuse/neglect/child protective services • Community violence • Health equity/health disparities
Trauma-informed approach	*Collaborative level* • ACEs/adverse community environments science *Community level* • SAMHSA TI Approach, Trauma Theory, Sanctuary Model
Core components and specific interventions	*Collaborative level* • Providing technical assistance/capacity building tools, including assessments and guides • Supporting measurement and evaluation by identifying strategies for local data sharing such as engaging leaders and unexpected partners • Creating a standard data dashboard tool for communities to assess indicators of community adversity and results of strategies over time • Developing and facilitating policy strategies, through tools such as *Building Community Resilience Policy and Advocacy Guide* to help each community create a policy agenda*, Policy Recommendations for States,* and an annual Hill day • Promoting peer learning via convenings, interactive project websites • Evaluating cross-community progress, process, and outcomes *Community level* • Utilizing BCR tools to build partnerships in community and collaborative strategic plans, including the *Coalition Building and Communications Guide*, and *Partner Build Grow Action Guide* • Working to align child/family-serving systems with one another • Developing TI strategies and interventions that bolster strengths, fill gaps, and build child, family, and community resilience *All communities:* Co-location of supportive service programs where children and families are

Program element	Details
	All communities: Engaging elected officials and advocating for policy changes *Cincinnati, OH; KC-MO; Washington, DC:* Shift practice to implement TI approaches in early childhood and education, healthcare, and community service settings *KC-MO; Washington, DC:* Engaging community champions to lead capacity building efforts and implement evidence-based TI interventions, including community-based *Seeking Safety, HealthySteps* *Oregon*: Engaging higher education in partnerships for TI approaches
Intended outcomes	*Collaborative level, short term* • Knowledge of Pair of ACEs and potential of TI and resiliency interventions • Multisector collaboration and sustainability • Readiness for TI practices across system, including informed workforce, support for screening and referrals, and data sharing and measurement • Community engagement and deepening of family and community voice *Collaborative level, intermediate* • Integration/alignment of clinical organizations and systems to address ACEs and increase TI capacity and service coordination • Health equity, with social determinants addressed by systems and partners • Prevention of ACEs and changes in adverse environments in communities
Evaluation	*Methods* • Multimethod, cross-site • Key informant interviews and focus groups • Annual surveys • Data dashboards with common indicators assessing program, network, policy, and funding results *Select findings* • Increases in community networks • Evidence of geographic expansion • Adoption of innovations across BCR communities
Point of contact	Wendy Ellis, Ph.D.

Building Strong Brains Tennessee
2015–present

The Tennessee state initiative Building Strong Brains (Building Strong Brains Tennessee) is born from research gathered in the CDC-Kaiser Permanente Adverse Childhood Experiences Study. Building Strong Brains Tennessee works to change the culture of Tennessee so that the state's overarching philosophy, policies, programs and practices for children, youth and young adults utilize the latest brain science to prevent and mitigate the impact of adverse childhood experiences.

To realize this, the initiative focuses on strategic priorities that support people in developing systems and strategies to become trauma-informed. They seek to accomplish these goals through training, public-private partnerships and collaboration, systems and policy change, and increased public awareness. Leaders from state government, the business sector, advocates, insurers, academia and nonprofit foundations are organized as public and private sector steering groups to guide implementation and provide leadership at the state, regional and community levels. With state funding, The Commission on Children and Youth supports the ACEs Innovation Grantees (funded by Tennessee Department of Children and Families) across Tennessee in a wide range of sectors, including academia, medical, education, mental health, justice/courts, public awareness, community and early childhood programs.

Profile 9. Building Strong Brains Tennessee

Program element	Details
Key stakeholders	*Funders:* TN Commission on Children and Youth funded by TN General Assembly, additional funding from foundations *Lead agency/implementer:* Building Strong Brains Tennessee Coordinating Team *Partner:* TN Commission on Children and Youth (TCCY); Tennessee State Departments of Children and Families, Education, Health, Human Services; ACE Awareness Foundation; Casey Family Programs; Ready Nation; Prevent Child Abuse TN; United Way of Chattanooga
Target populations	• State systems and workforce • Community organizations and workforce • Children and families
Focus areas	• Child abuse/neglect/child protective services • Behavioral health • Juvenile justice • Education/child care

Program element	Details
	• Prevention • Community resilience • Home visiting
Trauma-informed approach	ACEs science, research on building community resilience, SAMHSA's TI Approach, NCTSN, NEAR science, Alberta Family Wellness Initiative, and public health approaches, including CDC's Essentials for Childhood Framework
Core components and specific interventions	*Initiative level* • Mobilizing knowledge statewide with train-the-trainer model on ACEs and being TI • Promoting public-private partnerships • Coordinating state and multisector collaborations to guide strategic planning and decision-making • Conducting public awareness campaigns that includes a 6-part documentary aimed at educating about the incidence, prevention, and mitigation of ACES and a summit in 2018 • Funding and supporting innovation grantees that address ACEs and implement TI practices in communities and organizations *Community level* • Implementing trauma-informed curricula in schools • Screening and assessment in hospitals and early childhood care setting • Community education efforts • TI mentoring and parent support • Development of ACEs-based resources and toolkits
Intended outcomes	*Initiative level* • Increase children's potential for healthy, productive lives • Raise public knowledge about ACEs • Impact public policy in TN to support prevention of ACEs and to reduce community conditions that contribute to them • Support innovative projects that offer fresh thinking and precise measurement of impact in addressing ACEs and toxic stress in children • Seek sustainable funding to ensure the state maintains a long-term commitment to reduce the impact of ACEs

Program element	Details
	• Embrace open, responsive governance through statewide planning groups and institutes
Evaluation	*Methods* • Tracking of outputs such as reach and TI events • Baseline survey of TN public awareness of TI (to be repeated in two years) • Encouraging evaluation of grantee efforts *Select findings, initiative level* • Workforce development gains (956 participated in train-the-trainer series, >40K individuals trained in NEAR sciences and community approaches to promote resilience) • Community innovations supported (32 community innovations and 3 statewide projects funded in 2019) • Increases in TI awareness seen in observed increases in media coverage of ACEs related issues • Changes in policy with more observed mentions of ACEs in state legislation • Increases in funding and sustainability with doubling of state funds to $2.45 million (recurring annually) *Select findings, community level* • Increases in intentions to use TI knowledge after community forums and events for private-public partnerships working in early childhood education • Greater use of TI practices and increased knowledge following training in Boys and Girls club setting • Decreases in child discipline referrals and suspensions across schools after an evidence-based TI practice model was implemented schoolwide
Point of contact	Jennifer Drake Croft, MSSW, I-MHE

Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma/The Missouri Model

2012–present

The Missouri State Trauma Roundtable, a diverse cross-sector of state agencies and private organizations, has developed frameworks, tools, and policy guidance documents for adoption by organizations and communities to address the impact of trauma and works to support their implementation across the state. Collectively, this work has been referred to as "the Missouri Model."

The Missouri Model: A Developmental Framework for Trauma-Informed focuses on how service delivery organizations can incorporate information about trauma into organizational policy and practice.

Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma presents a framework that illustrates the connection between resilience and trauma interventions and provides an approach to outline the functions communities and individuals can take to create healthy communities and reduce the overall exposure to, and impact of, trauma.

Various resources are available to assist organizations or communities learn more about trauma and begin work in implementation through training and consultation.

Profile 10. Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma/The Missouri Model

Program element	Details
Key stakeholders	*Funders:* Seed funding from DMH, addition funders include county tax boards, foundations, civic organizations *Lead agency/implementer:* Previously Missouri Department of Mental Health, transitioning to Department of Social Services *Partners:* Multiple sector state agencies and community organizations
Target populations	• State agencies • Community and business leaders • Organizational staff
Focus areas	• Child abuse/neglect/child protective services • Behavioral health • Education/child care

Program element	Details
	• Juvenile justice • Domestic violence • Homelessness • Prevention • Community resilience • Healthcare/public health • Developmental disabilities
Trauma-informed approach	ACEs, brain science, Five Core Principles of Trauma Informed Care adapted from Fallot and Harris (2009), SAMHSA's TI Approach
Core components and specific interventions	*Leadership (Roundtable) level* • Convening active champions from diverse sectors and organizations to collaborate on developing comprehensive approach to trauma • Developing policy guidance tools to help organizations become more trauma-informed, in areas such as 1) organizational requirements for implementing TI approaches; 2) trauma screening (*Trauma Screening Policy Guidance*); and 3) human resources (*Human Resources Policy Guidance)* • Increasing awareness and knowledge of trauma, ACEs, brain science and a public health approach through conferences, online resources, and campaigns for the general public • Promoting TI practices in organizations and communities through trainings and consultation on applying Missouri Model tools • Providing an initial tool to measure an organization's progress on addressing trauma (*The Missouri Model* resource), that is aligned with federal Family First legislation
Intended outcomes	*State and organizational level* • Improved knowledge and understanding of relationship between different aspects of TI • Improved assessment and response of health disparities • Expanded primary prevention strategies to build community resilience • Support for at-risk groups • Improved capacity to identify and respond to trauma • Decreased need for referrals to more sensitive interventions • Increased access to trauma-specific treatment • Data collection capacity for organizational TI change

Program element	Details
	Community level (aligned with specific interventions) • Organizational reduction of staff turnover • Reduced educational disparities, discipline referrals, dropout • Decreased child abuse/neglect and moves for children in foster care • Decreased community violence
Evaluation	*Methods* • Application of *The Missouri Model: A Developmental Framework for Trauma Informed* resources as an assessment tool of four developmental stages of becoming TI
Point of contact	Patsy Carter, Ph.D.

Mobilizing Action for Resilient Communities
2015–present

Mobilizing Action for Resilient Communities (MARC) brings together 14 communities committed to addressing early childhood adversity and building resilience by translating science on ACEs to policy and practice. MARC communities include a mix of cities, counties, regions, and states within well-established, multisector networks. Each community works toward TI policy and systems change and to model the process for aspiring communities.

Efforts occur at both the leadership and community levels. MARC leaders strive to facilitate learning; stimulate national and regional change; and strengthen program coherence, multisector collaboration, and evaluation efforts. At the community level, MARC representatives leverage financial investments and technical assistance to advance ACE-informed agendas and strengthen networks. They raise awareness of early trauma's long-term impacts, engage in peer-to-peer learning collaboratives to share best practices, and participate in cross-site and local evaluations.

Profile 11. Mobilizing Action for Resilient Communities

Program element	Details
Key stakeholders	*Funders:* Robert Wood Johnson Foundation, California Endowment *Lead agency/implementer:* Health Federation of Philadelphia *Partner:* Westat *Communities:* Alaska; Albany, NY; Boston, MA; Buncombe County, NC; Columbia River Gorge Region, OR; Greater Kansas City, KS/MO; Illinois; Montana; Philadelphia, PA; San Diego County, CA; Sonoma County, CA; Tarpon Springs, FL; Washington; Wisconsin
Target populations	• Community leaders • Organizational staff • Children and families (community level only)
Focus areas	• Child abuse/neglect/child protective services • Behavioral health • Education/child care • Prevention • Community resilience • Healthcare/public health • Business • Law enforcement

Program element	Details
Trauma-informed approach	ACEs science (e.g., ACE Interface)
Core components and specific interventions	*Leadership level* • Funding MARC grantees to test strategies • Providing technical assistance/capacity building on program development and evaluation • Promoting peer learning via collaboratives, grantee convenings, interactive project websites • Evaluating progress, process, and outcomes • Promoting reliable collection of ACEs and resiliency data *Community level* • Increasing awareness and knowledge of trauma and ACEs among specific subgroups and the general public • Promoting TI practices in community organizations through trainings and learning collaboratives • Promoting TI practices within and across sectors, leadership supports, trainings, and small innovation grants • Implementing evidence-informed interventions including *Handle With Care, Mental Health/First Aid*, and schoolwide TI interventions including *Compassionate Trauma-Informed Schools*, *Head Start Trauma Smart* • Improving public policy through briefs, policy collaboratives, and legislative hearings *Sonoma County, CA:* 9-month, multi-cohort fellowship training of ACEs Interface curriculum *Philadelphia:* Expanded ACEs study; Formation of Philadelphia ACE Task Force policy workgroup, hearing on secondary traumatic stress with Philadelphia City Council *Illinois:* Policy briefs and recommendations in health, justice, and education *Oregon:* Concurrent Resolution 33 encouraging state officers, agencies, and employees to become informed of trauma's impacts and to become aware of evidence-based and evidence-informed TI care practices and interventions
Intended outcomes	*Community level, short term* • Multisector collaboration and local movement-building • Community engagement and deepening of the community base • TI policies and practices among communities and organizations • Funding for ACEs awareness and TI organizations

Program element	Details
	• Identification and dissemination of best practices derived from peer-to-peer learning • Knowledge of ACEs, TI, and resiliency practices among individuals, families, and organizations • Data collection capacity for ACEs and resiliency indicators *Community level, intermediate* • TI policies and practices among communities and organizations • Continued changes in systems to foster resilience (i.e., systems change)
Evaluation	*Methods* • Multimethod, cross-site • Evaluability assessments • Social network analysis • Outcomes harvesting • Ongoing data collection/document review *Select findings from interim report (final cross-site evaluation report forthcoming)* • Increases in size of MARC community networks (25 to >70), density of connections, types of sectors involved • Evidence of new practices such as use of Safe Babies court model, safe rooms in emergency rooms, peer support in low-income housing • Evidence of new partnerships engaging unrepresented groups • More funding for TI care, training, capacity-building, innovation grants • Few public policy impacts because of slow, nonlinear nature of policy change but some individual communities have contributed to TI legislation
Point of contact	Clare Reidy, R.N., M.P.H.

Trauma Informed Oregon

2014–present

The Oregon Health Authority, Health Systems Division (formerly Addictions and Mental Health Division), contracted with Portland State University, in partnership with Oregon Health & Science University (OHSU) and the Oregon Pediatric Society (OPS), to initiate a statewide collaboration to promote and sustain trauma informed care (TIC) across child- and family-serving systems, with a later expansion to include adult serving behavioral health systems. Trauma Informed Oregon (TIO) was created in recognition of the impact that adverse experiences in childhood have on long-term health outcomes and represents a commitment at the state level to promote prevention and to bring policies and practices into better alignment with the principles of trauma informed care.

Trauma Informed Oregon operates as a technical assistance center that supports individuals and organizations through resource development, TA, and training as they work to incorporate TIC principles into their policies and practices and disseminates promising strategies to support wellness and resilience.

Profile 12. Trauma Informed Oregon

Program element	Details
Key stakeholders	*Funders:* Oregon Health Authority *Lead agency/implementer:* Portland State University *Partner:* Oregon Health and Science University, Oregon Pediatric Society
Target populations	• Organizational staff • Providers for child and family-serving systems and adult behavioral health systems
Focus areas	• Behavioral health • Education/child care • Prevention • Community resilience • Healthcare/public health • Youth Positive Development
Trauma-informed approach	NEAR science framework, SAMHSA's TI Approach
Core components and specific interventions	• Development and storage of resources for organizations, providers, and the public, including e-newsletters, tools and tips, and peer resources on a project website

Program element	Details
	• Coordination of TIC change efforts across systems—in all counties and across the state. • Convening of stakeholders through conferences, county forums, and workshops • Workforce development through education and training of cross-sector professionals through online trainings and train-the-trainer models • Development of technical assistance tools and consultation to help organizations plan implementation and incorporate TI principles into practice including *Standards of Practice, Road Map to Trauma Informed Care 2.0, Trauma Informed Care Screening Tool* • Consultation and technical assistance on evaluation and measurement to improve accountability • Engagement of community stakeholders such as the *Oregon Trauma Advocates Coalition*, a youth council that meets monthly to develop TI resources and give input to improve TI systems for youth
Intended outcomes	*Leadership level* • Organizations and systems have resources, educational opportunities, and technical assistance to implement TI approaches *Organization and community level* • TI principles are reflected in policies, practices, and procedures • Staff and service users feel safe, empowered, valued, and cared for • Service engagement, workforce satisfaction, and retention is increased • Community resilience, health, and wellness is improved
Evaluation	*Methods* • Tracking of outputs such as reach and TI events • Provision of resources on measurement through recent video blogs and newsletters • Evaluation tools including the *Trauma Informed Care Screening Tool* which guides organizations in TI care implementation and assessment • Dissemination of evaluation and measurement examples from among TIO-supported organizations such as pilot test of child, youth, and adult resilience measures in a multiple county learning collaborative *Select findings* • Workforce development gains (over 20K people trained, 468 workshops, 107 trainers trained)) • Increased knowledge and awareness (23 county forums, 1 statewide conference, 25 newsletters)

Program element	Details
	• Reduction of behavior referrals and principal-reported improvements in student self-regulation in TI effort of TIO-supported organization
Point of contact	Mandy Davis, Ph.D., LCSW

Trauma Smart®

2008–present

Crittenton Children's Center created Trauma Smart® after decades of providing therapeutic services to children in Head Start and public school settings. The program was developed to address a need for a model that supported social and emotional development but particularly in the context of the high levels of toxic stress and traumatic events experienced by the children in these educational settings. Trauma Smart integrated three existing evidence-informed modalities to create the unique approach. The goal of the program is to decrease the stress of chronic trauma, foster age-appropriate social and cognitive development, and create an integrated, trauma-informed culture for young children, parents and staff. Created from a community perspective, the Trauma Smart® program emphasizes tools and skills that can be applied in everyday settings, thereby providing resources to address current and future trauma.

Trauma Smart® was initially implemented in three Head Start programs serving primarily low – income families in 15 locations in urban areas. Today, Trauma Smart® is in urban, suburban, rural and tribal locations in multiple states, including Missouri, Kansas, Michigan, Tennessee, Washington, Wisconsin, Alaska, Oregon and throughout New York City.

Profile 13. Trauma Smart®

Program element	Details
Key stakeholders	*Funders:* Combination of foundation and federal grants (SAMHSA, ACF) and foundation and school system contracts *Lead agency/implementer:* Saint Luke's Hospital's Crittenton Children's Center, Kansas City, MO
Target populations	• Organizational staff at early childhood programs and public/private school settings • Children and families • Community members
Focus areas	• Education/child care • Behavioral health • Prevention • Community resilience • Home visiting
Trauma-informed approach	ACEs science/ACEs interface and educational coaching and consultation models; Attachment, Self-regulation, and Competency (ARC) Framework, Missouri Model

Program element	Details
Core components and specific interventions	• Integration of education, mental health, and overall child well-being into one model of trauma-informed care • Implementation supports including formation of TI care team and specialized training on how to sustain Trauma Smart® • Provision of TI training to all people who touch the life of the child, including staff, parents, and broader network of family and community • Training and train-the-trainer approach that incorporates evidence-based components including *ARC Framework*, *Trauma-Focused Cognitive Behavior Therapy (TF-CBT)*, *Dialectical Behavior Therapy*, and strategies for secondary stress, grief and loss • Consultation by Trauma Smart trainers who also provide specialized training to school staff to conduct classroom coaching and skill-building • Parent/caregiver workshops to provide information and tools for maintaining TI home environments • Screening and providing of evidence-based trauma-focused individual intervention for children (*ARC, TF-CBT*)
Intended outcomes	• TI practices and interventions infused in early care/ education settings • Children prepared for academic and social success • Parents actively engaged in child's school experience and have skills to create a trauma-informed home • Work environment improved for teachers and school personnel • Practical and enduring change for children, families, and communities
Evaluation	*Methods* • Multiple multimethod process and outcome evaluations in community Head Start and elementary school sites • TI changes using *Attitudes Related to Trauma-Informed Care Scale* *Select findings* • Workforce development gains (Over 12,500 teachers and school staff trained and provided with coaching support; 52,900 children benefitted) • Enhanced trauma-informed classrooms with improved quality of relationships, staff attitudes favorable to TI care, and staff learning • Improvements in child academic readiness and performance, and internalizing and externalizing problems • Improvements in parent/caregiver awareness and likelihood of parents' use of new skills after training
Point of contact	Susan Pinné LSCSW, LCSW

Appendix A. Technical Assistance Centers and Select Trauma-Informed Resources

In addition to highlighting TI programs, information was compiled about HHS- and other federal agency-supported national and initiative-level technical assistance centers that are working in the field of trauma-informed (TI) care and building community resilience. These centers and/or contracted organizations develop and disseminate TI resources, trainings, and curricula. They also provide coaching and consultation to federal grantees about TI practices. Centers and select resources are listed in exhibit A-1.

Exhibit A-1. Technical Assistance Centers and Select Resources

Agency and technical assistance center	Example resources, trainings, or other TI related activities
SAMHSA's National Child Traumatic Stress Network	Core Curriculum on Childhood Trauma Trauma Informed Legal Advocacy: A Resource for Juvenile Defense Attorneys
SAMHSA's National Center for Trauma Informed Care and Alternatives to Seclusion and Restraint	Essential Components of Trauma-Informed Judicial Practice: What Every Judge Needs to Know about Trauma
National Technical Assistance Center for Children's Mental Health (NTAC)	Trauma-Informed Care: Perspectives and Resources series
Indian Health Service's Telebehavioral Health Center of Excellence	Several archived seminars on TI and application in behavioral healthcare in American Indian and Alaska Native communities.
ACF's National Center for Domestic Violence, Trauma, and Mental Health	Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations — An Organizational Reflection Toolkit
ACF's Futures Without Violence	Promising Futures: 16 Trauma-informed, Evidence-based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence
ACF's National Clearinghouse on Homeless Youth and Families	Trauma-Informed Care for Children Exposed to Violence: Tips for Domestic Violence and Homeless Shelters

ACF (OCC) National Center of Early Childhood Development Teaching and Learning	Trauma, Toxic Stress, and Resilience resources
HRSA's Healthy Start EPIC Center	Trauma Informed Early Childhood Services training
HRSA Home Visiting Improvement Action Center	Home Visiting Issues and Insights: Creating a Trauma-Informed Home Visiting Program
Center of Excellence for Infant and Early Childhood Mental Health Consultation	Understanding Stress and Resilience in Young Children series
ACF OCC / OHS / HRSA National Center on Early Childhood Health and Wellness (NCECHW) & the Early Childhood Learning and Knowledge Center	Trauma Toolbox for Primary Care (with American Academy of Pediatrics)
ACF / OAH / FYSB Resources for Teen Prevention Programs	Trauma-Informed Care: Tips for Teen Pregnancy Prevention Programs A Checklist for Integrating a Trauma-Informed Approach into Teen Pregnancy Prevention Programs
ACF / OFA resource developed as part of the PACT evaluation	Trauma-Informed Approaches for Programs Serving Fathers in Re-Entry: A Review of the Literature and Environmental Scan
ACF / OVC Training and Technical Assistance Center	Utilizing Trauma-Informed Approaches to Human Trafficking Related Work
ACF National Human Trafficking Training and Technical Assistance Center (NHTTAC)	Survivor-Informed Practice: Definition, Best Practices, and Recommendations from the Human Trafficking Leadership Academy, 2017
White House Task Force to Protect Students from Sexual Assault Commissioned Resource	Leading Trauma Sensitive Schools
DOJ-OJJDP / SAMHSA's National Center for Mental Health and Juvenile Justice (newly renamed to National Center for Youth Opportunity and Justice)	Strengthening Our Future: Key Elements to Developing a Trauma-Informed Juvenile Justice Diversion Program for Youth