# Learn with the Learning Community!
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# Learning With The Learning Community: Trauma-Informed Approaches




**May 25, 2017**

**West Community Action Partnership**
*Robyn Thibado and Corin Tubridy*

**Northern Kentucky Community Action Commission**
*Dawn Fogarty*

**Nebraska Department of Health & Human Services**
*Jennifer Dreibelbis*



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# The Promise of Community Action

*Community Action changes people's lives,*
*embodies the spirit of hope,*
*improves communities, and*
*makes America a better place to live.*

*We care about the entire community and*
*we are dedicated to helping people*
*help themselves and each other.*



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# What is the Learning Community?

The **Learning Community** is comprised of topical peer-to-peer Learning Community Groups (LCGs) which consist of a cadre of agencies that are currently working on a program or service delivery strategy related to a poverty related focus areas.



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**Purpose**: To analyze Community Action outcomes and identify effective, promising and innovative practice models that alleviate the causes and conditions of poverty.

**BUILD OUR CAPACITY TO FIGHT POVERTY!**



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# Anti-Poverty Work



# The “Heart” of Who We Are



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# How does the Learning Community work?

**Members attend meetings, virtually or in-person, and strategize ways to improve outcomes within Community Action Agencies.**



- Meetings may include:
  - Discussing “what works”
  - Sharing data findings
  - Solving problems
  - Offering support for implementing new ideas
  - Sharing best practices



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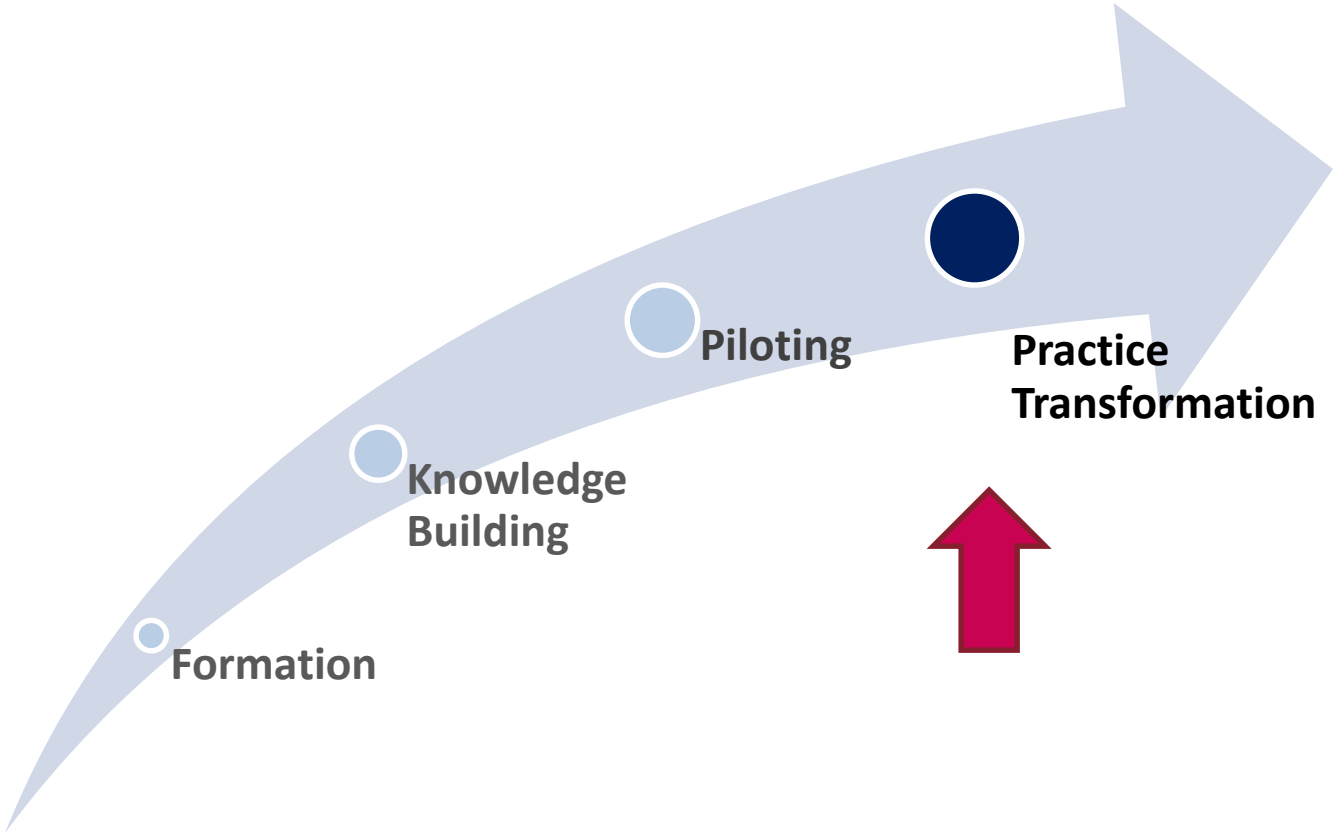
# How is the Learning Community Structured?

- Comprised of **Learning Community Groups (LCGs)** focused on poverty related topics.
- Though members of each LCG concentrate on the same topic, work activities they generate are unique to the community they represent.
- Each LCG is offered T/TA and guidance from peer experts and subject matter experts to help facilitate this process.
- LCG environment open and conducive to experimentation
- Eventually, LCG successes as well as lessons learned will be shared with the Network



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# Learning Community Groups Phases 1-4



# Group Focus Areas:
# Trauma-Informed Care

**Trauma-informed care** is an organizational and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Becoming a **Trauma-Informed Community Action Agency** means recognizing both that consumers may have many different types of trauma in their lives and that the stress associated with working in human services may impact the staff well-being as well as outcomes of services.





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# Subject Matter Experts



Elena Cohen



Catherine Marshall

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# What is Trauma?

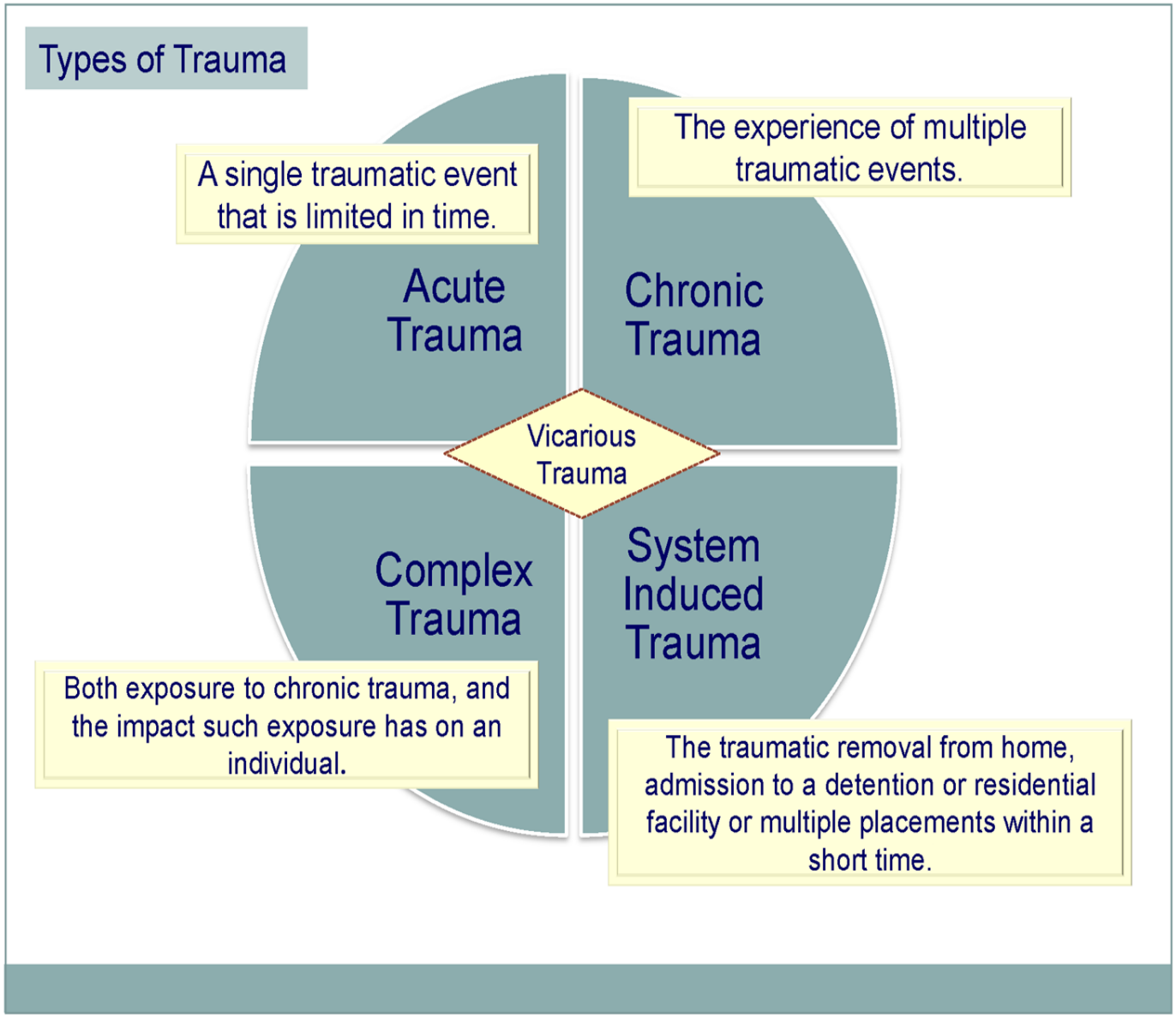


Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has **lasting adverse effects** on the individual's functioning and mental, physical, social, emotional or spiritual well being.



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# Types of Trauma

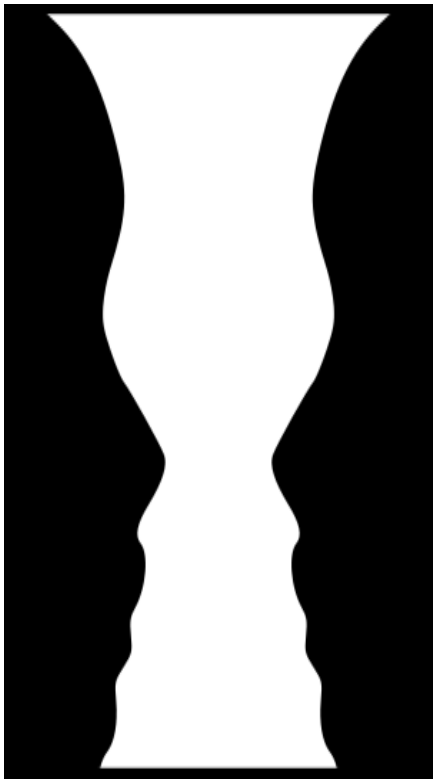





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# What is Trauma?

The perception of trauma varies vastly among individuals.

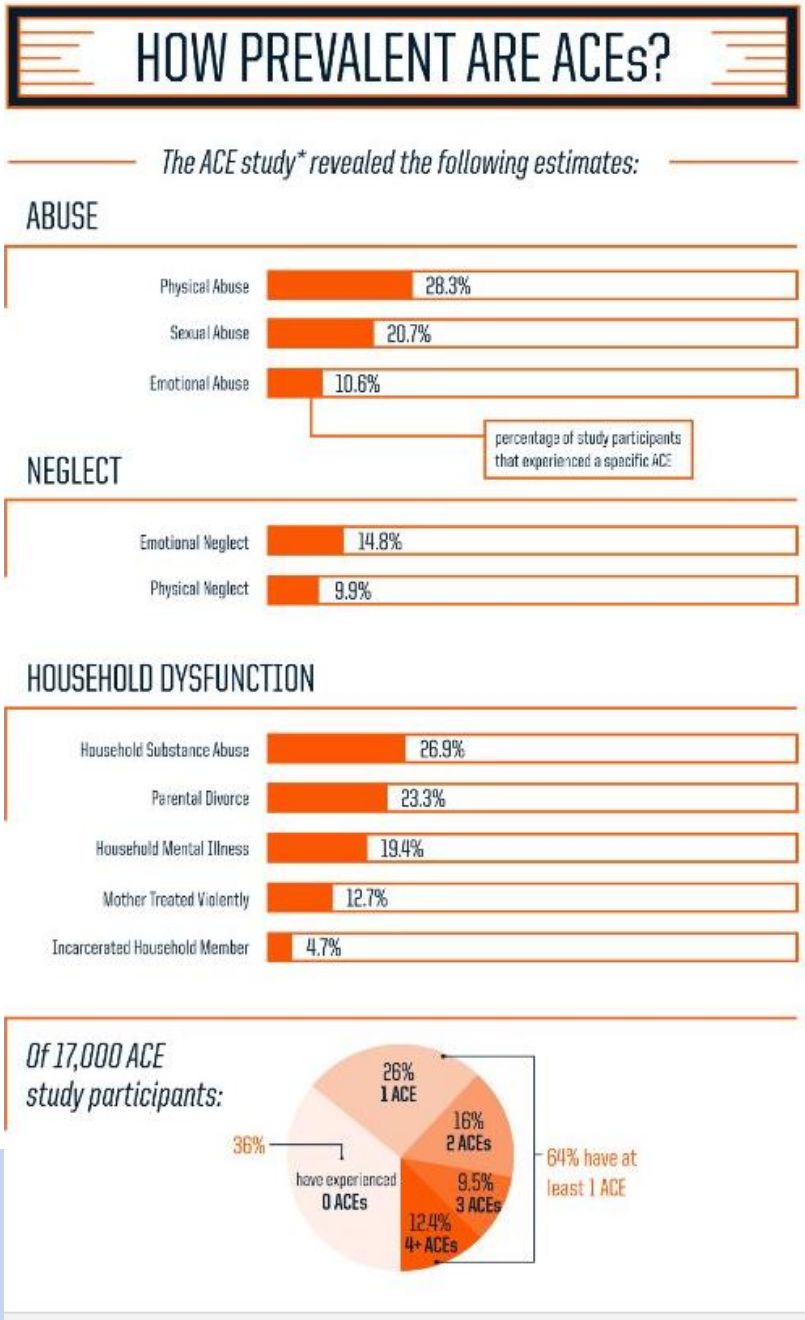




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# Impact

- How
- When
- Where
- How often



# Trauma Informed Organization

## The Four R's

- ❑ Realizes
- ❑ Recognizes
- ❑ Responds
- ❑ Resists





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# Becoming a Trauma Informed Agency




*Photo Credit: American Institutes for Research*

# Assessment Domains

- ❑ Create a safe environment
- ❑ Support staff development/support
- ❑ Screen, assess and plan for services
- ❑ Adapt policies and procedures



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# Barriers

- Resources (fiscal, other)
- Agency competing priorities
- Adapting policies and procedures
- Staff training
- Lack of support from leadership
- Not knowing where to start



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# Member Profile

| Trauma-Informed Approaches LCG | |
|---|---|
| Chautauqua Opportunities, Inc. | Northern Kentucky Community Action Commission |
| Community Action of Kentucky | NYS Community Action Association |
| Knoxville-Knox County CAC | West Central Wisconsin Community Action Agency |
| Missouri CAN | Williamsburg-James City County Community Action Agency |
| Nebraska Department of Health and Human Services | |



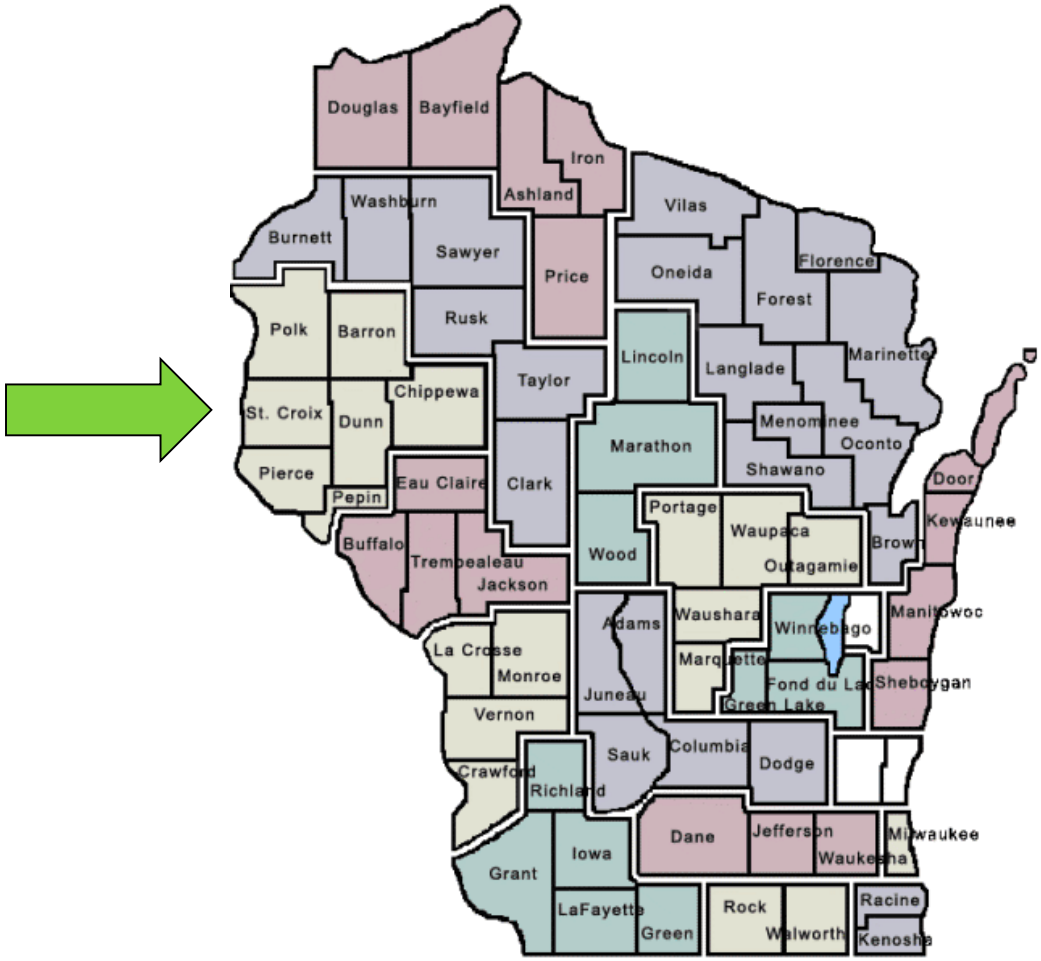
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# Trauma-Informed Approaches to Alleviating Poverty Learning Community Group

West CAP

# Serving 7 Wisconsin Counties

**Barron**
**Chippewa**
**Dunn**
**Pepin**
**Pierce**
**Polk**
**St. Croix**



# What services are provided?

- Housing
  - Affordable Housing Units
  - Rental Assistance
  - Supportive Housing Programs
  - Social Security Benefits Assistance
  - Weatherization
  - Energy Assistance
- Food Access & Resources
- Skills Enhancement
- Literacy







# Housing Assistance

Housing support and financial assistance for renters & households experiencing homelessness

- Tenant-Based Rental Assistance
- Rapid Re-Housing
- Permanent Supportive Housing
- Section 8 Housing Choice Vouchers in Dunn, Pierce, and St. Croix Counties
- Social Security Outreach, Access, & Recovery (SOAR)

# Our Goals for Participation

- Learn how to educate our agency about trauma and trauma-informed services:
  - what it means
  - what it looks like
  - how it is different from what we do now
- Identify the next steps to begin trauma-informed culture change within West CAP
- Provide training to other service agencies about trauma informed care

# The West CAP Team

Robyn Thibado

- Associate Director

Corin Tubridy

- Homeless Prevention Programs Manager

Kristina Bechtel

- SOAR Coordinator

# Planning & Implementation

- The three members of the West CAP LCG will have attended a minimum of five Trauma Informed Care Trainings by August 31st, 2016 in order to learn how to effectively and appropriately teach others about trauma informed care. **Completed**
- All West CAP employees and 75% of West CAP board members will have attended a Trauma Informed Training presented by West CAP LCG members by December 31st, 2016 and establish a base line knowledge of trauma and its impact on people experiencing poverty. **Completed 1/23/17**
- The West CAP LCG will review existing agency/program policies to determine the extent to which they reflect trauma informed principles by February 28th, 2017. **Not Completed**
- We will confirm the understanding and implementation of trauma informed care within the organization through the use of assessment surveys by July 31st, 2017. **Not Completed**
- By July 31st, 2017, the West CAP LCG will create a calendar of ongoing trainings and activities to support continued practice of trauma informed principles throughout the organization and community. **Not Completed**

# Challenges & Successes

Challenges:

1. Loss of a team member
2. Loss of key agency staff

Successes:

1. No pushback
2. Good insights from all departments during training
3. Staff reaching out for more information and resources

# Our Next Steps

- Agency evaluation
- Client survey
- Develop a Trauma Team
- Offer training to other agencies (someday. . .)

# Questions?





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# NKCAC organizational Self- assessment on trauma informed organizational practices & services

LEARNING COMMUNITY WORK GROUP ON TRAUMA INFORMED APPROACHES TO ALLEVIATING POVERTY

# Self-Assessment Information

- Focus groups were held throughout July, August, Sept of 2016
- 42 Employees/Stakeholders took part
- The Self-Assessment covered the following areas:
  - I. Supporting Staff Development
    - Training & Education of staff
    - Staff Supervision, Support, & Self-Care

# Cont'd

- II. **Creating Safe and Supportive Environment**
  - **Establishing safe physical environment**
  - **Establishing supportive environment**
    - **Information Sharing**
    - **Cultural Competence**
    - **Privacy and Confidentiality**
    - **Safety and Crisis Prevention Planning**
    - **Open and Respectful Communication**

# Cont'd

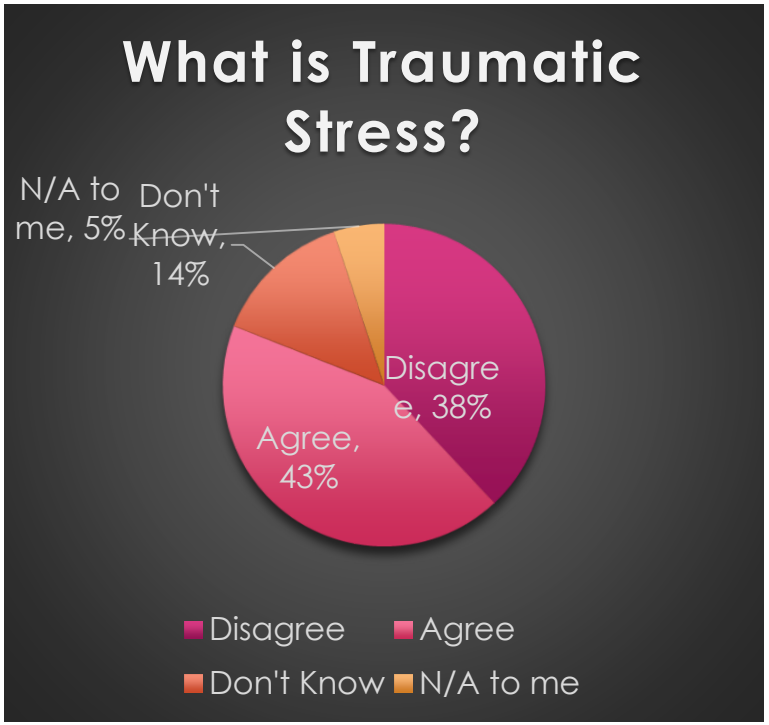
- III. **Assessing and Planning Services**
  - **Conducting Intake Assessments**
  - **Intake Assessment Process**
  - **Intake Assessment Follow Up**
  - **Developing Goals and Plans**
  - **Offering Services and Trauma-Specific Intervention**

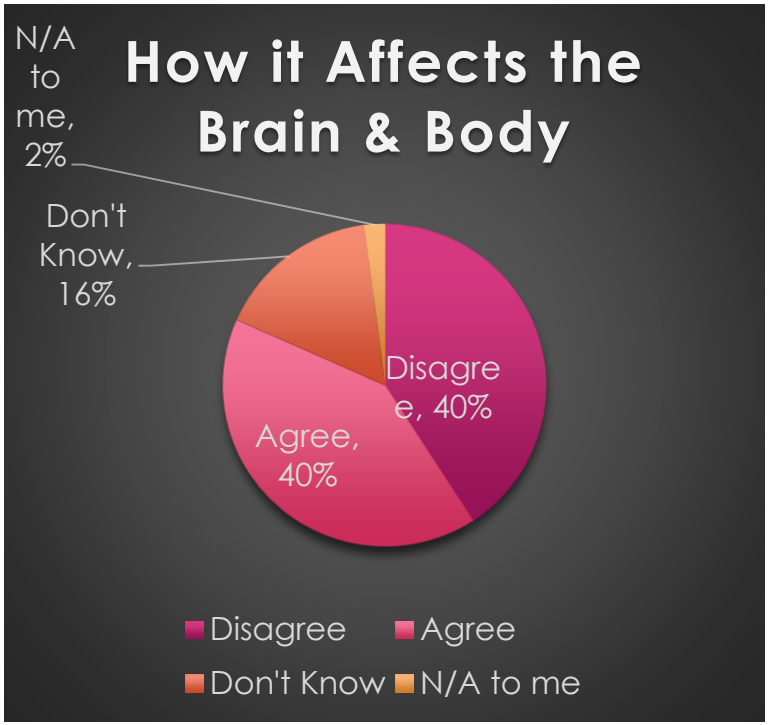
# Cont'd

- IV. **Involving Consumers**
  - **Involving Current and Former Consumers**

- V. **Reviewing Policies**
  - **Program**

# Training and Education—Staff at all levels of the program receive training and education on the following topics



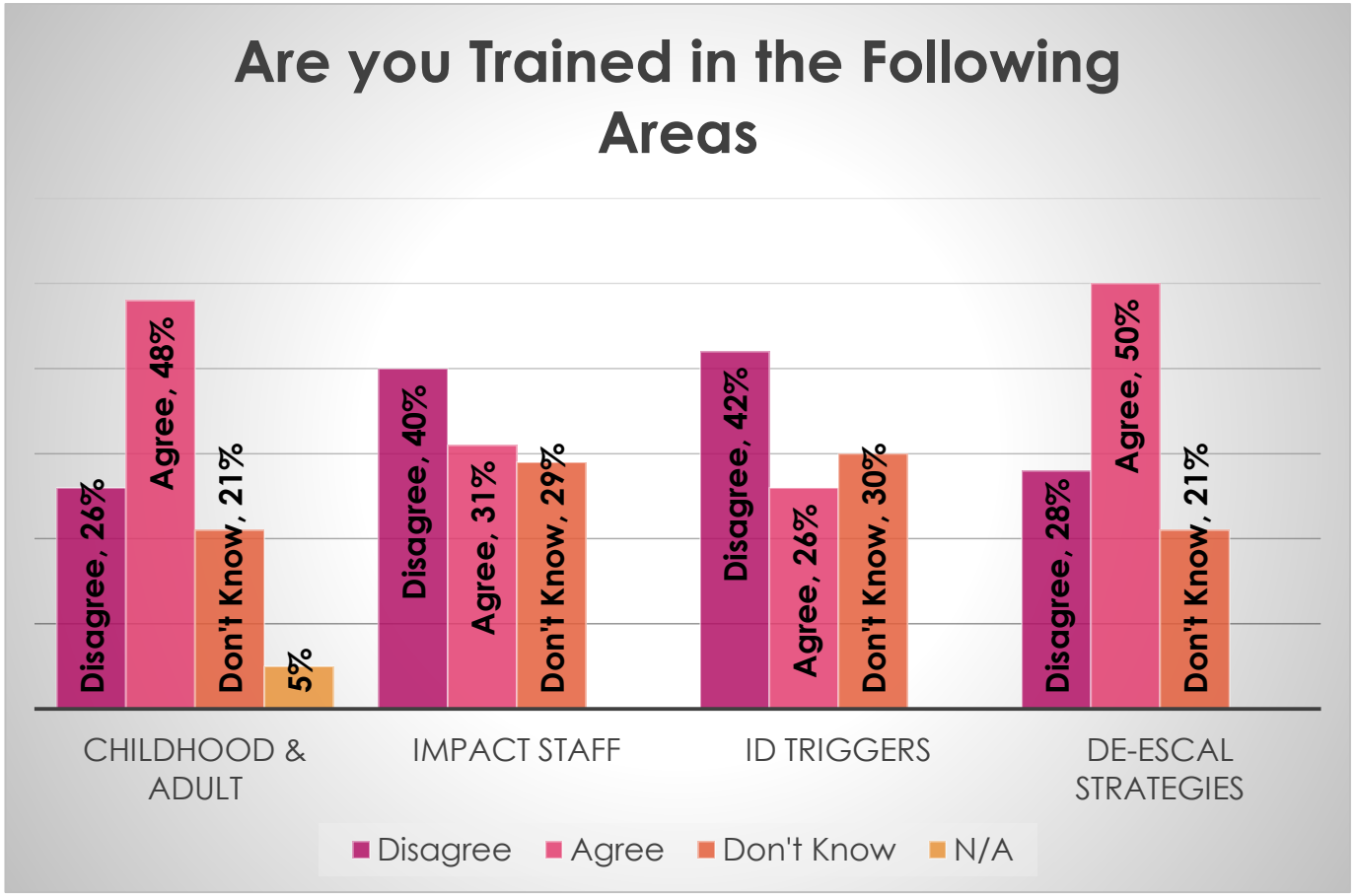



# Staff Training & Development Cont'd

## How trauma affects a child's development

- 52% Agree

# Training and Development Cont'd



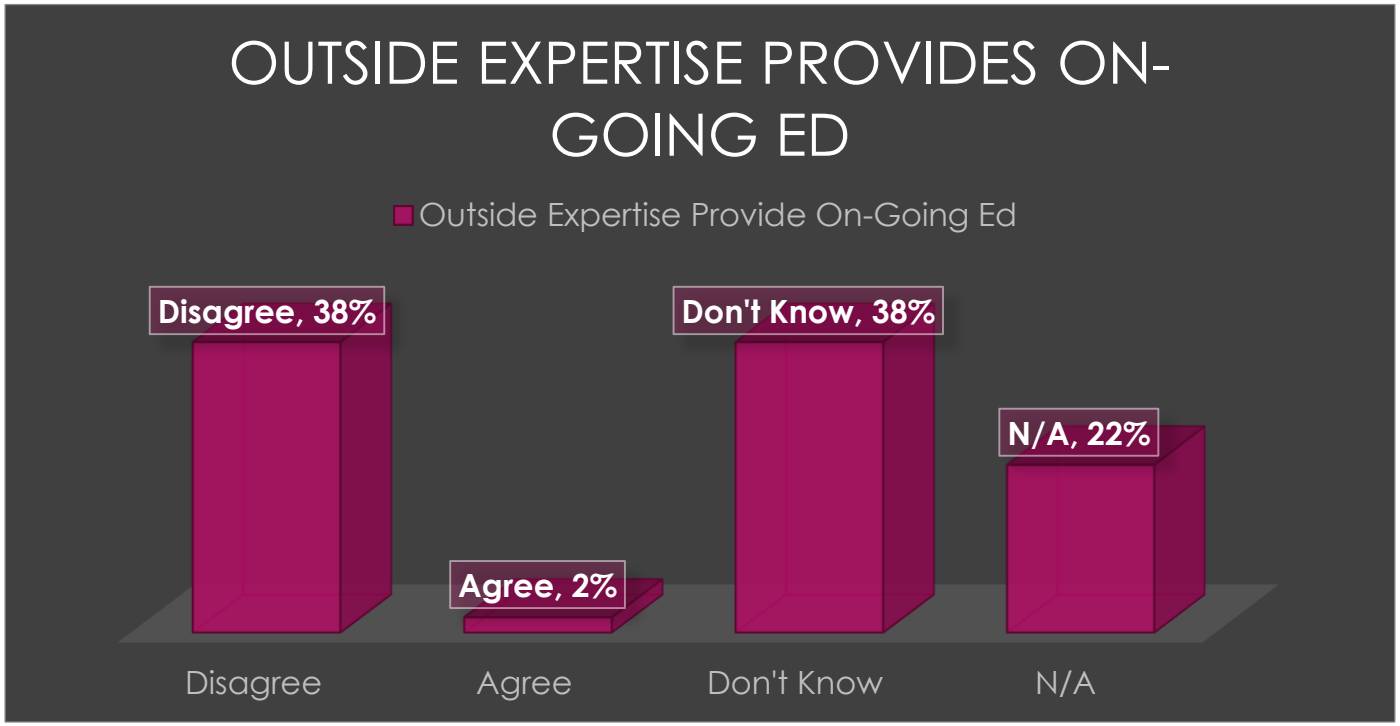
# Staff Supervision, Support, Self-Care

- Taught How to Establish and Maintain Healthy Boundaries: 61% Agree
- Topics Related to Trauma Addressed in Team Meetings: 38% Disagree, 38 % Agree, 24% Don't know
- Self-Care Addressed in Team Meetings: 31% Disagree, 43% Agree, 26% Don't know

# Staff Supervision, Support, Self-Care Cont'd

- Staff Receive Individual supervision from supervisor trained in understanding trauma: 29% Disagree, 38% Don't know
- Agency helps debrief after Crisis: 17% Disagree, 45% Don't know
- Formal System for Eval Performance: 89% Agree
- Agency Provides Oppty for Staff Input: 80% Agree

# Supervision, Support, Self Care Cont'd

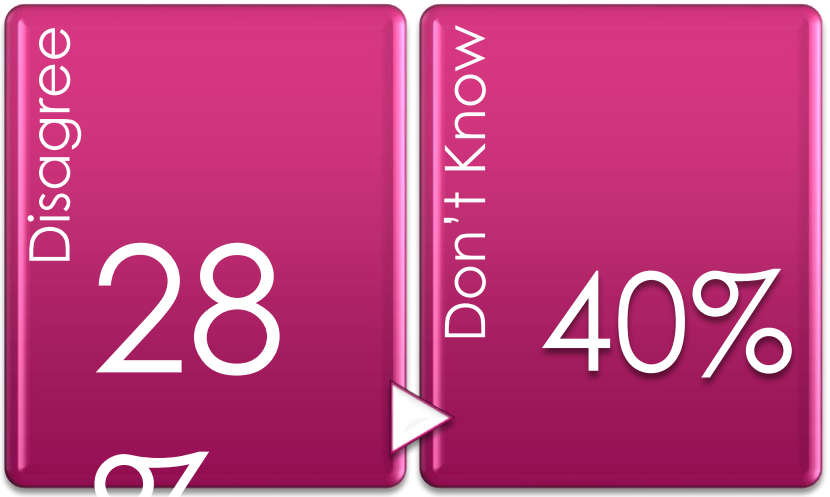


# Creating Safe & Supportive Environments

| | |
|---|---|
| Monitors who comes and goes | • 85%<br>• Agree or Strongly Agree |
| Common Areas Well Lit | • 90%<br>• Agree or Strongly Agree |
| Bathrooms Well Lit | • 93%<br>• Agree or Strongly Agree |
| | |
| | |

# Creating safe and supportive environment

**STAFF MEMBERS ASK CONSUMERS FOR THEIR DEFINITIONS OF PHYSICAL SAFETY**



# SUPPORTIVE ENVIRONMENT CONT'D—INFORMATION SHARING

**Rules, Rights are Reviewed Regularly**

Agree or Strongly Agree 55%

Don't Know 40%

**Consumers Informed on Response to Personal Crises (suicidal, violent bh, mandatory reporting)**

Disagree 20%

Agree 20%

Do Not Know 45%

**Materials Are Posted on Traumatic Stress with Resources**

Disagree 42%

Agree 17%

Do Not Know 40%

# SUPPORTIVE ENVIRONMENT CONT'D— Cultural Competence

- **INFO AVAIL IN DIFF LANGUAGES**= 45% AGREE, 31% DON'T KNOW
- **STAFF SHOWS ACCEPTANCE FOR PERSONAL RELIGIOUS OR SPIRITUAL PRACTICES**= 57% AGREE, 21% DON'T KNOW
- **OUTSIDE EXPERTISE PROVIDE TRAINING**= 49% DON'T KNOW

# SUPPORTIVE ENVIRONMENT—PRIVACY & CONFIDENTIALITY

- INFORMS CONSUMERS OF PRIVACY & CONFIDENTIALITY = 84% AGREE
- STAFF DO NOT DISCUSS CONSUMERS IN COMMON SPACES = 92% AGREE
- STAFF DO NOT DISCUSS CONSUMERS OUTSIDE AGENCY = 83% AGREE
- STAFF DO NOT DISCUSS PERSONAL ISSUES OF ONE CONSUMER WITH ANOTHER= 85% AGREE
- **CUSTOMERS WHO HAVE VIOLATED RULES ARE APPROACHED IN PRIVATE = 52% AGREE, 43% DO NOT KNOW**
- THERE ARE PRIVATE SPACES FOR STAFF TO TALK WITH CONSUMERS = 88% AGREE

# SAFETY & CRISIS PREVENTION PLANNING

## WRITTEN PLANS FOR SAFETY

40%→ DON'T KNOW

14%→ DISAGREE

## 50% DON'T KNOW IF

**WRITTEN PLANS INCLUDE LIST OF TRIGGERS, STRATEGIES, AND RESPONSES WHICH ARE HELPFUL AND OF THOSE THAT ARE NOT HELPFUL AND A LIST OF PERSONS THE CONSUMER CAN GO TO FOR SUPPORT**

## AGENCY IS CONSISTENT AND PREDICTABLE

**PROGRAM IS FLEXIBLE WITH PROCEDURES IF NEEDED, BASED UPON INDIVIDUALS' CIRCUMSTANCES = 60% AGREE, 31% DON'T KNOW**

# ASSESSING AND PLANNING SERVICES

## INTAKE

DO WE GET HISTORY OF TRAUMA OR CHILDREN'S HISTORY OF TRAUMA/MENTAL HEALTH ISSUES = **DISAGREE OR DON'T KNOW 50%**

FAMILY'S SOCIAL SUPPORTS = **61% AGREE**

CURRENT LEVEL OF DANGER FROM OTHERS = **17% DISAGREE, 38% AGREE, 33% DON'T KNOW**

## INTAKE PROCESS

PROGRAM PROVIDES ADULT TRANSLATOR IF NEEDED = **22% DISAGREE, 38% AGREE, 26% DON'T KNOW**

## AREAS OF GOAL PLANNING

FOLLOW UP— **38% Agree**

DEVELOPING GOALS AND PLANS— **45% Agree**

OFFERING SERVICES & TRAUMA SPECIFIC INTERVENTIONS – **EDUCATES CONSUMERS ABOUT TRAUMATIC STRESS AND TRIGGERS 27% DISAGREE, 36% DON'T KNOW**

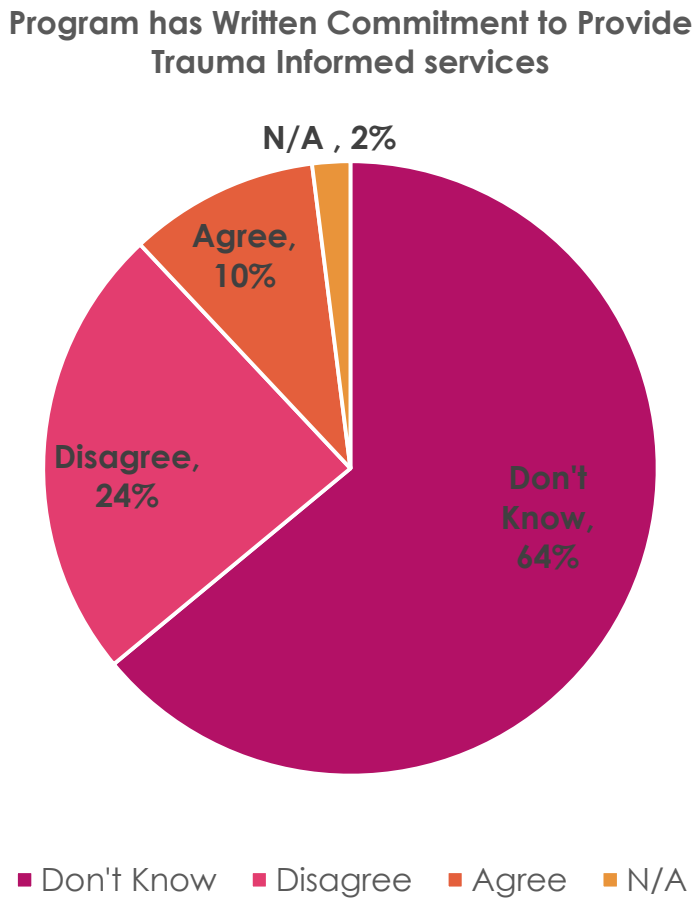
# INVOLVING CONSUMERS--CONSUMER INVOLVEMENT

**59% OF RESPONDENTS AGREED OR STRONGLY AGREED CONSUMERS ARE GIVEN THE OPPORTUNITY TO EVALUATE PROGRAM AND OFFER SUGGESTIONS FOR IMPROVEMENT**

# POLICIES AND PROCEDURES

1. CREATING WRITTEN POLICIES

2. REVIEWING POLICIES



# POLICIES AND PROCEDURES

1. CREATING WRITTEN POLICIES
2. REVIEWING POLICIES

- PROGRAM HAS WRITTEN POLICY TO ADDRESS POTENTIAL THREATS TO CONSUMERS AND STAFF = **59% AGREE, 33% DON'T KNOW**

- PROGRAM REVIEWS ITS POLICIES ON REGULAR BASIS TO ID WHETHER THEY ARE SENSITIVE TO NEEDS OF TRAUMA SURVIVORS = **43% AGREE, 43% DON'T KNOW**

# NEXT STEPS



## Onboarding & Orientation

**Day of Orientation**—Video or slides explaining Trauma Sensitive Practices & Vulnerable Populations

**Day 45**—Hiring Manager reviews list of webinars and any initial questions or issues, re: Toxic stress and Trauma

**Day 90**—Mini-Info session or training at Quarterly Orientation and Hiring Manager in-person




## Annual Training & Development Plans with Front line

- MH First Aid, CPR & First Aid
- Narcan Administration
- KY state Police
- Trauma-Informed Services—targeted to areas needing improvement in the Self Assessment
- SFW Credentialing Classes




## Support, & Self-Care

Annual for all supervisors

- Leadership—being Trauma-Informed Supervisor, Recognizing staff Crises/Triggers, Debriefing when necessary
- Taking part in group efforts to increase awareness in agency

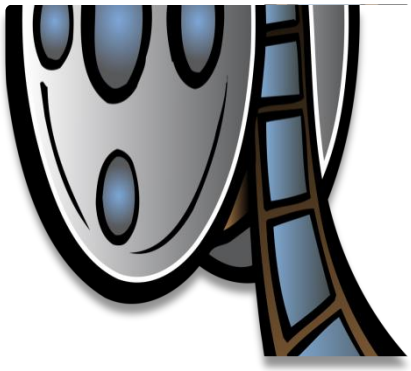
# Moving Forward




## Work with Outside Groups

Application for membership in the Tri-State Trauma Network

Partnership trainings—attendance at WCC TIC trainings



## Rich Hill, Paper Tigers, Resilience & Other documentaries

Hold bi-annual or quarterly screenings for staff, debriefings, and follow up




## Work with HR

Internal work group to review Employee policies and Manual annually

Developed information on "Trauma Informed Organization" in this year's Agency Manual for Employees

# Questions?





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# Trauma Informed Self Assessment Survey Process and Results State of Nebraska

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# Trauma Informed Self Assessment

- Ran March 1, 2017 to March 31, 2017 on surveymonkey.com
- 175 participants – we asked for 10% of their workforce to complete the survey
  - BVCA- 19
  - CAPLSC – 5
  - CAPWN – 76
  - CNCAP – 16
  - ENCAP – 3
  - Mid – 8
  - NCAP – 8
  - NENCAP – 27
  - SENCAP - 9
- Still reviewing results

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# Trauma Informed Project Next Steps

- Take survey results and plan one training for Program Directors
  - Target Family Development Program Directors but others will be welcome to attend
  - Survey attendees for additional needs around trauma informed practices
- Conduct one training by September 30, 2017
- Assess feedback from training on interest to continue this initiative
- Present project to CAN board of directors at October 2017 board meeting in Nebraska City
- Work with CAPWN, NCFF and DHSS to see where the CSBG Trauma Informed project fits with other local, regional and statewide efforts
- Determine where project goes for calendar year 2018 and beyond.

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# Governor Pete Ricketts

## Vision:

Grow Nebraska

## Mission:

Create opportunity through more effective, more efficient, and customer focused state government

## Priorities:

- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

## We Value:

- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect

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# Recent DHHS Accomplishments

- Economic Assistance received a $607,000 grant to improve ACCESS Nebraska by providing client texting capability, workforce management software and electronic message boards to show real-time performance data.
- New processes and internal controls resulted in federal restrictions lifted on the use of Child Care Development Fund (CCDF) grant funds.
- Implemented SNAP Employment and Training Pilot in Grand Island. 20 clients are receiving training to move to higher-paying jobs.
- Escapes from YRTC-Kearney have dropped as a result of operational changes.
- Launched a new Intensive Family Preservation program Oct. 1 using evidence-based practices to target front-end families for six weeks.
- System of Care receives $12 million grant to help in implementation.
- Medicaid is collaborating with the Divisions of Behavioral Health, and Children and Family Services as well as Probation to cover multisystemic therapy (MST), an intensive family-and community-based treatment program.
- Nurse licensing improvements – simplified applications, streamlined screening, and faster turnaround time. More licensing improvements are underway in the areas of mental health, EMS, child care, and long-term care.
- Alternative Response is being used in 57 counties. To expand to the other counties and to continue the program, legislation will need to be passed in the next session. At the end of October, 652 families had been served with 193 families currently served. A study by the Center on Children, Families and Law found that 97% of children served are safe.
- Division of Public Health achieved national accreditation.
- Nebraska's most recent ranking in processing SNAP applications improved from 32nd of 53 one year ago to 17th.
- Nebraska Pre-Admission Screening & Resident Review (PASRR) Program improved turnaround time from seven days to less than three days.
- Six of seven federal child welfare standards exceeded in Children and Family Services.
- 2016 ACCESSNebraska average call wait times is below 5 minutes.
- Grand Island Veterans' Home earned 2016 Bronze National Commitment to Quality Award.
- Waiver approval from Centers of Medicare & Medicaid Services (CMS) gives official federal go-ahead to roll out Heritage Health on Jan. 1, 2017.
- Ranked 9th in the US for accuracy of approving and denying SNAP benefits by the USDA's Food and Nutrition Service.
- An RFP was issued by CFS for full-service case management in Douglas and Sarpy Counties. Bids will be opened December 13th.
- Medicaid and Behavioral Health implemented ICD-10 coding changes.

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# Looking Ahead – DHHS Priorities

- Heritage Health Medicaid Managed Care to integrate physical and behavioral health care and pharmacy services effective Jan. 2017
- System of Care for children and youth with a serious emotional disturbance.
- Behavioral health supported employment and housing as key supports to recovery.
- Long-Term Services and Supports Redesign.
- Renewal of Medicaid adult waivers and one children's waiver for people with developmental disabilities
- Coordinated efforts of Behavioral Health, Public Health, and Medicaid and Long-Term Care to combat opioid addiction and over prescribing of opioids.
- Reduction in out-of-home placements for state wards.
- Improved DD application and eligibility determination processes.
- Medicaid Management Information System (MMIS) replacement planning process.
- Prescription Drug Overdose Prevention – $3.5 million in federal grants to help reduce misuse and abuse of prescription drugs. DHHS Divisions of Public Health, Behavioral Health and Medicaid and Long-Term Care collaborating to address the issue.
- Behavioral Health Electronic Billing System.
- Introduce new evidence-based practices in CFS.
- Expansion of community-based practices.
- Protection and Safety process improvement.
- Workforce retention.

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# Questions?





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# Panel Discussion





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# YMYG Train-the-Trainer Webinar

If you or your staff need to be to be trained in the curriculum, please be sure to attend our upcoming **Your Money Your Goals Train-the-Trainer webinar series!**

TRAIN The TRAINER WORKSHOP



**June 12th & June 19th at 1 pm ET**

- 2 hours each
- Will teach trainers and facilitators on how to train in the curriculum and which interactive exercises will help adult learners
- Will be recorded
- Available to all staff who are interested



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# Please Give Us Your Feedback!

https://www.surveymonkey.com/r/LWTLC_Trauma



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# 2017 Annual Convention

## Community Action:
## Transforming Communities, Changing Lives

**August 29th – September 1st**




Join us in Philadelphia for valuable training, legislative information, timely program updates, and unparalleled networking!

**Philadelphia Downtown Marriott - Philadelphia, PA**

www.communityactionpartnership.com



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AMERICA'S POVERTY FIGHTING NETWORK