BUILDING A MULTI-SYSTEM TRAUMA-INFORMED COLLABORATIVE

A Guide for Adopting a Cross-System, Trauma-Informed Approach Among Child-Serving Agencies and Their Partners

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Foreword

Trauma is a widespread, harmful, and costly public health problem, and its effects are particularly detrimental to children and adolescents. Although many youth who come in contact with education, health care, first responder, child welfare, and juvenile justice systems have experienced significant psychological trauma, these sectors often lack systematic approaches to address the impact of trauma on the children they serve. Each approaches trauma differently; has different levels of awareness, knowledge, and skill about trauma; and varies in perceptions of the utility of gathering information about trauma (Ko et al., 2008). These child-serving systems also differ in their responsibilities for meeting children's needs. The goal for all systems, however, is to improve outcomes for children by enacting evidence-based standards that ensure a "through any door" approach to addressing trauma. Trauma-informed systems are necessary to ensure not only that children and families interacting with an agency have ready access to effective trauma-specific interventions but that staff interactions, physical environments, and supporting policies and practices are aligned to a comprehensive model of care that supports resilience. At a time when children and families are navigating the coronavirus pandemic, and the long-term effects remain uncertain, the need for systems that recognize, understand, and effectively respond to adversity and trauma is particularly salient.

In 2010, the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) supported the first federally sponsored efforts to bring together child-serving system partners to develop strategic plans designed to serve youth and families at risk for or impacted by violence and other adverse childhood experiences. First starting as a series of city, county, and tribal demonstration projects and later as state-level initiatives, these awards provided valuable training and technical assistance to senior policymakers and other partners during their strategic planning and implementation periods.

This guide summarizes the learnings from our engagements with the most recent cohort of state-level teams. It offers a framework for system-level and cross-system strategic planning and implementation processes for supporting trauma-informed systems change. The guide is intended for an audience of state or local policymakers, public agency administrators, trauma experts, provider partners, and other stakeholders who seek to advance trauma-informed care within and across their child-serving systems.

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Introduction

Exposure to violence and other adverse and traumatic childhood experiences is a public health issue with far-reaching consequences for individuals, families, communities, and society. A growing body of research points to the potentially devastating effects of trauma on mental and physical health, family functioning, academic outcomes, housing stability, and employment. For too many youth, exposure to childhood adversity increases the likelihood of involvement with multiple systems, including health care, behavioral health, child welfare, and juvenile justice. Growing awareness of the prevalence and impact of trauma challenges child-serving systems to consider their role in preventing, addressing, and mitigating the effects of adversity and trauma within and across service sectors.

In response to the growing need for a cross-sector trauma-informed response, the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), launched the *Multi-System Trauma-Informed Collaborative* (MSTIC) to build the capacity of state child-serving systems to develop, coordinate, and enhance policies and practices for serving youth exposed to violence and other adverse childhood experiences (U.S. Department of Justice, 2016). The MSTIC effort evolved out of the work of the Defending Childhood Initiative in 2010. As part of several awards in previous years, the Defending Childhood Initiative has supported the efforts of multiple city-, county-, and tribal-level cross-system collaboratives. Starting in 2014, the focus evolved to supporting state-level collaboratives, with several states chosen to receive expert technical assistance and training to assist their strategic planning and implementation process. In 2016, OJJDP entered into a cooperate agreement with Chapin Hall at the University of Chicago (CH) and the American Institutes for Research (AIR) to work with a second cohort of state collaboratives from Connecticut, Illinois, and Washington to support them in their cross-system efforts. This guide is the result of lessons learned from this process, with the aim of ensuring that future efforts in other jurisdictions may glean knowledge from this experience in state-level trauma-informed care capacity building.

Multi-System Trauma-Informed Collaborative (MSTIC) Goals

- To increase capacity of state child-serving systems to collaborate effectively to identify, screen, assess, and treat youth exposed to violence
- To apply culturally competent, family-focused approaches and increase knowledge of evidence-based policies, practices, and programs to improve service provision
- To enhance the ability of state systems to identify, implement, and monitor impacts of effective trauma-informed strategies to improve outcomes
- To improve the capacity of systems to blend funding streams to sustain implementation of evidence-based trauma-informed practices

Purpose of the Guide

Launching a coordinated multi-system strategy for addressing child trauma is a complex and long-term effort. It requires a sustained and dedicated commitment by stakeholders within and across service sectors. Establishing a vision and plan for these efforts will help to overcome a collaborative's challenges by charting a shared course of action and maintaining focus and commitment among the leadership team. Informed by current work in the field of trauma-informed care, along with lessons from the MSTIC initiative, this guide:

- Provides an overview of the types, prevalence, and effects of trauma and its implications for child-serving systems.
- Offers a framework for a coordinated trauma-informed approach within or across health care, child welfare, juvenile justice, education, early child development, first responder, and other child-serving systems.
- Includes a staged process for launching a multi-system trauma-informed collaborative and supporting the adoption of a cross-sector trauma-informed approach.

The MSTIC initiative used a collective impact approach, with engagement from the executive branch of government and the intent to develop a cross-system trauma-informed collaborative among state agencies. While developed in this context and focused on state systems involving child-serving agencies, we believe that this guide has relevance for those engaged in a variety of collaborative efforts to address trauma and promote resilience across service sectors and communities. The process outlined here includes guidelines and benchmarks for supporting collaborative approaches for addressing trauma that can be applied and adapted to suit a variety of efforts, including those that are initially less formal in structure, those that serve other populations beyond children and youth, and those that do not involve state agencies or encompass state-based efforts. Equally, although this guide is meant to provide an organizing framework for cross-system efforts, it is immediately translatable to those looking to support within-systems transformational change. It should also be noted that existing collaboratives may already have a trauma-informed framework in place to ground their efforts. The framework provided here is not intended to replace other models already in use; rather, it is intended to support or augment them.

Defining Our Terms

Health and human service sectors addressing childhood adversity and trauma have a professional vocabulary. Throughout this guide we will use these terms as we explore developing multi-sector trauma-informed collaboratives.

Adverse Childhood Experiences (ACEs): Originating from the initial study by Kaiser Permanente and the Centers for Disease Control and Prevention in the mid-1990s, adverse childhood experiences are defined as events occurring before the age of 18 that are linked with a variety of poor health and social

outcomes later in life (Felitti et al., 1998). The original set of ACEs fall into three main categories: abuse, neglect, and household dysfunction. Recently, experts have expanded the categories and types of ACEs to include additional experiences such as exposure to group and/or community violence, poverty and related stressors, bullying, racism and discrimination, poor health, and involvement with child welfare and juvenile justice systems (Cronholm et al., 2015; Ellis & Dietz, 2017; Wade, Shea, Rubin, & Wood, 2014). Collective adversities such as the coronavirus pandemic must also be considered.

Trauma: The term *trauma* is used to describe an event, series of events, or set of circumstances that is experienced as physically or emotionally harmful or life-threatening, overwhelms one's ability to cope, and has adverse effects on a person's mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014). Exposure to traumatic experiences can alter how people view themselves and others by challenging their beliefs that the world is a safe place, that other people can be trusted, and that they are worthy of care and protection. Not all adverse experiences are traumatic for every person. Whether an event or set of circumstances is experienced as traumatic is influenced by many factors, including our internal coping resources, our external supports, and broader community, cultural, and societal factors that shape how we understand and respond to our experiences. The adverse childhood experiences outlined previously are potentially traumatic for youth. Specific types of traumatic experiences are defined further in Section One.

Toxic Stress: The term *toxic stress* refers to the strong, frequent, and prolonged activation of a child's stress response system caused by exposure to chronic, severe adversity and trauma without adequate support, such as recurrent abuse, chronic neglect or deprivation, and ongoing exposure to threat and violence within families or communities (National Scientific Council on the Developing Child, 2014).

Posttraumatic Stress Disorder (PTSD): PTSD as defined in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) is a mental health problem that some people develop after experiencing a traumatic event or events. A person may be diagnosed with PTSD if they experience the following set of symptoms that significantly impair their daily functioning for longer than 1 month following a traumatic event:

- Re-experiencing (in the form of memories, recurrent dreams or nightmares, flashbacks, or other intense reactions to trauma reminders).
- Avoidance of distressing memories, thoughts, feelings, or external reminders of the event.
- High levels of arousal marked by aggressive, reckless, or self-destructive behavior; sleep disturbances; hypervigilance; and other related problems.
- Negative cognitions and mood, including myriad feelings such as a persistent and distorted sense of blame of self or others, estrangement from others, markedly diminished interest in activities, and/or an inability to remember key aspects of the event.

Resilience: *Resilience* refers to a positive, adaptive response to significant adversity (Shonkoff et al., 2015). Children and youth who demonstrate resilience are able to adapt successfully to stressful situations and maintain healthy functioning. The field continues to focus its study on what set of intrinsic, family, and community protective factors are most impactful in fostering resilience in the face of adversity and exposure to trauma.

Secondary Traumatic Stress (STS) or Vicarious Trauma: These terms refer to the natural consequent behaviors and emotions that often result from knowing about a traumatizing event experienced by another and the stress resulting from helping, or wanting to help, a traumatized or suffering person. Its symptoms can mimic those of posttraumatic stress disorder. Individuals in caretaker roles or in human services and health care workers may be particularly susceptible to secondary trauma.

Trauma-Specific Services: The term *trauma-specific services* (or *interventions*) refers to evidence-based and promising prevention, intervention, or treatment services that address symptoms of traumatic stress and related challenges that developed during or after trauma (SAMHSA, 2014).

Trauma-Informed Care/Approach: The terms *trauma-informed care* and *trauma-informed approach* refer to a universal approach to addressing trauma and promoting resilience through policies, procedures, practices, and programs adopted by the entire workforce, at all levels or roles, and in all parts of the system, for all people receiving services. The term *trauma-informed care* is often mistakenly used interchangeably with *trauma-specific clinical interventions*. However, as will be discussed throughout this Guide, a trauma-informed approach encompasses a much more comprehensive model within and across systems that often requires that systems engage in certain fiscal, policy, and workforce development reform efforts as well.

Social Determinants of Health: The term describes the conditions in which people are born, grow, live, work, and age that shape health. The determining factors include socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care.

Collective Impact: The term describes the commitment of various parties coming together on a common agenda to impact a specific social problem. Collective impact is based on organizations and systems forming cross-sector coalitions to make meaningful and sustainable progress on social issues.

Section One: Understanding Trauma and Its Effects

Types and Prevalence of Trauma Across Child-Serving Systems

Children and youth may face a range of adverse and traumatic experiences over the course of development. Adverse childhood experiences (ACEs) include family violence, abuse, parent separation or divorce, family mental health and substance use problems or incarceration, as well as environmental adversities, such as exposure to group and/or community violence, poverty and related stressors, bullying, systemic racism and related violence and discrimination, poor health, involvement with child welfare and juvenile justice systems, and collective adversities such as the coronavirus pandemic (Felitti et al., 1998; Cronholm et al., 2015; Ellis & Dietz, 2017; Wade, Shea, Rubin, & Wood, 2014).

Childhood adversity may become traumatic for youth, especially if it is chronic in nature and/or experienced without adequate adult support. The term *trauma* is used to describe an **event**, series of events, or set of circumstances that is **experienced** as physically or emotionally harmful or life-threatening and that has lasting adverse **effects** on a person's mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014). Traumatic experiences come in many forms. They range from one-time events to experiences that are chronic or even generational.

Types of Trauma

Acute trauma: Traumatic events that occur at a particular time and place and are usually short-lived, such as witnessing or experiencing an act of violence, sudden loss of a loved one, a serious accident, a natural disaster, or an epidemic or pandemic.

Chronic trauma: Traumatic experiences that occur repeatedly over long periods of time. Examples include chronic exposure to violence; long-term illness; chronic experiences of poverty and deprivation; an extended epidemic or pandemic and/or the long-term effects; and ongoing and systemic experiences of racism, discrimination, and marginalization related to race, ethnicity, and sexual orientation or gender identity.

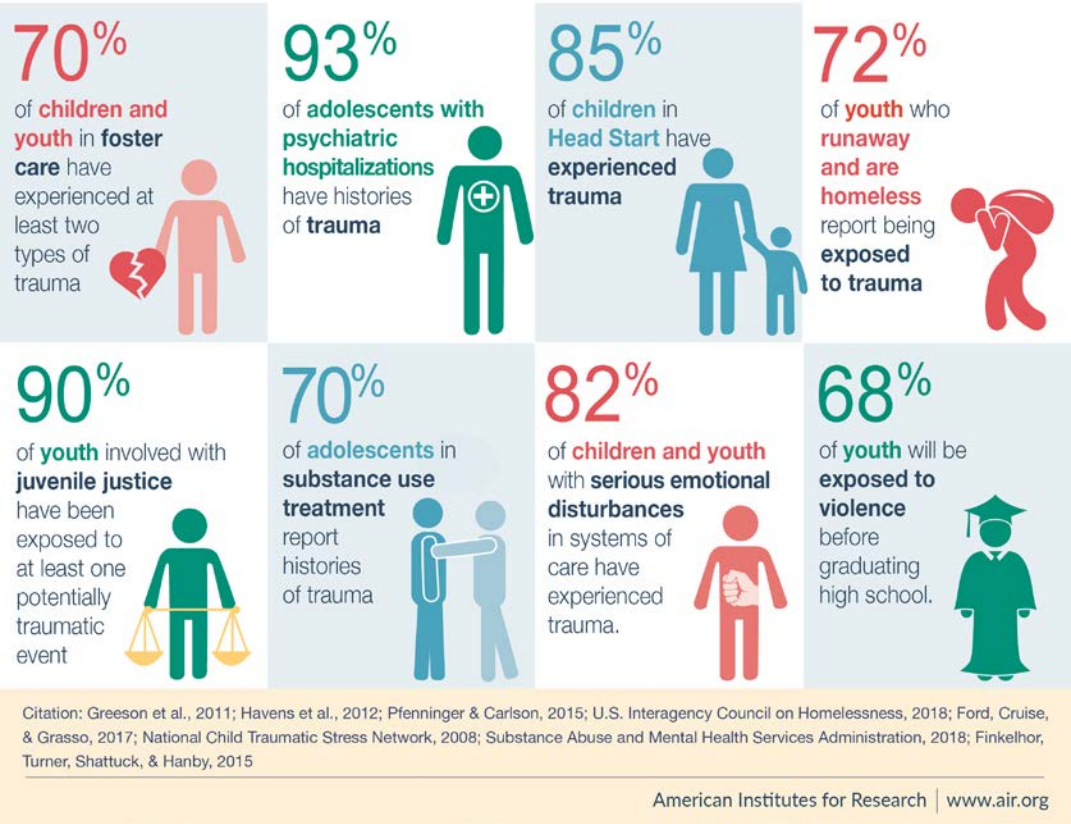
Complex trauma: Describes *both* (a) exposure to multiple traumatic events early in life—often within the context of a child's relationship with a caregiver who would ordinarily be a trusted source of support—*and* (b) the wide-ranging and long-term effects of these experiences over the course of development (National Child Traumatic Stress Network, 2013a). Examples include physical, emotional, and sexual abuse; neglect or family rejection; witnessing unsafe and violent behavior by trusted adults, including caregivers; or experiencing other traumatic events without adult support.

Historical trauma: Refers to the collective and cumulative trauma experienced by a particular group across generations (National Child Traumatic Stress Network, 2013b). Examples of historical trauma include mass genocide, violent colonization and assimilation policies, mass internment or displacement, slavery, targeted violence, structural racism, and homophobia (National Child Traumatic Stress Network,

2013b, 2013c, 2014). The negative effects of these experiences continue to impact the affected communities in the present.

The majority of youth in the United States will be exposed to at least one traumatic event before the age of 18; many will be exposed to multiple forms of trauma before reaching adulthood (Finkelhor, Turner, Shattuck, & Hamby, 2015; Felitti & Anda, 2010; Copeland, Keeler, Angold, & Costello, 2007). Given the prevalence of traumatic experiences in the general population of children and youth in the United States, all child- and youth-serving systems will engage with youth affected by trauma. Exposure to chronic, overwhelming adversity from a young age, referred to previously as *complex trauma*, is particularly common among youth who are involved with systems such as child welfare, juvenile justice, behavioral health and substance use treatment, early childhood, and homelessness (see Figure 1). Trauma-exposed youth also tend to be involved with multiple systems (Ford, Chapman, Hawke, & Albert, 2007; Dierkhising, Ko, & Goldman, 2013; Garland et al., 2001).

Figure 1. Childhood Trauma Across Systems



A youth's risk of exposure to adversity and trauma is influenced by intersecting factors such as race, ethnicity, gender, sexual orientation, immigration status, socioeconomic status, and

location. Certain subpopulations of youth are at increased risk of exposure to traumatic events and circumstances. These include:

- **Youth of color,** particularly those who live in urban, low-income communities, are at greater risk of being exposed to traumatic experiences, such as family and community violence, racism and discrimination, depleted resources, and system involvement (Collins et al., 2010; National Center for Victims of Crime, n.d.; Thomas et al., 2012).
- **American Indian/Alaska Native (AI/AN) children and youth** are 2.5 times more likely than their peers to experience trauma resulting from abuse, neglect, and family violence (BigFoot, Willimon-Haque, & Braden, 2008). Experiences of historical trauma—such as such as war and conflict, forced placement in boarding schools, and loss of cultural identity—continue to affect younger generations of AI/AN youth (National Child Traumatic Stress Network, 2013b).
- **Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth** face adversity in schools and in communities related to their sexual orientation or gender identity. This includes bullying, harassment, and violent victimization as well as experiences of stigma, discrimination, and social isolation (Coker, Austin, & Schuster, 2010; Graham et al., 2011; Kosciw, Greytak, Zongrone, Clark, & Truong, 2018).
- **Children and youth who experience homelessness face** higher rates of exposure to multiple forms of potentially traumatic experiences, including sexual and physical abuse; witnessing family violence; family separation; other system involvement; lack of stable, reliable support networks; and for youth who runaway and are homeless, exposure to additional violence, exploitation, and other forms of victimization while homeless (American Institutes for Research, 2014; McManus & Thompson, 2008; Davies & Allen, 2017; Morton et al., 2018).
- **Youth who are refugees** are at increased risk of exposure to traumatic events (Betancourt et al., 2017). Adverse events for refugee youth include war and persecution in their country of origin, displacement from home and experiences during migration, loss of loved ones, discrimination, and stressors associated with resettlement.
- **Youth living with intellectual and developmental disabilities** experience exposure to traumatic events at higher rates than their peers. These children may be at increased risk for peer victimization, child maltreatment, and sexual victimization (Turner, Vanderminden, Finkelhor, Hamby, & Shattuck, 2011).
- **Youth living in poverty** are at increased risk of exposure to a range of familial and environmental stressors that may be experienced as traumatic, including substandard housing, lack of basic needs, reduced parental well-being, family disruption, and exposure to violence and crime (Collins et al., 2010; Evans & Kim, 2013).

Youth may face multiple risk factors simultaneously. For example, LGBTQ youth of color may face discrimination associated with race and gender. Youth facing poverty and homelessness

may also be dealing with the negative effects of historical trauma still impacting their families and communities. In addition to the known stressors for particular groups of youth, the prevalence and effects of COVID-19 are only beginning to emerge. After the SARS outbreak in 2003, individuals who were self-quarantined exhibited symptoms of post-traumatic stress disorder (Hawryluck et al., 2004). Similarly, although different than the current circumstances, research on the impact of other large-scale traumatic events, such as Hurricane Katrina, suggests that the effects over time can be significant, especially for children and families with fewer resources and for those with higher rates of other forms of adversity (Rhodes et al., 2010). Early data from the COVID-19 pandemic suggests disproportionate rates of illness and death among communities of color, however, its total impact on these communities still remains undetermined (Centers for Disease Control, 2020).

Effects of Childhood Trauma

Toxic stress caused by prolonged exposure to adversity and trauma in childhood can significantly disrupt positive brain development, placing children at greater risk for adverse emotional, functional, and academic outcomes. A growing body of research suggests chronic exposure to traumatic events early in life can lead to changes in brain size, structure, and function; alterations in neural pathways associated with learning, memory, and self-regulation; a heightened baseline state of arousal and anxiety; and increased sensitivity to internal and external trauma reminders (National Scientific Council on the Developing Child, 2010, 2014; De Bellis & Zisk, 2014; Perry, 2001; Putnam, 2006; Teicher & Samson, 2016). Exposure to traumatic experiences that continue through adolescence has profound negative effects on emotional regulation, behavior, cognition, relationships, self-concept, and academic success (Cook et al., 2005; D'Andrea, Ford, Stolbach, Spinazzola, & van der Kolk, 2012; Perfect, Turley, Carlson, Yohanna, & Saint Gilles, 2016).

Impact of Chronic Childhood Trauma

- Smaller brain size and structures
- Difficulty identifying, expressing, and managing feelings
- Extreme emotional responses, ranging from anxiety and anger to feeling numb and disconnected
- Increased behavioral issues and risk-taking behaviors, such as self-harm and substance use
- Difficulty trusting others and forming healthy relationships
- Low self-esteem and poor self-image
- Difficulty with attention, learning, and memory
- Increased learning difficulties, referrals to special education, and likelihood of failing a grade
- More frequent suspensions, expulsions, and time out of class
- Increased risk for mental and physical health issues
- Increased risk for system involvement

Young people with high rates of adverse childhood experiences (ACEs) are more likely to experience challenges in adulthood. Examples include higher rates of smoking and unprotected sex; mental illness; chronic physical illnesses such as heart disease, obesity, autoimmune disorders, and cancer; unemployment and homelessness; and early death (Felitti & Anda, 2010; Felitti et al., 1998). In both human and economic terms, these costs are significant. The effects of childhood trauma are seen in the health care, employment, child welfare, homelessness services, juvenile and criminal justice, and education systems.

A Call for Trauma-Informed Child-Serving Systems

Historically, public systems have served youth and families with high rates of trauma without acknowledging, understanding, or addressing its impact (Harris & Fallot, 2001). Without an understanding of trauma, service providers risk misunderstanding, mislabeling, and, in some cases, misdiagnosing trauma-related behaviors and challenges or re-creating environments that lead to further trauma (Cook et al., 2005; D'Andrea et al., 2012; Jennings, n.d.). Under these circumstances, youth and their family members may continue to suffer the effects of their experiences within systems that are not equipped to recognize and address trauma as the root cause of current challenges.

Increased awareness of the prevalence and impact of trauma across child-serving systems has galvanized a movement to create trauma-informed service systems equipped to recognize and respond to trauma and to prevent and mitigate the negative effects of adversity. Service systems that are aware of trauma and its impact on youth and families are more capable of minimizing experiences that may cause youth and families to disengage from service. These negative experiences include ineffective treatment interventions, poor quality of service delivery,

and disempowering service environments. In addition, trauma-informed service systems acknowledge the individual and collective effects that working with trauma survivors can have on frontline staff (i.e., secondary traumatic stress) and embed strategies for fostering resilience for all staff within the service delivery system (see Figure 2).

Figure 2. Retraumatizing Practices across Service Systems

Service systems designed to help people who have experienced trauma can sometimes ***re-traumatize*** the people they serve. This results from recreating situations or experiences that mirror or replicate past trauma, causing survivors to experience a similar level of distress in the present (e.g., situations that leave people feeling helpless, vulnerable, and out of control).

Potentially retraumatizing practices in child-serving systems include:

- Use of force and coercion
- Harsh, punitive discipline practices
- Seclusion and restraint
- Rigid rules
- Lack of privacy and confidentiality
- Unsafe environments
- Being talked at or talked down to
- Abuse by staff at facilities
- Witnessing abuse towards others in the service environment
- Feeling trapped
- Using confusing language and terminology
- Disrespectful language and tone towards youth and families
- Policies and procedures that shame, devalue, disrespect, and otherwise disempower youth and families
- Youth and families having limited voice in decision-making about care
- Inadequate treatment interventions that do not address trauma-related needs
- Issues of bias, discrimination, and related disparities and disproportionality across systems

(Goldsmith, Martin, & Smith, 2014; Harris & Fallot, 2001; Jennings, n.d.; Prescott, Soares, Konnath, & Bassuk, 2008)

Section Two: Defining a Multi-System Trauma-Informed Approach

Consensus is growing that a comprehensive approach to preventing and addressing trauma is needed across child-serving systems. Public systems recognize that interventions to address trauma must target the individual *and* the larger context within which services are provided (see Figure 3). Increasingly, the movement towards adopting a trauma-informed approach is expanding from individual to cross-sector initiatives and towards larger efforts to build trauma-informed cities, counties, and states (Ko et al., 2008).

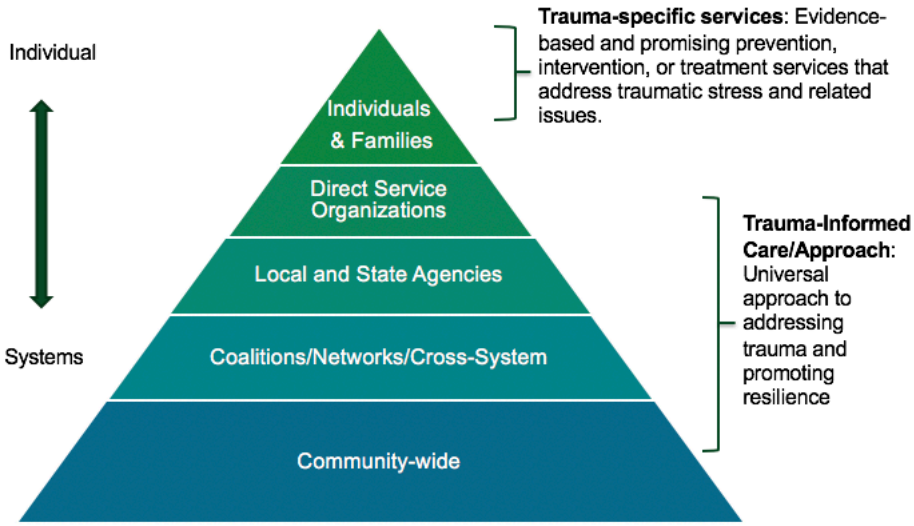
Direct service agencies are working to integrate trauma-specific services and organization-wide trauma-informed strategies, while state and local agencies are considering necessary policies and practices to foster trauma-informed service delivery systems. State legislation that includes language acknowledging the effects of childhood adversity and the need for trauma-informed practices has increased significantly over the past few years (Prewitt, 2017). The U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education continue to provide grants, disseminate information, and fund training and technical assistance to help state and local agencies support children affected by trauma. HHS's Administration for Children and Families (ACF) and Substance Abuse and Mental Health Services Administration (SAMHSA) continue to award discretionary grants specifically to address childhood trauma in child welfare and behavioral health systems.

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. Administered by SAMHSA, the NCTSN has grown from 17 funded centers in 2001 to 100 currently funded centers and over 150 affiliate (formerly funded) centers and individuals in 2017, working in hospitals, universities, and community-based programs in 44 states and the District of Columbia. Since its inception, the NCTSN has trained more than one million professionals in trauma-informed interventions. Hundreds of thousands more are benefiting from the other community services, website resources, webinars, educational products, community programs, and more. Over 10,000 local and state partnerships have been established by NCTSN members in their work to integrate trauma-informed services into various child-serving systems.

The Centers for Disease Control and Prevention (CDC) also support state and local health departments, education agencies, and other entities to prevent ACEs in their communities through evidence-based strategies. More recent federal legislation, such as the Families First Prevention Services Act (FFPSA) and the Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, also require the use of a trauma-informed approach and interventions in specific service sectors (Family First

Prevention Services Act of 2018; Sheldon, Tavenner, & Hyde, 2013; SUPPORT for Patients and Communities Act of 2018).

Figure 3. A Comprehensive Approach to Addressing Trauma



(American Institutes for Research; SAMHSA, 2014)

The focus for defining and implementing trauma-informed care, however, has remained primarily at the direct service level and has been focused in individual sectors, such as health, behavioral health, child welfare, early childhood, juvenile justice, homelessness services, and education (Bloom & Farragher, 2013; Chadwick Trauma-Informed Systems Project, 2012; Cooper, Masi, Dababnah, Aratani, & Knitzer, 2007; Guarino & Chagnon, 2018; Guarino, Soares, Konnath, Clervil, & Bassuk, 2009; Ko et al., 2008).

More recently, the field has begun to call for a more coordinated cross-sector approach to delivering models of care. In 2017, leading researchers and advocates published a national agenda to address ACEs and childhood trauma and promote child and family well-being (Bethell et al., 2017). The agenda emerged through a 4-year process involving over 500 individuals across multiple sectors, including health care and health care systems, family and community leaders, child welfare, social services, education, state government, federal agencies, and city and county public health. The four high-level priorities in this report include advancing research and translation; fueling initiatives to support innovation and real-time learning; supporting stable and nurturing relationships centered around individual, family, and community self-care, prevention, and healing; and cultivating the conditions for collaboration across sectors. Similar themes emerged from a report by the U.S. Government Accountability Office (GAO) that surveyed officials from six states with child welfare- and education-focused trauma-informed care funding. Respondents emphasized the importance of engaging collective leadership and coordinating with other state systems as key takeaways (U.S. GAO, 2019). Lastly, recent

testimony by experts, state and federal administrators, and program leaders before the U.S. House of Representatives in its first hearing on childhood trauma in July of 2019 emphasized the need for federal guidance and cross-sector coordination (Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue That Needs Greater Federal Attention; Hearings Before the Committee on Oversight and Reform, 2019). Given the timeliness of these emerging calls to action, the framework that follows may be useful to jurisdictions as they look to further coordinate the strategic planning and implementation processes across a diverse set of stakeholders.

Multi-System Trauma-Informed Approach Framework

The multi-system trauma-informed approach framework introduced here is informed by existing system-specific resources and guidelines from the field, applied at a cross-sector level (American Institutes for Research, 2015; Guarino et al., 2009; SAMHSA, 2014). The framework outlines key elements of a multi-system trauma-informed approach, including guiding principles, core domains of implementation, and sample cross-sector strategies. How a trauma-informed approach is operationalized may vary by setting, but establishing a shared framework allows for consistency of vision; coordination of policies, practices, and services; opportunities for co-creating and sharing resources; and collective learning that moves the field to a more holistic and integrated approach to care.

We recognize not only that agency-specific capacity in trauma-informed care influences cross-sector approaches, but also that agency and cross-sector efforts often co-occur. Although this guide is meant to provide an organizing framework for cross-system efforts, the following sections can be re-purposed to support within-system transformational change.

Defining a Multi-System Trauma-Informed Approach

A multi-system trauma-informed approach refers to a coordinated cross-system strategy for ensuring a shared understanding of trauma and its impact and collectively aligning policies, practices, and services for supporting healing and resilience.

Adopting a multi-system trauma-informed approach involves (1) **realizing** the prevalence of trauma in the lives of the youth and families being served across service sectors; (2) **recognizing** the impact of trauma on youth, families, service providers and organizations, and communities; (3) **responding** collectively in ways that are informed by an understanding of trauma and what is needed to support recovery and resilience; and (4) **resisting** enacting policies or engaging in practices that are retraumatizing for youth and families across systems (SAMHSA, 2014). A multi-system trauma-informed approach requires attention to system-level coordination of trauma-informed policies, practices, and related capacity building across service settings to ensure common practice standards for youth and families.

Changes to service delivery to support a multi-system trauma-informed approach may include:

- cross-training the workforce on trauma and its effects;
- eliminating common procedures and practices across service settings that are retraumatizing for trauma survivors;
- identifying cross-sector practice standards for trauma-informed care;
- utilizing trauma-informed screening, assessment, and treatment planning protocols across sectors; and
- creating common policies for supporting a trauma-informed approach (Futures Without Violence, 2018; Guarino et al., 2009; Ko et al., 2008; National Child Traumatic Stress Network, 2016; SAMHSA, 2014).

Guiding Principles

The guiding principles of a multi-system trauma-informed approach reflect the core values and beliefs about what it means to provide quality services for trauma survivors within and across service systems. These principles reflect an underlying culture that drives policy and practice. Agencies engaged in building a multi-system trauma-informed collaborative use the guiding principles to inform all aspects of system-level collaboration, planning, and implementation of trauma-informed policies, practices, and services. In some cases, the guiding principles of a trauma-informed approach may represent a significant departure from business as usual at both administrative and direct service levels. Potential conflicts related to core beliefs about service delivery may influence readiness for change and should be examined throughout all stages of organizational, system, and multi-sector change efforts.

Table 1. Guiding Principles of a Multi-System Trauma-Informed Approach

Trauma awareness & understanding	Recognizing the scope and impact of trauma on children, youth, families, and service providers and creating service delivery systems that acknowledge and address trauma and support healing and resilience.
Safety	Establishing physically and emotionally safe service systems where basic needs are met, safety measures are in place, and policies and daily practice support consistency, predictability, and respect for all.
Youth and family voice, choice & empowerment	Adopting a strengths-based and youth- and family-driven approach that maximizes opportunities for youth and family input and shared decision-making about all aspects of the service delivery experience, from what services and supports they need, to the goals that are identified, to how services are provided.

Cultural & gender responsiveness	Understanding the relationship between cultural and gender-related factors and traumatic experiences, safety, healing, and resilience and implementing culturally and gender responsive services, practices, and policies.
Transparency	Fostering openness and clarity of expectations that promotes trust among providers and between providers, youth, and families.
Integration	Maintaining a holistic view of health promotion and a commitment to service integration that reflects the interrelated nature of emotional, physical, relational, and spiritual health.
Collaboration & power sharing	Minimizing power differences and promoting power sharing and partnership among administrators and service providers at all levels and between providers, youth, and families.
Resilience, recovery & growth	Believing that recovery from trauma is possible, instilling hope, and promoting self-healing, resilience building, and growth.

Core Domains

Service systems benefit from identifying common focus areas for implementing trauma-informed practices that reflect the guiding principles. Here, we offer an organizing framework for implementing a trauma-informed approach across five core domains:

1. Trauma-Informed Policies and Procedures
2. Trauma-Informed Workforce
3. Supportive Relationships with Youth and Families
4. Trauma-Informed Services
5. Safe and Respectful Service Environments

Having a shared framework for operationalizing trauma-informed principles helps to coordinate within-system or cross-system strategies for promoting consistent standards of trauma-informed care. State agencies engaged in system change efforts may consider using the core domains as an organizing structure for assessing current practice within and across participating agencies and for developing cross-sector trauma-informed action plans. It is likely that particular practices within each domain will require some level of adaptation depending on the system (child welfare, juvenile justice) and context (state agency, direct service setting). There are numerous resources that provide further details on sector-specific trauma-informed strategies (e.g., screening and assessment practices, interventions, training, policy development, etc.) across these domains. Appendix A provides a list of many of these resources.

Below is an overview of each core domain, along with example cross-sector strategies. In Section 3 of this guide we will explore how the framework can be used to guide cross-sector strategic planning and implementation efforts. The strategies included here are framed as shared goals among system partners involved in the collaborative; however, it will be important for individual agencies to consider how their system-specific work within each domain intersects, aligns with, and supports the cross-sector efforts of the collaborative.

1. Trauma-Informed Policies and Procedures

Adopting a trauma-informed approach means developing policies, procedures, and processes that aim to institutionalize trauma-informed care beyond one champion, department, or program. Agency-level strategies include: articulating a formal commitment to trauma-informed care; installing leadership and staffing structures necessary for implementing a trauma-informed approach; developing and integrating data collection processes needed to track progress towards adopting trauma-informed reforms; committing resources to adopting and sustaining trauma-informed care; ensuring that policies and procedures align with trauma-informed principles; and including staff, youth, and families in developing and reviewing policies and procedures.

Cross-System Strategies for Promoting Trauma-Informed Policies and Procedures

- Develop a shared language for articulating agency commitment to addressing trauma.
- Identify a core set of policies for promoting a trauma-informed approach that align with trauma-informed principles and can be adopted across systems (e.g., policies related to staff awareness of trauma and secondary trauma, cultural competence, youth and family voice, staff wellness, cross-sector collaboration, transparency, etc.).
- Establish a shared language related to trauma-informed expectations/requirements in forms, requests for proposals and agency solicitations, and contracts for services.
- Develop memorandums of understanding and/or data-sharing agreements across agencies to assist with information-sharing priorities related to trauma-informed care.
- Develop shared benchmarks of success that can be monitored to track cross-agency progress towards adopting a multi-system trauma-informed approach.

2. Trauma-Informed Workforce

Adopting a trauma-informed approach requires systems to expand on staff development efforts to include a range of trauma-related knowledge and skill-building activities. Agencies build a trauma-informed workforce by educating all administrators and staff on trauma, secondary trauma, and trauma-informed care; embedding trauma-related skill building into existing structures, such as staff meetings and supervision; monitoring staff understanding and application of trauma practices and protocols; providing trauma-informed supervision; recognizing and addressing secondary trauma among providers; and creating a supportive staff culture.

Cross-System Strategies for Building a Trauma-Informed Workforce

- Develop or identify a training curriculum on the basics of trauma and trauma-informed care that can be used for staff training across sectors (some materials and examples will be tailored by context).
- Develop a plan for promoting cross-sector professional development on trauma, secondary trauma, trauma-informed care, and related approaches (e.g., consider aligning trauma training with training on approaches with shared principles and practices, such as cultural competence or restorative practices).
- Collaboratively explore funding opportunities for cross-sector training on trauma-informed care.
- Develop a method for sharing trauma-related resources and tools for supporting staff development across sectors and for all personnel types.
- Develop common guidelines and practices for addressing secondary trauma and supporting staff wellness and resilience.
- Develop cross-sector guidelines and strategies for promoting trauma-informed supervision.
- Establish learning communities for promoting trauma-informed practice across sectors.

3. Supportive Relationships with Youth and Families

Across child-serving systems, establishing trusting relationships with youth and families is the cornerstone of a trauma-informed approach. A trauma-informed system works to foster the necessary conditions for establishing trusting relationships where all youth and families are uniquely seen, heard, and valued. This includes ensuring that relationship-building with survivors is informed by an understanding of trauma and its effects on engagement; embedding culturally responsive practices; engaging youth and families as partners; addressing issues of disparities within systems; and incorporating processes for monitoring and strengthening engagement with survivors.

Cross-System Strategies for Establishing Supportive Relationships with Youth and Families

- Develop or identify common tools for assessing extent of family involvement and engagement.
- Develop universal standards for promoting youth and family involvement and engagement that can be implemented across sectors (with context-specific tailoring as needed).
- Establish cross-system standards for culturally responsive practice.

4. Trauma-Informed Services

Trauma-informed service systems consider *what* services are offered and *how* services are provided to best meet the needs of youth and families affected by trauma. Though significant,

the effects of chronic trauma on children are often overlooked or misunderstood (Cook et al., 2005; D'Andrea et al., 2012). Most children who experience distress related to trauma are not identified and do not get the help that they need, particularly children from ethnic and racial minority groups (American Psychological Association, 2008). Additionally, a particular cultural group's historical experiences with the mental health system and norms regarding help-seeking behaviors also influence whether and how people access services. These issues are often overlooked in Western therapies and may contribute to high dropout rates or poor responses to treatment (Haan, Boon, de Jong, & Vermeiren, 2018).

Adopting a trauma-informed approach to service delivery means ensuring that screening and assessment processes consider trauma; service plans for youth and families consider trauma-related needs; youth and families have access to evidence-based, culturally and gender responsive clinical interventions; all services are provided in a trauma-informed manner; youth and family voices are included in decision-making about the types of services provided and their delivery; and there is a process for gathering ongoing feedback from youth and families about the services that they receive.

Cross-System Strategies for Fostering Trauma-Informed Services

- Identify opportunities to enhance timely, valid, and reliable trauma screening and assessment protocols across systems.
- Undertake agency budget and service contract reviews to explore ways to develop or scale up evidence-based service capacity through stable financing and reimbursement options.
- Develop universal standards for service delivery that align with the guiding principles of a trauma-informed approach.

5. Safe and Respectful Service Environments

Creating a safe, supportive, and respectful environment is essential in any service setting. For youth and families who have experienced trauma, issues of safety become even more prominent. Trauma-informed service delivery systems strive to eliminate potentially retraumatizing policies and practices, to recognize and minimize potential trauma reminders within service environments, and to maintain environments that uphold privacy, confidentiality, transparency, and youth and family feedback about their experiences in the service environment.

Cross-System Strategies for Safe and Respectful Service Environments

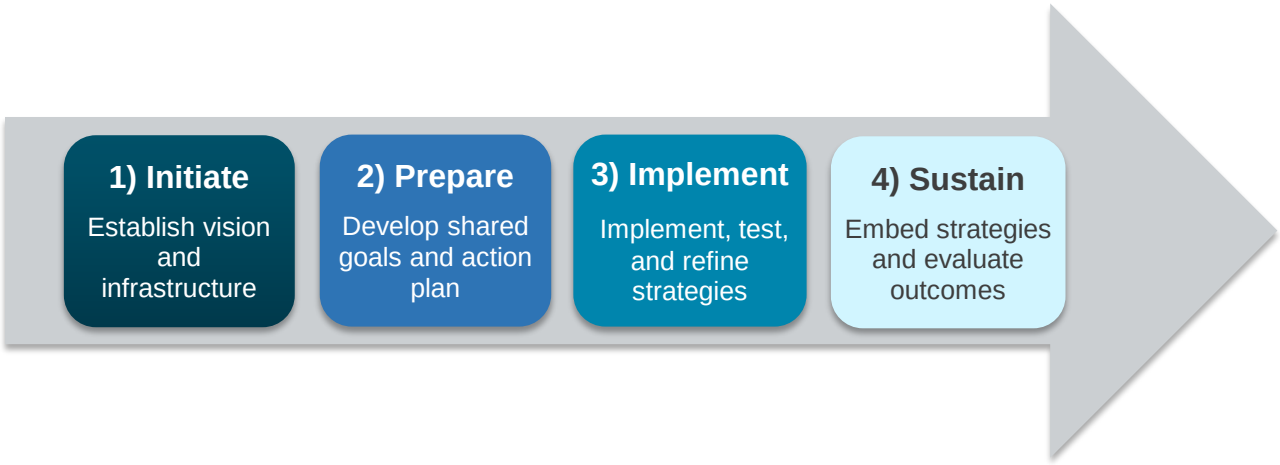
- Develop cross-system standards for promoting safe and respectful service environments that can be applied universally.
- Create processes regarding how service sectors gather feedback from youth, families, and staff regarding the service environment that can be applied across systems.
- Identify potentially retraumatizing policies and practices common across service systems and plan how to reduce and eliminate them.

Section Three: Implementing a Multi-System Trauma-Informed Approach

This section provides guidance for collaboratively adopting a within-system or multi-system trauma-informed approach as defined in Section Two. The pathway outlined below reflects a phased process for implementation (see Figure 4). Each phase includes key objectives, activities, and resources. This model is grounded in best practices for organizational and systems change and informed by implementation science.

While the approach described here is progressive, we realize that some aspects of the process may be iterative. Teams engaged in these efforts may revisit phases or engage in activities within multiple phases simultaneously as they refine their vision, add new partners, modify action plans, and consider new approaches.

Figure 4. Multi-System Trauma-Informed Approach Implementation Pathway



Initiate a Multi-System Collaborative Effort

This effort begins with the identification of key leaders and stakeholders within or across systems who are willing to commit to a collaborative effort to address trauma across child-serving sectors. The first phase in initiating this transformational effort includes ensuring a common understanding of the causes and consequences of trauma and what it means to adopt a trauma-informed approach; assessing readiness for change (e.g., degree and quality of existing cross-system partnerships, administrative commitment to system and cross-system change efforts, level of motivation and capacity to adopt new practices across service sectors); and establishing infrastructure for supporting, monitoring, and sustaining the initiative. The time it takes to achieve Phase 1 objectives will vary based on degree of partnership, buy-in, and readiness for change at all levels within or across systems. Although the activities within Phase 1 are presented sequentially, some of these actions are likely to happen concurrently.

Key Objectives

Key objectives to initiate a multi-system collaborative effort are outlined below.

Key Objectives
Members of the collaborative gain a common understanding of trauma and its impact and what it means to adopt a trauma-informed approach.
Members of the collaborative achieve a greater understanding of their readiness to participate in a multi-system collaborative for addressing trauma.
Members of the collaborative increase their knowledge of (a) the prevalence and impact of child adversity and trauma across public systems and (b) how systems are currently addressing trauma.
The collaborative increases its level of engagement with youth, families, and other key community stakeholders served by public systems.
Members of the collaborative share a formally articulated vision and commitment to adopting a cross-sector trauma-informed approach that includes partner roles and responsibilities (e.g., charter or other formal process).
Members of the collaborative identify key staff within their systems who will assist in carrying out the work of the collaborative.
Resources are allocated to support the work of the collaborative (e.g., dedicated time, staffing).

Activities

1. Assemble a Core Team of Public Agency Representatives

Recruit representatives from each child-serving public agency to participate on a cross-system steering committee (i.e., core team) to support and oversee the strategic planning and implementation process for your multi-system collaborative. When assembling a core team, consider taking the following actions:

- Identify a leadership structure within the committee that supports shared ownership of the work of the committee.
- Recruit multiple staff from participating child-serving agencies to support varied aspects of collaborative efforts. Each agency should include the membership of at least one senior-level administrator with decision-making authority, as well as one to two additional staff who can provide further expertise in areas directly related to the agency's trauma-based policies, practices, services, and funding. Agency representation with the following oversight are recommended: child welfare, public health, behavioral health, juvenile justice, education, early child services, law enforcement, and the state budget office.
- Establish dedicated support staff for the core team to take on project management and other logistical responsibilities.
- Ensure each partner agency also identifies additional support staff to assist with implementation at the individual agency level.
- Allow time for each partner to share the work of their agency, their agency mission, and their interest in participating in a multi-system trauma-informed collaborative.

2. Establish a Common Understanding of Trauma and Trauma-Informed Care

Core team members should have a common foundational understanding of trauma and its effects on youth and families and of key elements of a trauma-informed approach. They should also have working knowledge of existing trauma-informed practices, policies, and interventions within each child-serving agency. Actions to ensure a common understanding include:

- Conduct training on trauma and trauma-informed care for all core team members. Training may be provided by a participating agency with relevant expertise or by an outside expert source. Information in this guide may be used to support broad training on the core elements of a trauma-informed approach.
- Provide an opportunity for each agency to present to the group on existing trauma-related practices and approaches within their agency.

3. Gauge Readiness

An important initial task for the core team looking to take up this cross-sector effort is to assess the political will within the state's executive branch and among public agency leadership. In doing so, early champions seek to assess the level of motivation *and* capacity for systems to participate and invest in adopting a cross-system strategy for addressing trauma (U.S. Department of Health and Human Services, 2014). Assessing readiness involves a number of actions:

- Assess the readiness of the partners involved to implement trauma-informed practices, policies, and interventions. Agencies should consider how a trauma-informed approach is different from how they currently operate, how motivated they are to further adopt this approach, whether their system (as it currently operates) is prepared to take on and contribute to this type of effort, and what type of in-house capacity they have to foster and support these efforts. (See sample multi-system readiness tool in Appendix B.)
- Assess the capacity of systems and stakeholders involved to engage in cross-system work.
- Consider the resources needed within and across systems to support a cross-system trauma-informed approach.
- Identify historical successes and barriers to having child-serving agencies collaborate on multi-system initiatives in the state that may inform this effort.
- Identify champions that have capacity to build political will at the executive, agency, and community levels.

Partners may be at varied stages of readiness to engage in this type of cross-sector effort. While readiness is a critical issue, partners whose systems are newer to addressing trauma may want to contribute to the broader vision of the initiative. Collaboratives should consider how those with newer systems can be included. This may mean having partners choose which of the collaborative's goals or objectives they can realistically support. The collaborative should consider how all who desire to participate can contribute in some capacity.

4. Engage Executive Leadership

Once initial readiness has been assessed, early champions should leverage the support of the governor's office and other executive-level leadership (e.g., attorney general) to ensure that the initiative becomes a state-level priority and receives the right resources and attention from relevant child-serving public agencies and their staff. In addition, they should request that the executive branch enlist support from other existing cross-agency initiatives (e.g., children's cabinet), community providers, advocacy groups, and the public at large.

5. Gather Data to Determine Cross-System Areas of Strength and Opportunity

Early champions involved in this work can likely identify specific practices, policies, and programs that are in need of reform. However, it will be important to devise a more comprehensive strategy that collects evidence of the gaps in trauma-informed care within and across systems early on. Where possible, such a strategy should utilize a methodical approach involving multiple sources of data. To complement investigating gaps, information gathering should also be focused on assessing areas of strength, such as model trauma-informed programs or practices that have the potential to be expanded. Validating areas of strength will provide team members an opportunity to learn what has been successful in other programs and/or systems. During this evidence-gathering process, it will be important to ensure the participation of research partners, trauma experts, the provider community, youth and families, and other stakeholders.

Trauma-Informed Capacity Assessment

An important initial step is for agencies participating in the collaborative to determine the current capacity of each system to provide trauma-informed care and to identify common areas of strength and opportunity. To support the core team in beginning the assessment process, we include an informal Trauma-Informed Agency Reflection Tool in Appendix C. The reflection tool is framed at the state agency level and includes guiding questions and sample strategies across the core domains discussed in Section 2 of this guide. The tool may be used to structure and inform initial discussions by the core team about current agency-specific capacity in trauma-informed care and initial areas of interest in adopting particular strategies.

More formal, in-depth, and agency-specific capacity assessments may follow from these initial discussions. Several trauma-informed care assessment scales and tools have been developed to date that may be useful to new or evolving collaboratives. While most of these assessments can be applied to many systems, others are more specific to a particular system (e.g., child welfare) or service setting (e.g., youth residential setting). These tools are used to assess current capacity in providing trauma-informed care in key areas relating to policies and procedures, services and supports, leadership, cultural responsiveness, physical environment, workforce readiness, and other organizational resources. These tools can assist with the development, implementation, evaluation, and ongoing monitoring of trauma-informed care efforts. Appendix D contains a list of several capacity assessment tools in use today.

Complementary Data-Gathering Approaches

Although a capacity assessment may be the broadest approach to examining current capacity, collaboratives may require other, more intensive data analysis within each system to help better inform specific areas of challenge and proficiency. These areas may include:

- The characteristics and service needs of the population affected by ACEs. In particular, analyses should examine subpopulations for which there is disproportionate representation and common service disparities.

- The current utilization and funding for evidence-based trauma-informed interventions and supports.
- The outcomes associated with youth and families affected by trauma (e.g., rates of recidivism, graduation, family separation/reunification, maternal/child health).

In addition, collaboratives may also want to gather more information on:

- The current provision of trauma-related training to various personnel, including any evidence of enhanced awareness and competencies as a result of this instruction.
- The timeliness, reliability, and validity of current trauma-based screening and assessment protocols.

6. Engage Youth, Families, and Other Key Community Partners

The core team initiating the collaborative effort expands beyond public agency representation to ensure participation from a broad range of key stakeholders, including but not limited to youth and families, academic and other research partners, contracted service providers, and advocacy groups. Ensuring a commitment to genuine partnership with youth, families, and the broader community being served by public agencies is especially important for ensuring inclusion, equity, and diversity throughout the process.

Teams should consider how to align with existing trauma and resilience-based efforts, such as adverse childhood experiences (ACEs) collaboratives and other community resilience initiatives with a similar vision and goals, in order to avoid having siloed efforts. Collaboratives should determine how they can be of service to communities looking to prevent and address a range of individual, family, and community trauma types that may be affecting youth and increasing their risk for system involvement.

As the collaborative begins to define its priority goals and strategies, it will be important to build out supporting workgroups involving members with the right mix of experience, perspective, interest, and capacity to be successful. This will be discussed further in Phase 2. Collaboratives may also find it helpful to utilize expert technical assistance in the planning and implementation process to come. External support may be helpful in providing trauma-informed care expertise and in facilitating the strategic planning process among cross-system participants.

7. Establish a Shared Vision, Governance Structure, and Appropriate Supports

To ensure a successful collaboration and mutual understanding of goals, the group should establish a shared vision for the collaborative and document a formalized governance structure through a charter or other formal process (see sample charter in Appendix E). Taking the time to formally memorialize this information will serve multiple purposes, including confirming the buy-in of all team members, spelling out all roles and responsibilities in a measurable way, demonstrating the purpose of the initiative to outside individuals, assisting with the onboarding

of new members, providing clarity on logistics such as meeting documentation, and ensuring shared accountability. Actions to consider when formalizing the work of the collaborative include:

- Develop a shared vision for the initiative, including, the scope of the effort, and preliminary goals.[1]
- Identify a set of principles to guide partner interactions and collaborative decision-making. Refer to Section 2 of this guide to review the guiding principles of a trauma-informed approach to considering how these principles can guide the collaborative effort.
- Clarify roles and responsibilities of core team members and other partners.
- Set meeting schedules and shared expectations for meeting leadership, participation, and documentation among the collaborative partners.
- Determine resources to be leveraged to support participation in the collaborative.

Phase 1—Initiate a Multi-System Collaborative Effort: Tips and Insights

- Consider what is motivating each partner to participate in the collaborative and how their participation will assist them in achieving their goals. For example, articulating how a larger cross-sector effort will be of benefit to individual systems helps to ensure alignment and motivation to participate.
- Spend sufficient time considering the readiness of various partners to engage in the work of the collaborative. Readiness need not be a barrier to beginning a change effort; however, partner motivation and capacity to participate may influence the types of goals the initiative chooses to set and how various partners will support the efforts of the collaborative to ensure optimal conditions for success.
- Use a mixed methods approach when collecting data for a more complete picture of each service delivery system as it relates to addressing child trauma. For instance, it may be possible to investigate screening utilization through the use of administrative data analysis if available, however, examining overall screening fidelity and the quality of the delivery of screening should also rely upon the use of interviews, surveys, and focus groups with agency staff, contracted providers, as well as youth and families.
- Be clear about participant roles and responsibilities from the beginning. Ensure that each system represented in the collaborative has representatives with decision-making power and staff who will execute action steps in the day-to-day work and can support on-the-ground implementation.
- Engage youth, family, and community voice from the beginning. This may require additional training, support, and facilitation to bridge the gap that may exist between service systems and the

[1] Initiative goals will be refined in Stage 2 using data and evidence gathering to determine more specific objectives, measurable outcomes, and the activities that will be required to accomplish them.

communities they serve. Where possible, leverage existing groups dedicated to supporting youth and family voice and participation across various sectors.

- Depending on the size of the group and whether there are multiple levels to the governance structure, determine how you create and maintain communication across parties.
- Optimize meetings by sending out agendas and supporting materials in advance. Conclude meetings with a clear set of time-oriented next steps and assigned responsibilities.
- Mechanize opportunities for virtual communication and collaboration outside of regularly scheduled meetings by providing resources such as online document collaboration and file-sharing repositories for members.

Prepare to Adopt Cross-Sector Trauma-Informed Strategies

The second phase in the process of adopting a multi-system trauma-informed approach shifts from leadership engagement, teaming, and information gathering to initiating planning activities. In this regard, Phase 2 focuses on identifying cross-system goals across key domains of a trauma-informed approach, identifying measurable benchmarks of success, and creating a multi-system trauma-informed action plan. During this phase, the multi-system trauma-informed approach framework outlined in Section 2 of this guide provides an organizing structure for action planning efforts.

Key Objectives

Key objectives related to preparing to adopt cross-sector trauma-informed strategies are included here.

Key Objectives
The collaborative develops an action plan for adopting identified cross-sector trauma-informed strategies based on the findings from the data-gathering efforts accomplished in Phase 1.
The collaborative develops a logic model that articulates their vision and theory of change for the collaborative.
Members of the collaborative gain a clear understanding of their next steps for supporting the action plan within each of their systems.
Members of the collaborative have a process in place for monitoring progress towards goals.

Activities

1. Identify and Prioritize Goals and Strategies to Implement

Based on initial assessment of current capacity in trauma-informed care, collaboratives select cross-system goals and strategies to prioritize. Collaboratives may use the core domains put forth in this guide as an organizing structure for planning. In this case, plans would include cross-sector strategies in one or more of five areas: (1) Trauma-Informed Policies and Procedures; (2) Trauma-Informed Workforce; (3) Supportive Relationships with Youth and Families; (4) Trauma-Informed Services; and (5) Safe and Supportive Service Environments. In Section One of this guide and in the Trauma-Informed Agency Reflection Tool discussed in the previous phase, we offer sample cross-sector strategies in each of these areas. These examples are not exhaustive, and core teams should identify cross-sector strategies that best suit their needs and context.

The following criteria from Lee and Hardy (2017) may be helpful in selecting goals:

1. Impact: Can the priority benefit a significant number of children and youth who experience trauma?
2. Timeliness: Do the suggested actions have the potential to relatively quickly achieve positive results that can be leveraged and scaled up?
3. Feasibility: Is the priority viable fiscally and politically, and does current infrastructure exist to implement the proposed changes?
4. Equity: Does the proposal have the potential to address the troubling racial, income, and gender-based disparities that exist among children exposed to trauma?
5. Synergy: Do the proposed actions advance longer-term goals to prevent and respond to childhood trauma?

It should be noted that not all of these criteria have to be met for a proposed goal to be included in a collaborative's action plan; however, they may be helpful for determining which goals and strategies should be prioritized in the action plan.

Developing a logic model is a useful way for the collaborative to more fully articulate their goals and strategies within a larger vision and theory of change for their multi-system effort. A logic model is a framework that the collaborative can modify as needed over the course of this effort. Collaboratives should articulate the following in their logic model:

- The **problem** the collaborative is coming together to address.
- The **vision/purpose** of the collaborative.
- **Goals** for achieving the broader vision of the collaborative.
- **Assumptions** that underlie the work of the collaborative. This includes beliefs about the need to address trauma in a comprehensive way; what it means to provide quality care for youth and families; the need for cross-sector work; how multi-system change happens; why this should happen in the collaborative's state/county/city context; and how the collaborative should operate and who should be involved.
- **Resources** for supporting collaborative goals. Members of the collaborative consider existing resources for supporting these efforts. Resources include staffing, space, technology, and funds to support initiative efforts; agency capacity and expertise related to trauma-informed care; level of urgency related to addressing trauma among collaborative members; political will for addressing child trauma; public awareness and will for addressing child trauma; statewide knowledge and existing efforts related to child trauma; and existing resources and systems for supporting this type of cross-sector effort.
- **Activities** to be implemented by the collaborative to achieve goals. The collaborative identifies specific cross-sector strategies to be adopted within or across domains of focus (or both).

- **Outputs/results** of collaborative activities. From the beginning, the collaborative articulates their desired results. Results are clear and measurable. Examples may include number of agency RFPs and contracts that incorporate common language about trauma and trauma-informed care; number of youth and families who received trauma-related screening across systems; and number of youth and families who had access to trauma-specific interventions across systems.
- **Outcomes** associated with collaborative activities. The collaborative articulates anticipated outcomes associated with successfully implementing trauma-informed strategies across systems. The collaborative identifies desired outcomes at multiple levels, such as improvements for youth and families, providers, organizations, systems, and communities. Outcomes may include changes in knowledge, behavior, practice, and policy within and across service delivery systems, as well as changes in conditions for youth and families served by those systems.
- **Data sources:** Determine what data can be used to monitor outputs and outcomes.
- **Reporting process**: Establish how progress will be communicated to stakeholders.

For several resources on developing logic models, please refer to Appendix F.

2. Develop a Multi-System Trauma-Informed Action Plan

The collaborative develops a cross-sector action plan to achieve identified goals that ensures effective project management of all stakeholders involved. An effective action plan outlines each cross-system goal, the related domains, and particular strategies being adopted. For each strategy, it is recommended that plans outline sequential action steps, assigned staff leads/teams, time frames for each action step, resources available or needed to complete action steps, benchmarks of success (indicators to know if activities have been completed), and progress notes on each task accomplished to date. Appendix G provides a sample action plan template.

3. Establish Relevant Teams and Workgroups

Collaboratives may consider establishing cross-system workgroups within specific areas (e.g., screening and assessment, workforce training) to further organize implementation efforts and to divide the workload. In doing so, individual agencies should look to recruit any additional subject matter experts from their respective systems to ensure appropriate planning and action in these workgroups. Dividing the collaborative members into working groups allows members to choose areas where they have the most interest and motivation and avoids issues of fatigue that occur when the group is responsible for every goal.

It is likely that each individual agency will develop their own plans for how they will support the collaborative's goals based on each system's needs, strengths, and current level of readiness. As agencies work to build their internal capacity to provide trauma-informed care, they

strengthen the capacity of the collaborative as a whole to engage in cross-sector efforts. Thus, in addition to a core collaborative team of key cross-system stakeholders, it may also prove productive for staff from each participating agency in the collaborative to form agency-specific trauma workgroups to drive the implementation of the strategies at the agency level.

4. Develop a Plan for Monitoring Progress and Impact

Before transitioning from the Prepare phase to the Implement phase, the collaborative should establish a plan for the use of regular meetings and a process for ongoing review of plan implementation and progress monitoring. Establishing a process at the outset for evaluating the impact of the collaborative effort will let the group know what is and is not working, what goals and action steps need to be adjusted or modified, and what's missing that needs to be considered. From the beginning, members of the collaborative consider what success for this effort looks like and identify benchmarks of progress that will help determine when the effort itself has reached its end or whether it should be reconfigured to suit future needs.

Drawing on the outputs and outcomes identified in the logic model, the collaborative should rely on data to assess change. Qualitative data may be collected through focus groups and interviews with staff, students, and families; observations of how things have changed; and case studies. Quantitative data are gathered via such sources as pre- and post-knowledge surveys, policy document reviews, and administrative data. Based on these monitoring activities, members should continually determine whether they need additional personnel, data, or other resources to successfully implement the plan.

Phase 2—Prepare to Adopt Cross-Sector Trauma-Informed Strategies: Tips and Insights

- Adopt a shared trauma-informed framework that can serve as a common organizing structure for assessing practice and developing an action plan. However, ensure that each agency has an opportunity to address goals that are specific to each system.
- Not every strategy has to involve every system participating in the collaborative. For example, there may be some multi-system strategies that will involve a particular subset of partners/sectors.
- A multi-system trauma-informed approach represents a bigger picture vision and an effort to develop shared standards and coordinated efforts that move beyond the sum total of individual agency practices. However, the extent to which each system contributes to the whole influences the broader effort. There is a parallel process at work within a multi-system effort that includes agency-level and cross-sector change efforts.
- Consider developing working groups within the collaborative with particular areas of focus, allowing members to identify particular interest areas where they are most able to contribute. Ensure that you have the right mix of people in terms of experience, perspective, interest, and capacity to be successful.
- Create, execute, and maintain communication protocols, particularly if there are multiple levels to the governance structure (e.g., executive team, workgroups).

- Over time, participating agencies may consider rotating staff members on the workgroup to avoid burnout and offer new perspectives while maintaining consistent engagement and participation in implementing the action plan.
- Ensure workgroup leads and members are effectively on-boarded and clear about expectations and time frames.
- Treat the plan as a living, working document to guide action.
- Break action steps into manageable tasks with clear timetables and some “quick wins” to help keep members of the collaborative engaged and motivated.

Implement Trauma-Informed Action Plans

In Phase 3, cross-sector collaboratives shift from identifying to implementing cross-sector strategies included in the action plan. At this point in the process, members of the collaborative focus on creating and maintaining the structures and processes for supporting implementation, refinement, and adoption of trauma-informed strategies. In this phase, parallel work is happening at the cross-system team level as well as within any agency-level trauma teams or specialized workgroups.

Key Objectives

The objectives supporting the implementation of cross-sector trauma-informed action plans are included here.

Key Objectives
The collaborative maintains regular contact and uses meetings to make progress on the action plan.
The core team effectively orchestrates the work of any breakout workgroups or individual agency teams.
Members of the collaborative gain a clear understanding of a process for engaging in small collective tests of change.
Members of the collaborative make measurable progress towards goals via action plan activities.
The collaborative achieves a greater understanding of what practices are effective and what goals or strategies need to be altered.

Activities

1. Maintain Space and Time for Implementation

One of the biggest challenges to any effort is to maintain the momentum and the dedicated space and time to devote to change efforts. In the face of many competing demands, it is difficult for many to carve out intentional time to implement new strategies. It is important for the collaborative to consider how to both plan and use meeting times efficiently and effectively and to create clear and easy communication channels, as discussed in Phase 1.

This includes using meeting times for collaborative activities, such as co-creating training curricula, sharing resources, problem-solving challenges, and exploring new approaches or standards of care. It is also important to ensure that there are opportunities for participating agencies to report on their progress in adopting trauma-informed strategies and to share lessons learned and brainstorm challenges.

2. Adopt a Continuous Quality Improvement Structure

Collaboratives that seek to address a vast array of goals within their action plans may feel somewhat immobilized as to where to begin in their implementation process. In this regard, collaboratives may benefit from enlisting a continuous quality improvement (CQI) approach to ongoing implementation. Simply stated, CQI is the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions (Casey Family Programs and the National Child Welfare Resource Center for Organizational Improvement, 2005). A CQI framework can be used to harness the accomplishments of Phase 2—data gathering, the development of a logic model, and the creation of an action plan—to provide a fluid and ongoing means to test the proposed strategies and then revise, as necessary, using evidence at each step in the process to support decision-making.

Continuous quality improvement approaches often employ the Plan-Do-Study-Act (PDSA) cycle to apply a scientific method of action-oriented learning. The PDSA cycle is simply defined as testing a change—by planning it, trying it, observing the results, and acting on what is learned (see Figure 5).

Figure 5. Phases of the PDSA Cycle

The **PLAN** Phase

- Determine the specific target outcome to be improved
- Identify the particular underlying problem to address it
- Choose the particular test of change to be implemented
- Mechanize a data measurement plan to guide how information will be used to monitor the test

The **DO** Phase

- Implement the action plan
- Collect data required for analysis on the test's effectiveness and implementation fidelity
- Monitor implementation
- What evidence is there that the strategy was effective (or not effective)?

The **STUDY** Phase

- Review collected data—does it make sense?
- Measure actual performance against the target set in the PLAN Phase
- Was the "test" implemented with fidelity? How do you know?
- Share with stakeholders for feedback

The **ACT** Phase

- Confirm or refute the hypothesis
- Determine the extent to which the problem still exists
  - Adapt/Modify: Determine changes and run another "test" cycle
  - Adopt/Continue: Test on a larger scale
  - Abandon/Discontinue: Do not do another test

Prepare for the next PDSA…

The Plan phase (Step 1) is represented by the planning activities presented in the previous section of this guide. At this point, the collaborative will decide how to test each strategy as it rolls out its implementation plan, starting with the Do phase. In this regard, collaboratives may choose to initiate more than one type of strategy at a time, particularly if there are various workgroups in charge of implementing different strategies. Regardless of how many strategies are initiated concurrently, each one should be considered an iterative approach to testing change and refining as needed. Linking small tests of change through PDSA cycles can help overcome systems' inherent resistance to change and ensure buy-in.

An approach called usability testing can apply PDSA cycles to quickly detect strengths and gaps. In this approach, various teams might implement the strategy across different sites if applicable. This approach allows improvements to be made quickly from one cycle to the next. For example, if a collaborative is looking to pilot a new trauma training curriculum, four sites could be used for the usability test instead of one large group. This approach allows the testing team to learn more and obtain better training outcomes. It also enables the team to make improvements as the testing moves from one cohort to the next.

Appendix F has more resources on applying continuous quality improvement approaches and PDSA cycles.

3. Maintain Teams and Workgroups

Maintaining formal teams and workgroups at cross-agency and agency-specific levels is critical for sustaining trauma-informed change efforts. These groups keep the focus on trauma sensitivity in the face of competing demands and staff turnover. New staff may be added to the core team and workgroups over time to allow for new perspectives and input and to lessen participant fatigue.

4. Develop Feedback Loops

By developing a process for keeping all collaborative members informed of workgroup activities and gathering ongoing feedback about the process, collaboratives can enhance their motivation to maintain the effort. A number of strategies are possible:

- Create an online workspace to facilitate sharing documents, like the action plan, and to show progress towards goals.
- Provide regular updates at agency-specific levels in staff meetings, leadership meetings, and all-staff e-mails or newsletters.
- Administer regular (quarterly or semiannual) surveys for collaborative members to help assess whether aspects of the implementation process could be improved.
- Develop materials for communicating about the work of the initiative to the broader community.

Questions to consider while implementing include: *What is/isn't working? What goals and action steps need to be adjusted or modified? Who or what are missing that should be considered*? Collaboratives should be prepared to adjust plans and processes in light of feedback.

Phase 3—Implement Trauma-Informed Action Plans: Tips and Insights

- Before each PDSA cycle, ensure that valid and reliable data can be collected to monitor success. Being able to appropriately identify the "starting point/baseline" and target benchmark will be important to demonstrate change.

- Identify "small tests of change" using a series of iterative PDSA cycles that can be piloted and frequently revisited. Adapting and modifying the approach as needed between these short cycles will aid further testing on a larger scale.
- For collaboratives with limited resources, prioritize the "low-hanging fruit" among the planned strategies to ensure feasibility and buy-in.
- Identify and celebrate quick, tangible wins, such as developing a curriculum or testing out a cross-sector approach to training that can help people see the value of the collaborative.
- Consider adding new workgroup members and rotating leadership to lessen fatigue while still maintaining continuity in the work of the collaborative.

Phase 4

Sustain a Multi-System Trauma-Informed Approach

Many of the cross-system strategies adopted by the collaborative are designed with sustainability in mind. For example, developing curricula, standards, processes, policies, services, and funding can be used to institutionalize a trauma-informed approach within and across systems. As new practices are implemented, collaboratives look to sustain and build upon these efforts and to determine how and when to shift the focus and structure of the initiative. Activities at this phase include evaluating impact, sustaining change, determining the future of the collaborative, and building in structures for sustaining cross-sector trauma-informed partnerships.

Key Objectives

Key objectives related to sustaining a multi-system trauma-informed approach are included here.

Key Objectives
Members of the collaborative achieve an increased understanding of the impact of their change efforts within and across agencies.
Members of the collaborative gain an increased understanding of what is needed to sustain new practices within and across their respective agencies.
Collaborative members have a clear sense of the future of the collaborative.
Members of the collaborative identify concrete strategies for maintaining cross-sector and community partnerships.

Activities

1. Evaluate Impact

Examine the qualitative and quantitative data points identified in Phase 2 to assess for impact of adopting a multi-system trauma-sensitive approach. Use data to make decisions about next steps and any needed modifications to action plans and to the work and vision of the collaborative. Revisiting data collected on the logic model's performance measures may be particularly informative.

2. Consider How to Sustain New Strategies

Members of the collaborative consider how to sustain trauma-informed efforts. Key elements of sustainability to consider within and across systems include:

- **Leadership:** Are there leaders and champions of this work embedded at multiple levels (e.g., administrative, direct service, youth and families, community)?

- **Capacity:** What is the present collective and individual capacity for implementing and sustaining new practices and approaches across systems?
- **Institutionalization of reforms:** How are we creating system-based legacies beyond particular leaders or administrations? Have the reforms been institutionalized within agency policies and procedures? Has the collaborative established stable funding sources for the strategies to continue? Are there opportunities to develop legislation or gubernatorial executive orders to support the work among relevant systems?
- **Collaboration and partnership:** What other key partners are needed at the table to sustain this work? What relational and institutional resources/networks can we capitalize on to sustain it? Are agency- or system-level trauma workgroups established to further pursue the strategies internally? Can alignment with other multi-system initiatives or trauma groups within the state help synergize our efforts and ensure sustainability?
- **Meaningful evaluations/data**: Are we making a difference? Are we gathering the information we need to meaningfully assess change? Can we effectively communicate our outcomes to key audiences and decision makers?
- **Creating social capital:** Have we demonstrated the importance of the work and our related accomplishments to the communities most impacted by trauma as well as to the general public? Some studies show that communication of the project's effectiveness—not only to its stakeholders but also to the general public—serves as a meaningful predictor of the sustainability of the project in that it enhances community support (Pentz, 2000; Padgett, Bekemeier, & Berkowitz, 2005).
- **Adaptation to contextual needs/structures:** To what extent are we able to adapt to the needs of particular populations of youth and families and to particular service contexts? How easily can we adapt to changing needs related to trauma?

3. Consider the Future of the Collaborative Itself and Ways to Sustain Partnerships

Alongside ensuring the sustainability of the collaborative's existing strategies, the group considers opportunities to maintain cross-sector collaboration and planning efforts for trauma-informed care going forward. If sustaining the collaborative's charter beyond the initial planning phase does not appear viable, the group explores ways to co-opt their efforts into other multi-system initiatives (e.g., governor's children's cabinet). Supporting the installation of ongoing trauma workgroups within each agency will also likely serve to strengthen further opportunities for cross-system discussions going forward.

Phase 4—Sustain a Multi-System Trauma-Informed Approach: Tips and Insights

- In addition to revisiting the data measures from the logic model to evaluate change across systems, collaboratives may also choose to re-administer the capacity assessment to learn more about areas of progress as well as remaining challenges.
- Consider partnering with local experts who may be able to support the initiative's evaluation efforts.
- Seek out partnerships with other cross-system initiatives and trauma groups to discuss collaboration and opportunities for co-opting strategies.
- Develop a dedicated website for the collaborative that offers information for the public as well as professionals. Use this channel to define the importance of the work, outline the strategic plan, share updates on the implementation process, and provide links to related resources.
- Capitalize on social media and visual media platforms to enhance awareness and support.
- Develop a collective understanding of how the collaborative might change, evolve, or come to an end as goals are achieved, new needs are identified, and new community and state efforts related to trauma emerge.

Section Four: Next Steps for the Field

Despite recent efforts, our understanding of how to effectively provide trauma-informed care at the organization, system, and cross-system level is still emergent and will require further action to ensure its study, refinement, and deployment. The following section briefly outlines a set of core recommendations to propel this initiative forward.

1. Incentivize and Enable Innovative Collaborations Across Sectors

Children affected by adversity and trauma have complex needs that often cannot be met by a single system. It will be important to secure additional local, state, and federal support to further incentivize and enable innovative jurisdictional collaborations across sectors to ensure a "through any door" approach to care. At the federal level, the cooperation of federal agencies will be needed to pool resources. In particular, this should include continued support by the U.S. Department of Justice (DOJ), the Centers for Disease Control and Prevention (CDC), and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Through its portfolio of work under the Office for Justice Programs (OJP) and Office for Victims of Crime (OVC), the DOJ provides integral funding for first responder, criminal justice, juvenile justice, human service, and health care systems to serve youth and families at risk for violence and other childhood adversities. As discussed previously, OJP has invested in cross-system trauma-informed care efforts through the Defending Childhood Initiative and MSTIC. Similarly, OVC's Linking Systems of Care awards have funded work to improve state responses to children and families impacted by violence across the country. Future efforts through these offices should further capitalize on these multi-sector collaborations. The DOJ is also well positioned to continue supporting interventions and resources at the community level through its distribution of Victims of Crime Act (VOCA) funding to states.

As the nation's leading public health agency, the CDC should also look to spearhead nationwide population strategies to prevent, detect, and respond to this epidemic. To achieve this, the CDC could support cross-sector collaborations by creating a population-based prevention and early intervention framework for childhood trauma. In recent years, the CDC has already demonstrated leadership in this area though the funding the Essentials for Childhood (EfC) Framework in several states to promote increased coordination across child-serving agencies and build up community resources to prevent child abuse and neglect. Expanding on these efforts, the CDC just released a new technical package that includes strategies for preventing

ACEs and mitigating their impact by changing norms, environments, and behaviors (CDC, 2019). As this work continues, collaboration across states and communities will be critical to effect long-term change.

Lastly, with the many successes of NCTSN under SAMHSA over the past 2 decades in their comprehensive and multidisciplinary approaches to mitigating childhood trauma, funding could be expanded to increase the number of funded centers in all 50 states, especially those with high prevalence of substance use disorders and violence in their populations.

2. Develop Better Ways to Measure and Benchmark the Impact of Trauma-Informed Care at the Organizational, System, and Cross-System Level

As discussed in Section Three, a number of instruments have been developed to address trauma-informed care either as part of readiness and implementation toolkits or as stand-alone surveys (see Appendix B, C, and D for several readiness tools and surveys). These instruments, however, vary in focus, quality, and availability. Many of these instruments are somewhat or entirely focused on assessing the "what" and "how" of implementing trauma-informed care approaches, but less so on comprehensively assessing the quality of care standards or the outcomes of these implementations on systems, staff, and the children and families they serve (Champine et al., 2019). Moreover, only a few of the tools to date have been psychometrically validated. More attention needs to be focused on developing methods to understand how these care models actually make a difference for the workforce and for the families engaged in the system. Exploring the impact of these types of efforts might involve the following lines of inquiry:

- **Consistency of quality care for trauma survivors.** How does adopting a multi-system trauma-informed approach allow for enhanced consistency and quality of care across child and youth-serving systems? How does a common language and approach to service delivery allow for increased communication and engagement by providers across systems?
- **Prevention and treatment for youth and families:** How does adopting a trauma-informed approach support prevention and intervention efforts related to ACEs (e.g., increased early identification, enhanced service utilization, improved outcomes for youth and families)?
- **Supporting service providers.** How does this approach better support a healthy and resilient workforce?
- **Supporting communities.** How can this approach contribute to efforts to build resilient communities?

3. Advance System and Cross-System Policies and Practices Through Legislative Action

A top priority for advocates should be to formulate recommendations for and evaluate the effects of specific federal, state, and local legislation, regulations, and related actions to address ACEs and trauma. Advancing change will require educating legislators about ACEs,

opportunities for funding, and relevant policy changes to prevent ACEs and mitigate their effects.

At the federal level, advocates and legislators should partner in efforts to formulate policy platforms, such as the Trauma-Informed Care for Children and Families Act (2017)—the first comprehensive piece of legislation introduced in Congress seeking to infuse brain science related to ACEs and child and youth health into government policies and programs. At the state and local level, they should advocate for specific trauma-informed policies in early childhood care and education centers, the child welfare and juvenile justice systems, and health care settings and with first responders. As discussed previously, their efforts should also include creating opportunities for cross-sector collaboration in policy development, advocacy, and implementation as well as funding model pilots and innovative approaches to build evidence and enable scaling of promising programs.

4. Strengthen Opportunities to Study and Share Population-Based Data to Better Determine Existing Needs and Treatment Benefits

Given the widespread prevalence of childhood adversity across the nation, it will be important to further expand research on the incidence and types of exposure to childhood adversities and resulting trauma, the gaps in access and use of services, as well as the benefits achieved from prevention and treatment. A broad research agenda was put forth by Bethell and colleagues (2017) to address these challenges. The agenda outlined the following gaps:

- Conceptual/topical gaps (e.g. ACEs, resilience, protective factors, symptoms of trauma and positive health and engagement) as defined across surveys, assessments, and data sets;
- Gaps in data available across relevant units of analysis (national, state, local, program level);
- Gaps for key populations (youth, elderly, all adults, minority populations);
- Gaps in access to and support for the effective use of data for research, policy, or practice; and
- Gaps in platforms allowing routine and personalized data collection and sharing at local and service settings.

Their comprehensive strategy recommended scaling up existing data collection approaches as well as new data-gathering strategies. Their recommendations included the following research and data platforms, resources, and opportunities to expand the knowledge base:

1. Expedite and expand the use of existing ACEs, trauma, and resilience data from existing resources (e.g., de-identified administrative data sets from child-serving systems and providers) and remove barriers to using them by other researchers.

2. Optimize existing federal surveys and establish targeted follow-back and longitudinal studies to understand variations and effect of health care and related policies. Include/maintain inclusion of ACEs and resilience variables in the National Survey of Children's Health (NSCH), the National Health Interview Survey (NHIS), and the Medical Expenditure Panel Survey (MEPS) to promote medical expenditures effects studies.
3. Optimize state surveys in surveys like the Behavioral Risk Factor Surveillance Survey, the Youth Risk Behavior Surveillance Survey, and the Pregnancy Risk Assessment Monitoring System.
4. Take advantage of newer NIH policies to allow data collected through crowdsourcing and citizen science methods that engage individuals and communities in self-led learning and healing around ACEs.
5. Integrate common data elements research modules for longitudinal studies.
6. Link to collaborative learning and research networks.

The plan also called for deploying a recently developed population-based survey called the Well-Being in the Nation (WIN) Measurement Framework: Measures for Improving Health, Well-Being and Equity Across Sectors by the National Committee on Vital and Health

Statistics (NCVHS). The WIN tool looks at core measures of well-being, community health, and equity by assessing leading indicators such as demographics, community vitality, housing, health, the environment, food and agriculture, public safety, transportation, and the economy. The WIN framework aims to provide simple, timely actionable measures that can be used across sectors at all levels, including the granular (e.g., sub-county).

Finally, recommended are advances in measurement methods and data related to assessing costs associated with ACEs and trauma as well as the potential savings or benefits derived from trauma-responsive and healing-centered approaches to addressing ACEs and promoting positive health at the individual, family, and community levels.

5. Further Study Innovative Trauma-Focused Interventions for Prevention and Treatment

At the direct service level, a number of standardized trauma-informed interventions have demonstrated positive effects in preventing or treating trauma in children through rigorous evaluation efforts. Several more interventions are seen as promising and newly emerging practices. These include modalities beyond traditional psychotherapy and psychiatry that can strengthen behavioral health support for children and their families. For example, numerous studies have shown the positive impact of mindfulness for helping children and adults regulate their stress response systems. For a recent review of child-focused, evidence-based, and promising interventions, please see the National Child Traumatic Stress Network's (2019) intervention guide.

Despite these advances, further innovation is required to increase the nation's capacity to meet the needs of these children. This includes developing and testing new interventions, disseminating resource materials information on new or existing interventions, offering education and training programs, collaborating with established systems of care, and informing public policy and awareness efforts (Identifying, Preventing, and Treating Childhood Trauma: A Pervasive Public Health Issue That Needs Greater Federal Attention; Hearings Before the Committee on Oversight and Reform, 2019).

6. Integrate Proven Evidence-Based Trauma-Focused Interventions into Existing State and Federal Funding Streams

Given that this is a population-wide problem, policymakers, researchers, and clinicians should collaborate on recommendations to enhance the funding of trauma treatments through federal programs like:

- Medicaid, EPSDT, and the Integrated Care for Kids demonstration program;
- the Title V Block Grant;
- the Maternal, Infant and Early Child Home Visiting (MIECHV) program;
- the Child Abuse Prevention and Treatment Act (CAPTA);
- Medicare and SSDI programs, Indian Health Services, and Veterans Administration services;
- NIH, CDC, and other research and data collection programs;
- SAHMSA and ACF efforts in this area;
- housing, TANF, WIC, and SNAP supports;
- education and early care/Head Start programs; and
- health care accreditation standards, training requirements, program performance standards, and evaluation requirements.

Enhancing funding opportunities through these federal streams would help to promote a "through any door" approach to promoting healing and prevention efforts.

7. Promote Public Awareness

Public education directed from the highest levels of leadership is paramount. Awareness efforts should focus on a recognition that adverse child experiences and the resulting trauma impacts every community and are not isolated to certain populations. Coordinated education, awareness building, and training for health services providers, funders, parents and families, and other child-serving sectors should establish a common language and personalized understanding about the science of ACEs and thriving as well as strategies for prevention and healing. In doing

so, awareness should frame the work on ACEs and childhood trauma in a way that is uplifting and hopeful rather than fatalistic. In developing advocacy efforts, it will be important to ensure grassroots support. Campaigns from government institutions may be met with mistrust in some communities; thus, it will be essential to partner with local groups and actors to build trust and inspire change from within communities. Trauma-informed care initiatives in several states, including Wisconsin's *Foster Futures,* Tennessee's *Building Strong Brains (BSB),* and Oregon's *Trauma Informed Oregon (TIO)*, as well as several city-based collaboratives in Kansas City, Philadelphia, and Walla Walla, have all included public awareness efforts that can provide guidance in this respect to other jurisdictions.

Conclusion

As child-serving systems continue to expand their definition and understanding of trauma intervention, there is a growing recognition that system-level and cross-system approaches are needed. As an outgrowth of the study and treatment of traumatic stress, the adoption of a universal trauma-informed approach is an emerging strategy that requires further definition and implementation guidance. Adopting a multi-system trauma-informed approach is a complex process that requires considerable time and effort on the part of each participating system. The MSTIC initiative represents one of the first examples of formal cross-sector collaboration among child-serving systems to provide early lessons on what is needed to begin to develop multi-system trauma-informed collaboratives for addressing child trauma.

This guide offers a framework and process that is informed by preliminary lessons learned from the MSTIC work, along with guidance from the fields of trauma-informed care, systems change, and implementation science applied at a cross-sector level. We recognize that many state agencies and communities are investing in this work and may be developing their own frameworks and processes, which will further inform the field. As cross-system efforts to address trauma continue to spread, knowledge about what works for adopting, evaluating, and sustaining a cross-sector trauma-informed approach will grow. Given what is known about the prevalence and effects of childhood trauma, it is clear that no one system can address trauma alone. Providers, policymakers, funders, and researchers across service sectors and communities play a role in contributing to a larger vision of a fully integrated system of care where trauma is no longer a barrier to youth leading their healthiest, happiest, most fulfilled lives.

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Appendix A: Resources for Implementing Trauma-Informed Strategies

This set of resources includes information about strategies for adopting a trauma-informed approach more generally and by system.

General Resources for Building Trauma-Informed Systems

Creating Trauma-Informed Systems. Key elements of trauma-informed child and family service systems as outlined by the National Child Traumatic Stress Network (NCTSN).

Trauma-Informed Care Perspectives and Resources. A web-based resource tool from Georgetown University Center for Child and Human Development that includes issue briefs, video interviews, and resource lists related to implementing trauma-informed care in child-serving systems.

Changing Minds: Preventing and Healing Childhood Trauma State Policy Guide. A policy brief developed by Futures Without Violence with various recommended strategies for trauma-informed care reforms. A related brief by Futures speaks to various examples of how states and other jurisdictions have been implementing these approaches.

Resource Guide to Trauma-Informed Human Services. Guide for human services leaders developed by the U.S. Department of Health and Human Services (HHS), Administration for Children and Families, with a range of resources for supporting professionals who are learning about and implementing trauma-informed care. Includes resources for specific human services programs and populations.

ACEs Connection is a national online social network promoting trauma-informed and resilience-building practices and policies. The network provides connections to practitioners across the country doing work to prevent and address ACEs. The ACEs Connection Resources Center includes links to ACEs research, videos, presentations, toolkits, assessment tools, and other resources for promoting ACEs awareness and building trauma-informed and resilient organizations and communities.

Workforce Development and Support

National Child Traumatic Stress Network (NCTSN) Training Portal. This resource, which is free upon registration, provides access to an online training platform for various staff audiences across systems and sectors, as well linkages for in-person expert training options.

NCTSN Secondary Traumatic Stress Core Competencies in Trauma-Informed Supervision Self-Rating Tool. A self-rating tool provided by the National Child Traumatic Stress Network to allow supervisors to track and build competencies related to trauma-informed supervision.

Secondary Trauma and Child Welfare Staff: Guidance for Supervisors and Administrators. A brief guide from NCTSN that was originally developed for child welfare supervisors and administrators but is generalizable to all systems and settings.

Building Workforce Resilience Through the Practice of Psychological First Aid—A Course for Supervisors and Leaders. An online psychological first aid training sponsored by HHS and the National Association of City and County Health Officers.

Trauma Informed Oregon's (TIO) Attunement and Self-Assessment in Supervision. A brief discussion on the related roles a supervisor should have in trauma-informed care. Two complementary TIO resources offer a discussion of the qualities and competencies required in trauma-informed supervision and ideas and questions for trauma-informed care in supervision.

Organizational Secondary Traumatic Stress Training. A free online resource from NCTSN focused on agencies that provide mental health services and social services to refugees, migrants, and other immigrants.

The Secondary Traumatic Stress Informed Organizational Assessment Tool (STSI-OA). An assessment tool that can be used by organizations to evaluate the degree to which their organization is aware of and able to respond to the impact of secondary traumatic stress in the workplace.

Policy and Procedure Reviews

Trauma Informed Oregon's Guide to Reviewing Existing Policies. A brief guide to reviewing a specific policy about service exclusion through a trauma-informed lens.

Clackamas Behavioral Health Care Trauma-Informed Services Policy. An example of an agency-wide trauma-informed services policy developed by the Clackamas County Behavioral Health Division (CCBHD).

Policy Guidance for Trauma Informed Human Resources Practices. A guide to developing trauma-informed HR practices produced by the Missouri Department of Mental Health.

Culturally Responsive Practice.

Culturally-Sensitive Trauma-Informed Care. Resources for implementing culturally sensitive trauma-informed care in health care and related settings developed by the Children's Hospital of Philadelphia.

Culture and Trauma. Resources from the National Child Traumatic Stress Network related to the intersection of culture and trauma and culturally responsive practice.

Exploring and Addressing Equity Issues Across Sectors. Webinar conducted by Futures Without Violence with presenter James Bell of the W. Haywood Burns Institute.

Physical Environments

Trauma Informed Oregon's Agency Environmental Components for Trauma Informed Care. A brief organizational checklist of creating trauma-informed physical environments.

Tips for Creating a Welcoming Environment. A tip sheet developed by the National Center on Domestic Violence, Trauma & Mental Health.

Screening and Assessment

Trauma-Based Screenings and Assessments. A brief book chapter on trauma screening and assessment from the Administration of Children and Families.

National Child Traumatic Stress Network Screening and Assessment Resources. Various resources provide general guidelines for mental health and other professionals, lists of standardized measures, and more.

List of Screening Tools from the SAMHSA-HRSA Center for Integrated Health Solutions. A comprehensive list of screening and diagnostic tools and resources for behavioral health needs.

Child Measures of Trauma and PTSD. A list of measures for assessing trauma and diagnosing PTSD from the U.S. Department of Veteran Affairs.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for Children Who Have Experienced Trauma: The Basics for Advocates. A policy brief developed by Futures Without Violence that discusses the use of Medicaid's EPSDT to fund trauma screening and related services.

Evidence-Based Interventions and Supports

NCTSN's Effective Treatments for Youth Trauma. A brief guide to evidence-based trauma interventions for youth.

Trauma Interventions. Overview and intervention-specific information on trauma-informed interventions for youth served by National Child Traumatic Stress Network sites.

Trauma-Specific Services: A Resource for Implementation and Use. Developed by Trauma Informed Oregon to support agencies in their process of identifying and integrating trauma-specific interventions.

System-Specific Resources for Providing Trauma-Informed Care

Health Care

Key Ingredients for Successful Trauma-Informed Care Implementation. A guide developed by the Center for Health Care Strategies that discusses several important strategies, including examples of trauma treatment approaches.

Trauma-Informed Care Implementation Resource Center. A website that provides resources for providing trauma-informed care in health care settings. Many of the tools can be applied or adapted for other systems.

Hospital-Based Violence Intervention: Practices and Policies. Policy white paper developed by the National Network of Hospital-Based Violence Intervention Programs.

Center for Youth Wellness. The Center for Youth Wellness is a national leader in the effort to advance pediatric medicine, raise public awareness, and transform the way society responds to children exposed to adverse childhood experiences (ACEs) and toxic stress.

Boston Medical Center Violence Intervention Advocacy Program. Program for supporting victims of community violence through recovery from physical and emotional trauma using a trauma-informed approach.

Education

Funding Opportunities in the Every Student Succeeds Act to Ensure All Students Are Safe, Healthy, and Ready to Succeed. A policy brief developed by Futures Without Violence focused on the education system.

Trauma-Sensitive Schools Training Package. Developed by the U.S. Department of Education's National Center on Safe Supportive Learning Environments to provide school and district administrators a framework and process for adopting a universal trauma-sensitive approach.

Creating and Advocating for Trauma-Sensitive Schools. Guide to building trauma-sensitive schools developed by the Trauma and Learning Policy Initiative in Massachusetts.

Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework. A guide for schools for addressing student trauma developed by the National Child Traumatic Stress Network.

The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success. A guide to developing compassionate schools developed by the Washington State Office of the Superintendent of Public Instruction (OSPI).

A Selected Review of Trauma-Informed School Practice and Alignment With Educational Practice. A comprehensive review of trauma-informed practice in schools and alignment with other practices such as social and emotional learning.

Child Welfare

Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned. A child welfare system-focused guide developed by the National Child Traumatic Stress Network (NCTSN).

Guidelines to Applying a Trauma Lens to a Child Welfare Practice Model. Outlines essential elements of a trauma-informed child welfare system.

Child Welfare Trauma Training Toolkit. Resource developed by National Child Traumatic Stress Network to teach basic trauma-informed knowledge and skills related to working with children who are in the child welfare system.

Child Welfare Information Gateway: Trauma-Informed Practice. Provides information on trauma-informed care in child welfare settings.

Trauma-Informed Practice With Young People in Foster Care. Brief developed by the Annie E. Casey Foundation to support the use of trauma-informed practice with youth in foster care.

Secondary Trauma and Child Welfare Staff. Guidance for supervisors and administrators supporting child welfare staff developed by the National Child Traumatic Stress Network.

California Evidence Based Clearinghouse for Child Welfare. The CEBC has rated a number of client- and organization-level interventions for addressing trauma in children and adolescents.

Juvenile Justice

Evidence-Informed Interventions for Posttraumatic Stress Problems With Youth Involved in the Juvenile Justice System. A review of interventions specific to the juvenile justice system created by the National Child Traumatic Stress Network. A more academic take on interventions for youth in the juvenile justice system may be found in this 2016 article.

Think Trauma: A Training for Staff in Juvenile Justice Residential Settings. This free training curriculum developed through the National Child Traumatic Stress Network provides an overview of trauma and trauma-informed practice for juvenile justice staff.

OJJDP Journal of Juvenile Justice. Journal edition focused on trauma-informed care in juvenile justice systems.

Report of the Attorney General's National Task Force on Children Exposed to Violence. Report includes recommendations for trauma-informed practice in the juvenile justice system.

Strengthening Our Future: Key Elements to Developing a Trauma-Informed Juvenile Justice Diversion Program for Youth with Behavioral Health Conditions. A report that describes a trauma-informed juvenile justice diversion approach, with examples of how some states are implementing trauma-informed systems of care.

Enhancing Police Responses to Children Exposed to Violence. A toolkit for law enforcement supported by OJJDP and the International Association of Chiefs of Police and the Yale Child Study Center.

Behavioral Health

Trauma-Informed Care in Behavioral Health Services. An improvement guide developed by SAMHSA to comprehensively address trauma in mental health and substance abuse systems and settings.

The National Technical Assistance Center for Children's Mental Health at Georgetown University's Evidence-Based Treatments for Trauma-Informed Care. A brief discussing trauma treatment interventions.

National Child Traumatic Stress Network. Network of providers, researchers, and partners integrating trauma-informed services across child-serving systems.

Early Childhood

Recognizing and Addressing Trauma in Infants, Young Children, and Their Families. A tutorial from Georgetown University's Center for Early Childhood Mental Health and Consultation to help early childhood mental health consultants and Early Head Start and Head Start staff to understand, recognize, and address trauma.

National Scientific Council on the Developing Child. The council generates, analyzes, and integrates scientific knowledge to educate policymakers, civic leaders, and the public on the science of early childhood development and the effects of adversity and trauma.

Services for Families of Infants and Toddlers Experiencing Trauma. A brief that includes resources for preventing and addressing early childhood trauma and for creating trauma-informed service delivery systems for young children and their families.

Domestic Violence

Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations. A toolkit developed by the National Center on Domestic Violence, Trauma & Mental Health to support

organizations serving survivors of domestic and sexual violence and their children. Additional materials on trauma-informed practice are also available on the center's website.

Child Witness to Violence Project. Provides resources for supporting children who experience domestic and other community violence.

Alliance for Hope. A leading systems and social change organization focused on creating trauma-informed, hope-centered approaches for survivors of domestic violence, sexual assault, child abuse, elder abuse, and human trafficking.

Homelessness

Trauma-Informed Organizational Toolkit. The toolkit is designed to support homeless service settings in adopting a trauma-informed approach and includes a trauma-informed organizational self-assessment and steps for implementing trauma-informed care agency-wide.

Trauma-Informed Care for Displaced Populations: A Guide for Community-Based Service Providers. This guide includes an organizational self-assessment and steps for implementing trauma-informed care in agencies serving displaced children and families.

Appendix B: Sample Multi-System Readiness Tool

Assessing a collaborative's readiness to undertake a transformational process is a critical early step. Key areas to consider when assessing readiness include: (1) level of motivation within and across agencies to participate in this effort; (2) general capacity of the agencies involved to participate in something new and to adopt new practices; and (3) the specific capacities needed to adopt a trauma-informed approach, including existing expertise within and across systems in this area (Scaccia et al., 2015). The following tool is designed to help state leads or champions and participating agencies involved in this work to begin to discern whether there is enough support to commit to the cross-system collaborative and to identify gaps in readiness. The first set of readiness questions are meant for early champions and/or the chairs of the core team whereas the second set of readiness questions are meant for each potential agency or organization partner. Compile the survey responses to identify strengths and potential challenges that may need attention. Additional resources related to readiness and implementation are included in Appendix F.

EARLY CHAMPIONS READINESS TOOL

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Influential champions or catalysts can bring cross-sector leaders and beneficiaries together and begin a collaborative planning process.	1	2	3	4
2. Early champions are able to communicate a clear vision and set of goals for this initiative to be able to recruit state leaders and partners.	1	2	3	4
3. There is an urgency for addressing the issue in new and different ways, demonstrated by a frustration with the existing situation by multiple actors, including policymakers, agency administrators, and other partners.	1	2	3	4
4. There is a history and culture of collaboration among potential agencies and other partners involved.	1	2	3	4
5. Individual relationships within and across these agencies will enable a broad cross-sector group of actors to lead the initiative.	1	2	3	4
6. Implementing this initiative now will not compete with other major changes currently being made within your state.	1	2	3	4

	Strongly Disagree	Disagree	Agree	Strongly Agree
7. Early champions have garnered the vocal support of the governor's office, the attorney's general's office, or another executive office.	1	2	3	4
8. Resources have been secured (financial, human capital) to support the planning process and potential backbone infrastructure for at least 1 year, in addition to a long-term (2–5 year) commitment to the issue.	1	2	3	4
9. Key leaders are available to serve as chair or co-chair of the core team and have the respect of the agencies and other partners involved.	1	2	3	4
10. There are resources available from the governor's office, participating agencies, or other partners to provide dedicated project support staff to the core team.	1	2	3	4
11. All recruited agency and partner staff fully understand their roles and responsibilities in this initiative.	1	2	3	4
12. The initiative has a clear set of performance indicators developed for measuring the success of identified goals.	1	2	3	4
13. Each agency or organization is fully committed and has the capacity and resources to collect the data necessary to measure and assess progress on the identified indicators.	1	2	3	4
14. The initiative has a collaborative process designed for tracking progress towards the desired results periodically.	1	2	3	4
15. The initiative has clear communication plan developed to report progress to leadership and other stakeholders.	1	2	3	4

PARTICIPATING AGENCY OR PARTNER ORGANIZATION READINESS TOOL

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. Early champions were able to communicate a clear vision and set of goals for me to be able to evaluate whether to participate in this initiative.	1	2	3	4
2. My agency or organization has a clear understanding of the time commitment and potential fiscal investments that may be required to accomplish this set of goals.	1	2	3	4
3. My agency or organization is fully committed to providing the support and attention necessary to implement and sustain the initiative.	1	2	3	4
4. My agency or organization can provide sufficient senior-level staff with the necessary time and resources to support active project participation.	1	2	3	4
5. My agency or organization can provide sufficient support staff with the necessary time and resources to champion this initiative.	1	2	3	4
6. The agency has the capacity to enhance existing staff training needed to adopt a trauma-informed approach.	1	2	3	4
7. The agency has the capacity to build staff skills needed to adopt a trauma-informed approach.	1	2	3	4
8. The agency has enough resources to potentially enhance or scale up existing evidence-based interventions.	1	2	3	4
9. The agency has the capacity to develop the systems and processes needed to adopt a trauma-informed approach.	1	2	3	4

Appendix C: MSTIC Agency Reflection Tool

Trauma-Informed Agency Reflection Tool	
Directions: Consider how your agency currently supports a trauma-informed approach across five core domains using the reflection questions provided. For each domain, we include sample trauma-informed strategies and an optional rating scale for assessing current degree of adoption.	
Domain 1: Trauma-Informed Policies and Procedures	
1) How do current agency policies support a trauma-informed approach? (Consider whether there are policies that support trauma awareness, cultural/gender responsiveness, youth and family engagement and empowerment, staff wellness, transparency, integration of care.) 2) Who is involved in the development and review of policies? (Consider how youth, families, providers, and stakeholders are involved.) 3) How does your agency set expectations related to trauma-informed care for contracting agencies? 4) How does your agency monitor whether trauma-related policies are implemented, both within the agency itself and contracting agencies? 5) What processes are in place to assess current and ongoing capacity in trauma-informed care?	
Sample Strategies	Agency Rating: 4= Fully Established 3 = Partially Established/In Process 2 = Emergent/Under Consideration 1 = Not Currently in Place
▪ Policies include a commitment to trauma-informed care/approach.	
▪ Policies are in place for supporting a trauma-informed approach (e.g., policies related to staff development, cultural competence, youth and family voice, staff wellness, cross-sector collaboration).	
▪ There is a procedure for ensuring providers (including contractors), administrators, stakeholders, and youth and families are involved in policy development and review.	
▪ Trauma-informed requirements are embedded in forms, RFPs, and contracts for services.	
▪ There are procedures in place for monitoring progress in adopting trauma-informed strategies agency-wide and within contracting agencies (measures or indicators of progress, feedback loops).	

Domain 2: Trauma-Informed Workforce	
1) How does your agency support ongoing workforce development for agency staff (including contracting agencies) related to understanding the impact of trauma on youth, families, and staff? 2) How does your agency support ongoing workforce development for staff related to adopting a trauma-informed approach in their work with youth and families? (Consider how the agency supports staff to uphold core principles such as cultural/gender responsiveness, youth and family voice, transparency, safety, collaboration/shared decision-making.) 3) How does your agency assess staff knowledge of trauma and use of trauma-informed practices (including contractors)? 4) How does your agency identify and address issues related to secondary traumatic stress and promote staff wellness/resilience? 5) How does your agency educate other stakeholders and partners on trauma and trauma-informed care/approach?	
Sample Strategies	Agency Rating: 4= Fully Established 3 = Partially Established/In Process 2 = Emergent/Under Consideration 1 = Not Currently in Place
▪ All agency staff (including contracting agencies) receive ongoing professional development related to trauma and its impact on youth, families, and staff.	
▪ Agency staff (including contracting agencies) receive ongoing professional development related to implementing trauma-informed practices in their role.	
▪ There is a process for assessing how staff are implementing trauma-informed practices/approach.	
▪ There is ongoing training on trauma and trauma-informed care for agency stakeholders.	
▪ Staff knowledge and understanding of trauma-related concepts is routinely assessed.	
▪ There is a process for addressing the impact of secondary trauma on the workforce.	
▪ There are standards in place for supporting staff wellness/resilience.	

Domain 3: Trauma-Informed Services

1) How does your agency currently use data to understand the prevalence and impact of trauma among youth and families and what services are currently provided to address service needs of various groups?
2) How do existing service delivery standards align with the guiding principles of a trauma-informed approach (e.g., trauma awareness, cultural/gender responsiveness, youth and family voice, transparency, safety, integration of care, collaboration/shared decision-making)?
3) How does your agency identify trauma-related experiences and needs among the youth and families you serve? (Consider types of trauma-related screening and assessment tools used.)
4) What types of trauma-specific treatments does your agency provide for youth and families? (Consider what you provide and/or where you refer youth and families for trauma-specific treatments.)
5) How does your agency gather feedback from youth and families about their experiences with the services provided or referred to by the agency?

Sample Strategies	Agency Rating: 4= Fully Established 3 = Partially Established/In Process 2 = Emergent/Under Consideration 1 = Not Currently in Place
▪ There is a systematic process for using data to understand and address the trauma-related service needs of the target population.	
▪ Service delivery standards align with the guiding principles of a trauma-informed approach.	
▪ Evidence-based trauma-informed screening/assessment tools are used to identify trauma-related needs among youth and families in a valid, reliable, and timely manner	
▪ Appropriate capacity of evidence-based trauma-informed services (e.g., treatments/interventions) are provided to address trauma-related mental health needs for youth and families.	
▪ Assessment and treatment services are gender responsive and culturally responsive.	

Domain 4: Supportive Relationships With Youth and Families	
1) How does your agency currently promote youth and family involvement and engagement? 2) How does your agency address barriers to engagement? 3) How does your agency currently address issues of disproportionality and disparity? 4) How does your agency create a sense of partnership with youth and families, among staff in different roles, and with other agencies? (Your processes may be different with each group.) 5) How do you monitor your quality of engagement and collaboration with youth, families, staff, and other agencies? (Your processes may be different with each group.) 6) How does your agency support culturally and gender responsive practices?	
Sample Strategies	Agency Rating: 4= Fully Established 3 = Partially Established/In Process 2 = Emergent/Under Consideration 1 = Not Currently in Place
▪ The agency has established standards for promoting youth and family involvement and engagement.	
▪ The agency has methods in place for addressing barriers to engagement.	
▪ The agency has a formal process for identifying and addressing issues of disproportionality and disparity.	
▪ The agency has established standards for culturally responsive practice.	
▪ There is a process for monitoring quality of engagement and collaboration with youth and families (e.g., surveys, focus groups, interviews).	

Domain 5: Safe and Respectful Service Environments

1) What standards does your agency have in place for ensuring safe and respectful service environments for youth and families? (Consider standards related to the physical environment, privacy, open communication, information sharing, consistency and predictability, and crisis prevention and intervention.)
2) How does your agency identify and eliminate retraumatizing practices for youth and families?
3) How does your agency gather feedback from youth and families about their sense of safety in the service environment?
4) How does your agency gather feedback from staff about their sense of safety in the service environment?

Sample Strategies	Agency Rating: 4= Fully Established 3 = Partially Established/In Process 2 = Emergent/Under Consideration 1 = Not Currently in Place
▪ The agency has established standards for ensuring safe and respectful service environments (e.g., physical environment, privacy, communication, information sharing).	
▪ There is a process in place for identifying potentially triggering and/or retraumatizing practices for youth and families.	
▪ There is a plan for eliminating retraumatizing practices as they are identified.	
▪ There is a process in place for determining whether youth and families feel safe in the service environment.	
▪ There is a process in place for determining how safe staff feel in the service environment.	

Appendix D: Trauma-Informed Care Capacity Assessment Scales and Tools

Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol. A protocol for developing organization- or system-level trauma-informed care that includes a self-assessment tool.

Standards of Practice for Trauma-Informed Care. A self-assessment developed by Trauma Informed Oregon, with versions for human services, health care and educational settings.

Trauma-Informed Care in Youth Serving Settings: Organizational Self-Assessment. A self-assessment developed by the Traumatic Stress Institute of Klingberg Family Centers.

Organizational Self-Assessment: Adoption of Trauma-Informed Care Practice. A self-assessment developed by the National Council for Behavioral Health.

Trauma-Informed Organizational Change Manual. A manual by the University of Buffalo's Center for Social Research that contains a self-assessment tool.

Trauma-Informed Organizational Capacity Scale. Validated measure of trauma-informed capacity in health and human services developed by the American Institutes for Research.

Trauma Responsive Systems Implementation Advisor (TReSIA) Scale. A trauma-responsive systems self-assessment tool developed by ePower & Associates.

Trauma System Readiness Tool (TSRT). A tool for child welfare agencies developed by Chadwick Center for Children and Families.

Trauma-Informed Organizational Toolkit for Homeless Services. A guide that includes a self-assessment by the National Center on Family Homelessness at the American Institutes for Research.

Trauma-Informed Care for Displaced Populations: A Guide for Community-Based Service Providers. A guide that includes an organizational self-assessment for agencies serving displaced children and families developed by the American Institutes for Research.

ARTIC Scale. Scale that measures staff attitudes related to trauma-informed care developed by Tulane University and the Traumatic Stress Institute of Klingberg Family Centers.

Trauma-Informed Organizational Self-Assessment for Child Abuse Prevention Agencies. A tool developed by the Wisconsin Children's Trust Fund and adapted from the Trauma-Informed Organizational Toolkit for Homeless Services.

Self-Assessment for Trauma-Informed Care Practices. A tool developed by the University of South Florida to evaluate organizational practices in youth residential settings.

Please see this link for other tools

Appendix E: Sample Multi-System Collaborative Charter

This Charter provides a clear and mutually agreeable definition of the MSTIC team's role and purpose. The Charter may be revised as better ways of functioning emerge and will be reviewed semi-annually or when major changes to the group's structure or function occur to ensure relevance and appropriateness to the work.

Purpose and Importance

Scope

What is the purpose of this group?

What falls within the boundaries of the collaboration? What is outside the boundaries of this collaboration?

How will the team focus its efforts?

Goals

What is the group charged with accomplishing?

Are the goals closely aligned with the outcomes the group seeks to influence/improve?

Are the goals feasible and readily understood?

Membership

What stakeholder voices/perspectives must be represented?

What is the process for adding new members? What will be the onboarding process?

Core Team

The core team consists of the following members:

Agency/Organization	Role	Contact Information

What are the roles and responsibilities of core team members?

What are team members expected to contribute?

What is the anticipated time commitment?

Subcommittees or Workgroups

Agency/Organization	Role	Contact Information

What is defined role of each workgroup?

What is each member expected to contribute?

What is the anticipated time commitment?

Deliverables, Outputs, Work Products

What are the deliverables and work products the group is responsible for creating and disseminating?

What are the milestones and deadlines that will inform this work?

Are there major organizational cycles (e.g., budget cycles, annual planning) that should be taken into consideration?

Meetings

Meeting Schedule and Process

Where and when will meetings be scheduled?

Are members expected to be there in person or can people participate virtually?

Attendance

Is attendance required?

Are there expectations for team members who are unable to attend a meeting?

Meeting Documentation

How will agendas be developed?

Are there guidelines or instructions for submitting meeting materials to a team chair or other representative in advance of a meeting?

Communication and Sustainability

Communication

Is there a work plan or other reports that members will be responsible for developing or contributing to in order to communicate progress, challenges, or other key information?

Are there internal or external stakeholder groups that need to receive regular information about the work of this team? What will be the platforms and processes for communicating with these groups?

Duration and Sustainability

Does this group have a sunset?

How will the efforts of this group be sustained beyond the duration of this implementation team?

Appendix F: Implementation and Continuous Quality Improvement Resources

Logic Model Tip Sheet. A brief overview of the basic components of a logic model and steps for developing one by the Administration for Children and Families under the U.S. Department of Health and Human Services (DHHS).

Developing a Logic Model. A brief demonstration of several examples of a logic model by James Bell Associates, Inc.

Logic Model Development Guide. A more in-depth review of logic models and their importance to implementation and evaluation from the W.K. Kellogg Foundation.

The National Implementation Research Network's (NIRN) Active Implementation Hub. A set of multimedia modules and guides to assist teams in starting implementation and continuous quality improvement.

Organizational Readiness for Implementing Change (ORIC). Measure developed to assess organizational readiness for change in health care settings.

Institute for Healthcare Improvement. A website providing various resources to support CQI learning.

PDSA Instructional Template. Developed by the Atlantic Quality Innovation Network on behalf of Centers for Medicare and Medicaid Services (CMS).

Child Welfare Capacity Building Collaborative. Website includes a set of tools developed by HHS's Administration of Children and Families (ACF) to assist child welfare agencies build capacity to improve performance by using continuous quality improvement (CQI) and implementation best practices. Most of these resources will be applicable to other child-serving systems.

An Integrated Stage-Based Framework for Implementation of Early Childhood Programs and Systems. A guide from the ACF's Office of Planning, Research and Evaluation (OPRE) Research Brief Series on applying implementation science to early care and education research and evaluation.

Standards for Performance and Quality Improvement (PQI) by the Council on Accreditation (COA). The COA's standards for performance and quality improvement were developed for private organizations but are also applicable to public agencies.

Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Model Programs I-Guides. The goal of the I-Guides is to enhance the information and resources available on model programs to better support MPG users (policymakers and practitioners) in implementing evidence-based programs and practices.

Appendix G: Sample Action Plan

State X Multi-Trauma System Trauma-Informed Care Action Plan					
Cross-System Goal #1: To enhance the capacity of the child-serving workforce to recognize and understand the effects of trauma on youth and families. **Domain(s) impacted:** Trauma-Informed Workforce, Trauma-Informed Services					
Strategy #1: The Department of Mental Health, the Department of Early Child Development, and the Department of Children & Family Services to develop or identify a training curriculum on the basics of trauma and trauma-informed care that can be used for front-line staff training across these sectors.					
Action Steps	**Timeframe**	**Lead/ Team**	**Resources Have/Need**	**Benchmarks of Success**	**Progress Notes**
1. Gather current trauma training curricula being used across systems.					
2. Review curricula and identify a common curriculum or common elements of trauma training curricula that should be included across systems.					
3. Identify aspects of the curriculum that require tailoring for participating systems.					
4. Finalize core trauma curriculum for testing across systems.					
5. Develop implementation process and timeline by agency.					
6. Develop implementation fidelity and performance standards.					

State X Multi-Trauma System Trauma-Informed Care Action Plan					
Cross-System Goal #1: To enhance the capacity of the child-serving workforce to recognize and understand the effects of trauma on youth and families. **Domain(s) impacted:** Trauma-Informed Workforce, Trauma-Informed Services					
Strategy #2: The Department of Juvenile Justice to further scale up training for Cognitive Behavioral Intervention for Trauma in Schools (CBITS) through support and collaboration with the Department of Education.					
Action Steps	**Timeframe**	**Lead/ Team**	**Resources Have/Need**	**Benchmarks of Success**	**Progress Notes**
1. Determine which facility schools will be selected for pilot training in phase 1.					
2. Department of Education to provide current CBITS trauma training curricula for review.					
3. Identify aspects of the curriculum that may require tailoring for juvenile justice staff and population.					
4. Finalize a core trauma curriculum for piloting.					
5. Develop implementation process.					
6. Develop implementation fidelity and performance standards.					