

Investing in Healing: Supporting Trauma-Informed Care for Youth

A Formative Evaluation of the Youth & Trauma-Informed Care Grant Program

Prepared For

**Kaiser Permanente Northern California Region
Community Benefit Programs**

Prepared By

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Learning for Action enhances the impact and sustainability of social sector organizations through highly customized research, strategy development, and evaluation services

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About Learning for Action

Established in 2000 and based in San Francisco, Learning for Action provides highly customized research, strategy, capacity building, and evaluation services that enhance the impact and sustainability of social sector organizations across the U.S. and beyond. LFA's technical expertise and community-based experience ensure that the insights and information we deliver to nonprofits, foundations, and public agencies can be put directly into action. In the consulting process, we build organizational capacity, not dependence. We engage deeply with organizations as partners, facilitating processes to draw on strengths, while also providing expert guidance. LFA's high quality services are accessible to the full spectrum of social sector organizations, from grassroots community-based efforts to large-scale national and international foundations and initiatives.

About Kaiser Permanente Northern California Region Community Benefit Programs

This evaluation was funded by Kaiser Permanente, as part of their investments to prevent violence and promote healing across Northern CA communities. As one of America's leading health care providers and not-for-profit health plans, Kaiser Permanente's community investments are focused on eliminating health disparities with support for programs and services that expand access to care; build healthy, safe environments; and advance health knowledge. Kaiser Permanente is committed to helping shape the future of health care through innovation, clinical research, health education and community partnerships.

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I. Introduction

Background

Kaiser Permanente Northern California Region—Community Benefit Programs (KPCBP)’s Youth and Trauma-informed Care grant program (YTIC), through which 20 community based agencies and school based health centers were funded in 2014, is a critical strategy for addressing community violence by focusing on prevention as well as healing. Experience of trauma in childhood is associated with a range of negative health, social, and educational outcomes. Trauma is frequently undiagnosed or misdiagnosed. In particular, the role of trauma often goes unrecognized when a child has trauma-related externalizing behaviors. Adults often misinterpret trauma-related behaviors, presuming negative behaviors to be willful. Punitive responses can exacerbate concerning behaviors as well as alienate youth from the people and services intending to provide help. In the worst scenarios, interactions with providers and staff that provide intervention services can re-traumatize the young person, for example through the use of physical restraint or shaming. In order to adequately address the needs of trauma-exposed youth, providers need to correctly identify the child’s trauma history and then develop an appropriate plan of care or connection to resources that addresses the relationship between the trauma and current symptoms and behaviors. Trauma-informed care fosters compassion for and empowerment of the young person, promotes understanding and coping—not just the management of symptoms—and applies a strengths-based approach that can help youth affected by trauma develop skills and relationships that foster healing. With seven of California’s top ten counties for homicide rates located in Kaiser Permanente’s Northern California service area, KPCBP’s commitment to helping prevent violence and support healing among individuals and communities through the YTIC funding is timely and highly relevant to the local landscape.

Defining Trauma

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

SAMHSA’s 2014 Trauma and Justice Strategic Initiative

Defining Trauma-informed Care

SAMHSA defines a trauma-informed approach as “a program, organization, or system that realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.”

Twenty YTIC grants were awarded to advance the following four goals:

1. Increase/operationalize **screening** of youth to identify those who have experienced trauma;
2. Augment immediately available **support services** for identified youth (preferably on-site);
3. Expand/strengthen **partnerships with referral agencies** to provide additional short- and long-term services; and
4. **Enhance understanding** by teachers, staff, and providers about signs/symptoms of trauma and the broader adoption of a trauma-informed approach, particularly in response to, or as a first step in addressing disruptive behavior.

KPCBP awarded the first 20 YTIC grants to:

- Alum Rock Counseling Center (ARCC)
- Another Choice Another Chance (ACAC)
- Children's Nurturing Project (CNP)
- Desarrollo Familiar/Familias Unidas (Familias)
- East Bay Agency for Children (EBAC)
- Family and Children Services (FCS)
- Huckleberry Youth Programs (HYP)
- Instituto Familiar de la Raza (Instituto)
- James Morehouse Project (JMP)
- KidsFirst (KidsFirst)
- La Clínica de la Raza (La Clínica)
- LifeLong Medical Care (LifeLong)
- On the Move / VOICES (VOICES)
- Santa Rosa Community Health Centers (SRCHC)
- Seneca Family of Agencies (Seneca)
- STAND! Against Domestic Violence (STAND!)
- StarVista (StarVista)
- Ujimaa Foundation (Ujimaa)
- Vallejo City Unified School District (VCUSD)
- West Contra Costa Unified School District / Catholic Charities (WCCUSD/CC)

Formative Evaluation Overview

KPCBP engaged Learning for Action (LFA) to conduct a formative evaluation of the YTIC grants program. KPCBP plans to use the findings from this mixed-methods evaluation to inform their grantmaking strategy for addressing youth violence and trauma, and to contribute to the growing body of knowledge in the field of trauma-informed care.

Questions about the achievements and lessons learned by the 20 grantee organizations in advancing the four YTIC grant goals guided this evaluation, with emphasis on surfacing the range of approaches to implementing trauma-informed screening, services, partnerships, and training. KPCBP was also keenly interested in learning about the challenges and effective practices in each goal area and in gathering feedback on the YTIC grant program and funding strategy itself.

To answer these questions, the LFA evaluation team collected qualitative data from each of the 20 YTIC grantees through phone calls after the halfway point of the first grant year; and then through site visits and in-depth interviews with each grantee to explore their implementation processes, challenges, and successes; and to gather grantees' insights and lessons learned from their first year of work. These qualitative data were complemented by process data each grantee submitted via an online form to track screening and services provided, youth served, referrals made, and partners engaged. This report includes findings from each of these data sources.

Overview of Key Findings

- **Establishing capacity for trauma-informed care takes time** – All aspects of YTIC implementation are time-intensive, and in many cases more so than grantees knew at the start of the grant period.
 - Trauma-informed training brings about shifts in deep-seated beliefs and contributes to transformative culture change, which takes much more time than learning a single intervention.
 - Screening requires the establishment of trust, in order to avoid re-traumatization.
 - Services that delve into the intensive work of addressing past and present traumatic events must continue long enough to allow for healing, often beyond a pre-prescribed number of sessions.
 - Providing referrals is about more than sharing contact information, but accompanying youth through labor-intensive and often intimidating processes to navigate and connect to available services.
 - Strengthening partnerships is about building relationships and requires ongoing availability for collaboration.
- **Best practices for identifying trauma are context-specific** – No one approach to screening will work best in all program settings. In fact, several grantees found that formalized screening was unnecessary for delivering trauma-informed care in their programs and was potentially harmful to their youth. On the other hand, those implementing formal screening realized valuable benefits from systematic screening of youth.
- **Creating trust and safety are key to every aspect of implementing trauma-informed care** – Whether screening for trauma or delivering trauma-informed services, it is critical for providers to establish a trusting relationship with clients and create an environment in which youth feel safe and secure. Building trust can take time, particularly because of the negative experiences youth have had in the past. Practices that help build trust include:
 - Following youth's lead in addressing the topic of trauma.
 - Building on youths' strengths and interests, conveying authentic concern and love, and counteracting association with victimhood.
 - Providing consistency – trust is built through consistent availability and presence. Services need to be continuously available when youth need them, by providers the youth know.
- **The need for trauma-informed services is far greater than current capacity** – YTIC has allowed grantees to strengthen existing relationships and improve ability to connect youth to additional services outside of their agencies. However, there continue to be significant gaps in the landscape of services. While these vary somewhat by region, frequently cited gaps include:
 - Mental health services for youth and families, particularly those covered by Medi-Cal or who are uninsured/undocumented;
 - Housing support; and
 - Substance-abuse services that are specifically designed for youth.
- **Staff delivering trauma-informed care need support** – In order to be able to effectively support youth in healing from trauma, staff need to be able to heal their own trauma as well. They also need support in preventing and addressing vicarious trauma, or secondary traumatic stress, arising from the emotional toll of witnessing clients' stories and pain day after day. Many grantees report that learning about vicarious trauma and adopting practices to continually

address it with staff have yielded some of the most significant changes in practices and organizational culture they have experienced under this grant. Taking care of staff engaged in trauma-informed care is not only the right thing to do for these dedicated providers; it also prevents burnout and turnover. Retention of staff who have been trained in and are experienced in providing trauma-informed care ensures both quality and continuity of services, both of which are important for building trusting relationships with trauma-impacted youth. Strategies for supporting providers include:

- Including vicarious trauma as a topic in agency trainings;
- Policies, practices, and resources for staff to address staff trauma and vicarious trauma, such as EAP programs and increased clinical supervision;
- Sufficient resources to support self-care and quality of life among service staff, including adequate levels of pay and paid time off; and
- Staff retreats and team-building activities that provide opportunities for staff to decompress and build strong, supportive working relationships with their colleagues.

II. Enhancing Understanding of Trauma

A primary goal of the YTIC grant program was to **enhance understanding by teachers, staff, and providers about signs and symptoms of trauma and the broader adoption of a trauma-informed approach.** In addressing this goal, grantees both received and provided training and consultation. Many grantees viewed this training as a fundamental first step in building the awareness and skills needed to provide trauma-informed care. In contrast to typical grant funds that must be used only for service provision, the YTIC grant provided an unusual—and invaluable—opportunity for grantees to focus on capacity building and laying critical groundwork for advancing trauma-informed care. The use of grant funds for these training and knowledge development activities paid dividends in terms of impact: for virtually all grantees, this is the area of the grant that had the biggest—and in some cases transformational—impact on their ability as individual providers and as organizations to provide trauma-informed care to youth.

Training Summary

Under YTIC, all **20** participating organizations received training on trauma and trauma-informed care. This included (but was not limited to) the trainings offered by KPCBP, on topics including:

- Psychology of Trauma
- Vicarious Trauma

Grantee staff attended these trainings, reflecting all levels of their organizations, from line staff to leadership.

Grantees also used YTIC funding to contract field experts to provide more specialized training and consultation to their staff. Many grantees also extended the trainings they provided or received to teachers, school staff, police and correctional officers, and other partners and providers serving youth in their communities.

Implementation

At the start of the YTIC grant program, trauma-informed care was a relatively new concept for many grantee organizations. For these grantees, increasing staff capacity to recognize and respond to trauma was a critical focus of their YTIC work. Other grantee organizations were seasoned veterans in trauma-informed care. For most of these grantees, YTIC provided a rare chance to build on their existing resources and share their knowledge with teachers, providers, and other key community members, to create a broader trauma-informed environment for the youth they serve.

Pathways to Enhanced Understanding

Grantees took a multitude of approaches to enhancing understanding about trauma in youth. Staff from grantee organizations provided and participated in trainings ranging from intensive trauma treatment certification processes, to multi-day trainings, to single session group trainings, to staff meeting presentations and discussions. Grantees also provided individualized consultation for specific programs, curricula, or classrooms to help build knowledge and skills for understanding and addressing trauma. In some cases, efforts to enhance understanding began with a series of one-on-one conversations with staff members, school administrators, teachers, and other providers. These individual conversations—more personal and organic than formal trainings—were often used to build buy-in and receptiveness, which in turn

[Building capacity] is an **ongoing process**, it's not like the teams go to training for trauma-informed care and then they become trauma-informed. It's the **consistent application of principles** and the **consistent discussions**.

StarVista

paved the way for more comprehensive and inclusive trainings and ultimately for the larger organizational culture shift necessary to incorporate a trauma-informed lens.

Training participants commonly included nonprofit staff of all roles— service providers, managers, leadership, and other administrative staff, and, where applicable, school staff of all kinds, including educators, support staff, onsite security staff, and administrators. In several cases, the YTIC grant enabled grantees to extend the reach of the knowledge-building efforts even further, inviting key stakeholders such as partnering service providers, police and correctional officers, and other community-based providers serving trauma-affected youth to participate in the training events.

Lastly, some grantees also provided education and training as part of their services for parents, families, and youth. This last approach will be further discussed in the Augmenting Services chapter.

Training Topics

YTIC grantees received and provided training on numerous aspects of trauma to enhance their knowledge of trauma and their capacity to provide trauma-informed care. Training topics included:

- **Trauma 101** – All grantees received training¹ on the meaning of trauma, including: the types of adverse childhood events (ACEs) that can lead to trauma; how trauma impacts brain development and its physical, psychological, and emotional impacts; and the broad range of signs and symptoms youth may exhibit/experience following trauma exposure(s). These trainings often included strategies for responding to trauma-related behaviors. Several grantees provided this type of training as well, both within their own organizations and to others.
- **Trauma screening** – Staff at several grantee organizations received training focused specifically on how to implement new trauma-focused screening tools. These trainings were meant to familiarize staff with the screening tools and help them develop comfort and skill in directly asking questions about trauma. In some cases, staff who identified a need to make adaptations to the screening tools to better address population-specific needs, and/or to use language they felt their youth would better relate to, were able to take advantage of the training time to collaboratively adapt their tools.
- **Model-specific training** – Some grantees were trained to deliver specific evidence-based approaches to trauma treatment, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Seeking Safety, Transformative Life Skills (TLS), and the Neurosequential Model of Therapeutics

Emerging Models

East Bay Agency for Children (EBAC) spent years developing and piloting their **Trauma Awareness Group (TAG)** in Oakland High Schools. Under YTIC, they adapted the model for middle school students and trained staff at Frick Middle School's school-based health center to implement the new groups in 2015.

Catholic Charities' **Restorative Trauma-informed Practices (RTIPs)** is an approach to working together that emphasizes pro-social behavior such as empathy, self-regulation, personal responsibility, accountability, and dialogue. The RTIPs trainings provided under YTIC for WCCUSD staff and teachers focused on applying this model in school settings.

¹ Some grantee organizations received this training prior to the YTIC grant in addition to the training provided by KPCBP.

(NMT). Others worked to develop new models and/or adapt existing models that they then trained staff to provide.

- **Population-specific training** – Some grantees participated in trainings focused on trauma in particular populations. The most common population-specific training utilized by grantees was the training on trauma in commercially sexually exploited youth provided by MISSEY.
- **Vicarious trauma** – Many grantees also participated in trainings that focused on understanding and addressing the ways in which working with survivors of trauma can affect providers. These trainings included strategies to help organizations prevent burn-out and compassion fatigue and ensure that providers have the support they need to engage in work that is often emotionally taxing and can trigger their own past traumas.
- **Additional topics** – Grantees also folded the concept of trauma into other trainings on topics such as mandated reporting, substance abuse, and suicide prevention. Bringing a trauma-informed lens to these topics helped staff grasp the relevance of a trauma-informed approach to the work they were already doing.

Outcomes

Increased Knowledge, Skills, and Compassion

Training participants gained knowledge in how trauma affects youth physically, emotionally, and behaviorally. They also learned to recognize signs and symptoms of trauma. Many grantees found that this new knowledge shifted the way providers interpret youths' behaviors: where they previously perceived "acting out" as a malicious and even personal attack, they now recognize these behaviors as a natural response to trauma. This shift increases providers' compassion toward youth and in turn allows them to build stronger, more supportive relationships.

For some providers, understanding that problematic behaviors stem from trauma has increased buy-in for restorative justice practices, as opposed to more traditional punitive responses, particularly in school and juvenile justice settings. For more discussion of this shift, please see page 9, From Punitive to Restorative – The Impact of Training on Responses to Youth Behavior. Across all settings, providers are putting their new knowledge and skills into practice in the way they interact with the youth, their families, and even each other.

Many clinicians who received training under YTIC

I think we're helping the schools have more capacity not to be as **reactive** but rather more **reflective**. I think that's really critical—it's not like there's a single answer or a formula to help every kid; it's that you need to be reflective and mindful, and **figure out what each kid needs**.

CNP

Creating a supportive classroom environment

Teachers learned that traumatized youth often have intrusive thoughts that can make it difficult for them to sit still in the classroom. In response, one teacher began a practice of allowing her student to briefly run around in the courtyard next to her classroom. When the student returned he was calm and able to focus.

Even as a licensed clinician, **you forget the impact of trauma**. So it's so nice to have ongoing training in that area because it really helps you assess [youth behavior] more comprehensively, as opposed to just looking at the presenting problems on a surface level.

FCS

were familiar with the concept of trauma and its signs and symptoms prior to this grant. However, the training they received served as an important reminder to consider the role of trauma in creating or exacerbating the difficulties clients' face in their present day lives.

New Organizational Policies and Practices

Grantees reported that their organizations have implemented many changes to policies and practices as a result of the training and knowledge shifts they have experienced. Staff have applied a trauma-informed lens to their agencies' and schools' existing paperwork, processes, and interactions and have begun to develop new forms, systems, and approaches that are more aligned with a trauma-informed practice. The changes grantees have made include:

- Changes to intake forms and processes to better identify exposure to trauma and to minimize re-traumatization of youth;
- Adoption of new evidence-based, trauma-informed practices that enhance the skills and tools that providers bring to their work with youth;
- Adaptations to program content and setting based on enhanced knowledge of trauma triggers;
- New policies, practices, and resources for staff to address staff trauma and vicarious trauma, such as EAP programs, increased clinical supervision, and intentional opportunities for team-building and decompression; and
- Changes to funding strategies to emphasize support of the organization's trauma-informed approach.

Putting New Knowledge into Practice: Addressing Vicarious Trauma

Staff at Huckleberry Youth Programs described one new practice developed to provide ongoing trauma-informed support for staff: a monthly group supervision format for line staff provides a venue for staff to discuss challenges they are experiencing with vicarious trauma and compassion fatigue. They also use it as a forum for problem-solving and peer support when staff notice their own trauma responses interfering with their interactions with youth.

Organizational Culture Change

Changes in provider knowledge, practices, self-care, and organizational policies are facilitating wholesale culture change in many YTIC grantee organizations. Organizations are seeing exciting shifts in the norms shaping the default approach staff take to every aspect of their interactions with youth, families, and each other. Organizational culture has also shifted as providers, supervisors, and administrators have greater awareness of vicarious trauma and the need to support staff who work directly with trauma-impacted youth and families. Through these culture shifts, both staff and youth are experiencing their organizations and programs as more supportive, compassionate settings where safety and relationships are valued as a—if not *the*—top concern.

Everybody's seeing change happen, and not just in individual kids, but in culture shifts within the organization, culture shift in the schools. Which I think is one of the most exciting things, because **culture change is hard**, it's really hard. And to see that this material, this concept, is powerful enough to create those shifts, and that **it resonates with so many people that people are willing to shift** is pretty amazing to me.

LifeLong

From Punitive to Restorative – The Impact of Training on Responses to Youth Behavior

Several grantees provided vivid examples of how training in trauma-informed care created buy-in for more systemic cultural shifts to support restorative practices and discourage punitive responses to youth behavior.

Responding to disruptive behaviors

After participating in YTIC-funded training, one VCUSD teacher found that a student had stolen her car keys, cell phone, and other valuable personal belongings. The teacher was understandably distraught. Prior to trauma training, she would have taken action to have the student arrested. However, she now viewed the situation differently and requested a restorative justice circle instead. The teacher's new understanding of trauma inspired her to respond to the students' behavior in a way that would support the best outcome for her student. Staff described the transformation for the teacher and her student as follows:

"If it wasn't for the professional development, the paradigm shift for this teacher may never have happened. It was also a paradigm shift for the kid to have that level of response from an adult who normally doesn't respond in that manner... How we would probably normally respond—no question, cops would have been called, he would've been up out of there more than likely. But **to see that level of response, that kid was no longer the same**. And we were actually able to get that kid a job; we were able to do a number of things with that kid after a horrible situation had taken place. How we responded was very different than how the system normally responds, and that really turned that kid around."

YTIC role in creating this change:

JMP

"If a big way of thinking about trauma-informed work is work that puts safety and relationship up front, that's exactly what we're doing: safety, relationship, and the opportunity for young people to build skills and capacity around self-regulation and stress management. **We're working with adults around campus to respond particularly to challenging behaviors in ways that foster learning new skills and capacities.** And as someone who spent my entire adult life in a school building— that is a **profound shift.**"

WCCUSD

"What has helped to reduce the suspensions is not necessarily huge policy changes, or huge changes in behaviors of the students, but really getting [educators] to view that trauma that they were seeing, and that behavior, in a different light. **Getting them to shift that lens from seeing this young person as someone who is sick and wrong and who needs to be fixed, to someone who has been hurt and is healing.** And [teachers] seeing themselves as being a part of that."

CNP

"We're helping the schools have more capacity not to be as reactive but more **reflective**. I think that's really critical--it's not like, there's an answer, a formula to help every kid, it's that you need to be reflective and mindful, to figure out what each kid needs."

Lessons Learned about Building Trauma-informed Capacity

Grantees have many insights to share about how best to support the capacity of teachers, staff, and providers to implement a trauma-informed approach to working with youth. They also named common challenges to delivering trainings and supporting learning and growth among providers.

Characteristics of Effective Training

Through engaging in trainings and other efforts to enhance their knowledge about trauma-informed care—and in many cases engaging in more than one type of effort described above—grantees gained valuable experience in and perspective on how to maximize the impact of such trainings. Grantees shared several factors related to both content and approach that greatly enhance the effectiveness of efforts to support staff in understanding and preparing to address trauma among the youth they serve.

Training approach

- **Create a safe and trusting environment for participants to be vulnerable and honest.** One technique that trainers used to establish rapport and prepare participants for receptivity and learning is by providing an opportunity early on for participants to share any difficulties and frustrations they might be experiencing with their jobs and the youth they serve. Being able to vent was validating for participants, who were better able to hear the trainings' messages after feeling heard themselves. Other successful strategies included team-building activities, exercises in which participants take each other's perspectives, and trainers sharing case examples from their own experiences providing trauma-informed care.
- **Value and build on the experience of participants.** Effective trainings don't just tell people what to do. Integrating opportunities for staff to share their experiences and expertise enhances both willingness to engage and ability to understand and apply the new concepts and information. It is also important to tailor the training materials, approach, and terminology to the culture and practices of the participants, whether they be clinicians, classroom teachers, or correctional officers.
- **Meet providers where they are.** Just as effective services meet youth wherever they are, so should training be tailored to each group of providers' existing knowledge, understanding, culture, buy-in, and availability. This sometimes means advancing incremental efforts to ensure participants aren't overwhelmed and spending more time than expected laying groundwork through individual conversations to ensure that people can be ready to hear and learn. It also means being attentive to the particular perspectives providers are bringing based on their professional training and disciplines, organization cultures, and role with the youth. For example, one organization identified a culture clash between clinicians, who have been trained to operate under strict confidentiality constraints, and teachers, whose discipline was collaborative in nature and encouraged sharing of stories and

If you go in there too quick, if you go in there heavy handed, you can really push people back and they'll stop listening. So **how the training is delivered matters** because you have short periods of time to create buy-in and to not do damage.

WCCUSD/CC²

² Under YTIC, West Contra Costa Unified School District (WCCUSD) worked in partnership with Catholic Charities (CC).

experiences with youth. The clinicians trying to build bridges with teachers and school staff and encourage them to adopt trauma-informed practices had to adapt their training and information-sharing approach to resonate with teachers' norms and values.

- **Model trauma-informed practices for participants.** Experiential learning helps providers understand firsthand how it feels to engage with restorative and trauma-informed practices, and better equips them to implement the new skills they learn with youth. At one school-based health center, staff led meditation activities with teachers and taught them how to incorporate moments of mindfulness into their busy teaching schedules and daily lives. Then, because they were experiencing the benefits of these mindfulness techniques themselves, they felt able to start incorporating them into their classroom activities with youth.

The way we deliver training is experiential; **we use restorative practices to deliver our training**, so we're not lecturing people. So at the same time we're talking about how restorative practices can impact client-clinician relationships, or relationships in the classroom, we're showing people how it works within the training that we're doing. It creates really **rapid and deep buy-in**.

WCCUSD/CC

- **Create opportunities for multiple or ongoing engagements.** In addition to initial training, participants need continued engagement to reinforce and integrate learning. These opportunities also allow for feedback, adjustment, and thought partnership as staff apply new concepts and skills to their work with youth. While this support was important for providers in all settings, grantee experiences suggest that teachers in particular benefited from follow-up such as individualized consultation. In several school settings, outreach, follow-up, and support to individual teachers played an essential role in helping teachers develop and implement new trauma-informed practices in their classrooms. Another beneficial form of reinforcement is that of multiple exposures by bringing presentations and discussions about various trauma-informed care topics to existing staff meetings, case conferencing meetings, and other day-to-day staff interactions.

Some of [this capacity building] can happen in a training. But a lot of it **depends on our capacity to support people in an ongoing way**: to connect with them around individual students, to be a resource to them, to be in conversation and continue to deepen these ideas through those smaller encounters that happen in the life of our school.

JMP

For service providers, ongoing support can be especially needed to address vicarious trauma. For example, as a result of the training and consultation they received under YTIC, HYP has instituted numerous agency policies and practices designed to provide this ongoing support. For example, the agency provides a monthly supervision-type meeting for staff who supervise direct line staff, to help them identify ways to support staff who are experiencing vicarious trauma or compassion fatigue.

- **Divergent approaches to achieving saturation.** Some grantees found that it was important to make training mandatory and all-inclusive from the beginning. For those that embraced mandatory all-staff training, they felt it was the best way to ensure a common knowledge base and shared commitment to adopting trauma-informed practices. Others preferred a more

organic approach to creating buy-in, starting with smaller groups of enthusiastic individuals, and then allowing their positive results to inspire others to become trained as well.

Training content

- **Start with foundational knowledge.** Establishing a common understanding about trauma and the effects of trauma is really important to being able to implement trauma-informed practices across an agency or school. Even in cases intending to use evidence-based practices, which have very defined models and implementation guidelines, understanding the basic science of trauma and its effects is a foundational first step that enables both buy-in to and knowledgeable implementation of trauma-informed practices. Organizations that were relative beginners in trauma-informed care concepts found that educating staff on the basics of trauma and its effects facilitated more rapid buy-in among staff by helping them understand why a trauma-informed approach was needed, and this motivated staff and partners to adopt such an approach.

There was this **aha moment** in a training of mostly site security staff where [the trainer] started talking about how all of these kids were coming from these situations where they were hurt or traumatized and that was affecting the way they behaved. **She really helped people understand that the behavior that they were seeing was not defiance, but that it was coming from something else. And there was this sudden shift in the room, and that was one of those aha moments about how key the understanding of trauma is to getting people to want to shift how they see school discipline.**

WCCUSD/CC
- **Once foundational information about trauma makes the case for using a trauma-informed approach, people are eager for practical tools.** Once teachers (and sometimes parents) gain an understanding of how trauma manifests in their youth, they often want further support in the form of specific interventions and strategies that they can use to more effectively respond to youth who are triggered and acting out. Trainings, or training series, that offer both theory and practical trauma-informed tools help providers and parents apply what they've learned about trauma in a way that will be supportive and healing to youth.
- **Addressing trauma requires a nuanced understanding.** Trauma is a charged concept for providers and youth program participants alike, and providers need to be well-enough versed in its complexities to strike a delicate balance with the youth they serve. As such, one area of content important for effective training is the message that the trauma responses taken on by youth are a natural response to harmful and distressing events or experiences. Providers need the knowledge and tools to address trauma in a way that does not make youth and families feel further stigmatized—as “damaged” or as “victims.” At the same time, they must balance this normalization and validation of trauma response with a healing and strengths-based approach to help youth see that another reality is possible.

- Providers' own trauma needs deliberate attending to.

There is a need to allow time and space—both within trainings and in an ongoing way at agencies—for staff to address their own trauma as well as that of the youth they serve. Learning about trauma, and helping youth explore and resolve theirs, may bring up unresolved experiences and triggers from providers' own histories. In order to be able to effectively support youth in healing from trauma, staff need to be able to heal their own trauma as well.

It's amazing how many professionals working in this field **need trauma work**.
ACAC

- Training on vicarious trauma resonates with providers and stakeholders across disciplines and roles. In addition to providers' own trauma, they can become traumatized by the constant exposure to the traumatic experiences of the youth they work with. The emotional toll of witnessing clients' stories and pain day after day is known as vicarious trauma or secondary traumatic stress. Many grantees report that learning about vicarious trauma and adopting practices to continually address it with staff have yielded some of the most significant changes in practices and organizational culture they have experienced under this grant.

We're needing to learn to practice the same things that we're trying to teach the kids because sometimes we need to realize when we're a part of the problem. We focus so much on the kids that we forget that it has to start with us. **We can't expect change from the students if we don't change ourselves.**

VCUSD

No matter what the audience, the vicarious trauma piece of the training is what gets everyone involved. Teacher, community partner, probation officer, nurse—everybody gets into that topic. [Many providers] have never had an outlet, and they need help. **They're human, and it hurts.**

ACAC

Challenges in Building Trauma-informed Capacity

Grantees encountered four main challenges to delivering trainings and fostering and maintaining learning within agencies:

- **Competing demands for time** - Staff of any agency have limited time to set aside for training and learning. Those training direct service providers and teachers face a particularly tricky logistical challenge: an agency can't completely shut down and turn away youth clients for a day or even for several hours. Likewise, even if a school principal agrees to release large numbers of teachers for a training, there may not be an adequate number of substitute teachers available to cover those teachers' classrooms. Those conducting or coordinating trainings for staff and teachers employed strategies like repeating a training for smaller groups of staff in rotating batches and integrating training into existing staff meetings and other times set

The Payoff of Overcoming the Barrier of Time Constraints

The ultimate goal of the YTIC grant program is to support organizations in delivering trauma-informed care from start to finish. That kind of "wrap-around" trauma-informed lens relies on real organizational culture change to be authentic and seamless. Those organizations that have started to see that transformational culture shift happening all agree that it is the significant up-front investment of time and resources in training that makes that shift possible. There is no short cut to ensuring that all staff have the knowledge, skills, and buy-in necessary to work effectively with youth who have experienced trauma. And even when the road is long, it is worth it.

aside for professional development to address this challenge. However, it is a significant and persistent barrier that agencies and trainers grapple with.

- **Lack of buy-in** - Some participants may be resistant to learning about and adopting a trauma-informed approach. Partners working in law enforcement and corrections were named as a particularly challenging group to engage in these topics. In the most extreme example, officers were outright disrespectful and defiant. Varying levels of lack of buy-in, in any setting, seemed to be motivated by resistance to change and lack of understanding about the need for the trauma-informed lens. When such resistance was held by executive leadership or school administrators, making inroads was most challenging.
- **Turnover** – High turnover is common in direct service settings and schools that serve the youth with complex trauma histories and related behavioral disruptions that the YTIC grants aim to benefit. When large numbers of providers and teachers trained in one year leave in the next, it creates a loss of institutional knowledge and a need to repeat trainings for new staff with limited resources.
- **Triggering providers' unresolved trauma** - Participants may find training content triggering, based on their own experiences. Many grantees recounted experiences of such reactions catching participants off-guard—they often hadn't consciously realized they were harboring similar trauma histories as the youth they worked with or hadn't expected the training material to affect them so personally. Addressing participants' reactions and ensuring their safety during trainings added a degree of intricacy and unplanned time to the trainings that complicated delivery of the material.

Addressing Challenges: Transfer of Knowledge

Grantees used several strategies to share the knowledge they gained from training with employees who were unable to attend, including:

- Recording trainings so that staff can watch later
 - Sharing written training materials
 - Asking participating staff to report back to their colleagues about what they learned
 - Building training concepts into standard organizational practices, such as clinical supervision
-

III. Identifying Trauma in Youth

Another goal of the YTIC grant program is to **increase/operationalize screening of youth to identify those who have experienced trauma**. This chapter will discuss the reach of trauma screening in 2014 as well as the screening tools and processes grantees used. Finally, it will share lessons from YTIC grantees regarding effective practices in identifying trauma among youth.

In 2014, a total of **2,847** youth were screened for trauma under YTIC. Of these, **49%** were positively identified as expressing symptoms of trauma and/or having been exposed to traumatic events.

60% of grantee organizations **screened more youth for trauma** under YTIC than they had before

Implementation of Trauma Screening

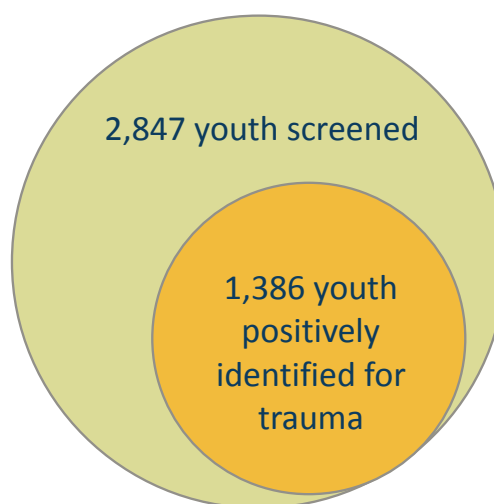
Screening Accomplished under YTIC Grant

In 2014, YTIC grantees screened³ a total of 2,847 youth to identify exposure to adverse experiences and/or signs and symptoms of trauma. Collectively, nearly half the youth screened were positively identified for trauma (see Exhibit 1).

It is worth noting that “positively identified for trauma” meant different things in different organizational contexts and for different screening tools. For some, the tool in use had clinical thresholds for screening “positive.” For others, the positive screen may have been for any symptoms of traumatic stress or exposure to one or more adverse events. For still others, the “positive” marker may have been defined by clinical judgment rather than a specific score on a formal screening instrument. Given the variety of contexts in which grantees screen youth, it makes sense to not be overly prescriptive. However, future initiatives may want to provide clearer parameters for what it means to positively identify youth, if there is interest in measuring positive identification rates more consistently and accurately.

Looking at change within an individual grantee organization tells a more complex story: 60% of grantee organizations screened more youth for trauma under YTIC than they had before the grant program. Other organizations found that formalized trauma screening was not in fact a trauma-informed practice in the context of their services. Each of these organizations found ways to identify and respond to trauma among the youth they served without formalized screening.

Exhibit 1. Youth screened and identified for trauma under YTIC



³ While in most cases grantees reported the number of youth screened by their organizations, some reported numbers based on screening that occurred outside of their agencies, as part of the process by which youth are referred to their services. As not all grantees had access to, or reported numbers from this additional screening, the true reach of screening under YTIC may in fact be higher than reported.

Laying the Groundwork

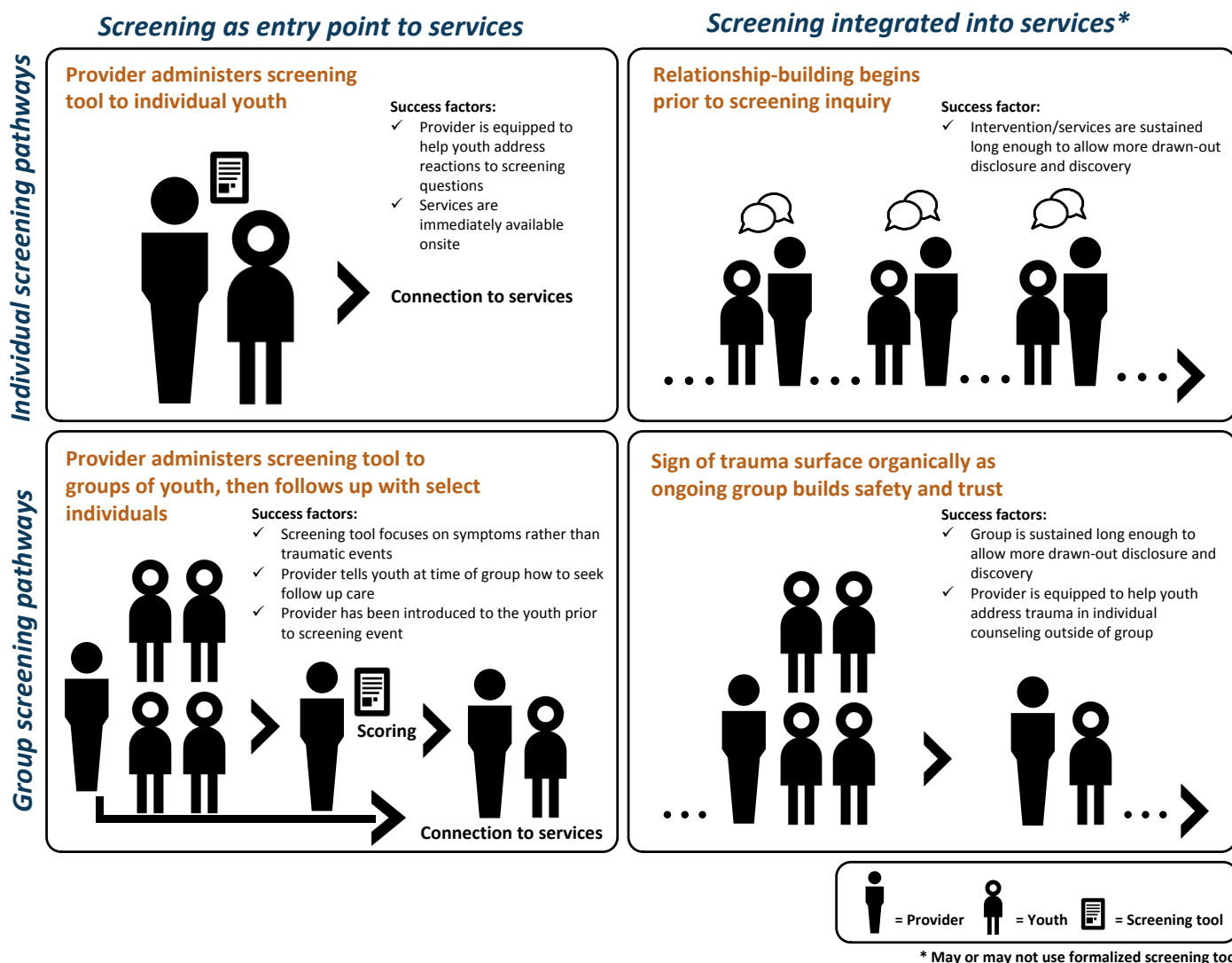
For many grantees, the process of implementing new screening tools required significant preparation and priming. Laying the foundation for screening involved several steps, including:

- **Selecting and vetting the tool** – Prior to YTIC, most grantees did not have trauma-focused tools included in their screening or intake processes. Many grantees worked with their staff—and in some cases, external experts—to review screening tools and make adaptations as needed to ensure that the tools were appropriate for their client populations. This sometimes involved adding specific items, or altering language to feel more relevant and clear, and/or less triggering and invasive.
- **Process development** – Each agency had to design a screening process appropriate for their specific organizational context, chosen screening tool, staff structure and competencies, program setting, and youth populations. This step was often iterative, necessitating adjustments once implementation began.
- **Training** – As previously discussed, some grantees trained their staff to provide trauma screening. This training allowed participants to become familiar with the tools and comfortable asking direct questions about trauma. Some grantees found that it made sense to embark on an extensive and all-inclusive training path to fully establish the need for trauma-informed care and to create a common understanding of trauma and its effects across all staff *before* moving forward with any screening activities. This was necessary both to foster buy-in and to ensure that screening would be conducted in an environment that was well-equipped to respond competently and appropriately to needs surfaced by the screening.
- **Gaining permission to screen** – In school settings, providers often needed to work with administration, teachers, and parents in order to gain permission to conduct screening. Many grantees found that home visits and other methods of engaging families and earning parents' trust was the key to unlocking parent support for screening and other interventions with youth requiring consent.

Screening Pathways

Screening processes varied greatly across grantee organizations. In some clinical settings, youth completed screening tools individually and then spoke with a clinician about their responses. In others, clinicians incorporated questions from the screening tool into their conversations with youth over the course of several counseling sessions. For some grantees, screening took place in a classroom setting. A clinician or school staff member would provide framing for the tool and then read the questions aloud while students wrote down their answers. In still other settings, the screening function was accomplished more organically through disclosures and personal reflection during ongoing therapeutic or support groups of youth.

The graphic on the following page illustrates four common screening processes, varying in their timing of screening in relation to providers' engagement with youth; their use of formal screening tools versus more informal methods; and their administration of screening in group or one-on-one settings.



Screening Tools

Under YTIC, grantees were encouraged to select screening tools that were best suited to their program context and the populations they served. Grantees greatly appreciated this flexibility; over the course of the grant period, many made changes to their proposed tools and processes based on what they learned from their providers and youth. YTIC grantees vary considerably in terms of organization type, setting, and services provided. YTIC work allowed each of them to draw on their significant clinical expertise and deep knowledge of program context to make informed conclusions about how best to identify trauma among the youth they serve.

Appendix A illustrates the range of screening tools used by YTIC grantees in 2014. Grantees named 18 different validated tools, and four grantees used internally-developed tools specific to their programs. Three didn't use any formal tools to identify trauma histories and symptoms in the youth they served and relied instead on surfacing those concerns through the in-depth personal conversations and interactions that grow out of their ongoing work with youth. A few grantees also shared that while they themselves don't administer a screening tool, the youth they see are screened

by a referring partner. For further discussion of reasons why some grantees did not use formalized screening, please see page 20, To Screen or Not to Screen.

Grantees had varied opinions of the trauma screening tools they tried. Several felt that identifying the specific types of **adverse events** youth had experienced greatly enhanced their ability to understand their clients' needs and develop effective treatment plans. Others found that experience-based screening items were particularly triggering for youth and limited their questions to focus on assessing the degree to which youth experienced **symptoms of trauma**. Youth in these programs still had opportunities to talk about and explore the impact of specific traumatic experiences. However, they did so in the context of services, rather than as part of screening.

Some grantees struggled to find the right length of screening tool. Shorter tools were more accessible but provided less specificity regarding exposure to trauma. Longer tools provided clinicians with a great deal of information but were overwhelming and disengaging for some youth and were cumbersome for providers in non-clinical settings.

Outcomes

What benefits of screening for trauma did grantee organizations realize? The key was in how they used the screening data. Screening data was most commonly used to identify potential program participants, determine eligibility for trauma treatment, inform referrals, and shape intervention and treatment plans. Outside of the data it generated, in some cases the screening process itself provided additional benefits in raising the visibility of available behavioral health services and providers so that youth and their families and teachers knew how to—and that they even *could*—get help.

For some grantees, screening results indicate eligibility for specific trauma-focused services, such as groups that are designed for youth who have experienced similar types of trauma. It also makes it possible to make more appropriate early referrals to outside services. Since the referring provider has a much fuller picture of a young person's trauma history than they otherwise would have had early in their interactions, they are able to make more informed choices about what other providers would best meet the needs of the youth.

For others, information collected through screening informs the development of treatment plans, allowing clinicians to select interventions or modalities that respond to the symptoms and experiences identified through screening. It also gives the provider deeper context for actually providing those interventions and for interpreting

As soon as we find out what the **underlying issues** are then we're able to better identify how we're going to help this client and what **types of interventions** to use.

ARCC

When I'm filling out referral forms and giving information, **I'm able to present the referral with a trauma-informed lens**—the first interaction I had with the youth was the trauma screen so I have a consciousness of what they've been through.

Seneca

They may come in for a headache, but then you have them answer these questions and they realize **"okay, I have a headache because all this stuff is going on."** [With screening,] we often get those answers a lot sooner, instead of having them come back a half dozen times before they feel comfortable saying something to us.

SRCHC

the young person's words and behaviors.

Informed Intervention

Before YTIC, HYP served a youth who was experiencing trauma due to multiple incidents: she had been kidnapped by a relative and had witnessed a friend being robbed at gunpoint. Knowledge of those incidents was critical to HYP's work with the youth and her family, but because traumatic events were not addressed by screening questions at the time, staff did not learn this context until later on. Youth who enter the programs now receive trauma screening, and as a result, this information can inform service and treatment planning from the beginning.

Another benefit of screening is that it provides a mechanism for alerting providers to youth who need help and may be in situations where they are on the brink of crisis, even among youth who were not otherwise engaged in services. Clinicians have recognized risk factors or areas where support was urgently needed based on information that surfaced through screening. Having a tool to systematically identify trauma has allowed clinicians to intervene with youth at critical moments, drastically affecting their health, safety, and choices.

Because we conducted that HEADSS assessment, **we caught him at a critical time**. He was days away from actually doing something really bad and making a life choice that would have probably changed his life and turned it for the worse. And he just wanted someone to tell him, 'hey it's cool, you don't have to do that.'

LifeLong

More broadly, screening has confirmed the prevalence of trauma among the youth that YTIC grantees serve—something providers already knew but didn't always have the sheer numbers to back it up. Now, more grantees are able to use this information to advocate for the much needed expansion of trauma-informed services and for the funding to support such services. In some organizations, providers now have a better understanding of the prevalence of trauma among the youth they serve, and of the different types of traumatic events youth have been exposed to. This information is also helpful in advancing internal advocacy—*within* providers' organizations and schools—meant to increase buy-in for trauma-informed work.

To Screen or Not to Screen

Not all grantees found it useful to employ formalized screening tools. Here are some examples of circumstances under which grantees did not feel it was beneficial to screen and instead utilized alternative approaches to identify and address youths' needs.

Next steps matter

When teachers and other providers first learn about trauma-informed care, they sometimes become excited about collecting information on trauma before they know how to respond to the information they collect. A provider at JMP spent a significant amount of time convincing a teacher that it did not make sense to use the ACE Study Questionnaire in his algebra class. Having learned about ACEs and trauma-informed care, the teacher wanted to know what traumatic events his students had experienced. However, because the teacher lacked the capacity to respond in a meaningful way and address the trauma, the provider urged him to bring a more generalized trauma-informed lens to his classroom without conducting formalized screening.

"You should **only screen if you know what you're going to do** with the folks you identify. And not just know what you're going to do, but be absolutely certain that if you assess someone and identify them as being **trauma-impacted**, that you will be able to respond in some **meaningful** way."

Identifying trauma without a formal screening tool

VOICES planned to screen youth using a version of the Adverse Childhood Experiences (ACE) study questionnaire that had been adapted for youth. They assembled a youth focus group to pilot the tool and share feedback. Youth found the tool extremely triggering and re-traumatizing, and urged organizational leaders not to use it in their programs. Because VOICES serves youth involved in various parts of the child welfare system, they participate in extensive screening and assessment prior to coming to VOICES. For this reason, VOICES staff determined that it was not necessary or trauma-informed to subject youth to further formalized screening within their program. Instead, they relied on the client data they already had access to and identified three factors that could serve as indicators of trauma, including: 1) length of time in foster care; 2) number of placement changes; and 3) history of abuse. VOICES found that this approach to trauma screening was significantly less invasive and still provided them with the information needed to connect youth to the right level of services.

Other grantees were similarly concerned about the risk of re-traumatization.⁴

JMP

"It's detrimental to the conversation: if someone's not wanting to go there, it can make people shut down or feel not safe. **Exactly what you don't want to do** when someone has experienced trauma."

Ujimaa

"If you try to get a person to talk about things that they're not ready to talk about, you can really suffer some adverse effects. **You can be pushing them backwards instead of forward.** If I don't want to talk, I don't want to talk right now, point, period, and blank. Now you're putting this survey in front of me, and it's like 'well this world has already labeled me so I'm here now.' I think that's damaging sometimes. Sometimes the kids will take the survey, but in the subconscious mind it just does something; it did something for me as a child and I didn't like it."

⁴ This is not to suggest that screening re-traumatizes youth in all settings. Many grantees had positive experiences with screening, and some who chose not to screen recognized and supported the screening practices of partner agencies who referred youth to their services.

Lessons Learned about Trauma Screening

Trauma can be a charged topic; many youth and adults find it difficult to discuss and may have been taught not to talk about it. In the wrong context, trauma screening can open “old wounds” and may re-traumatize youth if there is not support in place to help them process the feelings it brings up. In the right context, trauma screening can establish programs as safe spaces for youth to talk about past experiences and can help youth and providers recognize how past experiences are impacting youth’s present-day lives. Grantees reached different conclusions about whether trauma screening was itself a trauma-informed practice in the context of their programs. However, those who did screen shared the following lessons about effective ways to conduct screening and assessment:

- **Building safety and trust is paramount** – In order to avoid re-traumatization of youth, it is critical that youth feel safe and that screening happen in a way that doesn’t undermine the ability of youth to form trusting relationships with programs and providers. Lessons about how screening can be made safer include:
 - Providers should assess youth comfort in answering questions about trauma informally before conducting screening; if the youth does not feel ready to engage, postpone screening as needed and focus on relationship building.
 - Providers need to develop comfort asking questions about trauma before they can create a safe space for youth to discuss trauma with them. Comfort with asking the questions—and with hearing the answers—is important for such a charged and sensitive topic so that youth can share their experiences without judgment, shame, or stigma.
 - Youth savvy providers make a difference. Youth have specific developmental needs that are different from those of younger children or adults. It is important that youth providers have the knowledge and skills to understand and connect with youth. This may be particularly important in trauma screening, due to the highly personal and sensitive nature of the questions involved.
 - Adapt or modify screening tools and pathways when necessary. YTIC grantee clinicians, deeply familiar with the youth they work with, often recognized ways that tools and processes needed to be altered to avoid re-traumatization and to support youth engagement and trust. In some cases, providers felt that relatively minor modifications to question

When to avoid screening

YTIC grantee experiences suggest that it may be best to avoid formalized screening when:

- Providers have no prior relationship established with youth⁵
 - Youth have already been screened as part of entry into services and pre-screening data are available
 - There is no clear plan for what to do with the data or for how to respond when youth are positively identified as having experienced trauma
-

Screening before trust is established doesn’t get valuable answers. More than we don’t get value added, it’s detrimental to the conversation: if someone’s not wanting to go there, **it can make people shut down or feel not safe**. Exactly what you don’t want to do when someone has experienced trauma.

JMP

⁵ Some grantee programs conducted screening in groups in a classroom setting. While these grantees may not have established prior individual relationships to the youth participating in screening, they found that it was beneficial to have a teacher or school counselor introduce the screening and let students know who to follow up with if they had questions or needed support following the screening.

wording or screening timeline would strengthen trust and rapport to an extent that far outweighed any downside of not following a validated tool to the letter.

- **Context matters heavily.** As evidenced from the long list of screening tools in use and the many variations on screening process, no single right way to conduct screening has emerged from this grant. At the same time, all tools are not created equal, and are not one-size-fits-all; a given instrument and process used at one agency likely could not be used the same way or yield the same results in a different setting. Each screening tool and screening process carries benefits, challenges, and potentially serious drawbacks that must be weighed and considered within each context. Grantees were tremendously thoughtful about the safest, most effective, and least invasive way to screen their youth—in terms of both the tool and the process—in each particular context and setting. For example, grantees' experiences suggest that in non-clinical environments, such as classrooms, it may be less triggering and more appropriate for youth to answer questions about symptoms and feelings rather than specific distressing experiences on screening tools.

The health classes [in which the screenings take place] are really intense. The screening is less invasive than a lot of the things they talk about. So the screening tool is not their first exposure to these topics, and they don't have to talk about anything right then and there. But I would also be more likely to think it could be re-traumatizing if I were doing this in, say, math classes. So the context is really important.

- **Formalized screening tools are only part of the trauma screening process** - Many agencies—including some who also implemented formal, systematic screening—found that taking a trauma-informed approach with all youth, regardless of known trauma history, created space for learning about relevant trauma and stressors more organically. When providers can build trust with youth over time, they learn about trauma through more informal conversation and identify signs of trauma through observation and clinical judgment. Not only does this mean that trauma screening tools are not the only source of information about clients' trauma histories and symptoms, it also implies that trauma screening alone *cannot and should not* be the only aspect of trauma-informed care that an agency implements.
- **Trauma should be one of many components of assessment** – Just as screening should not be the only aspect of trauma-informed care, trauma should not be the only thing explored. Trauma is an important component of screening and assessment, but it should not replace all others; even within a trauma-informed program, it is important that services are delivered in a way that responds to many aspects of youths' experiences and identities. One staff member from HYP, voicing an insight shared by many grantees, reflected on balancing the importance of integrating a trauma-informed lens while engaging with youth more holistically:

*"It's an important move in the field and with Kaiser that we're looking at trauma, but **it's not only trauma-informed care**, we also want to do strength-informed care, and culturally-informed care, and drug and alcohol-informed care, and health-informed care, and family dynamic-informed care. We're bringing all of those perspectives to looking at a young person and their family system in a holistic way. And [trauma] is really important, but maybe the danger of trauma-informed care being the thing everyone is talking about in the moment, is that trauma becomes the whole story about how we approach young people*

and people who are in communities that have a lot of trauma. And it's an important part of the story, it's really good to look at it thoroughly and skillfully, but it's not the whole story."

—HYP

- **Trauma looks different for different youth** – It is important for providers to think carefully about how they identify signs or symptoms of trauma—youth experiencing trauma may or may not respond in ways that are quickly identifiable. For example, many teachers have learned to recognize “problem behaviors” in their classrooms as signs of trauma. While this may be an accurate assessment, other youth may respond to trauma by withdrawing and becoming more quiet. This type of response is more likely to be overlooked.

[For some youth] **grief looks totally different**—it's not those clinical stages of grief you read about. One young woman said, “I used to be able to cry and I can't cry anymore. I want to, **I want to be able to cry but I can't.**”

JMP

IV. Augmenting Services

Through YTIC grantmaking, KPCBP also aimed to **augment immediately available support services for identified youth**, preferably onsite. Grantees succeeded in augmenting services to better support youth experiencing trauma. For most grantees, this was accomplished through:

- **Adding service modalities** that they were previously unable to provide to youth or families, and/or
- **Enhancing existing services** to adopt a trauma-informed lens.

This chapter will discuss the types of services provided by YTIC grantees, the importance of each of these service types for trauma-affected participants, and the role of YTIC in expanding and enhancing these services. It will also share lessons learned about how to successfully apply a trauma-informed lens to service delivery.

In 2014 a total of **3,190** youth received services under YTIC.

We have a **better understanding** of how important this **holistic view of health** is in order to support success in employment, or school, or housing. So instead of everything revolving around "Ok we need to help you get a job" which has been the traditional service delivery model, now it's: "We have to work on **what's holding you back** from successfully holding a job."

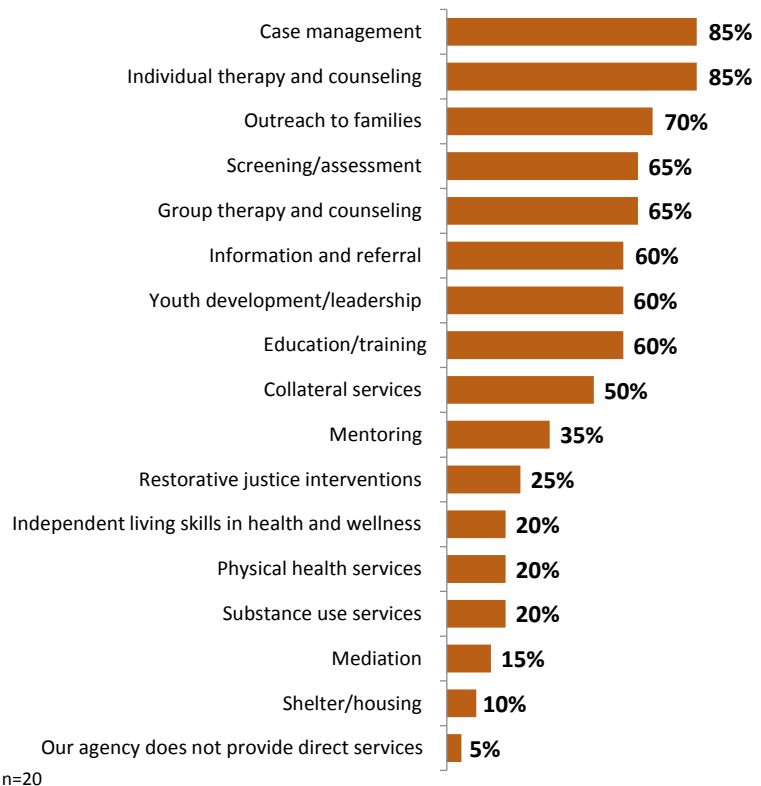
VOICES

Implementation

In 2014, grantees provided services to 3,190 youth through YTIC funding. These numbers do not account for additional youth served by grantee agencies through programs and services outside of their YTIC work plans. While these additional services were not funded directly by YTIC, they may also have been enhanced through YTIC's impact on organizational culture and capacity. The services provided directly under YTIC are described further below, organized by service type.

YTIC grantees shared the types of services they provided in 2014 (Exhibit 2). For most, this referred to the services they provided under YTIC, and for some, it may have included additional services supported by other funding sources.

Exhibit 2. Types of services provided by YTIC grantees in 2014



Case Management

The majority of YTIC grantees (85%) provided case management to youth, and in some cases their families. Through case management, providers identify the immediate needs of program participants and connect them to appropriate services. In many grantee organizations, case management functions as the entry point to services.

Importance for trauma-informed care

Creating stability in youths' lives is an important precursor to deeper therapeutic work to heal the effects of trauma. Case managers work with youth and families to connect them with services that will meet their immediate needs, either onsite or through referrals to community partner agencies. Case managers also serve as advocates for youth in navigating the broader system of care. This is particularly important for youth who have experienced trauma; developmentally, it may be more difficult for them to follow and keep track of the many steps involved in accessing medical care, mental healthcare, and other social supports. Some youth served by grantees also face additional barriers related to immigration status and limitations of their healthcare coverage.

If you have experienced trauma or abuse, it's really hard to be able and willing to work on that if you don't have housing, if you don't have enough food to eat, or maybe your electricity is off. **You have to meet the basic and emergency needs first** to get families in a position where they can be ready to receive the mental health services they need.

KidsFirst

By supporting clients in meeting their immediate basic needs, case managers also establish a trusting relationship with the youth and families they serve. This relationship building is an important component of trauma-informed care, as traumatic experiences can undermine youths' sense of trust and safety.

In many communities, mental health services still carry a stigma. Again, as an entry point to services, case managers can play a role in helping clients feel the safety and security necessary to engage in more intensive therapeutic services. They can also coordinate with therapists to provide a warm

hand-off when clients are ready and continue to address additional service needs that arise during the course of therapy.

How YTIC enhanced case management

- Increased staff numbers and/or hours allowed providers to work with more youth and families, respond more quickly to their needs, and devote more time to ensuring positive linkages
- Increased referrals and partnerships strengthened providers' relationships with community partners, creating greater access to care for clients

Individual Therapy or Counseling

Another service provided by most YTIC grantees (85%) was individual therapy or counseling. This category of services includes many different modalities. Several grantees discussed Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Some appreciated TF-CBT's structured curriculum which provides outlines for each session and guidelines that match specific symptoms of trauma with appropriate interventions and strategies. Others found this model to be overly structured and not sufficiently responsive to the individual needs of trauma-impacted youth, particularly those experiencing complex trauma⁶. Grantees also found that using therapy to resolve past traumatic events, as well as the immediate present-day concerns of clients, often took more than the 12 sessions prescribed by TF-CBT. Several providers discussed specific therapeutic techniques, such as motivational interviewing and Eye Movement Desensitizing and Reprocessing (EMDR). In general, providers found it important to have a vast toolbox of approaches to bring to individual therapy in order to engage trauma-impacted youth in ways that were meaningful and healing for them.

Importance for trauma-informed care

Individual therapy and counseling can provide a space for youth to address the difficulties they face in their present-day lives and also understand the impact of negative experiences in their past. Therapists can employ a range of modalities to allow youth to address traumatic experiences without re-traumatization.

Individual therapy or counseling can also provide an opportunity for youth to establish a safe and supportive relationship with an adult in their lives. For some trauma-impacted youth, this may be the first or only safe relationship in their lives.

In settings where trauma screening is used, individual therapy can provide an important opportunity for youth to address and work through experiences that they shared through screening. Having therapy immediately available can help minimize the risk of re-traumatizing youth through screening.

Because so many people present to their medical practitioner with psych issues, it's **ethical holistic** care to be able to provide somebody on-site who can follow up and be in communication with their doctor.

SRCHC

⁶ One particularly contentious component of the TF-CBT model was the trauma narrative. Again, some found this approach helpful and others argued that it was not always appropriate or helpful to have youth construct a narrative of their trauma, particularly when they were impacted by multiple, ongoing traumatic experiences. In contrast, elements such as coping skills were more broadly applicable.

Grantees noted that for some youth, individual therapy may be more appropriate and beneficial than group therapy or counseling. This may relate to the severity of symptoms or the nature of the trauma. For example, trauma resulting from sexual violence is often addressed in an individual setting.

Providing individual therapy to parents and caregivers can also provide an opportunity to address their trauma in ways that help them create a safer and more supportive home environment for youth.

How YTIC enhanced individual therapy/counseling

- Increased staff capacity, making therapy available to youth and families or caregivers who would not have been eligible for services in the past based on other funding restrictions (includes those who are uninsured, undocumented, or carry Medi-Cal coverage)
- Allowed providers to increase the number of sessions offered
- Trained providers in new modalities that enhanced the effectiveness of mental health services
- Increased coordination between therapists and referring providers such as medical doctors and teachers, providing greater access to care and more coordinated support for individual youth

Group Therapy or Counseling

Many grantees (65%) provided therapy and related support to youth and families through groups, offered in both school and community settings. Groups often included an element of psychoeducation, through which youth received information about trauma, its impacts, and its symptoms. Some grantees developed their own group models, focusing on specific topics (e.g. anger management or life skills) or populations of youth (e.g. immigrant youth). Others provided groups that followed or were adapted from evidence-based models such as CBITS, Seeking Safety, and Imagine YOU.

Importance for trauma-informed care

For many youth and adults trauma is an isolating experience. Groups provide an opportunity for participants to realize that others have had similar experiences. While trauma-informed care does not seek to normalize or legitimize violence or traumatic events, groups can provide an opportunity for participants to understand that they are not alone and see their experiences in a broader context, as something they did not cause and do not deserve.

Psychoeducation on trauma can also play an important role in normalizing and destigmatizing the concept of trauma, giving youth an opportunity to understand how and why traumatic experiences have affected them, and teaching new skills to cope with their trauma symptoms.

Psychoeducation can also provide a shared language, enabling participants to talk about what they have experienced

The individuals in group really learn that they're not alone. Because a lot of people who have experienced trauma start thinking "**I'm the only one who has experienced this.**" And it can be really isolating. So being able to have a group, not only can reach more individuals, but can help **dispel this isolation and alienation** that they might be feeling.

Familias

Normalizing Responses to Trauma

During CBITS groups facilitated by La Clínica, students each share information about a traumatic event they have experienced. Youth were grateful for this opportunity, which helped them normalize their own reactions to traumatic events. Staff recalled one youth who expressed his gratitude to a peer, saying "I just really want to appreciate that you shared what happened to you and that you were really scared. Because I don't ever hear other boys say they're scared. And sometimes I feel scared."

and how they are feeling with their peers and with providers.

In therapeutic groups, participants can sometimes “act out” family dynamics in relation to others. Because trauma is often rooted in family issues, this can provide an opportunity for clinicians to help youth recognize these dynamics, and in some cases have “corrective emotional experiences.” This is when a familiar dysfunctional dynamic is disrupted, which can be powerful and healing. Belonging to a group is a strong developmental need for most teens, making support groups particularly age-appropriate.

Finally, with the high prevalence of trauma among youth in many communities, groups provide a way to reach more youth in need at once.

Young people come in with an assumption that this is just normal; community violence, shootings, etc. And **the shift is realizing that it doesn't have to be so**, recognizing that the community environment doesn't actually need to be as violent as it is.

STAND!

How YTIC enhanced group therapy/counseling

- Allowed organizations to introduce new groups, making them available to more youth in high-need areas
- Allowed grantees to modify existing curricula in response to youth needs, to be more trauma-informed
- Introduced new evidence-based group modalities such as Seeking Safety and CBITs

Family Engagement and Therapy

In some cases, grantees needed to gain parental permission to provide screening or trauma-informed services. Family outreach also helped gain the trust of the youth. Grantees reached out to families through home visits, onsite meetings, and letters sent home from school with students to explain the purpose of trauma-focused activities. In other cases, engaging parents and caregivers was an explicit part of trauma treatment. In addition to individual therapy for parents and youth, some grantees provided family therapy. Grantees also offered training and support in parenting skills, both in individual and group settings. This often included psychoeducation about trauma.

Importance for trauma-informed care

In most cases, youth spend far more time at home than they do with providers. In order to truly heal from trauma, they need a trauma-informed living environment. Family engagement and services allow providers to ensure that parents and caregivers understand trauma and can identify and respond to youths' trauma-related behaviors in ways that promote healing and avoid re-traumatization. Skills in anger management can be particularly important.

Youths' experiences of trauma often relate to experiences and dynamics that impact the whole family. It can be difficult for caregivers to support

A lot of the time **parents feel really powerless** ... and so they use their anger as the consequence. And when you have a family system that's already very impacted by trauma, that **anger reverberates** in a lot of ways for both the parent and the child. So providing some skills and tools in handling behaviors in another way **impacts the trauma reactions** in that family a lot.

HYP

youth in healing from trauma when they are impacted by their own unresolved trauma. Therapeutic services for parents and caregivers can break cycles of violence and trauma, a critical step in preventing future trauma.

For school-based services, family engagement can be particularly important—and challenging. Many parents have developed negative relationships to school because they are only contacted when their children are in trouble. In low-income communities, many parents work two or more jobs, making it difficult for them to get to school campuses. Home visits in particular can play an important role in establishing trusting relationships with families. These visits reach parents where it is most convenient for them and demonstrate that providers care enough to go out of their way. Engaging with families where they live also demonstrates that providers are not afraid of the neighborhood and home environments the youth come from, which builds trust and conveys respect to both the youth and their family. In addition, home visits can give providers greater insight into youth's home life—providing valuable context that benefits their work with the youth.

Staff from LifeLong explain more about the cultural barriers that alienate parents from their children's school campuses:

*"Unfortunately a lot of school administrations don't understand the kind of resistance that parents have of coming on school campuses. It may be that school brings up bad memories for them, that they had bad experiences. Sometimes there has been kind of cultural conflict between teachers and parents. The teacher's looking at the kid like 'You haven't been brought up right,' and then they look at the parents like 'You haven't raised your child right.' And it's not taking into account that the child is coming from trauma, or that trauma originates in the home, because the parents are bringing trauma of their own into the home. So **you need to know how to approach these parents in a way that makes them know we're not the enemy.** We want to be an ally to you not only in the mental health of your child, but also help you work through whatever you're going through too, so you can be a better advocate for your child. And I think that, you know, **it sounds simple, but it's ground breaking.**"* —LifeLong

I go to the homes and meet with the parents. **I started to see a shift—parents start coming onto the campus.** The parents typically didn't like coming onto the campus, they felt that they would be judged and that there was a stigma, so when they started coming onto the campus and **they felt like it was part of their home as well**, and they started to feel that they could take some ownership of this campus too, that really kind of got [the school] to start feeling excited about the possibilities.

LifeLong

How YTIC enhanced family engagement and therapy

- Increased staff capacity to reach out to parents and families, including through home visits
- Trained providers in new trauma-focused therapeutic modalities that supported families (not just youth)
- Allowed grantees to provide therapeutic services to families that were previously unavailable due to funding restrictions
- Enhanced individual and group-based parenting education and support to include a trauma-informed lens and psychoeducation on trauma

Education and Training

In addition to educating teachers and providers through trainings on trauma-informed care, many grantees (60%) provided educational workshops on trauma to youth and families. The psychoeducation provided in these trainings was in some cases similar to that provided in group therapy and counseling. However, these services differed from group therapy in one of two ways: 1) services were provided in a single session, and/or 2) ongoing curricula focused on leadership development, community building, and skill building, rather than on processing past experiences. Where this training and education was offered, grantees ensured that participants had access to case management or therapy/counseling services in case the content brought up feelings, memories, or needs to address on an individual basis.

Importance for trauma-informed care

Like other services that include psychoeducation, education and training helped youth and families better understand trauma and learn valuable coping skills. Workshops created shared language for participants to use in talking about their traumatic experiences and how these experiences had impacted their lives.

Trauma is very secretive in nature and we're letting it **out in the open** now. When I'm doing trainings at schools or in juvenile halls, kids are opening up and saying this is what I've been through, and **the validation that they're not alone** is probably one of the biggest things that I've seen.

ACAC

Trainings and educational programming focused on leadership development and community building can be empowering for trauma-impacted youth. By engaging with their peers and adults in a supportive environment and learning tangible skills, youth gain a sense of their own ability to transform their communities in trauma-informed ways.

How YTIC enhanced education and training

- Allowed providers to bring youth and adults together for training in a way that was not supported by other funding sources, such as providing stipends for teachers to participate outside of paid school hours
- Allowed providers to adapt curricula in response to youth experiences to be more trauma-informed
- Increased staff capacity to provide additional trainings in response to requests from schools and parents

Other Therapeutic Activities

Under YTIC, grantees provided several other types of therapeutic activities that allowed youth to heal from trauma. These included meditation, movement-based activities such as yoga and dance, and other forms of creative expression such as drumming, poetry, and visual arts. Some grantees also engaged youth in outdoor activities such as gardening and hiking.

Importance for trauma-informed care

In healing trauma, traditional talk therapy activates one part of the brain, but youth may benefit from therapeutic activities that activate other parts as well. Further, youth have different ways of processing information and may find some types of activities more engaging than others.

As part of trauma response, youth often dissociate from their bodies, which can be one of the ways that trauma leads to negative physical health outcomes.

Somatic and kinesthetic activities focus on increasing participants' awareness of what is happening in their bodies. Learning to focus on breath and physical sensations can also be an important skill for youth experiencing invasive thoughts that interfere with their ability to stay present, another common trauma symptom.

Youth in foster care and other parts of the child welfare system may have developed aversions to traditional forms of mental healthcare based on negative experiences in court-mandated therapy. Alternative approaches to addressing trauma may be especially important for these youth.

How YTIC enhanced other therapeutic activities

- YTIC gave grantees the flexibility to provide youth with a broader range of services than more restrictive funding sources
- Providers' trauma training helped them understand how these activities contributed to treating and preventing trauma

More and more research is showing that talking about trauma is really **only one part of the brain**, and there are so many other parts- using movement, rhythm, music, yoga- those kinds of things, and [creating] more of the **mind-body connection** is huge.

KidsFirst

Community-informed Care

Several grantees found that it was important and effective to engage providers who had deep, first-hand knowledge of the communities trauma-impacted youth are living in. These providers bring enhanced awareness of what youth are going through and serve as powerful mentors for youth.

Building rapport through shared culture

A clinician in FCS's FAST program shared that her own bi-cultural experience was beneficial in helping her build the rapport necessary to engage youth and their families in trauma-focused mental health services. Her familiarity with US and Mexican cultural norms helps youth and parents relate to her.

"Being **bi-cultural** and getting along with the youth and the parents, **I can navigate [trauma-informed care]** a lot better."

The clinician is able to build on shared cultural practices to create a sense of community in the program environment. Engaging with youth in this way allowed them to open up organically and begin to share information about their own experiences.

"We started by getting me in the trenches, kind of camouflaged actually, because we found with these youth, they're not going to open up very fast, so you've got to **build that rapport and that trust**, and the fastest way to gain it was to have me on ground zero, going around and interacting with them like normal. I'll be cooking tortillas with them and they'll be talking about 'my mom put me down the other day.' I think they forget I'm a counselor to be honest."

Powerful Mentorship

Javier Arango is a former leader of the Border Brothers gang, whose epicenter is at 94th Avenue and Cherry Street in East Oakland, just two blocks from the middle school campus where LifeLong implemented their YTIC grant. LifeLong staff explained the intricate context that uniquely positions Javier to be an especially powerful partner in reaching the students there, all of them living in an environment of persistent community violence. In addition to being a well-known and respected former gang leader, the specific location and power of Javier's gang means that it commands respect from all other local gangs in a neighborhood where your block dictates your gang loyalty. Furthermore, he's experienced with trauma-informed practices and is trained in TGCTA.

"That's why **when Xavier walks on campus he's like a rock star**. I want him to work in East Oakland because kids really look up to him. They see someone who has changed his life, who's in a wheelchair, took a bullet for his gang, and is now telling them 'I don't want you to end up like me.' So the fact that they see someone that was in the gangs they are being jumped into, being tempted into, and someone who — everyone in this neighborhood knows who Javier is. And they're thinking maybe there are other choices ...

There's an angle that Javier has that you can't bottle, you can't put it into a curriculum. It has to come from him. He's the shot caller, he was the one calling the shots on these streets. And everybody knows that, and they're realizing he's calling them. He says instead of peddling dope he's peddling hope. So now they love that, and that aspect of seeing a kid in a wheelchair who has so much love for the work and passion, I don't think anyone else can really tap into that."

Lessons Learned about Trauma-informed Services

- **Focus on relationship building** – In all types of trauma-informed services, relationship building is key, much as it is to successful screening practices. Trusting relationships are both a precursor to healing and part of the treatment to help trauma-impacted youth reconnect to their ability to trust others.
 - **Engaging families is critical** – Families and caregivers play an integral role in creating a safe environment in which youth can heal from trauma. Grantees shared multiple considerations for how to provide this support most effectively:
 - In group settings – like youth, trauma-impacted adults can be isolated. Group settings allow families to hear from others with similar experiences and create a lasting support network of peers.
 - Individually – Some parents may feel more comfortable discussing trauma and behavioral issues in the privacy of individual services. Individual support can also give providers greater flexibility to meet with parents where and when it is most convenient for them, which is helpful in establishing a positive relationship.
 - Through home visits, particularly for school-based programs – Dedicating staff time to visiting families in their homes, outside of school hours, is highly successful in supporting trauma-informed service delivery to youth and their families. Home visits help establish trust between families and providers, bridge practical and cultural barriers between families and schools, facilitate consent from parents for youth screening and services, and increase engagement from both youth and parents in available services.
 - **Understand cultural context** – Trauma and healing do not take place in a vacuum. In order to connect with youth it is important to understand their culture and the culture of their families. This direct knowledge of cultural context supports trust building and also allows providers to speak and interpret the language youth use to talk about their experiences. Similarly, it is important for services to be delivered by providers who have a strong ability to understand and connect with youth. For more discussion of this, please see page 32, Community-informed Care.
- The families start to be a **social support** for each other which is huge when you think about that trauma really isolates people. They feel alone, and then they realize that "**I'm not the only one who has had some scary experiences.**"

- FCS
- For the parents, the issue of privacy and confidentiality kicks in. The families that we see have a lot of difficulties, a lot of stressors, they aren't available at all times. But if we **engage individually**, and can reinforce individually their role in the family system and how to support their child, they're **much more open**.

- Familias
- We fit in with the people; **we're from these communities** and hang out in these communities. Often time I'll be walking around the store and I'll see our parents and our students, and that **further establishes our bond**.

- Ujima

- **Success through services helps create buy-in** – In most cases, grantees created buy-in among school administrators, teachers, and other key stakeholders by providing training prior to introducing services. However, some grantees found that the outcomes of the services played a critical role in creating this buy-in, particularly in schools; as teachers observed outcomes such as students' increased ability to practice self-management in the classroom, they gained appreciation for the importance and effectiveness of trauma-informed care and became more willing to learn and participate in trauma-informed efforts.

These were the students none of the teachers wanted in their classrooms. Now the teachers are welcoming them back into the classrooms—they're **getting results**, and **creating a [trauma-informed] culture** in itself that's more organic.

LifeLong
- **Employ strengths-based approaches** – While building services around awareness and responsiveness to trauma, grantees pointed out that it was important to maintain an approach that still creates space for and builds on youths' strengths. This underscores the value of having a broad toolkit in terms of modalities that can align with and speak to the talents and interests of each youth in addressing their individual needs.
- **Acute trauma and complex trauma can create different needs** – Many interventions are designed to address acute trauma from a single or time-limited traumatic event – far fewer evidence-based practices are designed for the needs of youth who experience multiple, ongoing traumas.
- **Address transportation barriers to care** – There may be numerous reasons why youth have trouble accessing services. SRCHC provided taxi vouchers to help youth reach the clinic. Instituto noted that transportation via bus can be particularly challenging for undocumented youth who are often targeted by gangs. Ensuring that youth have a way to safely get to and from the service site is a key component of making trauma-informed services accessible.
- **Consider the relative merits of addressing trauma directly or indirectly** – Some grantees used modalities that were built on addressing trauma directly, bringing it up in every session to normalize the process of talking about traumatic events and how they may impact the present. This direct approach seeks to demonstrate that it can be not only safe, but healing, to talk about traumatic experiences. Others took a more indirect approach, creating a space for youth to set goals and talk about healthy behaviors, and then allowing trauma to come up organically. In this indirect approach, youth did discuss distressing experiences, but the word 'trauma' was not necessarily used to characterize them.
- **Trauma-impacted youth and families need ongoing support** – While short-term services can help stabilize youth and families who are experiencing trauma, the process of healing and correcting the developmental harm caused by trauma can take much longer. Asking clients to explore past traumatic events can open emotional and psychological "wounds." As such, a trauma-informed approach needs to ensure that clients continue to receive support as they heal.

Ongoing Support

FCS provides an intensive eight-week program to support trauma-impacted youth and families. Participants in this program have access to therapy beyond these initial eight weeks, and continue to receive less intensive support for up to two years following the initial services.

- **Staff turnover impedes quality and consistency of services** – Several grantees struggled to implement services in the way they had planned due to turnover among staff. While some turnover is inevitable, several grantees noted that it can be hard to retain staff in high stress environments with low pay. This underscores how important it is for trauma-informed agencies to have adequate resources to support their staff, ensuring both quality and continuity of services.

If you know you have to wait three months for the counselor to get back to you, either you're fed up or you've **given up hope**. Even six weeks is too much.

FCS

- **Gaps in the landscape of services** - Despite the expansion of trauma-informed services under YTIC, grantees confirm that there are still many gaps in the landscape of services available to trauma-impacted youth and their families. These will be further discussed in the following chapter, Strengthening and Expanding Partnerships and Referrals.

V. Strengthening and Expanding Partnerships

The final grant goal of YTIC was to **expand and strengthen grantees' partnerships with referral agencies to provide additional short- and long-term services.** This encompassed a

broad range of activities to establish new partnerships, strengthen existing partnerships, and share information about trauma-informed care in ways that strengthened the broader system of care for youth and families. It also included enhanced efforts to connect trauma-impacted youth with additional services outside of grantee organizations.

In 2014 over **767** youth were referred by grantees to community partners for additional services.⁷

Making Referrals

As discussed in the previous chapter, trauma-impacted youth and their families have a broad range of needs, some of which cannot be addressed by grantees directly, based on either capacity or area of expertise. Additionally, there are often many barriers keeping trauma-impacted families from accessing services. YTIC grantees referred youth and/or their families to services outside of their agencies for one or more of the following reasons:

- Youth needed more intensive or different services than grantees provide
- Youth had exceeded the maximum number of sessions grantees were able to provide
- Other agencies provided services that were easier for youth or their families to access, due to location or language capacity
- Grantees were not funded to provide services to families or caregivers

YTIC grantees had varied capacity to track and report the specific referrals made, particularly those that specifically came out of their work under YTIC. The 14 grantees who were able to provide this information referred 767 youth for services outside of their agencies in 2014. Due to the inconsistency in collection of referral data it is not possible to quantify how these referrals compared to the referrals grantees made prior to YTIC. Anecdotally, many grantees shared that YTIC work had increased the number of referrals they made as well as their ability to ensure that those referrals resulted in positive linkage to services.

Importance for Trauma-informed Care

Few, if any, organizations are able to provide all of the services that trauma-impacted youth and their families need. While several grantees envisioned the “one stop shop” as an ideal trauma-informed organizational model, most currently rely on partnerships with other organizations that complement the services they are able to provide. Through this referral network, organizations are able to address trauma-informed care for youth and their families from different angles, meeting multiple different needs.

We can't all do everything, so let's try to have a **common objective**, especially for the adolescents.

SRCHC

⁷ Not all grantees were able to track referrals as part of their YTIC work. As such, the actual number of youth and families referred to services outside of grantee agencies is likely much higher than what is reported here.

In expanding the network of available support, referrals also expose youth to a broader range of potential mentors, role models, and trusting adult relationships. This can play an important role in helping youth identify and build on their strengths and talents and repairing the harm that trauma may have caused to their sense of self-worth.

Referrals also provide an opportunity for providers to build on the trusting relationship they have established with youth and help them identify other positive resources in their communities. Particularly where youth have experienced community violence, referrals can help them re-develop a sense of safety and support in their own neighborhoods. Feeling safe in more spaces can also fight the isolation that youth sometimes feel following traumatic experiences.

Empowerment is really a big thing for [these youth] because **they come from a place where their hope is no longer there**—like, it's not in their vocabulary. So being able to show them that there are a lot of places that they can go to that can help them reach their maximum potential, and **be somebody** like they are [is huge].

Instituto

A lot of youth- especially where this is one of the first or second traumas they have experienced in their lifetime- experience a **high rate of intrusive thoughts and avoidance**, so they just stop participating in anything and stay home. Being able to link them back to services of gets them back into "you can have routines, you can participate in activities, there are trustworthy people, **there are safe places in your community** where you can go." It restores a **normative environment** for them and that's really helpful.

La Clínica

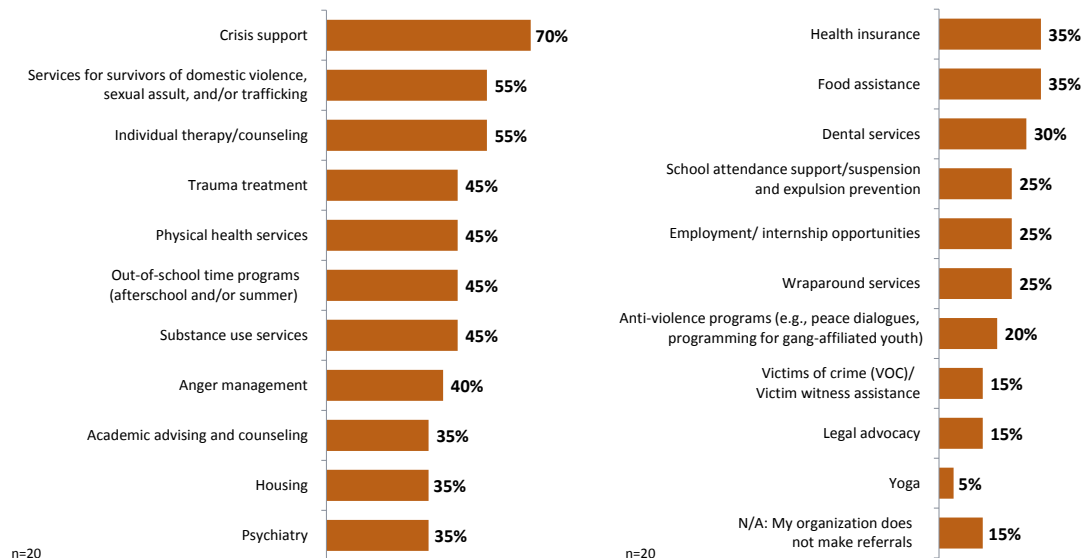
Types of Referrals

Most YTIC grantees referred youth and families outside of their agencies for crisis support (70%). More than half provided referrals for individual therapy and counseling, as well as services for survivors of domestic violence, sexual assault, and/or trafficking (55% each). Just under half of grantees (45%) provided referrals for trauma treatment, physical health services, out-of-school-time programs (such as after school programs or summer activities), and substance use services.

There's a network for basic needs—housing, food, clothing resources, and all of that. And a lot of times for these families this is what's going on, **they're having trouble putting food on the table or finding shoes**, they're not thinking about their kid's attendance or homework. **They're worried about the immediate crisis.**

CNP

Exhibit 3. Grantees referred youth to the following services outside of their agencies



Availability of services

For the most part, YTIC grantees had many partnerships in place with organizations that provided the additional services their clients needed. However, they continue to face challenges connecting youth and families to services both due to limited capacity of partner organizations and gaps in the landscape of services. Although YTIC grantees span 10 counties, they reported several common themes in terms of service gaps. These include:

- Mental health services** –It can take time and relationship building to help youth and families feel ready to access mental health services due to lingering stigmatization of mental health services in many communities. At the same time, grantees have seen the demand for these services increase in recent years, while availability of services has remained stagnant or decreased. As youth and families become ready to access mental healthcare, grantees struggle to connect them with services. The wait time for therapy and psychiatric services is particularly long for low-income youth and families, as few providers accept Medi-Cal. This lack of capacity runs counter to the ideals of a larger trauma-informed system; many grantees emphasized the importance of being able to respond quickly when trauma-impacted youth reach out for support.

The following services are particularly limited:

- Psychiatry (including psychiatric medication);
- All types of mental health treatment for those receiving Medi-Cal or who are uninsured; and
- Individual therapy or counseling for parents/ caregivers.
- Housing – Housing and shelter services are extremely limited and short term. Where services are available, clients can quickly exhaust their allowed stay in less time than it takes to secure more stable housing.
- Youth-specific substance abuse services
- Services for commercially sexually exploited youth
- Employment/internship opportunities

For the most part, these gaps directly reflect the areas where grantees said that additional partnerships were needed. Several grantees also noted that they would like to have additional service partners located on site to minimize the transportation required for youth and families to access multiple services.

Strengthening Partnerships

Most YTIC grantees have many partnerships in place, both with local community-based organizations and with city and county public agencies. Some of these partners refer youth to YTIC grantees to receive trauma-informed services, while others receive referrals from YTIC grantees. For a full list of YTIC grantee community partners, please see Appendix B. In addition to making referrals, grantees also worked to strengthen their relationships with referral partners as part of YTIC.

YTIC Role in Strengthening Partnerships

Grantees shared several ways in which YTIC allowed them to strengthen their relationships with community partners:

- **Training** – Many grantees provided training to community partners, and some invited community partners to join in trainings they received under YTIC. This provided partners with a shared understanding of trauma-informed care. Further, many trainings provided an opportunity for agencies to become more familiar with each other's services.
 - In school settings in particular, several grantees used trainings to increase teacher and administrator awareness of the services they provided on site and the process for referring youth to these services. As a result, providers saw an increase in referrals from school staff.
 - As teachers developed a stronger understanding of trauma and increased awareness of youth services, they also began to use referrals more proactively, identifying signs of trauma in youth

Population-specific needs

Many undocumented youth experience high levels of trauma both in their countries of origin and in the course of their immigration to the US. Once in the US, they may experience additional trauma related to the challenges they face earning income to support themselves and their families. Internships paid in stipend can be a particularly important support for this population.

We have great partnerships and being able to refer students out is great, but **oftentimes that's when we lose them** in trying to get them to that specific place to get that service. So if we had **more places on site** to help, that would be an ideal situation where I can triage them there right away.

VCUSD

There's a shift in how we are getting these kids: it's **more preventative than reactive** to a particular behavior.

VCUSD

before youth behaviors reached a level of crisis.

- **Increased staff capacity** – For many grantees, YTIC directly supported increased provider hours and in some cases the creation of new positions. This contributed to strengthening relationships in multiple ways:
 - Increased hands-on time to connect youth and families to partner agencies, leading to increased familiarity with these partners. Through increased contact with referral partners, providers built stronger relationships which increased their ability to connect youth to services. Further, some grantees found that this increased collaboration enhanced their understanding of trauma-informed care.
 - Increased participation in collaborative meetings – The grant allowed providers to participate in existing meetings, such as Coordination of Services Team (COST) and Student Success Team (SST) meetings in schools, and other multidisciplinary team meetings in other settings, in new or enhanced ways. In many cases these meetings allowed for collaborative case conferencing, wherein providers from multiple agencies shared insights that allowed them to better support individual youth experiencing trauma. For more information on how YTIC supported grantees in enhancing collaboration, please see page 42, *Enhancing Partnerships and Breaking Down Siloes*.
- **Explicit focus on trauma** – YTIC allowed grantees to explicitly devote more time and attention to trauma, which strengthened partnerships in two distinct ways:
 - Working more intentionally with youth experiencing high levels of trauma increases grantees' contact with other trauma-focused agencies to which they refer youth for additional and/or more intensive services. Again, this increased contact builds stronger relationships between referral partners
 - The YTIC grant award and activities that deepened grantees' trauma-informed expertise and reputation facilitated new opportunities and funding to fill service gaps in partnership with city and county public agencies. Examples of grantees leveraging their YTIC experience and funding include:
 - Familias Unidas leveraged Kaiser funding to get an additional \$100K from the local health department to address trauma in immigrant youth who had been abandoned at the border;

The more that we **refer** and **interact** with one another, the different agencies, the more we all become **literate in trauma** and all that goes into [trauma-informed care].

SRCHC

Because YTIC focuses on children and youth who experienced trauma, **we are seeing more of that in the referrals that we receive**, and as a result we are reaching out to these agencies more. As we reach out more we connect with the same people over and over, and then **those relationships are stronger**.

La Clínica

I feel confident that [our YTIC work] has had a **ripple effect** – our county and our child welfare system have seen the success and read more about it and want to become more of a **trauma-informed community**, so they've opened up funding for other agencies as well.

KidsFirst

- KidsFirst noted becoming a go-to resource in Placer County for trauma-informed care and inspiring the county to fund more trauma-informed work;
- Similarly, ACAC has become a go-to resource in the Sacramento area, receiving many more requests for training and support than they have the capacity to deliver;
- YTIC positioned Huckleberry to get a temporary grant to help take on some of the work with commercially sexually exploited youth after SAGE—previously the only San Francisco organization addressing that need—shut down;
- VOICES has begun to have more success in advocating to Sonoma and Napa Mental Health Departments to address the lack of providers accepting Medi-Cal in both counties; and
- JMP is working with the local Chief of Police and the District Attorney’s office to address law enforcement’s protocol for handling sexual assault cases to avoid further traumatization of survivors.

Enhancing Partnerships and Breaking Down Siloes

Few, if any, YTIC grantees work alone in providing trauma-informed care. Instead, they rely on a network of referrals to and from partners both inside and outside of their organizations to ensure that youth receive the services they need. For many grantees, a distinct value of the YTIC grant program was that it allowed them to dedicate more time to purposeful collaboration through which they strengthened these important partnerships.

Creating new opportunities for collaboration

StarVista staff provide an intensive treatment program for girls onsite at a correctional facility. Under YTIC they brought together clinicians and correctional officers for trauma trainings—two groups with historical differences in culture and approach toward the youth they both interacted with. They held a joint retreat and began their time together by acknowledging and appreciating the strengths each team offered and the distinct and necessary roles each team played in the youth's experiences. They also created both teambuilding and training exercises that called for each side to step into each other's roles and to work together in complementary ways. This approach facilitated real breakthroughs in the mutual understanding of each type of staff about the other, as well as created cross-agency buy-in for implementing a trauma-informed approach. As a result of this work, clinicians and correctional officers were able to present a "united front" which was not only valuable to them, but for the youth they served as well.

"It gives them **stability** and **consistency** like they have probably never experienced before. And **safety**. Which I think is the only way for this trauma-informed work to happen, is if they feel safe, and contained, and supported by the adults that are around them. And correctional staff are there 40 hours a week with them, they spend way more time with the youth than we do. So **we need to collaborate with them**."

Supporting collaboration in school-based services

YTIC has supported training and grantee participation in collaborative meetings that have helped grantees work more effectively across departments and roles, particularly in school-based services.

VCUSD

Through training and other supports that the district is putting into place, **people are able to see through a similar lens about what students need** and how to access supports for those students. The weight isn't solely on us any longer, and that is very helpful, not just to us, but actually to the students that we serve and their parents."

EBAC

"Within the health center context, sometimes things can be siloed. So having that training together with health center staff and school staff helped create a bridge across [roles]. Utilizing the health center **and letting teachers know that there's this place, this space they can access or help make referrals to, has helped increase our numbers of referrals** to the health center."

CNP

"Clinicians are trained in confidentiality and we won't divulge confidential information unless legally mandated to report. But we've found **in the educational community we have to be collaborative with teachers** without breaking confidentiality with kids. You have to keep them informed on what's going on or they lose buy-in very quick."

Lessons Learned about Referrals and Partnerships

Making Referrals

- **Effective referrals are time- and resource-intensive** – It is easy to underestimate how long it takes to successfully connect youth and families to services. Linkage requires significant hands-on support and follow up.
 - When trauma-impacted youth or families reach out to referral agencies and do not get a timely response, it is easy for them to get discouraged. Providers play an important role in advocating for clients and helping them build the skills to advocate for themselves in getting the services they need.

Not all services are easily accessible, it's a lot more **complex** than "here's a resource list, go do it." There are often a lot of **hurdles**, and knowing what's open when or having somebody help guide a young person or family through that process [makes a difference].

HYP

Strengthening Partnerships

- **Seamless trauma-informed care requires collaboration throughout the system of care** – Effective trauma-informed organizations apply understanding of trauma in a systemic way, integrating a trauma-informed lens into the fabric of everything they do. However, many service settings can have built-in siloes, between departments within an agency and/or between agencies working toward a common goal. Providers are far more effective in meeting the needs of trauma-impacted youth when they are able to create an environment of consistency and seamless collaboration. Success factors for this work include:
 - Supportive organizational leadership/school administration
 - Clear understanding of roles and cross-referral processes
 - Clear guidelines and systems for information sharing
 - For clinical and school-based services there can be challenges in information-sharing related to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). It is important for providers to find ways to share information that enhances their ability to support students while respecting confidentiality.
- **Trauma lens strengthens other initiatives** – Several schools and school districts already had initiatives in place to bring restorative justice or other positive relationship-based interventions into their schools. Trauma served as the missing link, providing a rationale for teachers and administrators to respond differently to “problem behaviors” and thus making their collaborative work more productive.

We don't want to just be this medical, behavioral health entity on the campus. **We want to be able to inform the campus culture**, and bring that trauma-informed care throughout the school, so the kids are being touched by that care every step of the way.

LifeLong

YTIC allowed us to have more collaboration with our medical providers...it helped us **increase our ability to really integrate and communicate** with each other around cross-referrals.

EBAC

VI. Operationalizing Trauma-Informed Care

It is clear that the critical need for trauma-informed care continues to gain attention and buy-in across youth providers and organizations. However, several YTIC grantees expressed a concern that trauma-informed care is becoming a buzz word and something programs can too easily claim to provide, whether or not they have the knowledge or skills to do so. Part of this challenge is the lack of a shared definition for trauma-informed care. Even SAMHSA's definition (see right) leaves room for interpretation and provides little in the way of guidelines for what these principles look like in practice. As demonstrated in previous chapters, there are many legitimate ways for youth programs to identify and respond to trauma. So how can YTIC and other trauma-focused funding strategies ensure that they are supporting programs that are most effective in healing trauma? To begin to answer this question, the YTIC evaluation asked grantees to share their insights about what characterizes *ideal* trauma-informed organizations, programs, and providers. The following section is based on their responses.

Principles of Trauma-informed Care

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), "a program, organization, or system that is trauma-informed:

- *Realizes the widespread impact of trauma and understands potential paths for recovery;*
- *Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in the system;*
- *Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and*
- *Seeks to actively resist re-traumatization⁸."*

What Does Trauma-informed Care Look Like in Practice?

Grantees' descriptions of the quintessential trauma-informed approach spanned all aspects of care, ranging from characteristics and skills of providers, to specific types of services, to organizational culture, and how organizations interact with the broader system of care and communities at large.

Client Outcomes and Experiences

Perhaps the most defining aspect of trauma-informed care is its impact on youth: what they gain from services and how they feel when interacting with providers. In the ideal trauma-informed agency:

- Youth feel safe, respected, "seen" for who they are, including their strengths.
- Youth understand trauma in a way that normalizes their responses to violence and other traumatic experiences.
 - While services normalize youth feelings and reactions, they do not normalize violence or abuse. Instead, they raise awareness that violence and abuse are not healthy parts of everyday life.
- Youth have opportunities to express what they have experienced and how they feel in ways that are meaningful and healing to them (not just in talk therapy, but through movement, music, poetry, etc.).
- Youth learn strategies to cope with their trauma-related symptoms and calm themselves down when they feel triggered.

The overall message is: **your brain is reacting normally to abnormal events.**

EBAC

⁸ Definition retrieved from <http://www.samhsa.gov/nctic/trauma-interventions>

Provider Knowledge and Skills

The ideal trauma-informed care agency is also defined by the awareness, confidence, and competency of its providers in working effectively with trauma-impacted youth and families. Trauma-informed providers should have:

- Knowledge of and ability to relate to youth and the communities they are a part of.
- Understanding of trauma, including types of trauma, signs, and symptoms.
 - Providers should also understand that trauma can stem from and occurs in the context of systemic forms of oppression such as racism and poverty. Providers should have an awareness of how these dynamics can contribute to youths' experiences of and responses to trauma.
- Ability to engage with clients warmly and supportively, demonstrating compassion and care even when clients are in crisis, angry, and/or hostile.
- Knowledge of their own trauma triggers and ability to recognize when they are triggered.
- Knowledge of evidence-based modalities for treating trauma.
 - Provider knowledge of a variety of modalities is key for selecting interventions that correspond to the particular needs of each individual youth.

We talk a lot about how when a siren passes in Danville, kids don't move. **When a siren passes here [in East Oakland], they're all up and wondering "Is that somebody I know?"** So we talk about expecting that, and expecting, knowing that there are things externally in their environment that they're going to be far more aware of than other kids.

EBAC

Approach

Trauma-informed care is about *how* services are provided, perhaps even more than *what* services are provided. In practice, trauma-informed services:

- **Include families** wherever possible – engage family members as partners in efforts to address youth trauma, and where necessary, provide support or referrals to allow them to heal their own trauma as well.
 - Home visits can be an important way to engage families in their own communities and in a way that conveys genuine care and a willingness to “meet people where they are.”
- **Provide services that are accessible** to trauma-impacted youth and their families:
 - For as long as they need them (not restricted to a fixed number of sessions)
 - Regardless of immigration status or health insurance coverage
 - In the neighborhoods and areas where they live
 - In their primary languages

If we have a student who is in trauma, we likely have a family that's in trauma, so making sure that as a whole they are being helped, because just helping the student isn't going to necessarily going to solve everything.

VCUSD

A lot of the time if you look at curricula out there, they're kind of foreign to the inner-city experience, because they don't understand the inner-city brain ...

Depression looks different in the inner city. A lot of time depression here can look like anger, can portray itself in a different form and people are getting diagnosed as the angry black man, the angry black woman, the angry Latino, instead of getting diagnosed as depressed.

LifeLong

- From a culturally-informed perspective, understanding the needs and experiences of the specific population served
 - It can be healing for youth who have experienced trauma related to cultural oppression or marginalization to have opportunities to celebrate aspects of their culture
- When they are needed – without delay and outside of standard work/school hours as needed
- Using a broad array of modalities outside of (and/or possibly in addition to) talk therapy, including creative, somatic, and kinesthetic activities.
 - Examples provided by grantees include animal-assisted therapy, including equine-facilitated therapy, yoga, dance, drumming, and visual arts-based therapies.
- **Support stability** – either through case management services or referrals, ensure that youth and families are able to meet their basic and immediate needs as a precursor to deeper, trauma-focused work.
 - This can also include relatively simple steps such as providing nourishing, appealing food onsite. When youth are hungry they are often unable to fully engage in services or learning.
- **Connected to and engaging the broader community** to build a stronger support network for trauma-impacted youth. One grantee put words to the importance of building this connection between community and schools:

At a former job we had a therapy cat. And it was so serene to these clients. **The whole bilateral movement of petting an animal—it's regulating.** And then sensory stuff: a water area, a sand area, being able to move around. Sand tray therapy is **very calming and process oriented.**

CNP

"I would like to see schools be more responsive to the needs of the community. I would really like to see more of an integration of community and school. So in other words, it feels like schools now are institutions that are housed within communities and outside of the four walls of that school there may be no connection, as opposed to other places where people learn things. Kids learn things in parks and at the barbershop and at the grocery store. But it's because there's a different sort of integration of how that particular institution meets the community needs. So my ideal would be more of an understanding of the communities that we serve."—WCCUSD/CC

Environment

Grantees discussed numerous ways in which service environments can be conducive to healing or alternately, can be re-traumatizing. A trauma-informed environment is:

- **Warm and inviting** to youth and families/caregivers, and other members of the community, with:
 - Colors and decorations that are calming and/or engaging for youth and families;
 - Soft warm lighting (not fluorescent);
 - Quiet and calm, with minimal intrusion of outside noises; and
 - A homey rather than "institutional" feeling.

Huckleberry House and VOICES provide youth services in buildings that were once residential homes. Both sites find that this "homey" and less clinical environment is comforting to their clients.

- Includes multiple **co-located services** in a single location to minimize the need for youth and families to travel to multiple sites, to help ensure effective linkage to services.

- **Adequate space** for a variety of client needs, with:
 - Therapy rooms that comfortably fit entire families and supplies necessary for various therapeutic modalities;
 - Space for movement-based activities, including outdoor space; and
 - Dedicated space for groups or clinical services provided in school or other off-site locations.

- Not limited to “brick and mortar” program sites – providers have the flexibility and resources to be creative about **community locations** that are comfortable and easily accessible to youth and families, in addition to being able to do home visits.

Considerations for School Settings

Grantees named several considerations for providing trauma-informed care in school settings. These include:

- Strong working partnership between providers and school administration;
 - Dedicated spaces for on-campus services that are inviting and free of jarring school bells and other distracting noise;
 - Alternatives to punitive responses to student behavior; and
 - Clear and established referral process to help teachers, administrators, and other on-site providers connect youth to available services.
-

Organizational Culture and Capacity

As previously discussed, trauma-informed care is more than a single intervention or practice – it is embedded in the culture and operation of an organization. A trauma-informed organization has:

- **Shared understanding of trauma and trauma-informed care** at all levels of the organization and in all positions.
- **Shared understanding of vicarious trauma** and the challenges faced by direct-service staff in providing trauma-informed care. One clinic director shared a vision for developing the knowledge of senior staff and board members in the ideal trauma-informed agency:

*“There would also be **sincere understanding of the vicarious trauma the primary care staff are experiencing on a daily basis** as they provide home visits to clients living in stinky, cold garages, with no showers, and only a portable toilet available. They would have some understanding of what it’s like to hear about a client’s sexual abuse that went on for three years; the journey and fear a client experienced while crossing the border; the description of child telling you about witnessing a drunk father beat their mother; and a child not knowing if they would have food for dinner and how having no lights at night is scary—and that all of these sessions happened on the same day.*

Senior staff and Board Members would be required to watch at least one session behind the one way mirror when a counselor must tell an undocumented mom that her child, who disclosed that she’d been sexually abused by her father for four years, can only be seen four more times because they do not have Medi-Cal. Then, the senior staff or Board Member would help the counselor find other services available to refer the mom to.” – ARCC

- Dedicated time and space to **continuously review program** materials and practices to ensure that they are trauma-informed.
- **Regularly soliciting feedback** from program participants to ensure that services are meeting their needs.
- **Adequate resources** to provide the environment and the level and types of services described above.
- **Adequate staffing** to meet community needs and ensure that providers:
 - Can devote ample time to providing in-depth services for youth and families, including the development of individualized treatment plans, preparation, and debriefing with clinical supervisors or other colleagues as needed;
 - Can engage in collaborative meetings including case conferencing to ensure seamless provision of trauma-informed services for youth working with multiple agencies; and
 - Can support clients in successfully linking to services through referrals, including accompanying youth and families to referral agencies and/or following up with referral partners as needed.
- **Ongoing training and support** focused on trauma and trauma-informed care to staff in all roles and at all agency levels, including:
 - Training on evidence-based models and practices;
 - Individual or program-based consultation to support successful implementation of new trauma-informed knowledge and practices;
 - Opportunities for observation and feedback; and
 - Strategies for addressing and preventing vicarious trauma.

One thing that every agency needs even aside from training is a **feedback loop for improvement**, to know what's working, what's not, **how we can do better**.

ARCC
- **Policies and resources to support all staff**, preventing vicarious trauma wherever possible, and recognizing and addressing it when it occurs. These include:
 - Opportunities to identify signs of vicarious trauma, including clinical supervision and performance review processes;
 - Strategies to address vicarious trauma, including EAPs and other mental health care and on-site support to develop additional skills for responding to clients' trauma, as well as resources to provide supervisors with strategies to help direct service staff cope with vicarious trauma;
 - Resources to support self-care and quality of life among service staff, including adequate levels of pay and paid time off; and
 - Staff retreats and team-building activities that provide opportunities for staff to decompress and build strong and supportive working relationships with their colleagues, enhancing their capacity to provide trauma-informed care.
 - For further discussion of staff support as part of trauma-informed care, please see page 50, Supporting Staff – Preventing and Addressing Trauma.

How we care for direct line staff **directly impacts client care**. So we should value it in a category similar to how we value client care.

HYP

- Adequate resources to **support program data collection** and analysis and ensure providers have minimal diversion of efforts from delivering services.
 - Systems to capture and access client data (such as data from trauma screening tools) are set up prior to implementation, and are easy for staff to use.
 - Staff dedicated to data collection and evaluation to ensure that organizations are able to monitor and learn from program outcomes in an ongoing way. One executive director shared more about the significance of dedicating resources to evaluation:

You're **already dealing with trauma** and crisis and the last thing your staff needs to feel is "Now there's this thing I need to do and I'm not really sure how to do it, and it's not set up right for me to do it yet." That's the **stress they don't need**.

HYP

*"[In an ideal trauma-informed agency] we would have money to hire a full blown data collection/evaluation manager so that we're not scrambling all the time to collect data and make sure the clinicians do it, because **it's really hard to attend to data collection when you're managing programmatic stuff, and doing trainings, and have the caseloads we have.** We learn at the end of every year when we have to work with our evaluator for our SAMHSA grant how hard it is to clean up data. It would be so nice to have that person so we could really **always, not just once a year, be looking at the interventions and the outcomes of those interventions.**"—ACAC*

Many grantees noted that a truly trauma-informed approach is not limited to any single agency, but will be implemented by a coordinated system of care, including community-based organizations, public agencies, and public and private funding sources that work in partnership with the communities and families they serve. Several also emphasized the degree to which trauma results from deeper systemic injustices such as poverty and racism. In order to truly eradicate and prevent trauma, grantees argued that trauma-informed care must address the root causes of trauma, including systemic oppression and injustice.

Supporting Staff – Preventing and Addressing Trauma

In reflecting on the ideal trauma-informed agency, nearly all grantees touched on the concept of staff support, particularly in preventing and addressing vicarious trauma. In order for providers to have the capacity to work effectively with trauma-impacted youth, it is critical for them to have the skills and resources to address their own trauma and engage youth and families without internalizing their trauma. Taking care of staff engaged in trauma-informed care is not only the right thing to do for these dedicated providers, it also prevents burnout and turnover, ensuring quality and continuity of services for trauma-impacted youth.

Learning new ways to interact with clients

If consistency is key to trauma-informed services, then it is critical for providers to learn to interact with their clients in sustainable ways for themselves. A supervisor at HYP shared an example of a staff member who was skilled at connecting with youth and families; however, as clients shared their difficult experiences with her, she internalized the information in a way that was vicariously traumatic. As a result, she was frequently physically ill. Under YTIC, she participated in training and received ongoing support related to vicarious trauma and self-care. This training taught her new ways to process what she learns from her clients and helped her understand the need to take care of herself. Since this training she has rarely been sick. The supervisor described this shift for her staff member as follows:

She still has those beautiful conversations with families, but she manages herself in a different way, she holds herself in a different way, she utilizes support in a different way. She's begun pursuing her own mental health needs, accessing services for herself. I think there's an enlightenment on her part about what her role is as the person receiving that information and how **taking care of herself is what's most important so that she can take care of her clients.**"

Additional YTIC grantee perspectives

JMP

Systemic change isn't only policies ... **systemic change is also what the living breathing people in the building bring to encounters.** Are they grounded? How do they metabolize trauma in their daily lives? Because it's hard working here. If we can support them to be more resilient in this space, then **we're supporting them to be able to respond more effectively, more compassionately, from that grounded place.**"

ARCC

"When you have someone talking about their trauma experience to you on a consistent basis, you are then traumatized by that. And that goes all the way up, because if my colleague is talking to me about the trauma that she feels and I'm hearing it from my staff, and then I'm telling my supervisor- we're all experiencing it. **We want to avoid re-traumatizing our clients by becoming desensitized to what they're sharing with us.**"

Instituto

"One of the principles at Instituto overall is that we have a relationship-based approach to our entire work. And part of that is holding the holder – we're very clear that **if we don't hold the experience of the provider then he or she isn't going to be in optimal condition to hold the experience of the youth.**"

How Did YTIC Help Grantees Better Understand and Define Trauma-informed Care for Themselves?

The previous chapters have outlined numerous ways in which YTIC strengthened grantees' ability to understand and provide trauma-informed care. Several attributes of the YTIC grant program were especially supportive in increasing grantee capacity:

- **Emphasis on training** – YTIC provided grantees with opportunities to participate in numerous trainings and identify training providers and consultants that spoke to the needs of their programs. This allowed grantees to focus on trauma and the meaning of trauma-informed care in ways that had not previously been possible for most. Organizations that came to YTIC with deep trauma knowledge were able to share that knowledge with others, as grantees were also able to build the provision of training into their work plans. This flexibility created valuable opportunities across a cohort of grantees with greatly varied levels of experience in trauma-informed care.
- **Flexibility in screening and services** – The YTIC grant allowed grantees ample room to review and select screening tools and service models that fit their program needs. This flexibility also allowed grantees to recognize when approaches they initially selected were not working for the youth and families they served and to make necessary adaptations. This adaptation process was often a key source of grantees' learning.
- **Core operating support** – Because YTIC funding was relatively unrestricted, grantees were able to use funds to increase staff hours. Numerous grantees used YTIC funds in this way and found that the increased staff time had a profound effect on their ability to provide effective services and referrals and to strengthen partnerships within the broader network of trauma-informed care.

To hear more about the impact of the grant on agencies' understanding of trauma-informed care in grantees' own words, please see pages 53 and 54, YTIC Contributions to Trauma-informed Care.

What do Organizations Need in Order to Become More Trauma-informed?

In its first year, YTIC contributed to impressive growth and learning for 20 grantees and many of their community partners. So how can KP CPB and other funders continue to support this important work? Grantees reflected on what it would take for their organizations to become more trauma-informed, beyond changes made in 2014. The most frequent answers were all focused on resources. Trauma-informed organizations and programs need funding that is:

- **Long-term** – Many grantees explained that consistency is key in establishing the trust and safety that youth need in order to heal from trauma. For organizations to provide this consistency, they need long-term funding sources that allow them to secure the staff and space necessary to meet community needs.

- **Flexible** – Grantees also need funding that is flexible. Many funding sources are restrictive, placing limitations on who grantees can serve, modalities they can use, and the number of sessions they can provide. They also rarely support organizational capacity-building. In order for grantees to continue to enhance their ability to meet the needs of trauma-impacted youth and families, they need funding sources that allow them to:
 - Employ a range of service modalities to meet the individual needs of clients and their families and caregivers;
 - Continue to provide services to clients as long as they are needed (rather than according to a prescribed number of sessions);
 - Provide ongoing training and support to staff; and
 - Make improvements to their physical space and infrastructure to allow them to better serve trauma-impacted youth and families.

Serving the whole kid is really challenging for multiple reasons, but mainly because of **funding limitations**.

Familias

Some grantees identified changes that would enhance the quality of the trauma-informed care that they provide, but that were outside of their control. For example, one community-based organization providing services on a school campus recognized that there were many ways in which the physical environment could better support healing from trauma:

*"What Kaiser's done a lot of [in their hospitals] is created these beautiful indoor gardens. It's all concrete out here [in East Oakland]. Everything that's green out here is either dying or it's being smoked... **there's no Shangri-La to go and relax and let go.** There's no youth hang out space, there's no couches, places to hang out—I'm always thinking of architectural spaces that bring a sense of spirituality, to concentrate and meditate. The spaces that keep you away from the noise pollution, all the pollution, and let you do restorative justice. **We don't have any of that.** You have to disengage from everything that's outside these thin walls so you can concentrate. It's happening right now: people knocking, playing, bells, announcements from the principal. If we were in another school district, it would be very, very different".—LifeLong*

This reflection points to the need for funders to think about ways in which environmental factors facilitate or inhibit healing from trauma and identify opportunities to contribute to structural improvements that contribute to the health and wellbeing of youth in the most trauma-impacted communities.

YTIC Contributions to Trauma-informed Care

Grantees explained in their own words how YTIC has enhanced their understanding of trauma-informed care, increased their ability to provide trauma-informed services, and allowed them to share this knowledge with other providers in their communities.

VCUSD

"What the grant has been able to do is provide the system with more knowledge—better knowledge, better tools, and better skills on how to support young people. We've been on the road of positive behavior intervention support the past few years now and that particular best practice is founded in building a positive relationship with young people. Now in bringing in the lens of trauma, and the part it plays in our students' lives, I think has really broadened the scope of why it is that much more important for us to be about building those positive relationships with kids and really understanding where they're coming from, especially when they are reacting in a manner that is not conducive to the learning environment, and us as a system being better able to respond in a manner that is more supportive than it is punitive."

"This grant has done a really great job of really transforming our culture in how we talk about trauma, and how we approach it with more evidence-based practice. As new hires come in, this trauma-informed care knowledge is transferred to them, they are trained on this. It's also talked about now in individual and group supervision, so it really becomes the lens we are looking at [clients'] progress through."

Familias Unidas

VOICES

"I am exceptionally passionate about finding new ways to deliver programming to foster youth. There are so many gaps in the service delivery model across the state and across the nation. And I really believe- 100% of my being believes that trauma-informed care needs to be the foundation which everything is built upon. And that understanding for me has come through [YTIC]. This is the first time we ever even talked about [trauma-informed care]."

"There's a difference between treating clients who have experienced trauma and saying that you are a trauma-informed care agency. There's a path to [becoming trauma-informed] ... and through this grant we have done that. There's a heightened sense of awareness from staff. They are more aware of what it means to provide trauma-informed services, and how you interact with clients based on that."

ARCC

JMP

This grant has just totally ignited everything we're talking about. It has created a space for all of these conversations to happen, for all of this learning to get traction. Every bit of learning we've done has manifested in some substantive arena, as a group that our interns are doing, in conversations with young people, in trainings with teachers. And there are actual resources that we got through the grant that we wouldn't have had ... it allowed us to have the capacity to make this work real.

[YTIC] has been huge in just **opening our eyes**. Once we had the dollars available for staff development and getting to send our staff to trainings, the clinical team spent months recreating documents and materials that would go along with trauma-focused care, and then teaching the case managers. This really was the first location in Placer County that was offering trauma-informed care, so I just saw a huge potential ... and it was like **the focus just changed for everybody.**"

KidsFirst

FCS

"It's so nice to have **ongoing training** in [trauma] because it really helps you assess more comprehensively, as opposed to just looking at the presenting problems on a surface level. It helps you understand, and sometimes you forget unless you're really being reminded through the training. It adds another layer of compassion to what the families are going through ... **We really fully understanding what these students are going through now, and how it's effecting their learning, their emotional and behavioral functioning, how it's all playing out.** And not only that, how it's transferring from generation to generation to generation."

"YTIC **added significant hours** to our availability ... Working with the population that we work with leads to a high burnout potential and there's a difference between having a staff for 24 hours a week and just doing the clinical work and then leaving, and having them [have enough time beyond clinical hours to] be a part of these meetings and a part of the community. So it reduces burnout and it also provides more face time because **trauma-informed care requires a relationship with the client.** It requires a very intense level of trust in order to go to some of the places that they need to go or to face this trauma."

StarVista

SRCHC

"Now [trauma screening] is normalized and we all do it all the time, and there is this encouragement on the part of the mental health providers to consult with everybody about [trauma]. And so that **increase in conversation** [across the agency] is **helping us become more skilled at working together and to reading affect and flushing out the issue more.**"

"The approach is different. The questions that we're asking are different. **We're assessing how these kids are behaving at every moment** based on what questions we're asking, what activities we've been doing. And before we go into a deep discussion we give youth a heads-up, 'Is this going to be a deep conversation? Yes.' Because in some of these discussions you can see some of the kids start wanting to pull their hair out - it's really that deep. And we have a plan for that, **we can do breathing exercises, we can do an art activity, we can take a walk.**"

Instituto

VII. Appendices

Appendix A: YTIC Screening Tools

Tool Name	Number of Organizations Who Used the Tool	Names of Organizations who Used the Tool
AC-OK Adolescent	1	<ul style="list-style-type: none"> Star Vista
Adverse Childhood Experiences (ACE)	2	<ul style="list-style-type: none"> Alum Rock Counseling Center East Bay Agency for Children (modified version)
Child Adolescent Needs and Strengths Assessment (CANS)	3	<ul style="list-style-type: none"> Another Choice, Another Chance Children's Nurturing Project East Bay Agency for Children
Childhood Traumatic Events Scale	1	<ul style="list-style-type: none"> Santa Rosa Community Health Centers
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	2	<ul style="list-style-type: none"> La Clínica de la Raza Seneca Family of Agencies
Contra Costa Mental Health Plan (CCMHP)	1	<ul style="list-style-type: none"> Desarrollo Familiar
Child PTSD Symptom Scale (CPSS)	3	<ul style="list-style-type: none"> Children's Nurturing Project Desarrollo Familiar La Clínica de la Raza
Life Events Checklist	1	<ul style="list-style-type: none"> Desarrollo Familiar
"Peace" of Mind	1	<ul style="list-style-type: none"> La Clínica de la Raza Ujima Foundation (internally generated version)
PHQ 2 and PHQ 9 (Patient Health Questionnaire)	3	<ul style="list-style-type: none"> Desarrollo Familiar La Clínica de la Raza Santa Rosa Community Health Centers
Program-specific intake form	4	<ul style="list-style-type: none"> Children's Nurturing Project La Clínica de la Raza Seneca Family of Agencies Stand! For Families Free of Violence
PTSD Checklist (PCL-C)	1	<ul style="list-style-type: none"> Stand! For Families Free of Violence
Screening tools associated with ICTC-A (Integrative Treatment of Complex Trauma for Adolescents) and TGCTA (Trauma and Grief Component Therapy for Adolescents)	1	<ul style="list-style-type: none"> LifeLong Medical Care

Tool Name	Number of Organizations Who Used the Tool	Names of Organizations who Used the Tool
TESI (Traumatic Events Screening Inventory)	3	<ul style="list-style-type: none"> Desarrollo Familiar Huckleberry Youth Programs Vallejo City Unified School District
TF-CBT (Trauma-Focused Cognitive Behavioral Therapy) Assessment Questionnaire	2	<ul style="list-style-type: none"> Family and Children's Services Seneca Family of Agencies
Trauma Exposure Checklist	2	<ul style="list-style-type: none"> Desarrollo Familiar La Clínica de la Raza
Trauma Symptom Checklist for Children (TSCC)	1	<ul style="list-style-type: none"> Children's Nurturing Project
UCLA PTSD Index Trauma Screen (Child/Youth 7-17)	4	<ul style="list-style-type: none"> Another Choice, Another Chance Children's Nurturing Project Instituto Familiar de la Raza Vallejo City Unified School District
Youth Self-Report (YSR)	2	<ul style="list-style-type: none"> Children's Nurturing Project KidsFirst
None	3	<ul style="list-style-type: none"> Alum Rock Counseling Center James Morehouse Project West Contra Costa Unified School District
N/A: Youth screened as prerequisite to this program.	2	<ul style="list-style-type: none"> On the Move / VOICES Ujimaa Foundation

Appendix B: Grantee Community Partners

Under YTIC, grantees referred youth to a broad range of service providers to meet additional service needs. In many cases, community partners also referred youth to YTIC grantees to receive trauma-informed care. The organizations listed below represent both types of community partners for each of the YTIC grantees, organized by county⁹ and grantee.

Alameda

East Bay Agency for Children (EBAC)

EBAC referred youth to:

- N/A

Youth were referred to EBAC by:

- Frick Middle School

La Clínica de la Raza

La Clínica referred youth to:

- Oakland Unified School District (Urban Promise Academy)
- Roots International Academy and Coliseum College Preparatory Academy
- East Bay Community Law Center
- East Bay Agency for Children
- National Child Traumatic Stress network

Youth were referred to La Clínica by:

- Teachers
- Administrators
- School Based Health Center
- Medical providers

LifeLong Medical Care

LifeLong referred youth to:

- Trauma Grief Component Therapy (TGCT) providers
- Brighter Beginnings
- San Quentin Correctional Facility
- Youth Uprising
- Bay Area Peacekeepers
- Victory Outreach

Youth were referred to LifeLong by:

- RTIPS/CRSN

Seneca Family of Agencies

Seneca referred youth to:

- Hayward High School
- Crisis support services
- Project Eden
- CSU East Bay
- Hayward Positive Alternatives for Youth (HPAY)/Youth and Family Services Bureau (YFSB)

Youth were referred to Seneca by:

- Hayward High School
- Crisis Support Services
- Project Eden
- CSU East Bay
- HPAY/YFSB

⁹ Some YTIC grantees provide services in multiple counties. For the purposes of this document, grantees are categorized by the county in which they provided most of their YTIC-funded services.

Ujimaa Foundation

Ujimaa referred youth to:

- Allen Temple Health
- Social Services Ministries (ATHSSM)

Youth were referred to Ujimaa by:

- Oakland Unified Schools
- Various community members via word-of-mouth

Contra Costa

Desarollo Familiar (Familias Unidas)

Familias Unidas referred youth to:

- RYSE
- STAND!
- Community Violence Solutions
- WCC Mental Health Services
- Fred Finch
- First Hope
- BACR
- East Bay Regional Center
- Seneca

Youth were referred to Familias Unidas by:

- BACR
- Community Violence Solutions
- RYSE
- STAND!
- Bay Area Peacekeepers
- Y-Team
- WCC Children's Mental Health
- Seneca

James Morehouse Project (JMP)

JMP referred youth to:

- N/A

Youth were referred to JMP by:

- School staff
- Students
- Families

STAND! for Families Free of Violence (STAND!)

STAND! referred youth to:

- N/A

Youth were referred to STAND! by:

- Middle Schools (Helms Middle School, Korematsu Middle School, DeJean Middle School)
- High Schools (Gompers Continuation School, Richmond High School, Hercules High School, Pinole Valley High School, John F. Kennedy High School, El Cerrito High School, Pittsburg High School, De Anza High School) as well as their respective student health centers
- RYSE
- Ujima Family Recovery Services
- Lighthouse Mentoring Center
- Familias Unidas
- North Richmond Missionary Baptist Church

West Contra Costa Unified School District

WCCUSD referred youth to:

- N/A

Youth were referred to WCCUSD by:

- N/A

Placer

KidsFirst

KidsFirst referred youth to:

- Roseville Police Activities League (RPAL)
- Placer Sheriff's Activities League (PSAL) for Youth Enrichment Leadership Activities

Youth were referred to KidsFirst by:

- Child Welfare Services (CWS)
- Children's System of Care (CSOC)
- School personnel
- Health care workers
- Faith-based community
- Community-based organizations.

Sacramento

Another Choice Another Chance

ACAC referred youth to:

- N/A

Youth were referred to ACAC by:

- Schools from multiple districts in Sacramento county
- community based organizations
- CPS
- group homes
- law enforcement agencies
- county behavioral health
- families

San Francisco

Huckleberry Youth Programs (HYP)

HYP referred youth to:

- Alliant University CSPP Psychological Assessment Clinic
- Child Protective Services (CPS)
- Community Youth Center (CYC) Comprehensive Child Crisis
- Edgewood
- Horizons Unlimited
- Instituto Familiar de la Raza
- Juvenile Probation Department
- Seneca Center
- Standing Against Global Exploitation (SAGE)
- UCSF-San Francisco General Hospital--Child and Adolescent Services (CAS)

Youth were referred to HYP by:

- Comprehensive Child Crisis
- Juvenile Probation Department
- Larkin Street Youth Services
- Office of Refugee Resettlement
- San Francisco Police Department
- Seneca Center
- San Francisco Unified School District (SFUSD)
- San Francisco District Attorney's Office
- A variety of community based organizations
- Professionals working with youth and families
- Parents and family members of youth

- 3rd Street Youth Center and Clinic
- Alcoholics Anonymous (AA), Alemany Farm,
HYP referred youth to (continued):

- Asian American Recovery Services Balboa Teen Health Center
- Bay Area Video Coalition (BAVC)
- Bayview Hunters Point Foundation
- Big Brothers Big Sisters
- Boys and Girls Club
- BT Express Community Service
- California Lawyers for the Arts
- Center for Young Women's Development (CYWD)--Sisters Rising
- Central American Resource Center (CARECEN)
- City College Learning Assistance Center
- City Youth Now
- Coleman Advocates for Children and Youth
- College Track
- Communities in Harmony Advocating for Learning and Kids (CHALK) Youthline and Youth Funding Youth Ideas (YFYI)
- Community Assessment and Services Center (CASC)
- Community Grows--Band of Environmentally-Educated and Employable Teens (BEETS)
- Compass Family Services
- Ella Hill Hutch Community Center, Employment Development Department (EDD): Youth Employment Opportunity Program (YEOP) and One-Stop Career Center
- Enterprise for High School Students
- Five Keys Charter Schools and Programs
- Gates Millennium Scholars Program
- GLIDE
- Good Samaritan Family Resource Center
- Hanna Boys Center
- HealthRIGHT 360
- Healthy San Francisco
- Hearing and Speech Center of Northern California
- Independence High School
- Jewish Vocational Service (JVS)
- Year Up
- Yerba Buena Center for the Arts (YBCA)--Young Artists At Work (YAAW)
- YMCA (various SF sites)
- Youth Leadership Institute (YLI)--Building Leaders In Innovative New Giving (BLING)

- Job Corps

Youth were referred to HYP by (continued):

- June Jordan School for Equity Afterschool Program
- Kaiser Permanente
- Larkin Street Youth Services
- Legal Services for Children
- Life Learning Academy
- Literacy for Environmental Justice
- Marijuana Anonymous (MA)
- Mayor's Youth Employment and Education Program (MYEEP)
- Mission Cultural Center for Latino Arts
- Mission Neighborhood Health Center
- New Door Ventures
- Oasis for Girls
- Occupational Therapy Training Program (OTTP-SF)
- Office of Citizen Complaints (OCC)
- Old Skool Café (OSC)
- Pets Are Wonderful Support (PAWS)
- Planned Parenthood
- Precita Eyes Muralists
- Project Level
- Public Defender's Office
- Ring of Fire Boxing Program
- San Francisco Food Bank
- San Francisco Public Library Summer Read
- San Francisco Recreation and Parks Department
- San Francisco Suicide Prevention
- San Francisco Youth Commission
- San Francisco YouthWorks
- SF Summer Jobs+
- Southeast Community Facility
- St. Anthony Foundation
- Sunset Mental Health Services
- Sunset Youth Services (SYS)
- Supplemental Nutrition Assistance Program (SNAP)/CalFresh/Food Stamps
- Support for Families of Children with Disabilities
- Truancy Assessment and Resource Center (TARC)
- UCSF New Generation Health Center
- Chalk Youthline
- Child Protective Services (CPS)
- United Playaz (UP)
- Vietnamese Youth Development Center (VYDC)

- Youth UpRising

HYP referred youth to (continued):

- Wellness Centers (various SFUSD sites)
- Westside Community Services

Instituto Familiar de la Raza

Instituto referred youth to:

- Mission Neighborhood Health Center
- TAPP (Teenage Pregnancy and Parenting Program)
- YEF (Youth Empowerment Fund)
- Horizons Unlimited "Dj Project"
- YMCA
- CARECEN
- LSC (Legal Services for Children)
- La Raza Centro Legal
- Casa de las Madres
- Lyric
- Larkin Street Youth Center
- Gateway to College
- New Door Ventures
- LOCO BLOCO
- Mission Cultural Center
- TAYSF (Transitional Age Youth San Francisco)

Youth were referred to Instituto by:

- S.F. International H.S.
- Wellness Center
- S.F. Juvenile Probation Department
- S.F. General Hospital
- Community Assessment and Referral Center.

San Mateo

StarVista

StarVista referred youth to:

- Art of Yoga
- Rape Trauma Services (RTS)
- CASA
- San Mateo County Behavioral Health and Recovery Services
- Youth Development Initiative
- Youth House South
- Daybreak
- San Mateo County Juvenile Probation

Youth were referred to StarVista by:

- San Mateo County Juvenile Court
- San Mateo County Juvenile Probation
- San Mateo County Behavioral Health and Recovery Services

Santa Clara

Alum Rock Counseling Center (ARCC)

ARCC referred youth to:

- EMQ Families First
- Community Solutions
- Gardner
- Youth Radio
- Victim Witness
- Department of Alcohol and Drug Services (DADS)
- Bill Wilson Center

Youth were referred to ARCC by:

- EMQ Families First
- Community Solutions
- Gardner
- Youth Radio
- Victim Witness
- Department of Alcohol and Drug Services (DADS)
- Bill Wilson Center

Family and Children Services (FCS)

FCS referred youth to:

- Foothill Clinic
- Catholic Charities
- Bill Wilson Center
- The Center for Living with Dying Program
- Immigration Services
- Food Assistance Programs - Second Harvest
- Kinship Program - Friends for Youth
- Department of Alcohol and Drug Services (DADS)
- Victim Witness

Youth were referred to FCS by:

- East Side Union High School District
- Mayor's Gang Prevention Task Force
- Truancy Center

Solano

Children's Nurturing Project (CNP)

CNP referred youth to:

- Solano County Mental Health
- Kaiser
- Partnership Healthplan/Beacon Health
- Fairfield Suisun Unified School District
- Aldea Family Services
- Sullivan Interagency Youth Center
- Fairfield Police Athletic League
- Fairfield Police Department

Youth were referred to CNP by:

- School Districts
- Solano Crisis
- Partnership Health Plan
- Fairfield/Suisun School District
- Fairfield Police Athletic League
- other community based organizations
- Solano District Attorney Mediation

Vallejo City Unified School District (VCUSD)

VCUSD referred youth to:

- Fighting Back Partnership
- Solano County Mental Health
- A Better Way

Youth were referred to VCUSD by:

- N/A

Sonoma

Santa Rosa Community Health Centers (SRCHC)

SRCHC referred youth to:

- Social Advocates for Youth
- Teen Parents Connections
- Sonoma County Department of Health Services-mental health
- STD surveillance

Youth were referred to SRCHC by:

- Santa Rosa City School District
- Migrant Workers Assistance
- Sonoma County Juvenile Justice
- Kaiser Santa Rosa
- Social Advocates for Youth
- California Parenting Institute

On the Move (VOICES)

VOICES referred youth to:

- TLC Transitional Housing Program
- Social Advocates for Youth
- Santa Rosa Community Health Centers
- Sonoma County Human Services: Family Youth & Children Division
- Economic Assistance (CalFresh)
- Juvenile Justice and Probation
- Community Support Network
- Progress Foundation
- Community Health Clinic Ole
- Sonoma County Office of Education
- Napa County Office of Education
- PLACES Housing Program

Youth were referred to VOICES by:

- TLC Transitional Housing Program
- Social Advocates for Youth
- Sonoma County Human Services: Family Youth & Children Division - Juvenile Justice and Probation
- Court Appointed Special Advocates (CASA)
- Seneca Family of Agencies