National Health Care for the Homeless Council Learning Collaborative on the Adoption and Implementation of

**Trauma-Informed Organizations**

## We are excited for this opportunity to engage health center staff in systems transformation toward becoming a trauma-informed health center. This document outlines:

## The larger purpose of the project (*Why Trauma-Informed Organizations?*)

## Project goals

## Objectives for Year One (January 2018 – June 2018)

## The Learning Collaborative Model for Year One

## Key Dates for Year One (January 2018 – June 2018)

## Expectations for Learning Collaborative Participants

## How to Apply (**Application Deadline: December 15, 2017**)

## **Why Trauma-Informed Organizations?**

Developing trauma-informed (TI) organizations expands our understanding of how trauma impacts a person’s cognition, emotions, behaviors, relationships, and overall health; and incorporates the full environment of where care is delivered, including a program's culture, policies, procedures, interactions, and relationships. This allows organizations to provide care that focuses on recovery from trauma and prevents re-traumatization.

On an individual level across one's lifespan, the consequences of trauma are pervasive, and these effects influence dynamics within larger systems, such as the family, agency, and community. People experiencing homelessness endure a disproportionate amount of trauma, and many consider homelessness itself a traumatic event. Unfortunately, health centers aiming to provide services and support for this population can be trauma-inducing or re-traumatizing in ways that are harmful to the goals of providing whole-person, quality care.

In addition to ensuring quality care, TI organizations prioritize the safety of staff and consumers, which reduces negative encounters, improves the social environment, creates a community of wellness, increases success and satisfaction at work, and improves the bottom line. To achieve these objectives TI organizations develop polices, practices, and procedures that incorporate the understanding of trauma, consequences of trauma, and trauma-informed principles throughout its service delivery model and organizational structure; this includes:

* staff recruitment and training,
* staff support policies,
* addressing vicarious trauma and prioritizing self-care for both staff and clients,
* creating safe and welcoming spaces and interactions, and
* representative groups of staff, consumers, and trauma survivors to assess and implement changes.[[1]](#footnote-1)

By combining TI organizational principles with the mission of organizations serving people experiencing homelessness, programs would be well-positioned to address the etiology of trauma, treat current symptoms that manifest within individuals and across systems, and prevent further trauma.

## **Project Goals**

Over the next three years, in partnership with the School-Based Health Alliance and Fenway Institute, the National Health Care for the Homeless (HCH) Council will be organizing Learning Collaboratives (LC) targeting health centers to:

* Create resources for local assessment, implementation, and evaluation of trauma-informed organizational practices, policies, and procedures specifically for health centers.
* Provide technical assistance to health centers to implement recommendations for changes and improvement that align with TI principles.
* Generate outlets for peers to share experiences and insights about the process in becoming a TI organization.
* Support on-going evaluation to measure the impact and outcomes of TI organizations.
* Develop the learning collaborative model as a training/ technical assistance tool for future implementation of a Trauma-Informed Organizations curriculum.

The three-year project is an evolution; with Year One (January 2018 – June 2018) focused on developing an assessment tool and organizational change plan for TI organizations; the second year (July 2018 – June 2019), supporting local health centers in implementing the organizational plan and assessment; and the final year (July 2019 – June 2020), creating a resource bank and toolkit based on knowledge gathered in the previous years.

## **Year One (January 2018 – June 2018) Objectives**

1. Identify tools to conduct a TI organizational assessment at health centers, with attention to considerations important to people experiencing homelessness;
2. Identify organizational and systems change plans for how to become a TI organization;
3. Choose an existing assessment tool OR develop a new one;
4. Develop an organizational plan that includes steps for readiness, a structure for assessment, a process for implementation, and metrics and methods for evaluation.

## The research component of this LC will be designed to select the assessment tool and implementation plan to be utilized in Year 2 of the project. The LC process will also support the study of TI organizations, best practices, assessment and evaluation tools, and organizational change models.

## **The Learning Collaborative Model for Year One**

## Each year through an application process, in addition to our national collaborative partners, primary care associations and our subject matter experts, we plan to invite 10 local health centers to participate in the learning collaborative.

## The LC will include:

## Six web-based learning sessions for content knowledge, facilitated discussions, and guidance from subject-matter experts and other LC participants;

## *Action periods* (assignments between learning session) to analyze assessment tools and organizational change;

## One-on-one check-ins between Council staff and health centers for additional feedback and support

## **Year One (January 2018 – June 2018) Key Dates**

* Learning Collaborative Kick-Off Meeting: January 10 from 2:30-4:30pm Eastern
* Interactive Web Meetings: First Wednesday of each month, February – June from 2:30 – 4:00pm Eastern
* Face-to-Face Meeting at the National Health Care for the Homeless Council Conference: May 17
	+ Participation in this meeting is not required but highly encouraged. Individuals who are unable to attend in-person will be able to call into the meeting.

## **Expectations for Learning Collaborative Participants**

## We would hope to maintain as many participant health centers throughout the full three years, but applicants are only required to commit to one year at a time. The project is aimed at finding an assessment tool that is appropriate for health centers that serve people experiencing homelessness, but being from such an organization is not a requirement. There is no financial cost to participate. We estimate the time commitment will vary from 5-7 hours per month per health center organization.

**Criteria for inclusion in the learning collaborative:**

* One staff minimum as a health center representative (i.e. the *primary liaison*), but preference given to sites with a second representative (i.e. *co-lead*).
	+ The primary liaison should have been with the health center for at least 1 year and may have any role at your organization (e.g. behavioral health, performance improvement, administration).
* One executive or C-suite staff representative (i.e. CEO, COO, CMO, etc.) sign-off of application to approve the health center’s enrollment in the learning collaborative.
	+ This individual must also be available and willing to participate in 2 calls with Council staff.
* The organization must be willing to share organizational policies and procedures with the learning collaborative.
	+ Note that this information will only be used for internal use of the learning collaborative, not for evaluating the organization or broad distribution.
* The primary liaison should be able and willing to share the draft assessment tool and organizational plan with the rest of the organization (i.e. c-suite staff, providers, administrators, front line, consumers) and bring feedback to the learning collaborative.
* The organization and individual representative(s) ability and desire for active participation and engagement in accordance to expectations listed below.

**Expectations for learning collaborative participants includes:**

* Attend all six interactive web sessions
	+ Technology we will use include Adobe Connect (web meeting space), SamePage (online project management, chat, and resource folder), and conference lines. If chosen, we will provide guidance on how to use the software but individuals must be able to use and interact with these free online platforms.
* Complete the homework assignments
	+ Homework each month will include around 2-3 hours of background work that may include readings, viewing webinars, interviewing individuals at your health centers, pulling policies and procedures to analyze, or collecting other types of data.
* Attend a bi-monthly one-on-one call with Council staff to check-in, give feedback, and get support.
* Agree to engage with the values and principles of the learning collaborative.
	+ The learning collaborative model functions best when all members are actively engaged and fully participate by sharing experiences and opinions and asking questions.
* Follow the group’s agreed upon decision-making model.
* Complete all evaluation surveys; these are brief online surveys for each of the 6 interactive meetings and 1 final comprehensive evaluation at the end of the project year.

## **How to Apply**

Because of the expected number of interest from health centers, we will be conducting an application process each year, with an abbreviated application process for returning health centers in Year 2 (September 2018 – June 2018). Our goal is to create an inclusive and representative learning collaborative that brings differing perspectives and expertise.

**Process**

The application will be available via the National HCH Council’s webpage (add link), with an online form which includes basic questions and allows for the upload of two required documents: the answers to the application questions below (add link to word version), and a Memorandum of Understanding (add link to word version). On November 15, 2017 Council staff will be conducting an informational webinar with Q&A about the application process (add link to webinar). Additional questions can be directed to tio@nhchc.org

**Key dates**

* Application Informational Webinar – November 15
* Application Deadline – December 15
* Acceptance Notifications to Applicants – December 22

**Application Questions**

These questions are organized to assess the best fit for individual health center representatives as well as the larger health center agency. You will be asked to respond to the following questions (limit 200 words each):

Organization

1. Describe your organization, services, and population served.
2. What is the value for your organization participating NHCHC’s TIO LC? Include a description of long- and short-term goals.
3. What has your organization achieved or worked toward regarding trauma-informed practices or frameworks on an organizational level?
4. What have been successes or challenges you have experienced in implementing trauma-informed practices or frameworks on an organizational level?

Individual (for the primary liaison to complete)

1. What is your personal experience engaging in trauma-informed practices or frameworks?
2. What do you see as the personal value you will gain through participate in the NHCHC TIO LC?
3. What potential barriers may you face engaging in the LC, and how would you address these barriers?
4. After review of the background information for the learning collaborative structure and projects, what reactions or recommendations do you have? Response optional.

Participation in the Learning Collaborative

1. The TIO LC that will take place January 2018- June 2018 will require feedback on an organizational assessment tool and organizational implementation plan. What barriers do you envision in sharing this draft with all levels of your staff, receiving feedback, and sharing with the rest of the LC?
1. Substance Abuse and Mental Health Services Administration. (July 2015). Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services. [↑](#footnote-ref-1)