

# Trauma Transformed Initiative: Year Three Evaluation Summary Report Executive Summary

## About the Trauma Transformed (T<sup>2</sup>) Initiative

### Background

In 2013, county Children, Youth and Family Behavioral Health leadership from throughout the Bay Area came together to implement a regional Trauma Informed System of Care to help us realize, recognize and respond to trauma and its effects on ourselves, our colleagues, and those we assist. In 2014, seven counties — Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Santa Cruz — galvanized this groundwork and formalized their partnership in the form of a four-year, \$4 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), awarded to San Francisco Department of Public Health. To implement the ambitious and complex systems change initiative, East Bay Agency for Children partnered with Youth in Mind, the Center for Youth Wellness, UCSF Benioff Children’s Hospital Oakland, and the seven counties to establish the T<sup>2</sup> Center to support and sustain a regional system of care by serving as a clearinghouse, systems change coordinator, and communication hub for the region.

Exhibit 1. Counties Involved in the Trauma Transformed Initiative



T<sup>2</sup> strives to transform the regional, overlapping systems into a **coordinated, trauma informed, youth-guided and family driven, evidence-based system of care**. Like any systems change effort, this transformation is a long-term proposition that will take much longer than the four years of the SAMHSA grant that seeded the work to yield measurable change at the level of individual youth and family experiences in the system. This executive summary, and the full report it draws from, summarizes progress made during the first three years of the SAMHSA grant and the lessons learned from the Trauma Transformed initiative, and to inform the future direction of T<sup>2</sup> and other jurisdictions interested in developing trauma-informed systems.

### The Principles

There are six principles that guide the Trauma Transformed initiative. These six principles are strongly aligned with SAMHSA’s System of Care (SOC) Principles. Trauma Transformed uses the following trauma-informed principles to guide the initiative’s work to help change the way we understand, respond to and heal trauma.

#### Trauma Transformed Principles

1. Understanding Trauma and Stress
2. Compassion and Dependability
3. Safety and Stability
4. Collaboration and Empowerment
5. Cultural Humility and Responsiveness
6. Resilience and Recovery

## Trauma Transformed Strategies

The Trauma Transformed initiative employs the following strategies as the means for achieving its overarching goal:

1. **Maintain a Regional Center** to support and sustain a trauma-informed system of care
2. **Family and Youth Partnership** in all regional and center activities
3. **Workforce Development and Training** for county staff, providers, and consumers across sectors
4. **Care Coordination** for youth and children placed out of county and for children, youth, and families served by multiple systems within counties
5. **Sustainable and Effective Practices and Policies** related to trauma informed care across the region

## Key Accomplishments and Lessons Learned

The T<sup>2</sup> Center has led substantial progress in all five strategy areas in service of transforming the regional overlapping systems into a coordinated, trauma-informed, youth-guided and family driven, evidence-based system of care.

### Building a Regional Center

The foundational step for the T<sup>2</sup> Initiative was to establish a regional center, managed by East Bay Agency for Children (EBAC), to support and sustain a system of care that is trauma-informed, youth guided, family driven, and culturally responsive. After the T<sup>2</sup> Center was established, the initiative rapidly gained momentum and publicity through a series of cross-county outreach events and activities. The T<sup>2</sup> Center's professional presence on both online and in-person platforms has helped build both visibility and credibility for the initiative, establishing T<sup>2</sup> as a resource, expert, and risk incubator. The T<sup>2</sup> Center has built its reputation as a subject matter expert and a resource on trauma-informed principles and systems. In response to the high demand for trauma-informed materials and resources, the T<sup>2</sup> Center developed an [online resource portal](#) on their website. Additionally, T<sup>2</sup> has served as a risk incubator for the seven Bay Area counties by providing a space for stakeholders to talk about and organize their work towards greater trauma-informed goals. One of the biggest barriers to counties fully engaging in a cross-county trauma-informed approach is them being beholden to complex requirements, regulations, and policies related to funding streams. Stakeholders identified that an over-focus on risk and compliance can deter learning and innovating and can create barriers to collaborating effectively and placing consumers squarely at the center of the services in a trauma-informed manner. The T<sup>2</sup> Center helps remove fear and risk as counties and agency partners take bolder action collectively to break down silos in service of becoming more trauma-informed.



### Lessons in Building a Regional Center

Establishing the regional Trauma Transformed Center has been instrumental in helping move forward the initiative's work. Below are lessons and insights from this foundational effort in the first years of the initiative:

- **Having an independent community-based organization lead and manage the entity of the T<sup>2</sup> Center allows for the responsiveness and flexibility needed to lead a fast-paced innovative regional initiative.** It is important for a regional center of this kind to function as a county-neutral coordinating body that can be responsive, adaptive, and adopt potentially unconventional practices in order to center a trauma-informed approach. As such, Center management by a CBO, as opposed to a county government agency, proved to be a considerable strength.
- **Building relationships across counties is foundational to the work.** Trauma Transformed invested a lot of time up front creating a visible presence, both online and in-person. This was a vital step towards spreading awareness of the initiative, building momentum for its goals, and developing trust among key stakeholders and communities.
- **It is important to leverage technology when meeting with regional team members across counties.** Coordinating in-person meeting logistics with team members across several counties can be challenging. Conference calls and video conferences are easy ways to encourage participation, while cutting down on travel time and costs.

## Family and Youth Partnership

A central tenet of T<sup>2</sup>'s approach has been the engagement of youth and family members with lived experience in the systems implicated in the Center's work. Trauma Transformed has intentionally and systematically included youth and family members affected by public systems in each of its governing, advisory, and work committees.

The T<sup>2</sup> **Youth and Family Advisory Council** is made up of youth and families directly impacted by public systems to govern the T<sup>2</sup> Center, ensuring youth, family and community perspectives are integrated authentically in the process to transform the systems that serve Bay Area populations. In addition to the Advisory Council, whose membership is 100% youth and family members with lived experience, all other team governance and working bodies of T<sup>2</sup> include at least one youth and/or family member representative. Youth and family representation on the **Oversight Committee** allows youth and family to directly participate in meetings with T<sup>2</sup>'s county leadership, hearing them discuss and guide the initiative first hand and providing their perspectives to influence the direction and activities of the initiative. The **Evaluation Team** was designed to include youth and family members as an integral part of the team, who make the evaluation more aligned with trauma-informed principles at every step along the way. Youth and family members on the **Policy Team** provide a consumer perspective on its work to identify or develop trauma-informed policies that the initiative and/or county agencies can adopt, as well as its work to understand how to overcome institutional barriers to trauma-informed policy implementation. Youth and family members on the **Social Marketing Committee** consult on communications, messaging, outreach materials, and the regional digital clearinghouse to ensure effective social marketing to audiences of the T<sup>2</sup> Center. On the **Care Coordination** team, youth help assess the service delivery systems at various points of interaction between consumers and providers/staff and evaluate how trauma informed those points of contact are. Three youth and family members with lived experience have been a member of the **Workforce Team**, helping to define levels of competencies needed to provide trauma-informed care and to develop a training program for system of care staff.



### Lessons in Youth and Family Partnership

- **Commit to keeping youth and family governance or advisory bodies fully youth- and family-led.** Because of power dynamics and differences in perspective and priorities, youth and family integration into existing governance and decision-making bodies can be ineffective in engaging youth or family representatives and in candidly surfacing their ideas. Youth and family members can more effectively share their truths and ideas, guide policy and other decision-making, and take ownership of their contributions in a youth- and family-led setting.
- **Authentic engagement requires slowing down.** Trying to accomplish too much too fast risks leaving members feeling behind, disengaged, and undervalued. Youth and family members must be part of the agenda and goal setting as well as the achievement of those goals, taking care to set realistic goals and a pace for achieving them.
- **Keep activities and discussions relevant to youth and caregivers.** With a systems change initiative, it is easy for discussions to hover at an academic and theoretical level, seemingly far removed from the actual experiences of those affected by the systems. Youth and caregivers have invaluable insights about the ways in which systems affect consumers, making it worth the time and effort to work together to find the right issues and angles to tackle in partnership with youth and families.
- **Proactively remove barriers to participation.** All youth and family members are given stipends for their time in meetings (and any work completed outside of meetings), and reimbursed for travel expenses. Careful consideration is given to meeting times and locations to make it as convenient as possible for youth and family members to participate. Meetings also include food, helping participants to feel nourished and valued at the meetings. These accommodations make it more likely that youth and caregivers can and will participate in workgroups and councils.
- **Build in time and opportunities to connect with each other, build trust, and learn from one another's perspectives.** At the heart of trauma healing is trusting and dependable relationships, and staying mindful of this principle in engaging youth and families in systems change work supports everyone's authentic participation. Opening meetings with "connective activities," structuring participatory, small group, and paired exercises, and allowing for some unstructured time for socializing, eating, and connecting all contribute to a foundation where people can feel more comfortable adding their voice, sharing their perspective, and discussing critical feedback in a way that benefits the initiative as well as the integrity of the group.

## Workforce Development and Training

Trauma Transformed has developed and coordinated trauma-informed training and resources to disseminate to county staff and providers. The focus of this work has been on workforce and organizational healing with the goals of responding to vicarious trauma within the workforce, situating cultural humility and racial equity at the center of trauma-informed work, and helping to equip organizations to be healing organizations that promote the wellbeing of the workforce and consumers.

**Trauma-focused organizational assessment, coaching, and planning support:** T<sup>2</sup> administered the Trauma Informed Agency Assessment (TIAA), an agency self-assessment tool that examines agency trauma informed practices along six domains that are strongly aligned with T<sup>2</sup> principles. T<sup>2</sup> has worked with agencies to reflect on their organization's strengths and opportunities based on assessment results, and to use the findings to inform organizational change efforts. In the coming year, T<sup>2</sup> will conduct a second regional administration of the tool to examine change over time and administer a youth and family version of the TIAA to learn more about the consumer experience of services provided within the system of care.

**Community Reflection Circles:** T<sup>2</sup> teams, including members of the Youth and Family Healing Team, facilitated gatherings to create a container for moving from collective trauma to collecting healing. Following the 2016 presidential election and subsequent travel ban, Trauma Transformed held a series of Community Reflection Circles called Rage, Restoration, and Reflection, designed to help communities impacted by recent surge in community stress. For the Bay Area's frontline trauma responders, there is a growing need for spaces and structures where secondary stress can be mitigated through collective healing.

**Emerging Leaders of Color Project:** T<sup>2</sup> developed and launched an Emerging Leaders of Color Leadership Program (ELOC-LP) with the goal of attracting and engaging more people of color as emerging leaders as part of a long-term effort to increase the diversity of leaders within the Bay Area's system of care. The six-month ELOC-LP supports leaders of color by helping them to uncover, deepen, and build upon their natural strengths, and prepare them to navigate the pressures and pitfalls of serving in the helping professions.

**Trauma-Informed Systems (TIS) Organizational Approach:** Regional dissemination of Trauma Informed Systems (TIS) organizational approach has been a major area of T<sup>2</sup> focus. This work includes a foundational training on trauma and trauma-informed principles along with learning communities to build cohorts of trainers, organizational leaders and champions, and to help align principles to practice. The Trauma Informed Systems 101 training (TIS 101) has been adopted and widely disseminated throughout the Bay Area. To date, more than 4,000 members of the workforce have participated in the training regionally in addition to the over 6,500 members of the workforce in San Francisco county who have been trained, for a total of more than 10,000 training participants. Following the training, 94% of training participants agree or strongly agree that "being trauma informed is important for everyone in my organization." T<sup>2</sup> also held a Community of Practice event where TIS trainers from across the region shared their experiences and reflections as TIS 101 trainers. The following are themes and takeaways from their stories:

- TIS brings a systems-level approach to trauma-informed care that is key to its potential for real transformation.
- TIS 101 promotes a culture of caring for the people who care for youth and families.
- Having trainers from diverse sectors and disciplines contributes to the accessibility of the information to diverse professional communities.
- Trauma Transformed and the TIS work contributes to systems level changes with great potential to improve the experiences of youth and families served by those systems.
- TIS is contributing to changes in organizations and systems.

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Years prior the systems just didn't work well together. Things were really siloed and we made it really difficult for our families that we are supposed to be providing care for. [...] Having that partnership because of this training is really going to help my county, my agency do much more thoughtful, compassionate, trauma-informed work.

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*TIS 101 Trainer, Social Services Stakeholder*

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**Engaging Leaders and Champions:** T<sup>2</sup> is working to embed and institutionalize trauma-informed systems through ongoing support for translating knowledge into policy and practice. One component of this effort is learning communities designed to support leaders and champions to create contexts that nurture and sustain trauma-informed practices and to create organizations, agencies, and schools that reduce trauma.

**Learning from the TIS Model:** San Francisco's Department of Public Health (SFDPH) is currently leading an evaluation to answer at a local level the question "Is the TIS work making a difference?" This research holds value for understanding the regional work as well. The insights from this research will help San Francisco and T<sup>2</sup> stakeholders further develop and enhance the TIS model, optimize efforts to invest in the approaches that lead to the greatest success, and develop a body of knowledge to share with external stakeholders interested in learning from T<sup>2</sup> to implement similar models.



## Lessons in Workforce Development and Training

Workforce development efforts to date have built a foundation for transforming the regional system of care, and have yielded the following lessons and insights about what is critical for success.

- **Sustained effort over time is crucial.** In order for training to be effective, it needs time to take root. The ELOC-LP participants shared that despite the program being a fairly intensive six-month long effort, the program was only beginning to gain traction when it ended. Some participants recommended a longer program.
- **Staff at all levels must be engaged.** TIS 101 training participants shared that training organization leadership was key to success. Sustained systems change impact requires that leadership, front-line staff, and all members of the workforce are part of the effort.
- **Organizational leaders need ongoing support and training.** The TIS 101 training provides the instructional component for TIS. Beyond training, the Champions Programs and Leadership Learning Communities played a critical role in supporting organizational leaders to build and implement new skills needed for changing policy and practice within their organizations.

## Care Coordination

Trauma Transformed aims to establish a regional model to provide coordinated services for youth and children placed out of county, and children, youth, and families served by multiple systems within counties. T<sup>2</sup> invested in research to better understand the local landscape including the flow of foster youth across bay area county lines, the challenges and barriers that contribute to fractures in care, and the strengths and opportunities to help the system function more seamlessly. This research led to the production of the Care Coordination report, "Connecting Youth Placed Out of County to Trauma-Informed Care," which has helped to identify needs, galvanize stakeholders, and inform problem solving. T<sup>2</sup> has also brought together geographically diverse stakeholders in new ways that have enhanced their ability to collaborate and has contributed to important group problem solving (for example collaborative brainstorming about how to implement newly passed AB 1299 which establishes new requirements for receiving counties provision and coordination of mental health services). T<sup>2</sup> convened key stakeholders, particularly those most directly impacted by the new policy (e.g. billing and coding staff) to help develop a regional approach to implementing the new policy. Additionally, T<sup>2</sup> is working to provide resources, training, and promote collaboration that will streamline coordination of care throughout the region. A few specific examples include: developing a universal Child and Adolescent Needs and Strengths (CANS) assessment to facilitate communication and information sharing about client's needs, strengths, and treatment plans; establishing a resource portal of tools and practices available through T<sup>2</sup>'s website; and conducting integrated trainings, bringing key stakeholders together from various sectors of the youth-serving workforce in order to create consistency to enable smoother coordination of care.



## Lessons in Care Coordination

Coordinating care for youth in the Bay Area as a region is something that Trauma Transformed is uniquely positioned to do. As an entity that serves the whole region, Trauma Transformed is able to gather perspectives from county partners and players and organize and disseminate information in a way that doesn't place any one county or service agency at the center of its work. Some key lessons are captured below.

- **Bring the right people to the table.** The care coordination work that T<sup>2</sup> organized regarding the implementation of AB 1299 highlights the importance of capturing the insights of those directly impacted by a policy change. While leadership engagement is often critical for ensuring buy-in, commitment to, and follow through for most systems change efforts, the importance of connecting with front-line staff who have direct experience with aspects of a system that are impacted by change cannot be overlooked. Trauma Transformed correctly anticipated this need with regards to its AB 1299 work, and the results of that work could not have been achieved without the involvement of billing and coding staff from agencies throughout the region.
- **Formalizing cross-county collaboration is ideal but very hard to achieve.** One goal outlined in the year two Care Coordination report was to formalize MOUs between all seven counties to facilitate data sharing among partners. This has not been possible to date due to considerable obstacles in getting approval from county leadership officials needed to get these agreements in place. While having formal data sharing agreements would unlock great potential for collaboration and streamlining of care, there are deep rooted concerns and entrenched practices regarding privacy regulations, information sharing, and HIPAA compliance that have stood in the way to date.

## Sustainable and Effective Practices and Policies

The final strategy of Trauma Transformed is to establish effective regional implementation practices, and to promote cross-county alignment on policies related to trauma informed care. T<sup>2</sup> established a Regional Policy Team, composed of representatives across sectors including human resources, public health, county behavioral health, and youth and caregivers employed as consumer partners in the workforce. The team works to identify strategies to build a trauma-informed workforce that reflects the communities served and focuses on the following areas: Policy; Practice and Services; Leadership; Workforce Development; Youth and Family Engagement; Communication; and Evaluation.

One role the Policy Team plays is developing understanding and tools to support successful implementation of trauma-informed policies. In this way, T<sup>2</sup> works to make the Clearinghouse more than a simple repository of resources and information— it also looks for the reasons that new organizational policies and practices might *not* get implemented and explores what would drive effective implementation. As part of its effort to drive effective policies and effective policy implementation, the Center is launching a Trauma-Informed Policy Audit Process and piloting it with CBOs. Audits will determine: whether the policy is necessary; the purpose served by the policy; whom it helps and whom it hurts; whether the policy facilitates or hinders consumer inclusion and control; whether those most impacted by the policy were involved in its design; and whether the policy or guideline re-traumatizes consumers by limiting power and control, creating confusion, or blocking access to care.

The work of the Policy Team and the Clearinghouse resources offer organizations guidance and information about policies and practices, but the Center goes beyond providing resources to actually supporting organizations as they change their operations to become more trauma-informed. For example, the Center is working with the SF Parent Training Institute and the Center for Disease Control (CDC) to examine how evidenced-based parenting practices are adapted to be trauma sensitive. In addition, the Center incorporated trauma-informed systems (TIS) language into contract paperwork and mandatory trainings.

Finally, T<sup>2</sup>'s workforce development efforts include deliberate efforts to build organizations' readiness for the integration of trauma-informed principles into organizational culture and practices. For example, using the Trauma Lens, the Center created the Meeting Facilitation Practice Tool for Leading, which offers practice guidelines for leadership so that they can integrate trauma-informed practices into meeting facilitation.



## Lessons in Sustainable and Effective Policies and Practices

The work of Trauma Transformed to develop and implement policies and practices that help remove barriers to the coordinated, trauma-informed, youth-guided and family driven, evidence-based system of care that T<sup>2</sup> stakeholders envision has produced some key insights into how a regional center can best support effective policies and practices for a multi-county effort like T<sup>2</sup>:

- **Administrative policy change can be slow.** Developing, vetting, getting buy-in on, and finalizing new trauma-informed policies or updating old ones is a multi-stakeholder, multi-phased process that takes a long time in county agencies. It is necessary to keep the long view in mind and to be prepared to navigate multiple challenges, roadblocks, and false starts with patience, creativity and tenacity to see policy change through.
- **The regional lens is valuable.** A regional center can help share knowledge about policies that work and implementation success factors across multiple counties, where so many functions and services require similar policies and guidance to those in other counties. The regional lens can help reduce redundant efforts, connect dots across programs and counties, disseminate lessons learned efficiently, and support counties with implementation.
- **Participatory policy processes are key for implementation success.** Implementation of policies, not the setting of policy itself, is the hard part. To counter the common problem of policies being handed down from those far removed from the day-to-day work affected by the policies, and then being poorly or inconsistently implemented, the development of policies should involve the people expected to carry out the policies and those most affected by it. By using this kind of “participatory policy process,” insights relevant to the likely barriers to and unintended consequences of implementation can be surfaced and addressed throughout the policy development process, increasing buy-in along the way.
- **Youth and family members need a lot of support to participate meaningfully in policy change.** Policy change in particular is a challenging effort for youth and family members with no prior policy experience to integrate themselves into quickly. Much education, capacity building, and support along the way is necessary to make their authentic participation possible.

## Key Reflections on Systems Change Challenges

**Collaborative work with a regional focus is valuable, but challenging:** Regional collaboration, part of what makes Trauma Transformed visionary and unique, is inherently challenging. One tremendous success that T<sup>2</sup> can claim is the breadth and diversity of partners engaged through the initiative. T<sup>2</sup> has convened stakeholders in seven counties, including youth and family members with lived experience, service providers, behavioral health system leaders, and partners across a range of other sectors who interact with the children and families served in the Bay Area’s system of care. T<sup>2</sup> has built awareness of trauma-informed practice, developed infrastructure for communication and collaboration, and established itself as a local subject matter expert and resource. While tremendous strides have been made, Trauma Transformed remains acutely aware of how challenging it is to build and sustain a collective effort for regional change. While many of its efforts engage partners from all seven counties, often the work remains locally focused within individual counties or agencies. Barriers that make regional systems change efforts challenging include distance and travel time, competing priorities for county funds and county stakeholders’ time, and structural barriers such as lack of shared access to information. This proved one of the more challenging hurdles for Trauma Transformed – efforts to establish cross-county data sharing agreements stalled in the face of obstacles and the lack of a regional data sharing agreement is something that has hindered the ability of T<sup>2</sup> to operate with a truly regional lens. As Trauma Transformed moves into the final year of the SAMHSA grant and lays groundwork for its transition beyond the grant into its next phase, it will need to explore questions about the value of operating as a regional effort, ways to mitigate the barriers to regional collaboration, and how to facilitate and optimize the buy-in, commitment, and shared ownership needed to sustain a regional effort.

**Measuring systems-level change is a long-term effort—partners should look to the best available data to glean the emerging story, while planning longer-term measurement approaches:** The Trauma Transformed initiative was built

upon the exciting and ambitious goal of transforming a regional system of care to become more integrated and trauma informed. This type of system-level change happens gradually over time as a result of coordinated and sustained effort. Often the significant impacts on youth and families are not immediately apparent, and this can be challenging when compelling evidence of success is needed to make a case for further investment in an initiative. T<sup>2</sup> has to navigate this tension as it makes early claims about the value and impact of its work. There is limited evidence at this early stage of implementation to answer the questions *“Is this effort achieving what it aims to?”* and *“How does this impact youth and families served by the system?”* Therefore, the critical questions that Trauma Transformed stakeholders should consider at this point are: *“What are the highest leverage opportunities for evaluation in T<sup>2</sup>’s fourth and final SAMHSA grant year?”* *“What are the questions that Trauma Transformed wants to answer over a longer time horizon?”* and *“In what ways has T<sup>2</sup> successfully laid groundwork for answering meaningful questions to support further investment in this model?”* One early lesson is that stories do the best job of describing the impacts of T<sup>2</sup> at this stage. Quantitative data gathered to date primarily focus on what has been done and what has been made possible through the grant (e.g. process measures, findings such as flow of foster youth that inform initiative strategy and decision-making, etc.). But these measures do not tell the story that T<sup>2</sup> stakeholders eagerly want to know, which is not the “what” but the “so what.” The qualitative insights that stakeholders have shared to date speak most loudly about what systems change—and its barriers and challenges—has really looked like from their first-hand perspective, and how the work of T<sup>2</sup> has had an impact on them, their organizations, and the systems within which they work.

## Considerations for Further Exploration

As Trauma Transformed enters its fourth and final SAMHSA grant funding year, initiative leaders and stakeholders are considering what questions to explore in the coming year and beyond. As a widespread, regional, systems-change effort, many of the meaningful changes that T<sup>2</sup> aims to facilitate will take place on a time horizon greater than three to four years. While T<sup>2</sup> is rooted in the belief that changing systems will lead to impacts for the communities served by those systems, it is too early in the lifecycle of this work to expect measurable impacts at the individual level. As T<sup>2</sup> prepares to sustain its efforts beyond the SAMHSA grant period, there is widely held anticipation and eagerness for data to “make the case” for investment in Trauma Transformed. Therefore, the opportunity is ripe to explore the most meaningful ways to measure indicators of systems change at the three to four year mark, and to lay groundwork for evaluation of change on a longer time horizon. The following are questions for consideration and potential evaluation designs for both the near-term and longer-term:

### Near-term Evaluation Opportunities (1-3 years)

- **What is the impact of participation in the TIS Learning Communities?** To what extent are the Learning Communities an essential component of the model? What can T<sup>2</sup> learn from Learning Community participants about their experiences? How do organizational outcomes differ between agencies with leaders and champions with sustained participation in Learning Communities compared to those without?
- **How does TIS implementation look different among different organizations?** What are differences between small and large organizations? What role does leadership engagement play in implementation success? Are there critical factors for readiness or success? These questions could be addressed through in-depth case studies profiling different types of organizations, and mapping their journeys through the process, to explore the barriers and facilitators of successful TIS implementation.
- **What are the experiences of individuals directly impacted by Trauma Transformed?** While it remains early to examine the experiences of individuals served by the system of care, there are many stakeholders who have been directly impacted by the initiative in its early years such as members of the workforce across various sectors, and members of T<sup>2</sup>’s own leadership bodies, including youth and family member participants. It has seemed premature to evaluate the experiences of these stakeholders while the initiative was still in its formative stages. Now a few years into the project, there is a great deal to be learned about how Trauma Transformed has contributed to changes in systems and how stakeholders experience those changes to shed new light on the early impacts and lessons of T<sup>2</sup>.
- **What are key considerations for sustaining Trauma Transformed efforts and impact?** What are the most promising organizational structures for leading and sustaining this type of work? (e.g. continuing to be CBO-led, versus academic or government institution-led). What is the right balance of operating with a broad versus narrow



focus? Some of these questions have been touched upon through T<sup>2</sup>'s sustainability work, though there are additional questions to explore as T<sup>2</sup> and its partners determine its approach and strategic priorities for the years ahead.

**Longer-term Evaluation Opportunities (3 years and beyond)**

- **What is the impact of a trauma-trained workforce on organizations, staff, and communities?** To what extent are changes in practice sustained over time, and what is needed to sustain trauma-informed practices? What is the impact of trauma-informed workplaces on members of the workforce? Are those impacts sustained even over time as turnover occurs? What is necessary to institutionalize organizational change?
- **What is the impact of a regional trauma informed system on the youth and family members receiving services within the system of care?** What are the impacts on client experience? Health outcomes? Long-term outcomes for children and youth served? (e.g. education, involvement in criminal justice, etc.). Some of these questions can be answered through gathering robust point-in-time aggregate data from a large sample of consumers and providers, and others can be explored through longitudinal data that tracks individuals over time.

This list of potential questions and opportunities is far from comprehensive. These serve as examples of ways in which further data collection can help Trauma Transformed continue to monitor and evaluate its progress and impact, in order to inform ongoing efforts as well as to promote sustainability. There are many successes to date for Trauma Transformed stakeholders and partners to celebrate. The initiative is an ambitious and complex undertaking, and while the data, stories, and examples contained in this report are insufficient to capture the full impact of Trauma Transformed, they provide compelling evidence of the emerging value and breadth of T<sup>2</sup>'s contributions.