



SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

# TRAUMA INFORMED SYSTEMS

Evaluation Report  
April 2015 – March 2017

Prepared by:  
Briana Loomis, PhD  
[briana.loomis@sfdph.org](mailto:briana.loomis@sfdph.org)  
Maribel Mora, MSW  
Kalen Hermanson, MPH

## TIS Initiative Framework & History

Trauma is a prevalent health issue that impacts individuals, families, communities, and institutions. Current research shows correlations between the effects of trauma, and chronic physical and behavioral health problems. Notably, the Adverse Childhood Experiences Study (Felitti et al., 1998) indicates a link between the number of ACE's one has experienced (traumatic event or prolonged exposure to stress) with chronic illness, substance abuse, and behavioral health issues. Past discriminatory policies (ex: housing segregation, hiring practices, etc.) contribute to the socioeconomic inequalities and oppression we see today. Health disparities are found amongst disenfranchised groups that are also experiencing the effects of community violence, lack of access to resources, and poverty. The city of San Francisco has one of the most unequal distributions of income in the United States, with an income gap close to \$500,000. The implications of such a divide has spurred poverty, gentrification, and displacement of people that are no longer able to afford to live in the city (Del Giudice & Lu, 2017).

These vulnerable community members are served by the San Francisco Department of Public Health (SFDPH) and staff that have experienced a past trauma, or those that are currently experiencing symptoms of trauma and stress, are found within its workforce. The SFDPH Trauma Informed Systems approach seeks to promote wellness for its workforce, and in doing so, the impact will be felt by staff and the community. Unaddressed trauma within organizations can obstruct service delivery, exacerbate stress experienced by staff, and further create barriers or re-traumatization for clients. Much like a human being, an organization with a trauma inducing work environment can exhibit symptoms such as fragmentation, depersonalization, reactivity, and numbing. The Trauma Informed Systems (TIS) model within SFDPH seeks to address trauma within the workforce in order to provide effective and outstanding services to clients, as well as become a source of healing for all.

The TIS Initiative is guided by a set of six principles that reinforce all models, activities, and implementation efforts:



SFDPH's TIS model utilizes a variety of activities to ensure a trauma informed paradigm shift. The activities enhance the organization's capacity to have healthy and compassionate relationships, to delve into difficult conversations about the impacts of trauma, and to move together towards resiliency and recovery. A trauma informed work culture will be integrated by increasing knowledge around trauma and its impact, and by cultivating practice and policy changes at all levels of the system.

### *Increasing TIS Knowledge & Shifting Attitudes*

- The Trauma Informed System 101 Training is a mandatory, foundational training for all 9,000 public health employees to create a shared language and common understanding of trauma for our workforce
- The Train –the-Trainer program embeds and harnesses trauma expertise within our system and reinforces the permanency of the TIS model by creating a sustainable knowledge infrastructure.
- In early 2016 the TIS Initiative began utilizing a pre/post/follow-up model testing attitudes toward a TIS to measure shifting attitudes regarding the adoption of TIS model within the organization

### *Individual TIS Practice Change*

- The Commitment to Change Project (C2C) encourages the shift from knowledge into practice. As part of a closing exercise in the TIS 101 training, participants identify one small change they would like to make in their own worklife to be more trauma informed.

## *Organizational TIS Practice Change*

- Tool for Trauma Informed Work Life (TTIW) – an instrument developed and piloted by SFDPH that asks staff about the extent to which they experience the TIS principles in workplace. The TTIW measures internal facing components of being a trauma-informed workforce (e.g. supports in place for members of the workforce).
- The Champions Learning Community (CLC) is a vehicle for supporting, applying, and sustaining the application of the TIS principles and practices throughout the workforce. In early 2016, a pilot cohort was established with eight agencies across six organizations within and outside of SFDPH.
- The Leadership Learning Community supports leaders in integrating TIS principles into day to day operations as well as promoting system change at the program and policy level.
- Across the department, TIS Initiative staff work to align TIS with all workforce and policy initiatives (e.g., Black African American Health Initiative, LEAN) to insure TIS implementation increases coherence, unifies our system, and improves outcomes.

## Previous Findings: First Year Data Report 2014-2015

A previous report evaluated the foundational trauma training (TIS 101) during the first year of implementation (2014-2015), with a focus on knowledge and practice change at the individual level. SFDPH's TIS Evaluation Program was implemented concurrent to TIS programming in order to provide data to an iterative improvement process. Evaluation components measured the effectiveness of the TIS initiative by looking at the impact of the aforementioned domains of knowledge and practice change.

### *Knowledge Change 2014-2015:*

The TIS model actively works towards a common understanding across all levels of SFDPH's workforce. The findings from the first year data report (2014-2015) demonstrated that the training received high ratings from a diverse set of employees with different levels of trauma expertise, roles within the organization, and cultures. Many saw the relevancy of a trauma informed environment, and appreciated the emphasis on wellness. Although the majority of staff saw the value of a TIS, many were skeptical of SFDPH's long-term commitment to the work.

### *Practice Change 2014-2015:*

The first year report found that individual TIS change could be effectively supported through the Commitment to Change activity. The goals of the C2C are to emphasize and realize that change is attainable at the individual level, and thus the same process will be able to transfer to the programmatic level. A large proportion of staff (42%) selected a change related to the TIS principle of Resilience & Recovery (ex: self-care activities, talking breaks) and a follow-up survey administered 6-8 weeks post-training indicated that most participants (69%) were partially or completely successful with their own trauma informed change.

### *System Change 2014-2015:*

In alignment with the TIS principle of Collaboration & Empowerment, foundational training participants were asked to identify ways that SFDPH's system could become a more trauma informed system. Major themes included more trainings on trauma, as well as expanded content on topics related to trauma. Additionally, staff suggested creating reminders and tools to make it easier for employees to practice trauma-informed methods. Some participants identified the need to address systemic challenges, such as staff-supervisor relationships, resource allocation, and communications.

## Purpose of Current Report (2015-2017)

This evaluation report includes results from the aforementioned activities during the April 2015 – March 2017 time period. In addition, this report includes data from new activities such as the pre/post/follow-up testing of the TIS Attitude Scale and process evaluation of the Champions & Leadership Learning Communities. The TIS 101 evaluation data and TIS Attitude Scale provide a holistic view of the training by measuring staff attitudes and about TIS before, immediately after, and six to eight weeks after the foundational TIS training. The C2C project highlights how successfully staff are able to change their own behavior as a result of increased knowledge. Lastly, the systems change portion is measured by the activities of the Champions and Leadership Learning Communities.

## Are We Supporting Learning? - Attitudes & Beliefs about TIS

### Trauma Informed System (TIS) Attitude Scale

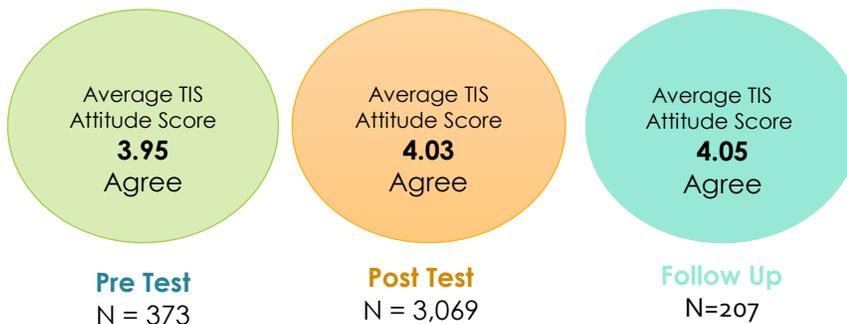
The TIS foundational training appears to be effective in promoting attitudes and beliefs that are supportive of a trauma informed system. In early 2016, a pre-training TIS Attitude Scale was administered to a number of trainees (n = 373) to gauge beliefs and attitude before attending the training. Compared to the results of the TIS Attitude Scale administered post-training throughout 2015-2017 (n = 3069), the results suggest a modest shift in attitudes and beliefs. It is important to note that sample size for pre (n=373), post (n=3069), and follow up (n=207) data differ in size. By using averages of the data we hope to account for any variance in our sample, it is possible that there are differences among our three testing groups. The TIS Attitude Scale items are measured on a scale of 1 to 5, 1 being "Strongly Disagree", 5 being "Strongly Agree," and 3 being "Neutral" and scores were averaged across all trainings for each item.

When comparing pre to post-training, participants more strongly agreed that being trauma informed was important for everyone in their organization and that trauma informed principles would improve their work-life. Training attendees also agreed that it would be easy to apply trauma informed principles in their work. This shows a positive attitudinal shift toward the importance and relevance of trauma informed principles. However, when participants were asked whether the trauma informed initiative would likely be abandoned or poorly implemented their scores shifted negatively; the perception of the initiative being poorly implemented or abandoned increased immediately *after* the training. Although participants understand the relevancy of TIS principles and the need for a TIS system, an overall systemic change may simultaneously be perceived as a necessary yet daunting task.

### TIS Attitude Scale & Scores

Pre-Training 2015 - 2017	Scores are averaged across all trainings. Scale items use a 1 – 5 rating; 1 = Strongly Disagree, and 5 = Strongly Agree.	Post - Training 2015 - 2017	Follow Up 2015 - 2017
4.47 Agree	Participants felt being trauma informed was important for everyone in their organization	4.71 Strongly Agree	4.61 Strongly Agree
4.32 Agree	Participants felt trauma informed principles would improve their worklife.	4.62 Strongly Agree	4.59 Strongly Agree
2.54 Disagree	Participants thought the initiative would be abandoned or poorly implemented	2.93 Neutral	2.54 Disagree
4.25 Agree	Participants wanted to help our system be more trauma informed.	4.36 Agree	4.30 Agree
2.48 Disagree	Participants felt their organization was already trauma informed, and new efforts were not needed	2.58 Disagree	2.51 Disagree
3.69 Agree	Participants felt it would be easy to apply trauma informed principles in their work.	3.96 Agree	3.87 Agree

### Overall TIS Attitude Score – Pre, Post, and at Follow-Up



## Are We Supporting Learning? - Attitudes & Beliefs by Occupation

In order to explore TIS attitudes further, we looked at attitudes and beliefs following TIS 101 training by occupation. Our findings at post-training showed that participants' attitudes shifted to generally a more positive outlook on trauma informed principles. By examining by occupation, we can find how different groups may vary in opinions towards TIS. Occupations included Executive Leadership, Program/Unit Manager, Direct Service Provider, Administrative Support Staff, Facilities/Operations Staff, and Fiscal/Budget Staff.

### Key Attitudes and Beliefs Based on Occupation

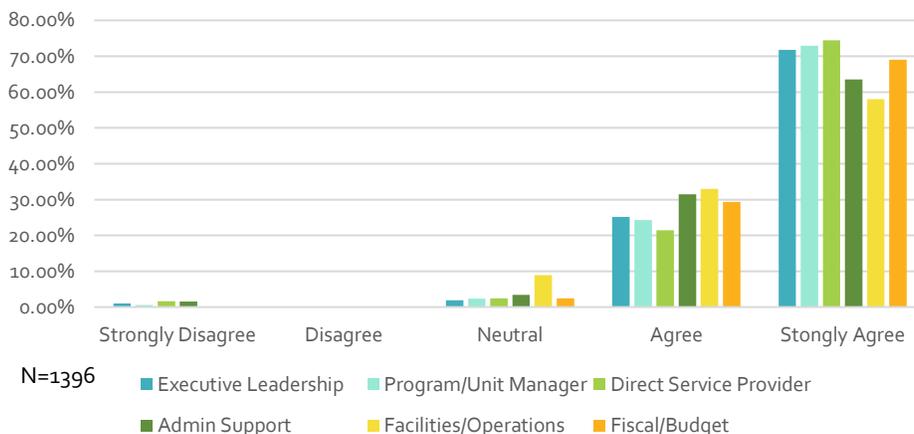
Among participants that reported their occupation, the vast majority (77.1%) of participants (n=1408) strongly agreed that being trauma informed was important for everyone in their organization. When examined by occupation type, Direct Service Providers were more likely to strongly agree on the importance of being trauma informed for everyone in their organization, and were less likely to have neutral feelings toward subject, when compared to Facilities or Operations Staff. On the other hand, Facilities/Operations Staff as well as Fiscal/Budget Staff were more likely to have neutral feelings than they were to strongly agree on the importance of being trauma informed. Fiscal/Budget Staff were more likely to be neutral on this category when compared to Program/Unit Managers, Administrative Support Staff, as well as Direct Service Providers, while the neutral feelings among Facilities/ Operations Staff were only more likely when compared to Direct Service Providers.

#### Being trauma informed is important for everyone in my organization.



The majority of participants that attended training agreed (25.9%) or strongly agreed (69.3%) that TIS principles would improve their worklife. Direct Service Providers were most likely to strongly agree that TIS principles would improve their worklife, while Facilities/ Operations Staff were most likely to have neutral feelings on how TIS principles could impact their worklife. Similar to Direct Service Providers' feelings on being trauma informed, this group was more likely to strongly agree on the effect of TIS principles in the workplace when compared to Administrative Support Staff or Facilities/Operations Staff.

#### I believe that using trauma informed principles will improve my worklife.

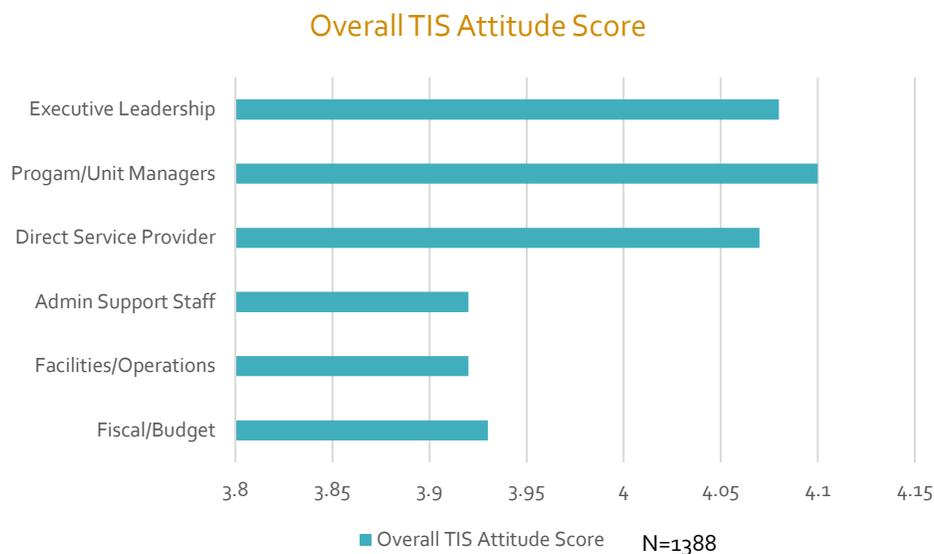


Both of the above results may be explained by job responsibilities. Direct Service Providers have more contact with clients and patients, increasing their use of TIS principles. Logically, this group of participants may more easily see the importance of being trauma informed and how TIS principles can improve their worklife. As many Operations, Administrative, Fiscal, and Budget staff have more limited or no interaction with patients and clients, their feelings and attitudes toward TIS principles are likely to show more neutrality.

When examining whether different occupational groups felt that TIS principles would be easy to apply to their work following the training, we found no differences among groups. We hope that this shows that the TIS training helped to provide tools to participants that they could use in the workplace as three-quarters of participants agreed or strongly agreed that they could easily apply trauma informed principles in their work.

### Overall TIS Attitude Score

An Overall TIS Attitude Scale was calculated based on the average of responses to TIS attitudinal questions. This score was scaled from 1 to 5, with a score of 5 reflecting the most positive attitudes towards TIS principles and 1 reflecting the least positive attitudes. Following the training, the average Overall TIS Attitude Score across participants was 4.03. We examined these scores further by occupation to see if there were any differences among groups.



On average, Program Unit Managers and Direct Service Providers had a higher Overall TIS Attitude Score when compared to Facilities, Operations, and Administrative Support Staff. These findings are consistent with our previous analysis, as we found that Direct Service Providers were more likely to Strongly Agree on positive TIS Attitude questions, while Facilities, Operations, and Administrative Staff were more likely to have neutral feelings toward TIS principles. Again, we may be able to conclude that Program Unit Managers and Direct Service Providers may take more of an interest in trauma informed principles because they are more often interacting with patients and clients, while Facilities, Operations, and Administrative staff do not have this contact or buy-in. It is important to note that there are not vast differences in scores, and there was not a single variable influencing the results of Overall TIS Attitude scores among occupational group. We are seeing differences among groups in Overall TIS Attitude Score as a result of the cumulative small differences on multiple variables.

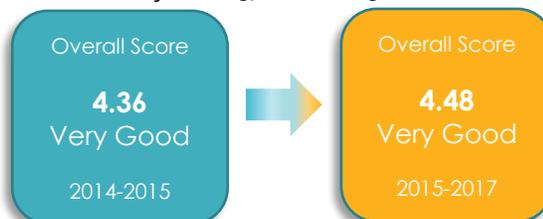
# Are We Supporting Learning? – Effectiveness of TIS Knowledge

## Effectiveness of Foundational TIS Training

An effective foundational training is the first step in the implementation of a TIS. Participants in the 2015-2017 trainings give the foundational TIS training high scores - scores which have remained high and even improved since the 2014-2015 training year. Although changes in content knowledge are not measured directly, participants rate several factors on the effectiveness of the training: overall course, trainers, objectives, relevancy, and level of course content. Collectively, these measures indicate the TIS foundational training is well-received by the diverse audiences of the public health system.

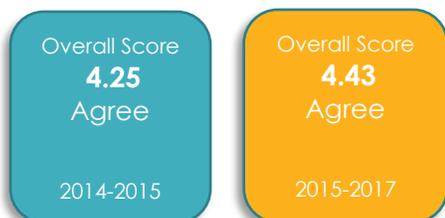
### Overall Course Score

Overall rating of the course/workshop.  
Scale from 1 – 5; 1 = Poor to 5 = Excellent.



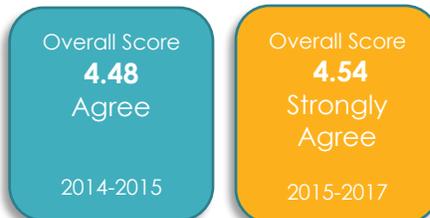
### Relevancy

Participants rated TIS 101 on the relevancy to their job and/or professional needs.



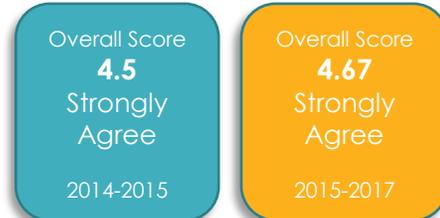
### Meeting Objectives

Participants rated whether learning objectives were clearly met and identified.



### Trainer Effectiveness

Trainers are rated on: their ability to organize information, communication, and overall



### Level of Educational Content

The majority of training participants (89.1%) find the level of educational content to be “Just Right” suggesting that the universal curriculum is appropriate across the diverse public health workforce. A greater percentage of participants rated the content “just right” during 2015-2017 than during 2014-2015; however, this shift was accompanied by a decline in ratings of “too basic” and an increase in ratings of “too advanced.” These findings might suggest that more participants in 2015-2017, compared to 2014-2015, found the content to be novel or challenging.

### Evaluation Differences across Occupations

To explore how occupation impacts perceptions of the training, ratings for level of content were examined across different occupation types. Among participants who reported their occupation and rated the level of content (N = 1320), the vast majority (88.5%), found that the level of educational content was “Just Right” regardless of position type; however, variation was found among a small proportion of respondents. Among those, Executive Leadership, Program Managers, and Direct Service Providers were more likely to find the level of educational content “Too Basic”, while Administrative Support, Fiscal/Budget, and Facilities/Operations Staff were more likely to find the level of educational content “Too Advanced”. These results might reflect the fact that Administrative Support, Fiscal/Budget, and Facilities/Operations Staff do not have direct contact with clients. These particular employee positions primarily focus on tasks that keep the system running for clients, however, they do not have one-on-one interactions. The content on trauma and interacting with clients may be less familiar to these staff, which may contribute to their reporting the level of educational content as being “Too Advanced.”

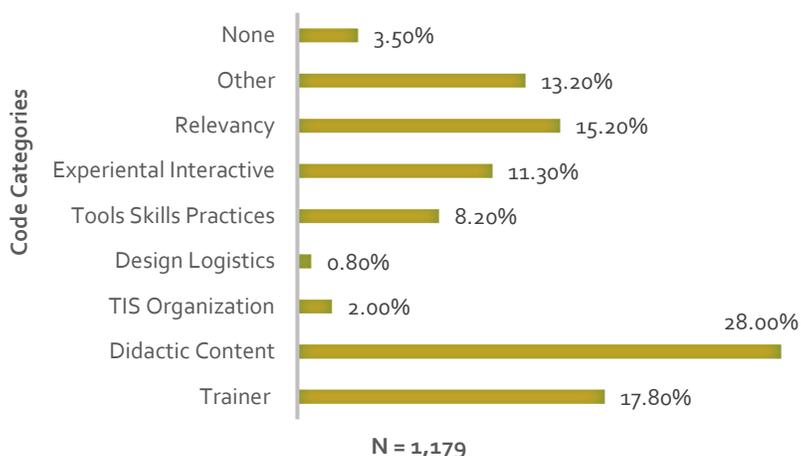
## Are We Supporting Learning? – Participant Feedback

### Post-Training Evaluation – What did Participants like Most?

SFDPH utilizes an iterative process to revise the TIS foundational training content. The training curriculum committee incorporates emerging content from the field, trainer feedback, and data collected from post-training evaluation forms. Through open-ended questions, the post-training evaluation solicit information on what participants liked about the training and how it can be improved.

Of the 3,228 participants who completed a post-training evaluation during 2015-2017, a sample of 1179 responses were qualitatively coded to identify areas of strength for the foundational training. Participants' most frequently cited Didactic Content (28%), Trainers (17.8%), and Relevancy of TIS knowledge (15.2%) as the most liked components of the training.

### WHAT DID YOU LIKE MOST ABOUT THIS EDUCATIONAL ACTIVITY?



*"Good reminder of how trauma informed systems relate to our roles in SFDPH."*

*"The trainer was engaging and sincere."*

*"Helped me remember coping mechanisms for myself, and showed me that my organization cares about me and my experience."*

*"Relevance of materials, new research on trauma."*

*"Tools to deescalate situations that may pose a threat to me and others in the workplace or elsewhere; tools for healing."*

### Most Frequent Categories

Didactic Content	The participant liked the information or educational content of the training. <i>Ex: the amount of content, level of detail, quality of information, or integration of research/science.</i>
Trainer	The participant liked the trainer's personality, knowledge of TIS, interactions with audience, and overall presentation style. <i>Ex: Participant liked the way trainer handled questions, used their own experience, or their disposition.</i>
Relevancy of Content	The participant liked the training content or activities on promotion of self-reflection/self-awareness, personal or professional relevance, or practical information.

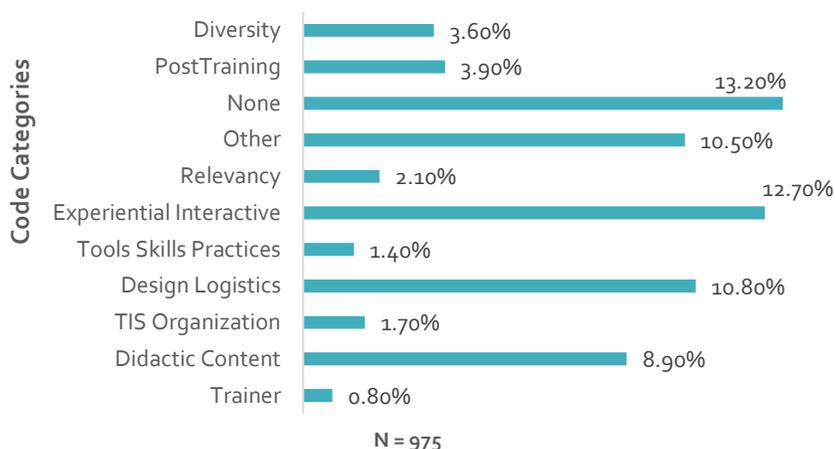
## Are We Supporting Learning? – Participant Feedback

### Post-Training Evaluation – What did Participants Want to See Improved?

Of the 3,228 participants who completed a post-training evaluation during 2015-2017, a sample of 975 responses were qualitatively coded to identify areas of growth for the foundational training. Participants most frequently cited Experiential/Interactive Content (12.7%), Design/Logistics (10.8%), and Didactic Content (8.9%) as areas for improvement.

The Experiential/Interactive part of the training was cited frequently as both an area of improvement and as one of the most liked aspects of the training. When cited as an area for improvement, respondents typically wanted *more* of these types of activities in the training.

### DO YOU HAVE SPECIFIC SUGGESTIONS AS TO HOW THIS EDUCATIONAL ACTIVITY MIGHT BE IMPROVED?



*"A little more interactive. Exercises would have been nice for our group. Getting staff to open and share on what felt comfortable."*

*"More networking and discussions with others."*

*"... include a piece on how to advocate for system change."*

*"Several smaller trainings rather than one four-hour training."*

*"A little more process and feedback time would be nice."*

### Most Frequent Categories

Didactic Content	The participant wanted to see an increase in amount, level of detail, or quality of information, or use different analogies. <i>Ex: improved supplemental materials, better integration of research/science.</i>
Experiential Interactive	The participant wanted the interactive or applied content improved. <i>Ex: more role-plays/demonstrations, less group work, different vignette, better integration of commitment to change.</i>
Design Logistics	Improve the organization, length, or pace of the training, or improve the location, space, seating, food, sound, timing, etc. <i>Ex: coffee during the workshop, cut the length of time of TIS 101, Start training after lunch.</i>

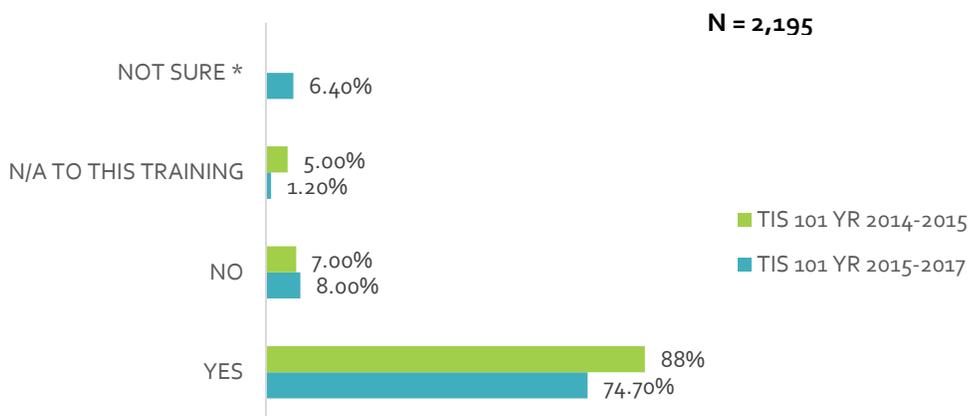
## Are We Supporting Diversity? – Participant Feedback

### Cultural Humility and Linguistic Competency

Cultural Humility & Responsiveness is a core TIS principle. The TIS foundational training addresses these topics through a section that includes a didactic component, exercises, and discussion about the differential impact of trauma across cultural, racial, and socioeconomic groups. In the post-training evaluation, participants rate whether cultural and linguistic factors such as racial or ethnic differences in prevalence, symptoms, or management are addressed during the training.

In August 2016 SFDPH implemented a revised Cultural Humility & Responsiveness curriculum. Additionally, response options for this evaluation item were adjusted, allowing participants to indicate that they were “Not Sure” if cultural and linguistic issues were addressed by the training. A large majority (74%) of participants reported that cultural and linguistic issues were addressed by the training, but this reflects a decrease from the 88% of respondents who responded similarly in 2014-2015. Although there was a 14% decrease in the number of respondents stating that these issues were addressed, this was accompanied by 6% of staff stating they were unsure if the training addressed cultural and linguistic competency. Although the TIS training addresses cultural, racial, and social issues, linguistic issues are not discussed, which may contribute to the pattern of findings for this item. Additionally, the wording of this item was complex and not tailored to the specific TIS training content. In the future, the item may be revised to ensure participants fully understand the item and to separate out linguistic content.

### CULTURAL & LINGUISTIC COMPETENCY



\* Not Sure was not an option in 2014 - 2015

*"Cite more culturally diverse examples of disparities."*

*"Build on this foundation around microaggressions & cultural humility"*

*"I liked the implicit bias exercise. Would have liked to unpack this activity more."*

*"Deeper discussion on cultural humility."*

*"I'd like to see the training explore personal biases in our work setting."*

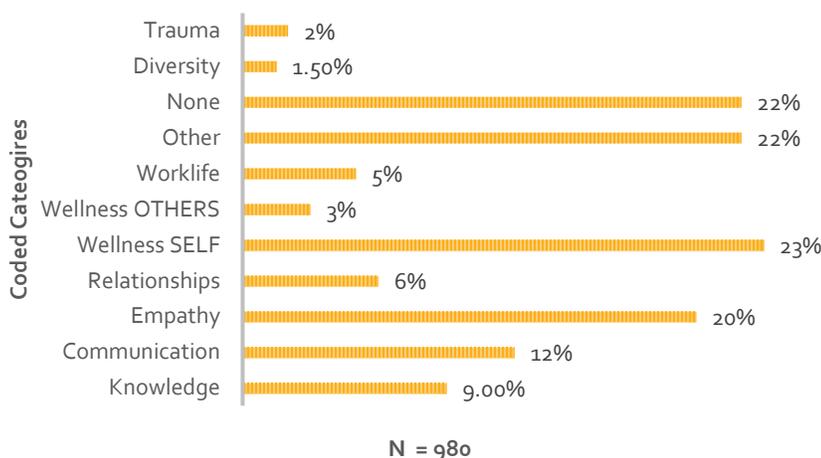
*"Include other cultural stigmas, beliefs, customs, etc."*

## Are We Supporting Learning? – Knowledge to Individual Change

### Individual and Worklife TIS Change

As part of the training evaluation form, participants generate ideas of what they might do differently after the training. A sample of these responses, 980 out of 3228 participants, were then coded into themes and collapsed to reflect the most prevalent categories. Overall, participants were most likely to report they would make changes for their Own Wellness (23%), Practice Empathy (20%), or focus on Better Communication (12%).

#### LIST SOMETHING YOU MIGHT DO DIFFERENTLY AT WORK AS A RESULT OF THIS EDUCATIONAL ACTIVITY?



*"Practice empathy with other staff, and focus on, 'what has happened to you,' vs, 'what is wrong with you'."*

*"Remind myself daily of what could have happened to someone not "what's wrong" with them."*

*"Self-care by listening to my body."*

*"Take more time to check in with colleagues."*

*"I will keep calm and think before I speak to residents and staff."*

#### Most Frequent Categories

<b>Wellness SELF</b>	The Participant expressed desire to implement strategies for themselves to cope with stress in a healthy manner. These self-care changes include: deep-breathing, creating a gratitude journal, taking long walks after walk, etc. <i>Ex: gratitude, deep breathing</i>
<b>Empathy</b>	Participant wanted to improve their interpersonal relationships by being more empathetic and aware of others' perspective and experiences/traumas. <i>Ex: Trying to understand people from "their shoes" or focus on "what has happened to you", not "what is wrong with you."</i>
<b>Communication</b>	The participant indicated they wanted to improve their interpersonal relationships by improving their communication skills. <i>Ex: practice active listening, contacting others.</i>

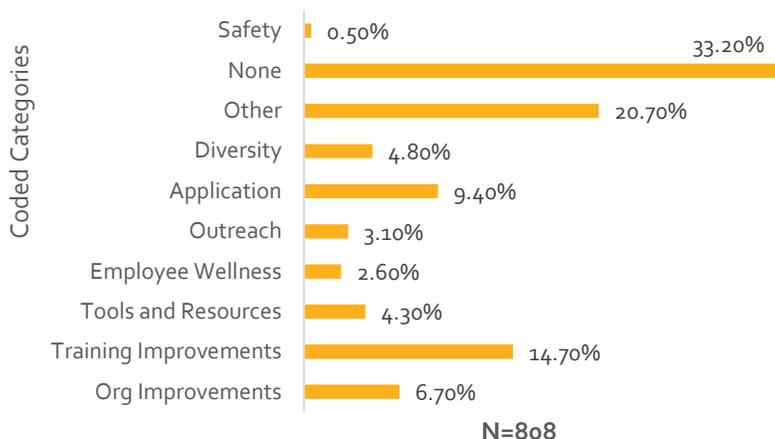
## Are We Supporting Learning? – Participant Feedback

### Participant Ideas on Becoming a TIS

Through an open-ended question within the training evaluation form, participants can offer their own ideas about how SFDPH could become a TIS. A sample of these responses, 808 out of the 3228 respondents, were then coded into themes and collapsed into categories.

Overall during the 2015-2017 training years, participants were most likely to suggest TIS changes in the areas of Training Improvements (14.7%), Application (9.4%), or Organizational Improvements (6.7%).

#### WHAT IDEAS OR THOUGHTS DO YOU HAVE ON HOW OUR SYSTEM COULD BECOME MORE TRAUMA INFORMED?



*"Offering future opportunities to build on this foundation around microaggressions and cultural humility."*

*"Ongoing support available to providers working with trauma directly."*

*"Walking breaks for staff."*

*"Constant (yearly) training on this subject."*

*"Online Training."*

*"Monthly e-mails with tips, information no more than a page for a quick read and digest."*

#### Most Frequent Categories

<b>Training Improvements</b>	Participant wanted to see an increase in the number, length, content, or customization of trainings on TIS and/or trauma. <i>Ex: more time for the training, deeper breakdown of principles.</i>
<b>Application</b>	Participant would like support for applying TIS principle/practices at work or in personal life. <i>Ex: creating space for staff to think together about issues, balancing accountability with TIS values</i>
<b>Organizational Improvements</b>	Participant had ideas on improving system, organizational functioning, resources, and/or communication. <i>Ex: setting organizational standards for TIS, support departments in assessing and improving programs.</i>

# Are We Supporting System Change? Champions Learning Collaborative

## TIS Champions and Leaders

In early 2016, SFPDPH introduced a pilot Champions & Leadership Learning Collaborative. Nine programs participated, comprising of internal SFPDPH programs as well as external San Francisco collaborators. Participants included organizations that focus on behavioral health, primary care, rehabilitation, juvenile justice, and community programming. The participating agencies each had their own Champions, as well as corresponding Leaders.

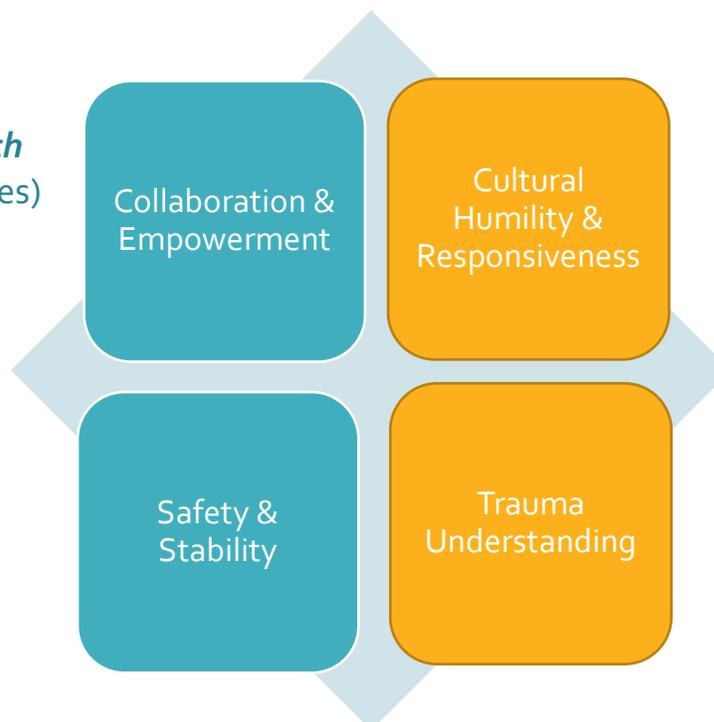


Champions are staff members from any level of the organization who are motivated and interested in supporting TIS implementation at their organization. As a part of the pilot Learning Collaborative, Champions met monthly to participate in a peer-to-peer learning environment. During these meetings, Champions exchanged ideas, tools, and strategies to create and sustain TIS changes in their agencies.

Leaders are found at higher levels of an organization, and help sustain TIS efforts through resource support, advocacy, and instituting structural changes (policy and practice change). Leaders met frequently with their respective staff Champions. They also participated in a peer-to-peer environment that met quarterly to discuss infrastructure changes through a TIS lens. Their policy-level changes were encouraged to be in alignment with TIS principles, organizational values, and practices.

To support and guide staff in developing TIS improvement efforts, SFPDPH developed a workforce survey, the Tool for Trauma Informed Worklife (TTIW), to recognize and help in responding to organizational trauma. This instrument focuses on staff worklife experiences in relation to the core TIS Principles. The TTIW results identify organizational strengths and needs, and offer Champions and Leaders ways to incorporate applicable TIS interventions within their organizations. After completing the TTIW, the agencies received technical assistance and peer support on identifying areas of growth and working towards TIS goals. It is recommended that overall results from the TTIW be shared among agency staff to continue the conversation of trauma informed work and to work together toward a TIS. The figure below demonstrates the common areas of strength and growth for the 2016 pilot.

Most Common  
*Principle for Growth*  
(Lowest TTIW Scores)

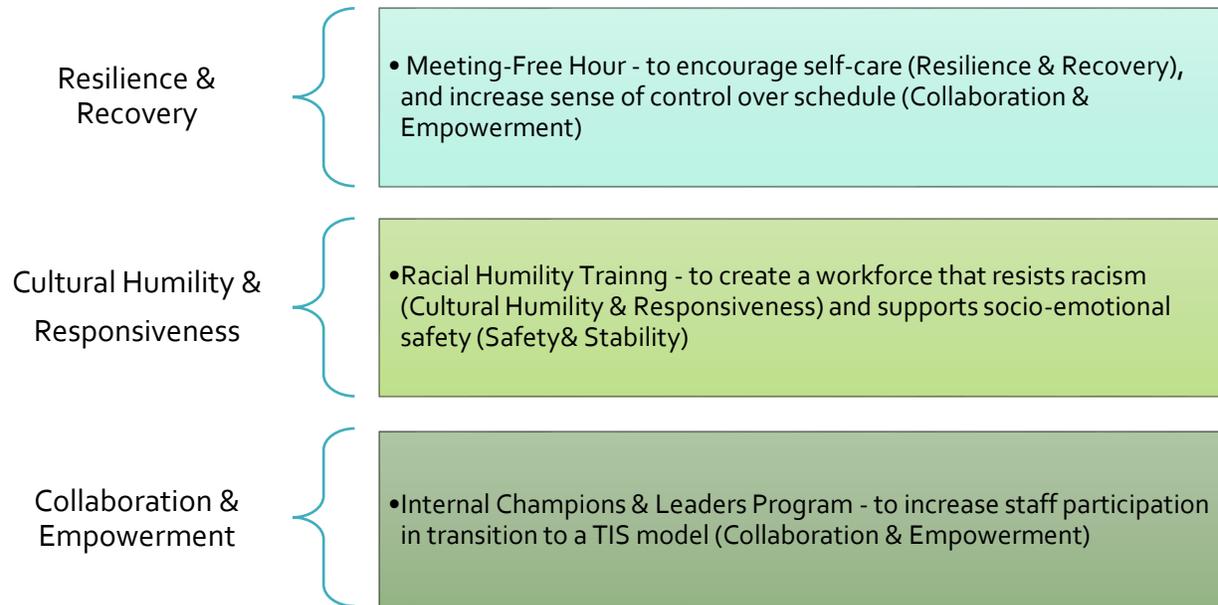


Most Common  
*Principles of Strength*  
(Highest TTIW Scores)

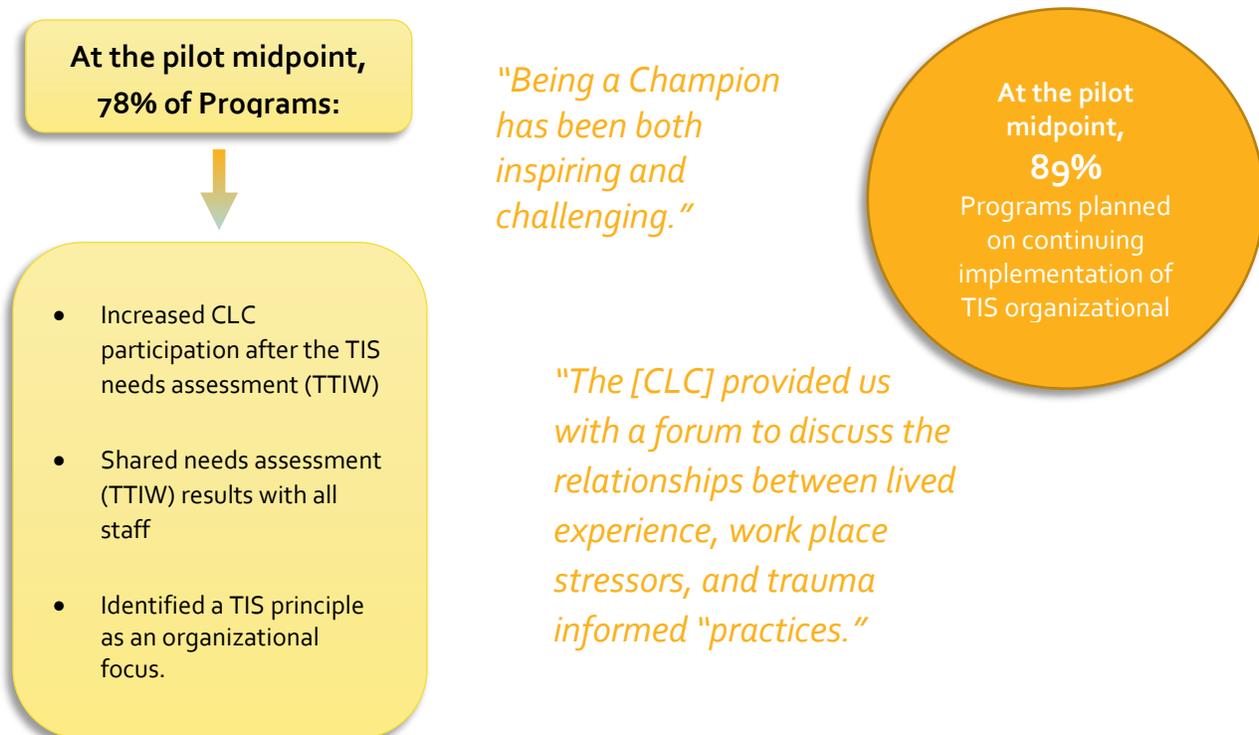
# Are We Supporting System Change? Champions Learning Collaborative

## TIS Champions and Leaders Continued

By participating in the CLC, the Champions learn techniques for developing and implementing organizational change. Below are some example of strategies created and implemented by Champions after reviewing their agency's TTIW results:



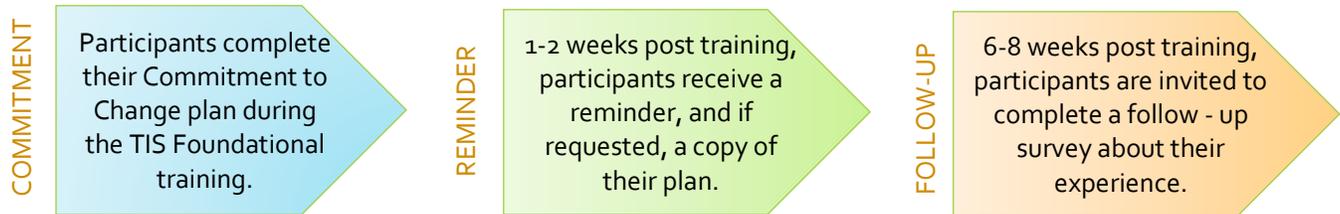
A midprogram process evaluation of the Champions Learning Collaborative Pilot results indicated favorable results in related to the Champions experience, as well as success in implementation. The majority of agencies that participated in the CLC indicated they had begun making organizational changes and planned on continuing TIS change efforts. Most Champions also reported the TTIW results sparked dialogue around TIS changes and further implementation. The CLC proves to be a promising model in integrating TIS knowledge and practice into various levels of SFDPH



# Are We Supporting Practice Change? – Commitment to Change Project

## Commitment to Change (C2C) – Knowledge to Individual Change

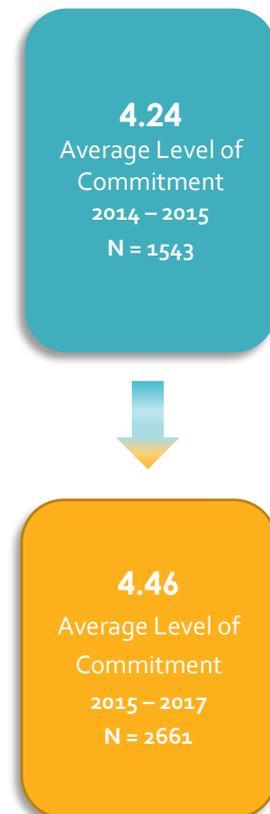
The Commitment to Change training component focuses on creating a link between the knowledge obtained during the training, and implementing a TIS practice. During the training, participants identify one small change to make in their own worklives and indicate a level of commitment to their change. Participant’s level of C2C commitment is measured by utilizing a 1 – 5 scale; 1 = Lowest level of commitment, and 5 = Highest level of Commitment. The average level of commitment increased since the intial report in 2014-2015, rising from 4.24 (n=1,543), to 4.46 (n = 2,530). Participants receive a follow-up email reminding them of their commitment to change approximately 1 week after the training. A follow-up survey, including readministration of the TIS attitude scale, is given to participants six to eight weeks later to learn more about their experience and gauge changes in beliefs and attitudes toward a TIS.



## Participant C2C Goals Qualitatively Coded by TIS Principle

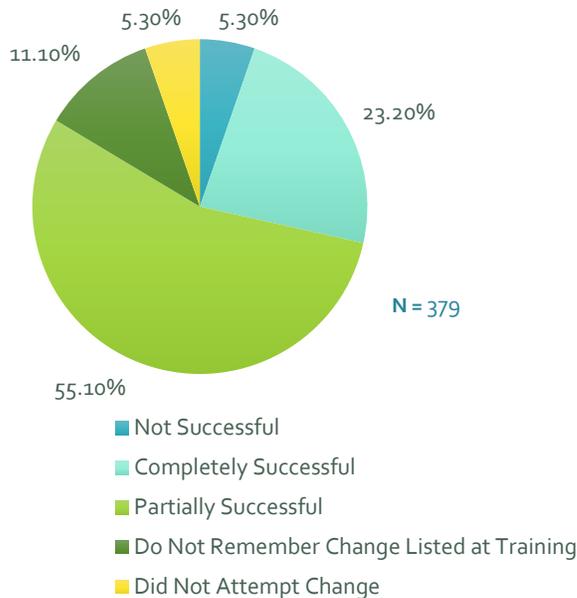


How committed are you to this goal?  
1 – 5 scale; 1 = Lowest level of commitment, and 5 = Highest level of Commitment



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### HOW SUCCESSFUL WERE YOU IN IMPLEMENTING YOUR CHANGE GOAL?



The C2C follow-up survey results indicate 78% of participants (N = 379) were partially (55.1%) or completely successful (23.2%) in implementing their Commitment to Change goal. This represents an improvement in participant success, as only 69% of participants in 2014-2015 were partially or completely successful with their commitment to change. As the majority of participants are successful in reaching their goals, we hope that these rates show that participating in the C2C activity reinforces the idea that change is attainable. The accumulation of these small individual changes may pave the road for larger organizational changes.

Additionally, 79% of participants indicated a commitment to continuing to implement their change. This is a small increase from 2014-2015, when 73% of participants intended to continue with their goals.

### Do you plan to continue implementing this change in your worklife?



N = 379

### What was the experience of implementing this change like for you?

*"I was more aware of my own efforts and how I effect the lives of coworkers and clients, even on the simplest matters."*

*"It has been great. I feel more optimistic than a month ago."*

*"It was difficult at first because it requires a change in thinking, but working it into my daily life has proven useful."*

*"It slows me down when I'm feeling overwhelmed."*

*"It made me make an effort to be more aware of how past trauma might be affecting people's current behavior..."*

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## C2C: Improvements & Recommendations

In an effort to better support participants in achieving their goals, they were asked about obstacles, tools for success, and if the training provided sufficient time to select a goal. The following results indicate areas for improvement for the C2C project. More than half of participants (55.6%) reported having enough time to plan their individual change goal, but one-third of participants (32.6%) needed more time to plan their goal. Future iterations of the training may want to consider providing greater guidance and/or time for participants to plan their C2C by integrating tools and strategies for C2C throughout the curriculum and/or structuring the C2C segment with greater support. Supervisors may also benefit from training content or resources that help them think about strategic ways to support staff that are committed to making changes.

In addition, those that answered the follow-up C2C survey indicated a “buddy system” – linking with someone that periodically checks-in regarding their C2C goals – would have been helpful for their success. The TIS training curriculum could consider incorporating a small amount of time for participants to find “accountability buddies” during the training.

If you weren't successful or only partially successful, what do you think kept you from achieving this goal?

<i>I didn't have the tools or resources to make it happen.</i>	10%
<i>I didn't feel motivated to make the change.</i>	8.5%
<i>People at work were not supportive of the change.</i>	6.5%
<i>I needed more time to make it happen.</i>	28.1%
<i>I kept forgetting to implement the change.</i>	27.6%
<i>Other</i>	19.1%

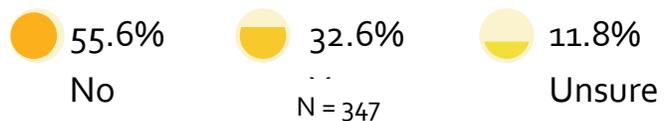
N = 199

What would have helped you be more successful?

<i>Multiple Reminders to Implement the change.</i>	11.2%
<i>A "Buddy System" – someone I could check in with periodically about goals.</i>	19.4%
<i>A list of resources or tools to help me implement change.</i>	11.8%
<i>A consultant who could help me plan my change.</i>	3.5%
<i>A copy of my commitment to change plan sent to me.</i>	10.6%
<i>Support from my supervisor to implement my change.</i>	10.00%
<i>Nothing</i>	18.8%
<i>Other</i>	14.7%

N = 170

During training, did you need more time to think about what changes you wanted to make?



## SFDPH TIS 2015-2017 Results and Recommendations

The TIS Initiative at SFDPH, by training the workforce and inspiring individual change, strives for an impact in organizational culture and in turn, an improvement in services and experiences provided for clients. In order to reach this change, it is important that this evaluation assesses how the program impacts knowledge and attitudes toward TIS principles, if participants are committed to and practicing their individual goals, and how TIS training and support can influence our workplaces and improve our systems. The TIS initiative continues to evolve to better serve the workforce, and imperative to the process is measuring how effectively we are supporting learning, creating change, and improving our system.

### Knowledge Change – Are We Supporting Learning?

Creating shared language and a common understanding of trauma within the workforce is essential to the SFDPH TIS model. Universal in format and mandatory for all employees, the foundational TIS training is designed to not only provide knowledge but cultivate the development of attitudes and beliefs that are supportive of becoming a TIS. Toward this end, pre/post/follow-up assessments demonstrate small positive gains in TIS supportive beliefs immediately after the training, which are maintained at follow-up. For example, following TIS training, participants were more likely to *strongly* agree that being trauma informed was important for everyone in their organization, when pre-assessment data showed that participants only agreed. Similarly, more participants strongly agreed that trauma informed principles would improve their work life in post and follow-up assessment when compared to pre-assessment data. These changes indicate that TIS training may increase employees' supportive attitudes and beliefs of becoming a TIS. These results could also indicate that participants have a better understanding of trauma and how trauma informed principles could affect their work life.

However, immediately after the training, participants were also more likely to believe that the TIS approach would be abandoned or poorly implemented by our organization. Future evaluation work should attempt to better understand these concerns so that the Initiative can address them through its outreach and activities. Findings from the TIS trainings suggest that, despite diverse positions, levels of trauma expertise, and organizational roles, participants rate the training overall with high marks. The vast majority of staff who complete the training feel that it meets objectives while providing professionally relevant content at an appropriate level for the audience. While a preponderance of staff (89.1%) reported that the educational content was appropriate, some reported that the content was either too basic (7.8%), or too advanced (3.1%). Executive leadership, Program Managers, and other Direct Service Providers were more likely to find the educational content to be too basic, while administrative support, fiscal/budget, and facilities/operations staff were more likely to report the content to be too advanced. These results could reflect that trauma informed principles are more advanced for some staff who do not have one-on-one interactions with clients. It is important that future evaluation work continue to compare these groups, as well as explore learning differences in groups based on age, gender, or race to keep TIS trainings inclusive of all learning styles and levels.

Staff who attend the TIS training appreciate the quality of educational content, relevance of material, and the effectiveness of the trainers themselves. The majority of staff report that the training addresses cultural humility and linguistic competency issues. However, based on qualitative data, many participants wanted to see deeper discussions and unpacking of these subjects and activities. The TIS Curriculum Committee should consider how to best address participant recommendations around increasing the experiential and interactive aspects of the training, digging deeper into cultural humility, and balancing design logistics such as timing and length of the training. Such curriculum changes could enhance our ability to effectively use the universal workforce training to establish a common understanding of trauma.

### Practice Change – Are We Creating Change?

The SFDPH TIS model's goals are to develop a TIS through practice changes at both the individual and programmatic levels stemming from knowledge and values gained from foundational trainings. An early and ongoing component of the TIS foundational training is the Commitment to Change (C2C) project, through which staff are encouraged to implement small, meaningful trauma-informed changes in their work life. At follow-up, more than three-quarters of staff are partially or completely successful in implementing their C2C goal and, notably, plan to continue implementing it even if they were not fully successful. Some C2C participants report that they struggled to implement their goals because they needed more time to make the change happen or they simply kept forgetting to implement the change.

Many reported that a “Buddy System,” or multiple reminders to implement the change would help them meet their C2C goals. This feedback on barriers and potential supports for the C2C project will be incorporated into TIS planning.

The C2C project affirms that small changes toward being trauma informed are happening at the individual level. Given that the SFDPH workforce numbers over 9,000, and that the training is universal and mandatory, these individual changes and their cumulative impact may be significant. Early anecdotal data indicates that participants view the C2C program, including the follow-up component, as a sign of the system’s commitment to implementing a TIS. There is increased evidence that participants who complete the C2C follow-up survey are less likely to believe that the program will be abandoned or poorly implemented. A closer examination of qualitative themes, suggestions on enhancements, and the relationship between initial commitment and subsequent success, can inform improvements to the C2C program its ability to collectively impact system change.

### System Change – Are We Improving Our System?

Beyond individual commitments to TIS practice changes, the SFDPH TIS model recognizes the necessity of program level change that also impacts the clients that it serves. The Champions and Leaders Learning Collaborative was piloted to create a structured process for implementing TIS principles in the workplace. Agencies in the CLC completed the TTIW survey, a needs assessment tied to TIS principles with a focus on the employee’s experience in the workplace. By using data from the needs assessment to implement focused organizational change, these agencies are working towards becoming a TIS to better serve their clients.

Findings from the initial needs assessment suggest that many programs have strengths in Cultural Humility and Responsiveness and Understanding Trauma. Additionally, results showed that many agencies could benefit from addressing areas related to Collaboration and Empowerment (e.g. opportunities to have voice in decisions at work) and Safety and Stability (e.g. stable workplace practices, physical and socio-emotional safety). The Champions and Leaders Learning Collaborative was successful in supporting the majority of programs in a process of self-reflection, open dialogue with staff, and initiation of TIS related changes. As the Champions and Leadership Learning Collaborative continues, programs will be able to see how they are growing in their practice of TIS principles. In late 2017, early model testing began exploring how the practice of TIS principles is impacting our workforce and clients. This model testing is based on staff perceptions of services and practices offered to clients. Future investigations of the TIS model will examine outcome level data in addition to markers of organizational progress, such as confirming the relation between TIS principles within staff worklives and client practices. Over the next year, evaluations of the TTIW and the TIS model will continue with additional follow-up with agencies who have implemented organizational changes in response to their needs assessment. This data will give us insight on agencies’ ability to improve, adopt, and maintain TIS principles in the workplace.

### Conclusion

In assessing change in knowledge, practice, and in our system, there is evidence to conclude that the TIS Initiative has had a positive impact on multiple aspects of the program. Results show that participants’ attitudes toward trauma informed principles have positively increased, and the overall score of the TIS training remains high. Staff are pleased with the quality of content of the trainings and the effectiveness of the trainers, however we will continue to evaluate the appropriate level of educational content to ensure an inclusive training. Moving forward, we will assess the TIS training curriculum and look to incorporate participant feedback to increase engaging content and more deeply explore cultural humility. We will also collect data to better understand why participants believe that the TIS approach will be poorly implemented or abandoned. In the next year, we will continue our work with the Commitment to Change program, as well as our Champions and Leaders Learning Collaborative. From both of these programs we have seen success in practicing individual changes and in working towards system change. By using results from this evaluation, we can integrate staff feedback and experiences to improve initiative activities to more effectively reach TIS Initiative goals of becoming a trauma informed and healing system.

For more information about the San Francisco Department of Public Health’s Trauma Informed Systems (TIS) model, please contact: Ken Epstein, PhD, at [kenneth.epstein@sfdph.org](mailto:kenneth.epstein@sfdph.org).