

Aligning the Workforce to Create a Trauma-Informed System

GETTING STARTED. The San Francisco Department of Public Health (SFDPH)'s "Trauma-Informed Systems" (TIS) initiative began in 2012 with a workgroup commissioned by the Department's Director, Barbara Garcia, and chaired by Dr. Ken Epstein, Director of Children, Youth and Families. SFDPH recognized trauma and toxic stress as a critical health concerns, with detrimental effects on agencies, people served, and across generations.

The Department has over 9,000 employees working in public health, hospitals, and ambulatory care services. They serve a city that has many assets, including a diverse population and a number of nationally recognized trauma experts. San Francisco also has challenges, including a large gap between rich and poor and significant racial disparities.

The workgroup recognized that using a trauma-informed framework could help improve services as well as address trauma in the workforce. Using a participatory leadership model and principles of implementation science, they convened a series of conversations with workers throughout the system to discuss implementing a trauma-informed framework. The resulting plan had two overarching goals – to create a common language and set of principles and to create ongoing, sustainable organizational change. Currently they are training all 9,000+ employees, implementing trauma-informed practices, and leading a coalition working towards a regional trauma-informed change.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has a long-standing commitment to addressing the impact of trauma on individuals and communities. The **SAMHSA Spotlight Series** highlights different approaches to building trauma-informed, resilient communities. A setting is trauma-informed if the people in that setting *realize* the widespread prevalence of trauma, *recognize* the signs and symptoms, *respond* in an understanding and supportive manner, and *resist* doing further harm.

The goals of the **Spotlight** series are to:

1. Highlight innovative approaches to trauma-informed community change.
2. Provide information to other communities interested in becoming trauma-informed.



POPULATION: 800,000

FOUNDED: originally a Spanish (later Mexican) mission; became part of the U.S in 1846

Built on 43 hills; has the world's largest landlocked harbor

Showed great resilience after 1906 earthquake and fires; 139 cisterns now located across the city

Not one SF bank failed during 1929 stock market crash

Has over 300 coffeehouses

Despite relatively small size, ranked 4th in the world in number of billionaires

Cable cars are the world's only moving National Historic Monument; almost 10 million people ride annually



The Change Process

FOCUS ON THE WORKFORCE AND ORGANIZATIONAL CHANGE

The TIS initiative recognizes that in order to promote a shared culture, there must be common language, understanding, and commitment to change at all levels of the organization and system. Six core principles were developed to guide change efforts: trauma understanding, compassion and dependability, safety and stability, empowerment and collaboration, cultural humility and responsiveness, and resilience and recovery. These principles, along with suggested competencies for each, form the basis for a foundational training curriculum.

The TIS change process includes the following components:

- Mandatory, foundational training for all 9000+ public health employees.
- A trauma champions learning community designed to support, apply and sustain trauma sensitive practices.
- A train-the-trainers program to embed and harness expertise throughout the system.
- Intentional efforts to align TIS with all workforce and policy initiatives to increase organizational coherence, unity, and outcomes.
- Leadership engagement and outreach.
- Working towards establishing San Francisco as a trauma-informed city.

Foundational training, titled Transforming Stress and Trauma, is a one-time, interactive training delivered in a live format at various locations throughout the city. The curriculum focuses on the impact of trauma on the workforce, people served, and the system as whole. The trauma champions learning community forms the basis for an ongoing network of social change agents.



The foundational workforce training is a unique blend of classroom instruction, vignettes about trauma-informed practice, and a chance to share personal experiences.

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Alignment of organizational efforts is a key component of the change process. Within the Department of Public Health, TIS works closely with the Black and African American Health Initiative to ensure that institutional disparities are addressed. TIS integrates its work with ongoing cultural humility training to deepen understanding of the impact of racism on delivery systems and with staff development activities to build safe and respectful relationships. TIS is also working with the Training and Workforce Development department on a workforce satisfaction survey.

Spotlight on Implementation

CROSS-SECTOR COLLABORATION. The TIS initiative is actively working with other city departments and with agencies throughout the Bay Area. City departments involved to date include Juvenile Probation; San Francisco Unified School District (the eighth largest school district in California, educating over 53,000 students); First 5 (dedicated to the healthy development of children ages 0 to 5); Department of Children, Youth and Families; Human Services Agency of San Francisco, and the San Francisco Police Department. The TIS initiative has also produced early innovator trainings for the Child Abuse Prevention Center, the Family Violence Council, and Child Welfare, among others.



A dedicated Master training team provides live, interactive trainings two times a month for a cross-section of public health employees.

EVALUATION. SFDPH has a strong commitment to evaluation and data-based decision-making. TIS routinely gathers data on all aspects of the change process. A training evaluation is used to collect input on content (including immediate impressions, professional relevancy, and delivery), support for the initiative, and suggestions for improvement. A *Commitment to Change* project is also conducted after every training event. This project asks participants to commit to a specific action integrating TIS principles into their daily work. The trainee retains a copy of the form, and the TIS team follows up a few weeks later with a reminder. One month after the training, a subset of trainees are contacted to assess progress. This process is designed to send the message that implementation is taken seriously and that employee change is a major part of sustainability. TIS is also planning to measure the impact of the change process for workers and for people served. Proposed measures include a recently developed Trauma-Informed Principles Strengths and Needs Assessment; individual and systemic commitment to change; organization-wide workforce satisfaction; and multiple sources of client and patient satisfaction.

SAMHSA'S IMPLEMENTATION DOMAINS

SAMHSA has identified 10 domains that are essential to the implementation of trauma-informed approaches in both organizations and communities. Domains highlighted in this document are indicated by arrows. For further information, see [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).

1. Governance and leadership communicate and support the vision of a trauma-informed community.
2. Policy is reshaped to be trauma-informed.
3. Physical environment promotes safety and resilience.
4. Engagement and Involvement of all citizens and organizations is encouraged; no group is excluded.
- ▶ **5. CROSS SECTOR COLLABORATION** is the norm.
6. Screening, assessment, and treatment are in place for identifying and responding to trauma.
- ▶ **7. TRAINING AND WORKFORCE** development are available for organizations and for the general public.
8. Monitoring and quality assurance processes are used uniformly to inform and improve services.
9. Financing mechanisms make trauma-informed programs and trauma specific services sustainable.
- ▶ **10. EVALUATION** data are collected from a variety of perspectives.