PROGRAM QUALITY ROADMAP

OVERVIEW

This overview summarizes the elements of Root Cause's Program Quality Roadmap, a proven system for building equity and excellence in social service organizations, including descriptions of each of the Core Components of Quality below.

Core Components of Quality

PROGRAM ACCESSIBILITY: How do programs address barriers to participation to ensure community members can receive needed services regardless of zip code, race, gender, language spoken, disability, work schedule, household income, and other factors?

REFERRALS & PARTNERSHIP MANAGEMENT: How do programs give and receive referrals and manage partnerships that lead to seamless service coordination between programs?

STAFF SUPPORT & PERFORMANCE: How do programs support their staff to promote their well-being and enable them to provide the most effective services to participants?

TRAUMA-INFORMED PRACTICE: How are programs designed to identify and address the consequences of trauma?

DATA & MEASUREMENT CAPACITY: How does a program collect and use data to measure performance and progress towards goals and outcomes?

EVIDENCE-INFORMED PROGRAM DESIGN: How do providers use evidence-based models and available research to best meet the needs of participants?

FAMILY & COMMUNITY ENGAGEMENT: How are participants involved in the planning, design, leadership, feedback processes, and evaluations of programs designed to serve them?

Foundational Conditions

Organizational Commitment to Racial & Economic Equity. Structural racism and growing income and wealth disparities in the US mean that communities of color and those struggling to make ends meet are vastly overrepresented in populations receiving social services. High quality cannot be achieved, therefore, without a strong and explicit organization-wide commitment to racial and economic equity that translates into everyday practices for supporting these marginalized communities towards stability and wellbeing.

Organizational Mission & Vision Are Driven By An Authentic Understanding Of Community Needs And Strengths. A respectful and trusting relationship with the service pop-ulation shapes the core of the organization's purpose and intended impact.

Alignment between Organizational Mission & Vision and Program Outcomes, such as in a theory of change or logic model, are foundational for high quality services. Organizational mission & vision are ultimately what quality services aim to achieve, and strong program outcomes are both the result of high quality services and a measure of quality improvement successes.

Organizational & Leadership Supports Supply Tangible And Intangible Resources that are necessary for high quality services. These resources include funding, commitment from leaders, physical space and materials, and billing and accounting functions, among many others. These supports enable programs to serve their community, and when they are absent program quality suffers as a result.

INTRODUCTION

Trauma affects people of all ages, with the potential to have a lasting impact on health, mental health, education, relationships, employment, and many other areas of life. A traumatic experience can take the form of a one-time event, such as a natural disaster or the sudden death of a loved one, or can be recurring, such as abuse or racism. However, exposure to trauma does not mean a person will be traumatized or experience later adverse effects. Positive life experiences and protective factors counterbalance experiences of trauma and adversity to support resilience. When trauma does have a lasting negative affect, it will look and feel different for each person, even among people who experienced the same event. It can show up in ways that don't make sense to anyone else, or that seem unrelated to the present context. Other times it may not be visible at all. For all of these reasons, many behavioral health specialists, medical experts, educators, and social service providers agree that past traumatic experiences can impact the ways in which people interact and learn across different environments, and therefore that trauma-informed approaches show better outcomes for direct service participants.

Trauma, broadly defined, describes "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being."[1] Examples of experiences that can lead to trauma include exposure to violence, severe illness, serious accidents, chronic poverty, and discrimination.

Adverse Childhood Experiences (ACES) are a subset of traumatic experiences which, when experienced in childhood, can lead to negative physical and mental health outcomes later in life. Some examples of ACES include physical, emotional or sexual abuse, incarceration of a family member, having a close relationship with someone who with a mental illness, and substance abuse within the household.[2,3] In addition to the experiences traditionally connected to ACES, emerging research suggests that providers should give particular attention and care to historical traumas like structural racism and other types of oppression[4] to understand the ways that trauma can manifest at the intersections of several adversities, such as for Black or Indigenous children experiencing chronic poverty.[5]

The stress response caused by trauma, commonly known as the "fight, flight, freeze, or fawn" responses, can impact a person's relationships and ability to cope with other challenging situations. "Flight" relates to abandoning the situation (physically or mentally), while "fight" involves confrontation, and "freeze" entails becoming physically unable to move or make a decision. The "fawn" response refers to an attempt to please someone else in order to avoid conflict.[6] Without an understanding of trauma and how it can affect people, a service provider might misunderstand a participant's "fight" response as the person being "difficult to work with" rather than having a trauma-related reaction. Similarly, a provider without training in trauma-informed practices might perceive a participant's difficulty making decisions as being disinterested in the program, when it may actually be part of a "freeze" response resulting from trauma.

Many people exposed to trauma will experience natural recovery or resilience, meaning their symptoms will resolve naturally over a period of time. Others may experience prolonged symptoms which can be a sign of post-traumatic stress disorder (PTSD) or complex post traumatic stress disorder (C-PTSD).[7] This prolonged state of psychological anxiety, known as ***toxic stress***, is an effect of severe and/or chronic trauma and can impact brain development, physical health and socio-emotional functioning. Toxic stress is of particular concern for young children, as it can affect early brain development, cognitive development, learning, social emotional development, the ability to form secure attachments, and physical health.[8]

The lasting effects of trauma may be the reason (or a contributing factor) for why a child or adult is in need of services; simultaneously, trauma impacts how a child or adult responds to and participates in services, regardless of whether the service is intended to address trauma directly. For adults who experienced ACES or other trauma during childhood, toxic stress can often manifest as chronic disease, mental health conditions, or risky behaviors, if left unaddressed.[9] Traumatic experiences thus increase the risk of social and behavioral health issues like homelessness, unplanned pregnancy, and substance abuse. These adverse experiences as an adult expose individuals to additional traumas and the risk of re-traumatization.[10] Therefore it is critical for social, behavioral, health, and education service providers be ***trauma-informed*** in their service delivery, recognizing that trauma experiences may impact the way that individuals, families and communities respond to services of all kinds, working to mitigate the impact of traumatic experiences, and ensuring that services do not inadvertently re-traumatize the people they work with.[11]

What is a Trauma-Informed Approach?

A trauma-informed approach to social service delivery ensures that service providers are educated about trauma, understand how it can impact service participants' present-day behavior, needs, and service participation across settings services, and populations, and adjust their work with service participants accordingly. There are two key components of a trauma-informed approach, which are ***trauma-informed services*** and ***trauma-informed care***.

Trauma-Informed Services acknowledge that participants may have survived or are currently experiencing some form of trauma, and are designed to support and empower potential survivors whether they are identified as such or not. Trauma-informed services as a whole do not necessarily focus on the cause of trauma, but rather on delivering health and social services within the context of past trauma.[12] Those interventions which, when delivered by trained professionals, can support service participants in processing and coping with trauma (for example, trauma-focused cognitive behavioral therapy) form a subset of trauma-informed services.[13]

Trauma-Informed Care refers to a larger organizational framework, one which recognizes that trauma and its effects can be experienced by service participants, providers, and organizations, and which emphasizes safety and empowerment for all stakeholders involved. Examples of trauma-informed care practices include involving staff in agency policy development and implementing a formal staff mentorship program.

In practice, a trauma-informed approach supports the agency, empowerment, and physical, psychological and emotional safety of both service participants and providers.[14] Staff members are best equipped to create this type of environment for clients when they themselves experience these factors in the program at large, through trauma-informed care.[15] This is also true in communities where historical and racial trauma may be more prevalent. The approach works to advance equity for those communities by acknowledging the existence of trauma based on structural and historical occurrences, whether or not the effects are directly present in the individual seeking services. Racial trauma, which is the "physical, emotional, and psychological pain associated with experiencing or witnessing racism or discrimination,"[16] may co-occur with and compound the impact of other types of trauma. Organizations must also be conscious of the possibility of staff developing secondary traumatic stress, or being retraumatized by working with those who have experienced traumatic stress, and structure their staff training and support accordingly.[17]

When a service participant has experienced trauma, interventions that are not trauma-informed can inadvertently inflict additional trauma, or exacerbate past traumatic experiences. At its most basic level, a trauma-informed approach ensures that services and interventions are provided in a way that does not create this additional harm. In particular, a trauma-informed agency will emphasize safety, trustworthiness, empowerment, collaboration and choice in client interactions, regardless of a client's known trauma history. This approach includes clients as decision-makers in their own care, an individualized approach which can create healing and growth by addressing each client's fundamental needs.[18] Over the long term, a trauma-informed approach has been shown to enhance the effectiveness of services, particularly mental health and substance abuse services.[19]

Additional Trauma-Informed Terminology

Post-Traumatic Stress Disorder (PTSD)

PTSD is a mental health condition that occurs in some people who have experienced a dangerous or traumatic event or series of events. Symptoms may show up soon after the traumatic experience or they may not emerge for years afterward, which can sometimes make PTSD hard to understand for those experiencing it and others in their lives.[20]

Retraumatization

Retraumatization refers to the re-experiencing of traumatic stress as a result of a current situation that mirrors or replicates in some way the prior traumatic experiences, as well as to the occurrence of traumatic stress reactions and symptoms after exposure to multiple events.

Secondary Traumatic Stress

Secondary trauma refers to trauma-related stress reactions and symptoms which result from exposure to another person's traumatic experiences, rather than from exposure directly to a traumatic event, and can occur among professionals who provide various services to those who have experienced trauma.[21]

Trauma-Informed Systems

A trauma-informed system supports organizations in creating contexts that nurture and sustain trauma-informed practices. To this end, trauma-informed systems work to improve organizational functioning, increase resilience and improve workforce experience.[22]

Vicarious Trauma

Vicarious trauma can occur among professionals and volunteers who repeatedly work with survivors of trauma, including mental health counselors, victims services, police officers, fire fighters, and emergency medical services providers. It is characterized by a shift in world view as a result of the repeated exposure to others' trauma, which may include persistent cynicism, fear, and anger, among other responses.[23]

What Does a Strong Trauma-Informed Approach Look Like?

1. ORGANIZATIONAL COMMITMENT

LEADERSHIP

Active organizational leadership and commitment to a trauma-informed approach is essential for successful and sustainable implementation. An organization using a trauma-informed approach has both designated particular staff member(s) within the organization to lead this work, as well as secured leadership commitment to applying the principles of a trauma-informed approach to all areas of functioning, including staff hiring, training and support.

STAFF COMMITMENT

Staff buy-in is also critical to a successful trauma-informed approach. Under a trauma-informed approach, staff are engaged in delivering trauma-informed services, as well as in the commitment to trauma-informed care at an organizational level. Staff feel respected and heard, and feel that their leadership is committed to examining internal issues in organizational culture.

2. TRAUMA-INFORMED EVIDENCE AND VALUES

Under a trauma-informed approach, all staff, leadership, and stakeholders are educated about trauma and the ways in which it can manifest. Direct service providers are trained in delivering evidence-based trauma-informed clinical practices, as well as trauma-informed care. At the agency level, leadership measures the health of its organization based on trauma-informed values (such as safety, empoweredness, and choice[24]), and ensures that staff support policies are developed to support staff through the particular challenges of their roles. A trauma-informed agency also works to ensure that leadership and staff are representative of the communities served, and thus have insights into the environmental factors which impact client wellbeing.

3. SUSTAINABILITY

A strong trauma-informed approach is sustainable, and embedded into an organization's ongoing operations. Rather than existing as a stand alone program and budget line item, (and thus can be written 'out' as well), a strong trauma-informed approach entails practices which live in every aspect of an organization's operations, from intake to staff recruitment, to facility management, and so on. Staff wellbeing is prioritized, with the recognition that creating reflective and healing spaces for staff strengthens the organization's ability to sustain a high quality of trauma-informed work for beneficiaries over the long term.[25]

Best Practices of a Trauma-Informed Approach

To achieve each of the three characteristics of a strong trauma-informed approach, there are several recommended best practices.

To Secure Strong Organizational Commitment...

1. Build A Stakeholder Group with representation from the systems which interact with your client population, and ensure that they are educated about the impact of trauma and committed to implementing a trauma-informed approach in their own organizations. Building buy-in at the system level demonstrates leadership commitment of time and resources to trauma-informed care, and helps to ensure that clients are receiving trauma-informed interventions at every service delivery point, including within cross-agency partnerships.

***TIP:** In practice, it often helps to begin with building buy-in for a trauma-informed approach within a smaller, core team, before expanding to other groups within the system.*[26]

2. Practice internal continuous quality improvement (CQI) to improve trauma-informed practices over time. Identify, measure, and acknowledge issues in organizational culture or policy, and implement internal PDSA cycles to test changes. Having a structure for organizational change allows organizations to identify, acknowledge and respond to the effects of trauma on clients and staff, as well as to ensure that institutionalized policies are trauma-informed. By practicing internal CQI, organizations can ensure that staff feel safe and respected, continually strengthen their practices, and build buy-in among staff for a trauma-informed approach.[27,28]

To Implement Trauma-Informed Evidence and Values...

	Safety	Choice	Collaboration	Trustworthiness	Empowerment
Definitions	Ensuring physical and emotional safety	Individual has choice and control	Making decisions with the individual and sharing power	Task clarity, consistency and Interpersonal Boundaries	Prioritizing empowerment and skill building
Principles in Practice	Common areas are welcoming and privacy is respected	Individuals are provided a clear and appropriate message about their rights and responsibilities	Individuals are provided a significant role in planning and evaluating services	Respectful and professional boundaries are maintained	Providing an atmosphere that allows all individuals to feel validated and affirmed with each and every contact at the agency

Trauma Informed Values | Chart by the Institute on Trauma and Trauma-Informed Care (2015)

1. Build Trauma Awareness Staff at all levels of the organization should have a basic understanding of the ways trauma can affect individual, family, and community well-being, including the epigenetic impact of trauma. Ensuring trauma awareness requires comprehensive trauma training for all staff who may come in contact with clients directly or indirectly -- from bus drivers, receptionists and security staff to clinical professionals, case workers and educators. This 360-degree approach helps avoid behaviors or practices that may retraumatize clients, and creates a safe, trauma-informed environment for clients and staff alike.[29]

2. Support Staff in intentional ways, given that many service providers have prior trauma histories and/or may develop secondary traumatic stress as a result of working with clients with complex trauma histories. Apply trauma-informed principles to staff management, for example by emphasizing transparency and individual control within internal staff hiring, supervision and evaluation practices.[30]

3. Conduct trauma screenings with clients. Many researchers and practitioners recommend implementing screenings for all new clients to ensure appropriate care and referrals. Initial screening protocols can help avoid retraumatization of a new client, and ensure that ongoing care is trauma-informed and designed with knowledge of clients' individual traumatic experiences. As much as possible, trauma screening should be conducted for all clients, including screening for racial or ethnicity-related traumas, in order to uncover particular traumas and help to mitigate racial bias in the provision of services.[31,32] If an organization does not have the capacity to provide trauma-informed care, screening practices can indicate where appropriate referrals may be necessary.

4. Ensure physical and psychological safety. Physical and emotional safety within the treatment setting, as well as an environment that promotes trust and respect between clients and staff, is essential to a trauma-informed approach. Poorly lit parking garages, impersonal waiting areas or inflexible administrative policies are examples of environmental conditions that may be perceived as unsafe by individuals who have experienced trauma, and can risk re-traumatization. Instead, practitioners should ensure that their facility design, organizational policies and implementation protocols are trauma-informed to create a safe, welcoming, and accommodating environment for all.[33]

To Build Sustainability....

1. Apply a trauma-informed approach universally to all staff and clients regardless of whether they show symptoms of trauma. A trauma-informed approach can often be preventative, providing a 'return on investment' in terms of improved client outcomes and staff effectiveness and retention. A universal trauma-informed approach demonstrates a commitment to both staff and client wellbeing, thus fostering open communication, motivation, and partnership among all stakeholders.[34] Furthermore, trauma may not be visible and/or may not be shared by a client until they feel more comfortable doing so, and thus a universally applied trauma-informed approach helps to ensure that people with invisible and undisclosed trauma are still receiving the care and support they need.

2. Monitor quality through ongoing tracking, monitoring, and assessment of trauma-informed principles to ensure effective use of evidence-based trauma screening and treatment. Organizations should implement data collection practices which allow them to track reactions and adverse incidents related to trauma or trauma-informed practices, and to engage in ongoing evaluation and improvement.[35]

3. Involve clients in decision-making by prioritizing client feedback and involving clients in shaping the services they receive. Organizational governance structures should include roles for client members, and should prioritize client voices and feedback in decision-making. Involving clients and families in decision-making processes positions them as experts of their own experiences, and enables services to better address trauma-related needs.[36]

4. Encourage staff wellbeing by implementing policies that acknowledge and accommodate the challenges of the work that staff are being asked to do. While this will look different in every organization, an example could be shortening staff hours while maintaining the same level of pay, in order to prevent burnout and encourage staff wellbeing. Creating space for staff reflection and healing in otherwise reactive and high-stress workplaces is a key component of sustaining a trauma-informed approach over the long term, and ensuring consistent quality care for clients.[37]

Addressing Racial Trauma

An important part of becoming trauma-informed includes building staff awareness and competency in identifying racial trauma and understanding its causes and potential impacts. Racism and discrimination are extremely common and deeply impactful. However, symptoms of racial trauma are often overlooked in clinical diagnoses, due to an exclusion of racism from trauma frameworks, unconscious bias of clinicians, and lack of understanding about how racism truly affects people. Racial trauma and its consequences have historically been dismissed and/or minimized culturally and in service settings, and as a result service participants may not have the language to describe the impact of racism on their wellbeing, or may hesitate to bring the topic up with service providers. It is therefore all the more critical that service providers are well versed in the ways in which racism can inflict trauma, and are well-equipped to discuss this topic with service participants.38,39,40

CASE STUDY

The Bayview Child Health Center (BCHC)-Center for Youth Wellness Integrated Pediatric Care Model

"What is the connection between childhood adversity and poor health?"

This is the question that doctors at a free community pediatric clinic began asking themselves when they realized that the children they were treating rarely responded to traditional care for their conditions. The Bayview Child Health Center in San Francisco is located in the Bayview-Hunters Point neighborhood, where communities of color face high levels of poverty, crime, and pollution. In BCHC's early days, young patients who came to the clinic presented with a range of conditions, from asthma to autoimmune disorders to developmental delays, but didn't seem to improve under the clinic's care. Physicians at BCHC were flummoxed.[41]

But there was one thing that all the patients at BCHC had in common: a history of childhood adversity.[42] Dr. Nadine Burke Harris, the clinic's medical director, began studying the existing research on adverse childhood experiences (ACES) and learned that there was a link between a child's experience of traumatic events and their health outcomes, and that experiences of ACES were more common than anyone had thought.

Dr. Burke Harris changed course, and opened the Center for Youth Wellness (CYM), which worked to give BCHC patients and their families ***the option to be screened*** for ACES. If a child's screen revealed that they had been exposed to four or more ACES, they would be given ***multidisciplinary treatment,*** including a possible psychotherapy with their parents or caregivers. Older children would receive training from therapists on how to recognize the signs of toxic stress and help their minds and bodies heal.[43]

Because the BCHC-CYM model allows trauma-informed services to be delivered ***in partnership*** with patients' primary medical home, patients can receive more effective interventions that prevent long term health and behavioral problems. Screening for childhood adversity also creates an opportunity to ***engage families***, by educating caregivers about the link between adversity and health and referring them to the appropriate services for prevention and treatment.

Today, the Center for Youth Wellness works with clinical practices across the country to implement universal ACES screenings.[44] In 2019, Dr. Burke Harris was appointed as California's first-ever surgeon general[45] and helped launch a new state initiative to reimburse California's physicians for screening Medi-Cal patients for ACES.[46]

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