



THE Quarterly REPORT

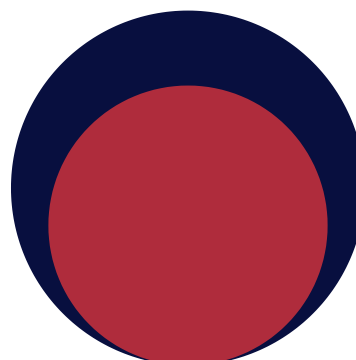


TIC Cohort 1

DATE :	June 30, 2019		
PROJECT NAME :	Trauma Informed Care Program		
NAME :	Report 1st Cohort 30 trainers from 10 health centers		
Quarter:	April-June 2019 100% adherence to projected timeline		
01. Kick- Off Trauma 101 Topics Learned:	Trauma Theory	Neuroscience of Trauma	What does trauma look like in health centers?
02. Learning Community Concepts Learned:		Session 1: Change and Self-care	Session 2: Governance and Leadership & Policy
03. Focus Topic	Exploration of Childhood ACEs for continuing education credit (CE's) will be assigned for this activity. Beginning in August a TIC Podcast series will be used for learning with CE credit attached when possible. This series will include trauma survivors as well as subject matter experts in service delivery.		
04. Coaching Calls	Coaching Calls have had 100% attendance at each health center with many adding an individual from the health center QI team. This coaching call digs deeper into the individual health center while discovering where key trauma principles apply to workflows.		

Organizational Assessment

62% overall participation rate exceeded participation goal



■ FTE's ■ Completed Assessments

The Organizational Assessment was provided to the first cohort of 10 health centers on May 24th 2019 for distribution on May 27th. The collection period for the assessment ended on June 14th. The goal was to have 55% overall participation from the 1606 FTE's at the 10 health centers. 999 completed assessments were received by June 14th. Giving a 62% overall participation rate.

TIC Cohort 1

List of tasks completed/milestones hit this quarter:

- Successful Kick-off event with Trauma 101 Presentation- April 2019
- Successful Trauma 102 Panel Presentation-June 2019
- Continued learning through the Learning Community monthly interactive teaching time. May and June 2019

Lessons learned this quarter:

- Members of the cohort expressed fear of failure regarding the organizational assessment and concern of judgment by evaluator. This perception is most likely based on fear of knowledge lacking vs. knowledge to be gained or possibly a fear of negative feedback in place of goal setting. To combat this fear, TIC Coordinator will establish 'no judgement' of outcomes during initial site visit with leadership and at time of evaluation with trainers.
- During one site visit, an individual staff member was mildly triggered when discussing trauma. The development of resources and referral listings for TIC trainers and leadership needs to be available before site visit and will be built into recruitment and planning phase of the program.

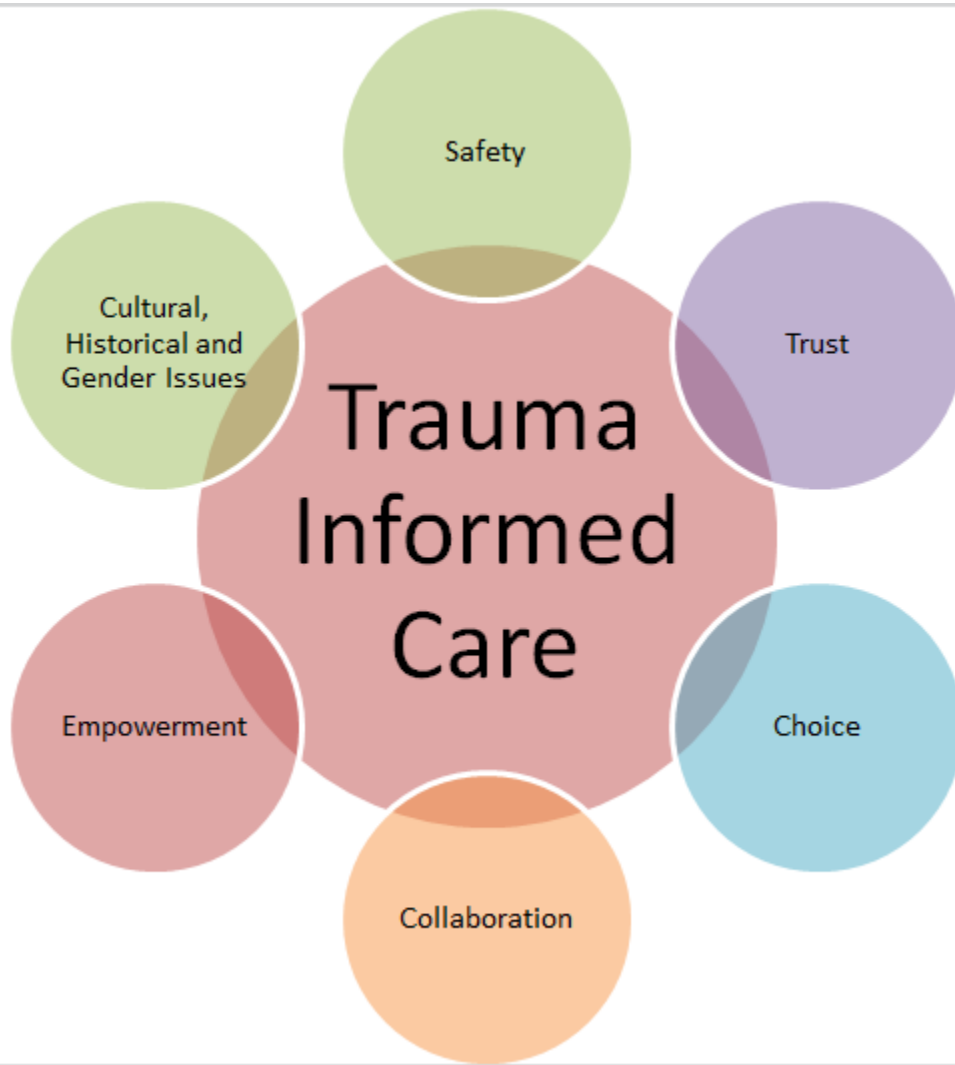
Roadblocks/challenges anticipated:

- As the health center moves into the next phase of transformation, anxiety could be high among staff as they begin to experience TIC transformation. Trainers will need to apply knowledge of change process to ease concerns raised through this process.
- Consider updating communication plans between leadership and trainers as needed, to increase transparency.
- Communication platform needs to be in place for future cohorts to streamline communication and to share best practices.

Tasks/goals planned for next quarter:

- Development of TIC Podcast Series-Learning from survivors and subject matter experts on the topic of service delivery and perspectives/insight.
- Champion team selection.
- Create and implement individualized action plans drawn from the organizational assessments.
- Consider site visits as needed.

Trauma Informed Care Guiding Principles



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1. SAMHSA-HRSA center for integrated health solutions. *Behavioral Healthcare*. 2014;34(5):48.
 2. Harris, M., Falot, R.D. *Using trauma theory to design service systems*. 89th ed. San Francisco: Jossey-Bass; 2001:3-21.

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