



**ADVANCING CALIFORNIA'S
TRAUMA-INFORMED SYSTEMS
(ACTS) TOOL KIT**

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INTRODUCTION

The ACTS Project

The ACTS project is a partnership between the California Department of Social Services Office of Child Abuse Prevention and Rady Children's Hospital-San Diego. Our mission is to support systems and organizations in planning for, implementing, and sustaining trauma-informed change that aligns with best practice and science.

The ACTS project was formed with the premise that California's child welfare and other child-serving systems should have support and guidance in creating and advancing Trauma-Informed Care (TIC) practices. We believe in a collaborative approach to implementing trauma-informed system change. Our goal is to help counties advance trauma-informed care while engaging county leadership from a strength-based framework, with an approach that is dependent on the applied experience of child serving system administrators, that acknowledges and respects the autonomy of each county, and that is adaptable to the unique needs and capacity perceived by leaders from each county.

We work with organizations to identify individualized areas for TIC advancement and provide in-depth resource sharing through the ACTS project. We also offer workforce and leader-focused trainings on different aspects of TIC and time-limited Technical Assistance on TIC implementation and sustainment. The ACTS project also offers an opportunity for participating organizations to join the state-wide Network for Advancing California's Trauma-Informed Systems. The purpose of this network is to recognize and connect organizations in California that are advancing TIC.

The ACTS Tool Kit

The ACTS Tool Kit is a product of the ACTS project. The Tool Kit was designed to support all county level systems partnering with ACTS, as well as other systems that are not participating in the ACTS project, but are interested in making trauma-informed change within their organization. The Tool Kit highlights our vision of trauma-informed system change and the ACTS implementation process. Resources related to key elements of trauma-informed care can be found on our website. Resources for child-welfare and mental health systems are highlighted, but many of the resources are applicable to a wide array of child-serving systems. Resources are also available for caregivers and youth who have experienced traumatic stress.

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TRAUMA-INFORMED CARE AT A SYSTEMS LEVEL

Trauma-Informed Systems

Since the end of the 20th Century, researchers and practitioners have helped uncover and clarify how childhood trauma can leave a short-term and long-term impact on individuals, families, and communities. This work has driven child, youth, and family-serving systems to better understand the attitudes, services, policies, and practices specifically tailored to enhance safety, resilience, hope, and posttraumatic growth. This process has sparked a movement to transform child-serving systems into systems that can effectively and efficiently respond to, and serve, those exposed to trauma (Ko et al., 2008).

Nonetheless, there are multiple definitions of trauma-informed care. Leaders in the field have been working to better define how systems can become more trauma-informed, what steps are involved in advancing trauma-informed care, and how trauma-informed care can lead to meaningful improvements for consumers. Well established empirical findings from the fields of childhood trauma and implementation science guide theoretical models of TIC and provide us with a blueprint for navigating trauma-informed change efforts. Based on this knowledge, we believe that trauma-informed care approaches should be systemic, evidence-informed, evolving, implementation and sustainment focused, and collaborative. The outcome of these pieces working together is an effective and efficient system strengthening those who have been impacted by trauma while reducing risks for further traumatization.

ACTS Trauma-Informed Care Menu

Based on the best research and expertise available, we have created a menu of TIC for child serving systems. The TIC menu is a list of key TIC elements that were chosen based on literature reviews and input from expert leaders in the field of TIC. The menu was developed to serve as an empirically informed overview of TIC, and a blue-print for child-serving systems interested in implementing trauma-informed change.

Advancing trauma informed care includes child serving systems focusing on three core domains: 1) The Organizational Environment, 2) Workforce Development, and 3) Trauma-Informed Services (Hanson & Lang, 2016). Each domain includes several key components such as training and building awareness of TIC, addressing secondary traumatic stress, enhancing cross-system collaboration; considering and integrating culture, diversity, and trauma; developing trauma-informed screening and referral processes; or providing services to promote growth, well-being, and resilience. In our menu, 11 key components are represented individually to facilitate shared communication and understanding of these important TIC areas (Refer to Appendix A). However, these components are often inextricable and worked on interchangeably.

TRAUMA-INFORMED CHANGE WITHIN CHILD WELFARE AND BEHAVIORAL HEALTH SYSTEMS

Child Welfare Systems Trauma-Informed Change

Professionals within child serving systems faced with the important task of creating trauma-informed systems that are healing, strengthening, and provide positive outcomes that are effective for children, youth, and families exposed to traumatic stress (Kerns et al., 2016). However, the lack of a clear framework for creating meaningful trauma-informed change leaves many child welfare professionals without the tools and expertise needed to reach these goals (Strand et al., 2016). We offer an evidence-informed framework for trauma-informed system change, with a focus on applied implementation and sustainment practices for child welfare organizations through our strategic and collaborative partnership with counties across California (Refer to Appendix B).

Joint County Systems Trauma-Informed Change

The ACTS team works with joint county systems which include child welfare and behavioral health systems. We work with joint county systems to promote cross systems collaboration, shared language, and to leverage existing resources to advance trauma-informed systems change within California. We recruit joint county systems annually throughout the state of California. (Refer to Appendix C).

ACTS EXPLORATION AND PLANNING PHASE

Our framework is influenced by research on implementation science (Aarons, Hurlburt, & Horwitz, 2011) and theories of organization change (Packard, 2013). In the ACTS project, trauma-informed system change begins with an exploration and planning phase. During this phase, there is an emphasis on leadership involvement. Advancement of trauma-informed systems change first requires an implementation approach that is responsive to the perceptions of feasibility and acceptability among local leadership (Aarons & Sommerfeld, 2012; Moullin, Ehrhart, & Aarons, 2018). Each system will have different leadership structures, needs, and views about the capacity for change and future direction of their systems.

During this phase, an initial discussion of an organizations vision and goals for and commitment to trauma-informed care takes place. During this discussion leaders reflect on trauma-informed efforts their organization has made, how those efforts have gone, how leadership has worked together to create organizational change, and what their capacity is to focus on TIC within their system. We believe in an individualized approach to implementation, using the collaborative partnership and objective assessment to determine what implementation steps might be.

Consensus for Implementation and Engagement

Following this discussion, the ACTS team, along with the partnering organization reflects on the discussion and completes a Consensus for Implementation and Engagement form, which assesses the organizations level of readiness for implementing TIC, which is an important factor for change initiatives (Holt et al., 2007). This form was designed to fit the goals of the ACTS project specifically, building off existing measures of organizational readiness (Refer to Appendix D).

ACTS Organizational Self-Assessment

The next step of the ACTS implementation process is an organizational self-assessment. We created the ACTS Organizational Self-Assessment with the purpose of helping organizations determine which areas of trauma-informed care their leadership, staff, and stakeholders would like to target for advancement. It is a process designed to facilitate discussion of where an organization has been, and where they would like to go regarding advancing TIC. It is intended to be an assessment process that leadership completes collaboratively, reflecting an organization as a whole. It is also meant to assist in tailoring an implementation plan that is unique to an organization's interests and needs.

The ACTS Organizational Self-Assessment is not a psychometrically designed tool, but rather an assessment guide that links to the key domains of trauma-informed care included in the ACTS trauma-informed menu (Refer to Appendix E).

ACTS Implementation Planning

Following an organizational self-assessment, an implementation planning meeting occurs to review the self-assessment and create a plan for individualized trauma-informed system change. Our implementation approach is flexible and adaptable so that we can align with a broad range of perceived needs from county leadership. Perceived county needs drive which changes will occur with input and support from the ACTS team. We believe that change driven by county leadership is more feasible, practical, elicits more motivation from the county team, and is more sustainable over time. We assist a county in identifying these perceived needs, helping to adjust these perceptions when necessary, and helping county teams feel bolstered to undertake their desired next steps toward TIC.

A focus on collaborative partnerships early in the implementation process, as well as flexibility from the ACTS team to offer different types of services with the capacity for flexible timing is a central element our implementation structure (Refer to Appendix F). Overall, system change is driven by leadership from individual counties in partnership with ACTS.

ACTS Champion Call

Champion Calls are a dedicated time in which the implementation team, champions, and ACTS team meet to discuss various aspects of goals and objectives and how to sustain the work to create systemic change. Champion Calls play an integral part in exploring, planning, implementing, and sustaining trauma-informed system change. Our ACTS Champion Call Form highlights areas of Champion Calls, including implementation progress, measurement/outcome tracking, sustainability planning, and levels of engagement (Refer to Appendix G).

ACTS IMPLEMENTATION AND SUSTAINMENT PHASE

Our implementation efforts stem from a strength-based framework. System changes are driven by leadership from individual counties in partnership with the ACTS team. The ACTS project includes training and staff development related to trauma-informed care; however, we emphasize that trauma-informed change is not dependent on training alone, which, in isolation has been found to make little long-term change within systems (Nadeem, Gleacher, & Beidas, 2013). We seek to develop implementation plans that are dependent on the practical expertise and autonomy of leaders and technical expertise from the ACTS project.

Advancement Progress Review

The Advancement Progress Review (APR) is the internal assessment tool that the ACTS project utilizes to track progress and move a county to the next phase of the project (Refer to Appendix H). The APR is completed by the Champions after each phase and 3 months after the completion of the project to obtain follow up data. Goals and objectives are first summarized and then feedback is obtained about satisfaction with the project and feedback for improvement moving forward.

ACTS NETWORK

The ACTS project has created a trauma-informed child welfare network, which is supported by the Office of Child Abuse and Prevention (OCAP) and California's Department of Social Services (CDSS), as well as expert leaders in the field who serve as national ACTS consultants. The network includes child-serving system leaders identified through our partnerships, as well as other child welfare systems in California who have engaged in implementing trauma-informed services. A goal of the network is to cultivate and connect trauma-informed child welfare leadership within the state, as we believe that by connecting organizations who are invested in trauma-informed care, we create a stronger and more unified voice for trauma-informed change. We also host an annual network meeting with ACTS partners to share resources, lessons learned and make connections within our state.

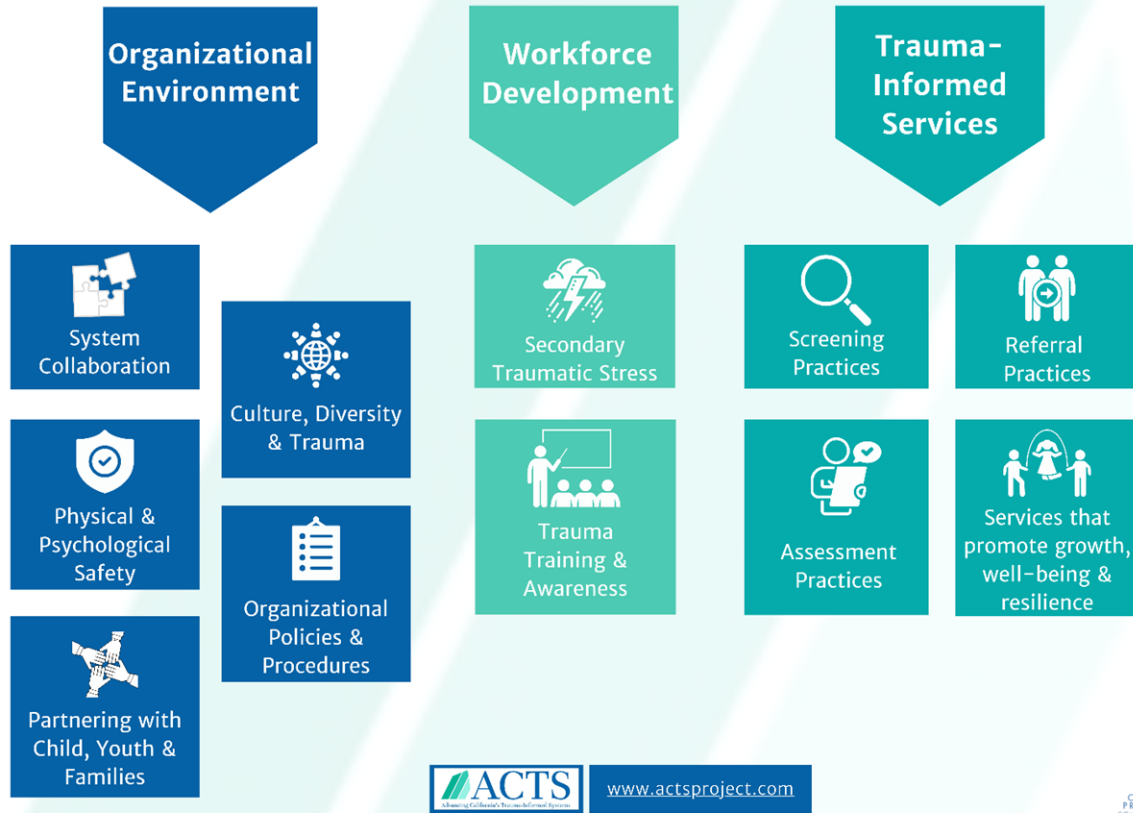
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Appendix A
Trauma-Informed Care Menu

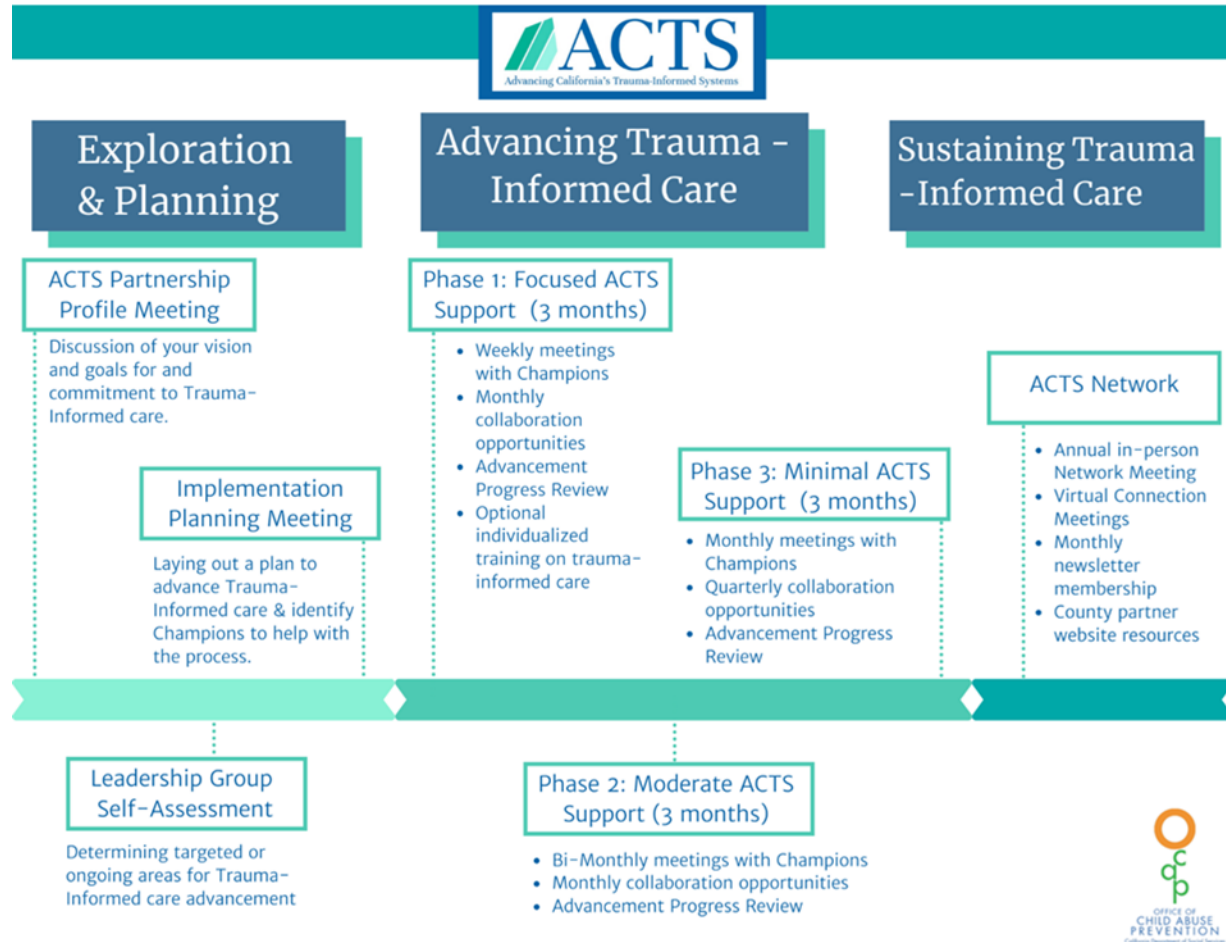
Advancing California's Trauma-Informed Systems

Trauma-Informed Care Menu



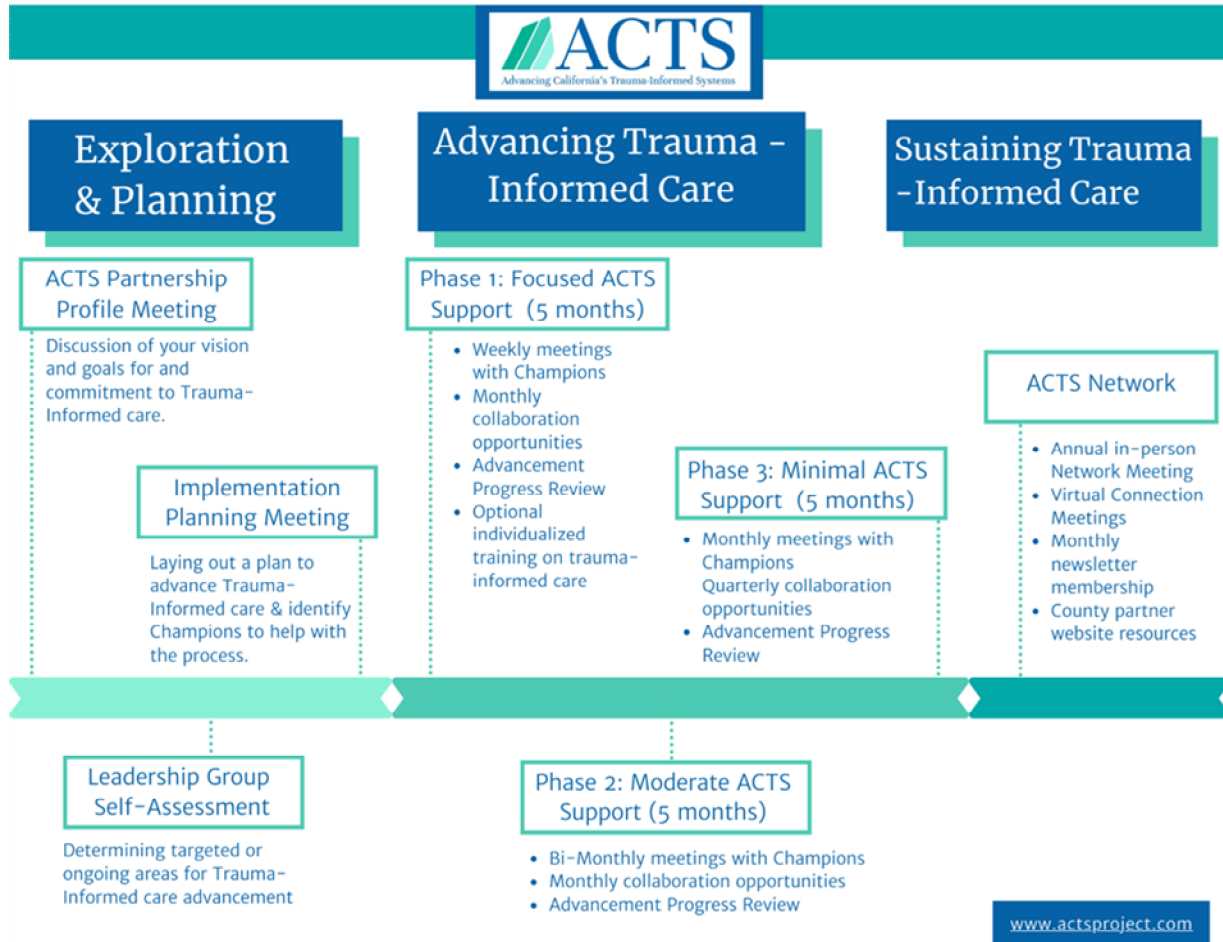
Appendix B Child Welfare System Change Process

Child Welfare



Appendix C Joint County Systems Change Process

Joint County System



Appendix D

Consensus for Implementation and Engagement

System:

Date:

Participant	Role

Inclusion Criteria		
Participants indicated an email of support will be sent by an executive leader	Yes	No
Participants indicated they will identify a dedicated point person	Yes	No
Participants indicated they will create a work group for this project	Yes	No
Participants indicated that they are able to start their involvement within the next 3 months	Yes	No

Following the Initial ACTS Partnership Profile (APP) call, please answer the following questions to the best of your ability:

	Not at all	To a slight extent	To a moderate extent	To a great extent	To a very great extent
1. There seem to be barriers that may hinder carrying out a change like this.	0	1	2	3	4
2. There seems to be experience in strategic planning to carry out a change like this.	0	1	2	3	4
3. There seems to be leadership support to carry out a change like this.	0	1	2	3	4
4. There seems to be motivation and commitment to carry out a change like this.	0	1	2	3	4
5. It seems like this group wants to work on something outside the scope of a change like this.	0	1	2	3	4

Appendix E

ACTS Organizational Self-Assessment

The ACTS Organizational Self-Assessment is a process designed to facilitate discussion with leaders and stakeholders to assess where an organization has been and would like to go in regards to advancing TIC. This assessment can also be utilized to tailor an implementation plan that is unique to an organization's interests and needs.

Please click on the link below to access the ACTS Organizational Self-Assessment.

[ACTS Organizational Self-Assessment](#)

ACTS Organizational Self-Assessment 2023

Thank you for your interest in advancing trauma-informed care (TIC) within your organization. The purpose of this self-assessment is to help you determine which areas of trauma-informed care your organization leadership, staff, and stakeholders would like to target for advancement, as well as plan for implementation and sustainment of trauma-informed change practices.

Who should participate in the self-assessment?

This process is designed to facilitate discussion of where your organization has been and where you would like to go with regard to advancing TIC. It is intended to be an assessment process that leadership completes collaboratively, reflecting your organization as a whole. It will be important to decide which individuals and voices from your organization you would like to include in this discussion before completing the assessment.

It might be two key leaders who complete this together, or it could be a team of stakeholders from your organization. We hope you include individuals who offer perspectives important to advancing trauma-informed changes in your organization.

We hope this assessment provides a positive opportunity to explore your trauma-informed care goals with your colleagues. If you have questions, please contact Taylor Romero at tromero2@rchsd.org.

2) Please provide the name of the county and system/agency completing this self-assessment*

Name of County: _____

Name of System/Agency: _____

Appendix F
Implementation Planning Form



IMPLEMENTATION PLANNING FORM

Area of Trauma Informed System Change:
Implementation Goal:

Objective 1:

Objective 2:

Objective 3:

Objective 1:

Sustainment

Task:	
Assigned to:	
ACTS Phase:	

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Task:	
Assigned to:	
ACTS Phase:	

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Task:	
Assigned to:	
ACTS Phase:	

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Appendix G

ACTS Champion Calls

Date:

Attendees:

Updates from the week:

Champion:

ACTS:

Check in on overall implementation progress

- Problem-solving implementation barriers
- Accountability to implementation timeline
- Adaptations needed to implementation plan?
- Provision of resources needed to meet objectives?

Check in on the measurement/outcome tracking for the implementation goal

Check in on sustainability planning

Check in on level of engagement (champion, leadership, implementation team)

Appendix H. Advanced Progress Review

Goal:						
Objective 1:						
Task	Phase	End Date	Lead Person(s)	Key Partners	End Result/Deliverable	Current Status
Objective 2:						
Objective 3:						

Please take some time to read over the below questions and complete the 5 point rating scales. We will talk through these questions at the next weekly champion call.

1. Overall, how is the team progressing towards meeting your implementation goal?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

a. What barriers have you faced in implementing your objectives and tasks?

b. What strengths have helped you implement your objectives and tasks?

2. Overall, how motivated are you and the team to reach your implementation goal?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

3. Overall, how confident are you in you and your teams ability to sustain the changes over time?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

4. Overall, how satisfied are you with the project thus far?

Not at All	Slightly	Moderately	Very	Extremely
○	○	○	○	○

a. What are some specific changes to your system that stand out to you?

b. Is there anything that would increase your satisfaction with the project?

5. Have you collaborated or connected with any other member of the ACTS Network in the past 3 months?