

CITY OF MINNEAPOLIS

Becoming a Trauma Informed Local Public Health Department

Experiences from the Community Health Improvement Partnership (CHIP) of Hennepin County

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An informal poll...

- Trauma or becoming trauma informed
- ACES or (P)ACES
- Diversity-Equity-Inclusion
- Racial equity or
- Health equity



CHIP of Hennepin County

- Founded in 2012 – convened by public health departments in Hennepin County
- A coalition of partners recognized that solutions to complex health issues can be found when partners work as one
- Guided by data, we target community health issues together for greater impact
- Partners come from public, private, and nonprofit sectors
- CHIP currently focuses on two priorities
 - Community Mental Wellbeing
 - Housing Stability

CHIP's Guiding Principles

- We understand that racism is at the core of racial and economic disparities, and the systems that perpetuate these inequities must be dismantled.
- We recognize the harm our systems have caused, and we will shift our organizations' business decisions to prevent harm.
- We will listen as communities define their own goals, then partner with them to achieve shared success.
- We will act collectively upstream, harnessing the power and resources of this partnership to create equitable processes, policies, and collaborations.

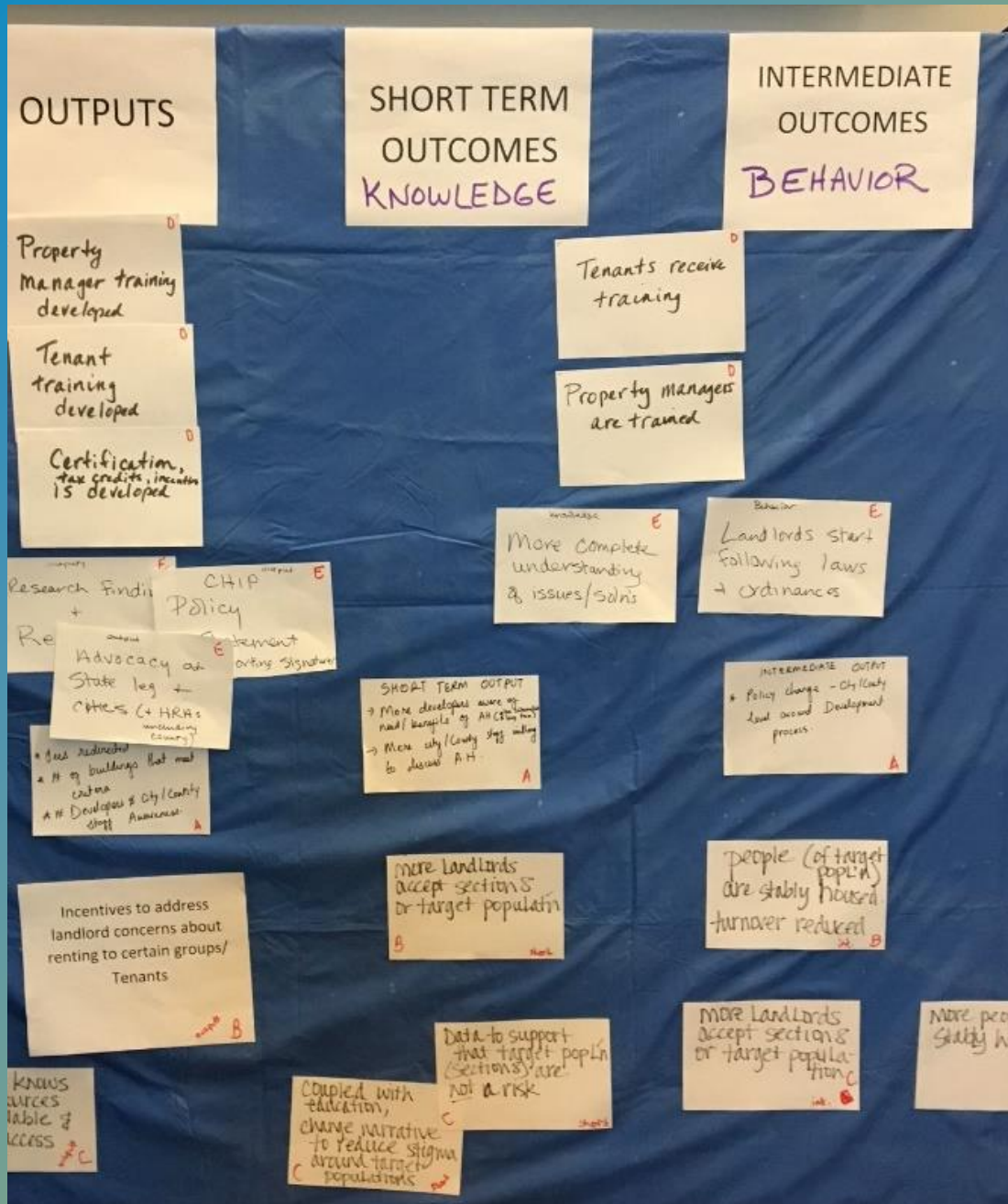
Community Mental Wellbeing (CMWB)

Vision statement

Lead equitable policy and systems change that promote physical, social, mental, community wellbeing and honor community wisdom and healing.

Goals

- 1) Become trauma-informed, trauma transformed, healing organizations
- 2) Support spiritual-faith-cultural leaders to respond to trauma in their communities



What does it mean to “become trauma informed?”

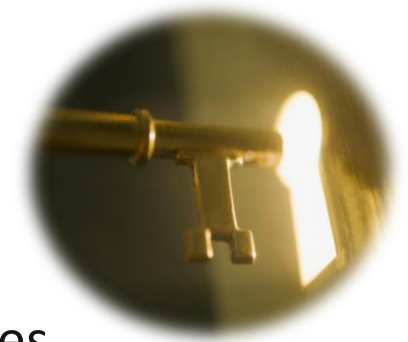
A program, organization, or system that is trauma-informed:

- *Realizes* the widespread impact of trauma;
- *Recognizes* the signs and symptoms of trauma in people with whom we interact, including community members, families, patients, and employees
- *Responds* by fully integrating knowledge about trauma (and trauma responsiveness) into practices, policies, procedures; and
- *Seeks* to actively resist re-traumatization



Becoming Trauma-informed: Learning

- We had no idea how to get started and focused first on learning from others in our community who were engaging this work
- Began using 7 common steps in our journey to become trauma-informed
 - Build awareness and start the conversation
 - Provide education and training on trauma and its impact on all of us
 - Identify champions – who is invested in moving deeper into change?
 - Do an organizational self-assessment
 - Create a team/or teams to guide the work
 - Mentor-train-educate new employees
 - Measure steps taken & progress made, and change policies & practices
- A key takeaway here: **these steps are not sequential!** Start where you can, where there is energy and will. It doesn't matter where your organization begins ... **just begin** (*it's that critical*)



Becoming Trauma-informed: Actions

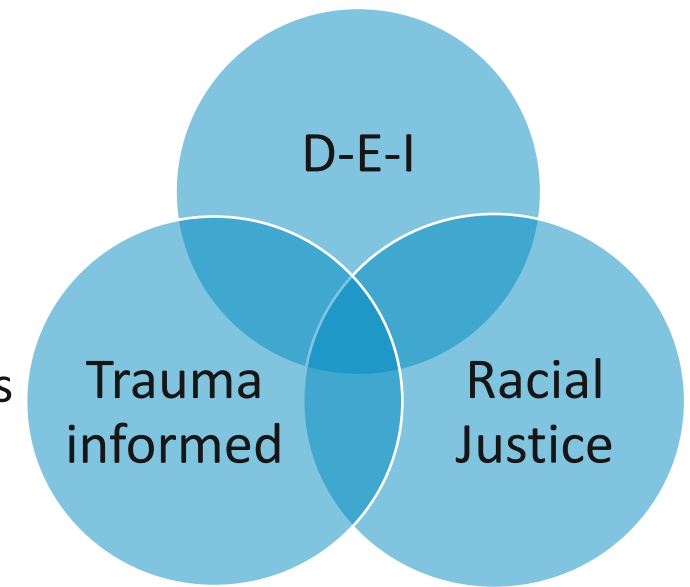
- Developed a trauma-informed survey – got a baseline across all CHIP organizations, now measuring change over time (3 years to date)
- Received a Cross-Sector Innovation grant from Robert Wood Johnson and the Public Health Accreditation Board
 - Funded community grants at a critical time (during lockdown / COVID)
 - Funded four community-based organizations for yearlong projects
- Created a pilot cohort to work together on the journey toward becoming trauma-informed/trauma transformed
 - Meet quarterly to discuss progress made, challenges, and to share resources
 - Pilot cohort shares its learnings with the action team and executive committee

Becoming trauma informed - key learnings

- Public Health emergency and COVID seriously impacted progress
- George Floyd's death and the civil unrest rightfully diverted energy and action to critical community needs
 - As a result of these stressors, white-bodied people experienced an inkling of the trauma that our black-brown people experience every day of their lives
- During this time and throughout COVID response, it was critical to attend to CHIP partners mental wellbeing
- Declarations of Racism as a Public Health Emergency / Crisis
- Organizations began in earnest working on anti-racism efforts, DEI, Racial Equity
 - Made us ask: *How do these intersect with becoming trauma informed?*

Venn Diagram – intersection of Becoming Trauma informed + DEI + Racial Justice

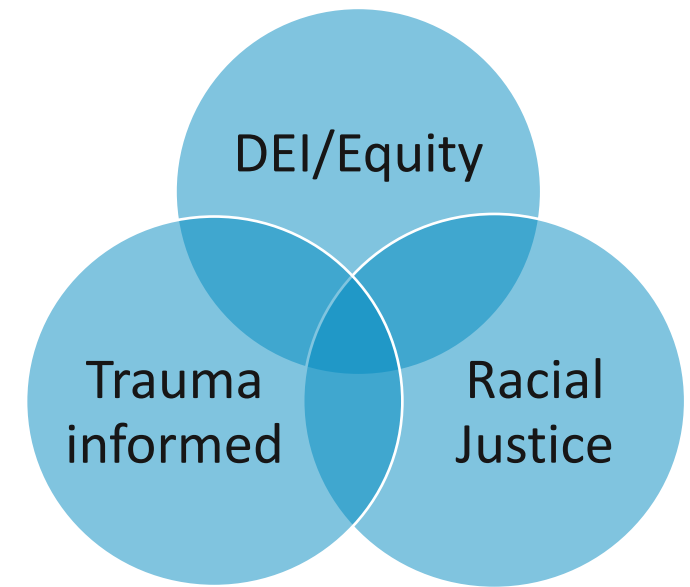
- **First and foremost, Racism IS trauma**
- **Move from an “either/or” mentality to one that recognizes interconnectedness of these models to:**
 - Improve the experience of those we serve
 - Influence organizational culture
 - Require organizational change
 - Help us understand our own trauma and support our coworkers
- **Community expects us to address all three *no matter what name we use to describe the work***
- **Improving environmental and social conditions will impact all three**



Venn Diagram – intersection of Becoming Trauma informed + DEI + Racial Justice

Khadijah Cooper, Annex Teen Clinic, CHIP grantee in 2021 said this:

- **Trauma informed (TI) care** is the base of the house. The TI approach is critical to feeling validated and believed.
- **Equity** – is about the barriers that we face and work with – or work around – and taking steps to break down those barriers.
- **Racial Equity** says communities of color/culture must sit at the table so that their voices are authentically represented.
- **DEI** is a step up and incorporates the community voice into working with the community. It is another way to have many voices engaged, supporting community in leading the change.



CITY OF MINNEAPOLIS

On Becoming a Trauma-informed (TI) Organization

Minneapolis Health Department

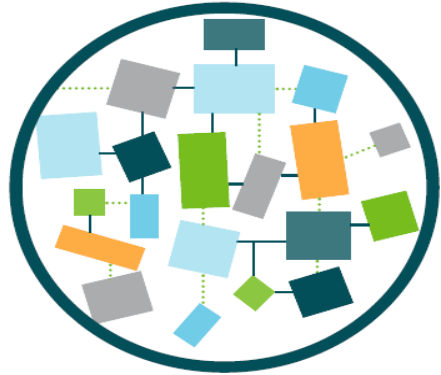
Patty Bowler

Margaret Schuster

The Journey Begins

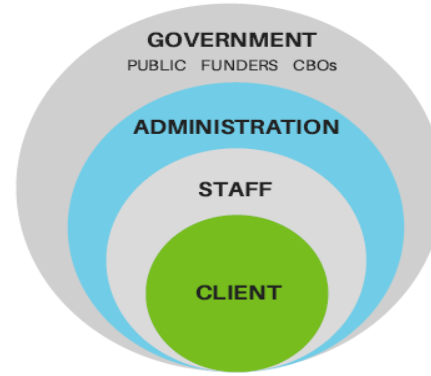
- Many communities face historical and racialized trauma, and trauma related to violence, poverty and other social conditions of health
- To promote resiliency and healing, an organization needs to be trauma informed
- Working on equity and becoming trauma informed go hand in glove
- Both involve Internal and External work
 - Employee secondary trauma
 - Organizational policies, practices, procedures can inadvertently hurt those we are trying to help and engage with





TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership



TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

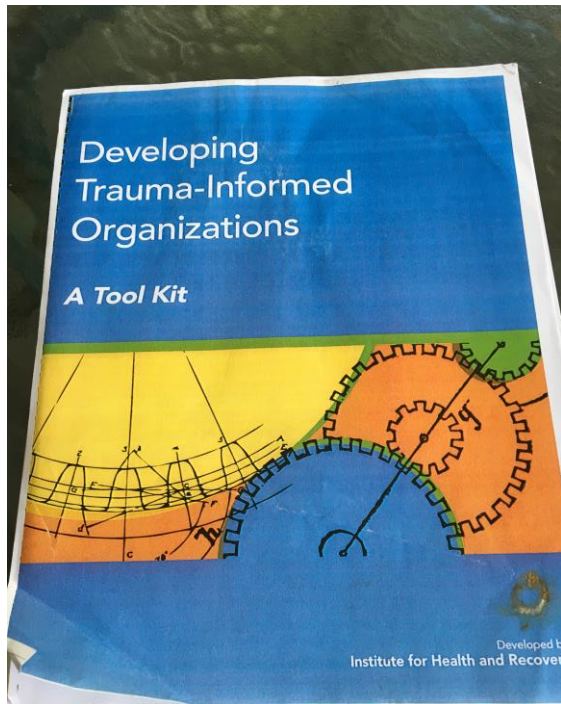
TRAUMA INDUCING

TO

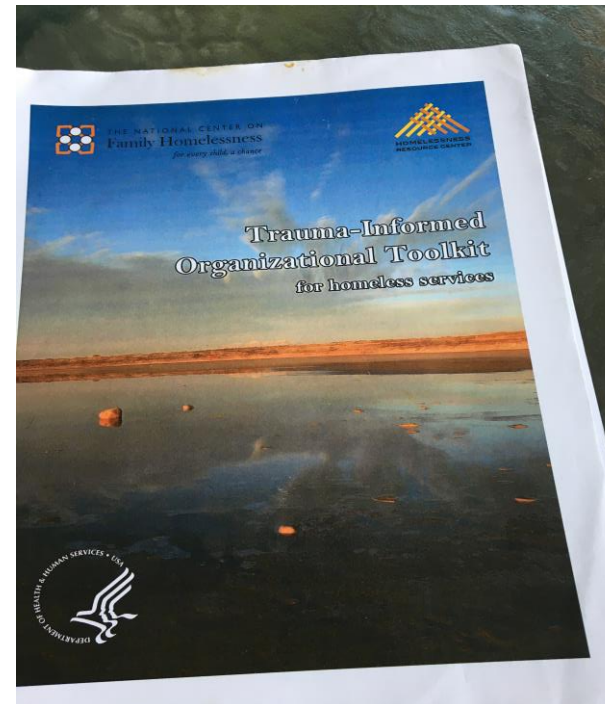
TRAUMA REDUCING

Trauma informed toolkits and assessments

Developing Trauma-informed Organizations; a Tool Kit



Trauma-Informed Organizational Toolkit for Homeless Services



March 2020: COVID Response

- Much of the TI work ground to a halt
- Accomplishments:
 - Using the two toolkit assessments, a customized assessment was developed for MHD
 - Met with Chicago, Seattle-King County and NYC to learn about their TI journey
 - Continued to participate in the CHIP action teams and on the Executive Committee
 - Continued to build on conversations happening in the Health Department



2022 Progress

1. Offered three trauma 101 trainings in February
 - Focused on MHD staff, invited CHIP partners
 - Goal to provide foundational information to all staff – some already knowledgeable; some new to this information
2. Conducted post training survey; reviewed survey findings at an all-staff meeting
3. Hired a Health Equity Manager (CDC grant)
4. Tested the trauma assessment and sent trauma assessment to staff
5. Results of assessment analyzed and discussed
6. Funded 4 TI projects through SHIP
7. 3-4 staff participating in U of MN Trauma Effective Leadership class

On the Horizon...

1. Share results of baseline assessment with all staff
2. Help partners through SHIP
3. Recruit a smaller leadership team to shepherd process
4. Identify a consultant(s) to work with team to analyze results of assessment and develop workplan
5. Implement plan
 - More training
 - Change policies and procedures
 - Evaluate along the way



What is going well? Lessons Learned

- Sustained passion for the work; internal champions
- Kept working on it, talking about it, even with intensity of COVID response
- Measure progress



Lessons Learned

- This work hasn't been in any one person's job description – people have pitched in on top of their regular job duties—need dedicated person
- Need a diverse team for planning including staff with lived experience – and a method for reaching multi-cultural/lingual staff for feedback
- Participation in training and assessment has been required
- Talking about becoming a trauma-informed organization is, in itself, traumatizing or retraumatizing to some colleagues
 - Amir Locke was killed right before our first training
- It's ok to make mistakes ... and government (especially) has to be okay that this is not a perfect learning-healing process

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Hennepin County

Click to edit Master title style

Local Public Health Association conference

November 14, 2022



Background and rationale for becoming a TI organization

- CHIP was awarded a grant in 2020 that included creating a trauma informed pilot cohort
- Some county clinical and family health programs were already using trauma informed methods
- COVID response caused a lot of trauma among staff across the department
- Director wanted entire department to become trauma informed



Our Trauma-Informed Team

Who we are:

A team of staff, supervisors and leaders from across the department.

Our Charge & Goal:

To help make Hennepin County Public Health (HCPH) an emotionally safe place to work, to partner and contract with, and to receive services.

How we work:

Use work groups to get work done and monthly meetings for reporting out to those who can attend.

Why this is important:

Because decisions, budgets, and actions impact our colleagues, clients, and communities.

Key steps and activities to date

- Created a team charter and ground rules in early 2021
- Invited other committees to share their work with TI team to help embed TI strategies into department-wide work
 - Example: Workforce development
- Provided workshops to staff and partners in 2021 & 2022
- Completed a Trauma Informed Logic Model and launched SharePoint site in spring 2022
- Hosted interdepartmental coordination meeting in May 2022
- Successfully applied for MDH infrastructure funds for TI work in 2022
- Just hired new full time Trauma Informed Org Change Project Manager



Send to

TRAUMA: THE GREEK WORD FOR "WOUND"

Trauma Informed



Andrea Kleven
Hennepin County

Who we are

The Trauma Informed Team began work in December of 2020. We are one of four pilot organizations in the Community Health Improvement Partnership (CHIP) working to become trauma-informed. Our goal is to help make Hennepin County Public Health (HCPH) an emotionally safe place to work, to partner and contract with, and to receive services. We believe that becoming a trauma-informed organization will improve physical health and mental well-being outcomes among county staff, clients, and residents. [Click to learn more about our committee and the work that we do.](#)

What is trauma?

Trauma is a person's emotional response to a distressing experience. The single or prolonged stress-filled event(s) shatter(s) an individual's sense of security making the individual feel helpless in a dangerous world. Psychological trauma can leave you struggling with upsetting emotions, memories, and anxiety that won't go away.

The concept of trauma is best understood as an event so overwhelming that it results in an emotional wound of separation from and violation of the self (van der Kolk, 2014).

Core beliefs regarding self, others, and the world are impacted, leaving the person to navigate a world that is now insufficient for a new lived

[Highlighted trauma-related term](#)

PTSD - Post-Traumatic Stress Disorder

is the psychological reaction to emotional trauma in response to experiencing short-term, long-term, and single-event trauma

TI Event Calendar

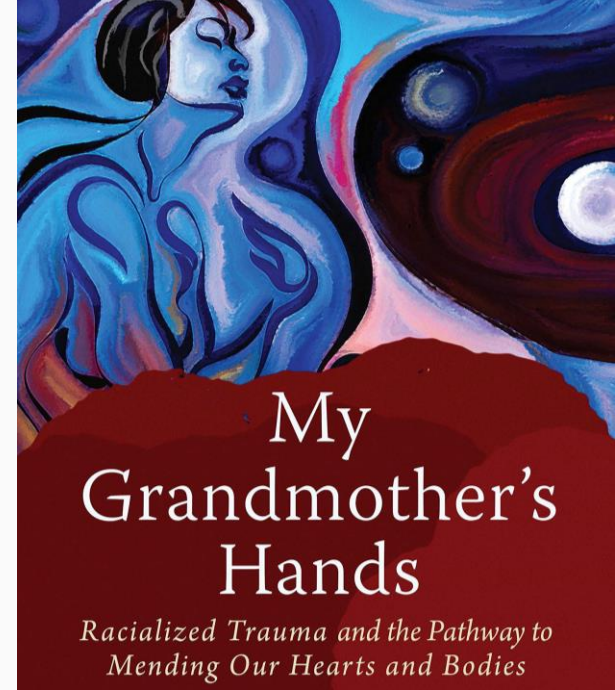
[See all](#)[+ Add event](#)

NOV
17

MN Peacebuilding Leadership
S.T.A.R. training
Thu, Nov 17, 8:00 AM

What's gone well

- People are passionate about this & we have a large team (21 ppl)
- Great people jump in to do the work that's needed to keep moving forward
- There is more discussion about trauma across the department
- There is recognition that staff deal with trauma in day-to-day work
- Senior leadership is supportive and participate on TI team



Challenges

- Team members struggle to find time for this work on top of regular duties
- Had no funding until late April 2022 we received the MDH grant
- Department is roughly 450 people and different people are at different places in terms of understanding and importance of becoming trauma informed
- Approval to hire and post for our TI project manager had to weave through many channels, interviews and other pieces all took longer than expected

Measuring progress

Outputs

- # of people who participate on smaller teams
- # of people who attend training and Trauma Talks

Process outcomes

- Post training/workshop surveys

Long term outcomes desired

- Increased adoption of trauma-informed thinking in development of new/revision of policies and practices
- Increased use of trauma-informed practices across HCPH programs, services and initiatives

Lessons learned so far

- MDH grant showed us how big this work is
- Creating our logic model and initial workplan helped identify next steps
- Things take longer to research, contract, and work on than we had thought
- People on our TI team sometimes need to step back and then rejoin the effort and that is a good thing



MDH infrastructure grant

Time period is April 2022 through March 2024

Where work is focused:

1. Internal organizational change within public health
2. Collaboration with other county departments also becoming TI
3. Collaboration with CHIP partners and other external agencies, organizations and communities

Why? Shared understanding and language catalyzes change

MDH scope

- Training – reflective supervision, TI “suite” of trainings
- Policy, Systems and Environmental (PSE) Change – programs and plans, shared learning across departments and organizations
- Accountability – transparency of what we’re doing and why, pre and post training surveys, champions, New Employee Orientation
- Communication – SharePoint site interactivity, TI materials, community project materials
- Community Collaboration – collaborate w/ CHIP, CCH, MLPHA; RFP to community orgs-learn and integrate, check ins at TI team, community gathering

Next steps

- STAR training for county staff and external organizations Nov 2022-Jan 2023
- TI team retreat in December 2022 to do team building (we've never met in person), develop vision and principles, affirm or revise current workplan
- Reflective Supervision training and cohorts in 2023 for all 77 managers and supervisors
- Overarching implementation to be guided by organizations such as Trauma Transformed in 2023-2024

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Now Let's hear from you!

Find someone that you don't know to "share pair"

Using the Seven Common Steps handout, please:

- Identify which step, if any, you are at
 - or is your organization focusing on any of the following: anti-racism, ACES, becoming trauma informed, DEI (diversity, equity and inclusion), race or health equity?
- What step did you, or would you, start with?
- If you're working on becoming TI, what is one success or change (if any)?
- What commonalities do you see with your partner's or the presenters' journeys?



7 Common Steps Toward Becoming Trauma Informed, Trauma Responsive, Healing Organizations – February 13, 2020

Developed by the Community Mental Wellbeing Action Team as part of the Community Health Improvement Partnership of Hennepin County – a collaboration of public health, healthcare systems, hospitals, health plans, public health, Minneapolis Public Schools, private sector, and non-profit organizations.

Background: From January 2019-December 2020, the Community Mental Wellbeing action team heard presentations from local and regional organizations who decided to become trauma-informed organizations. As we listened to and discussed their presentations, we identified 7 common steps in their varied journeys toward becoming trauma informed, trauma responsive, healing organizations.

Key learning? The steps are not linear, and the order doesn't matter– **begin where you have energy and buy-in.** The journey in your organization may begin with a few employees talking about trauma and its impacts on the people you serve or on employees and their families. Or your organization may feel that an organizational self-assessment is the first thing to do. The best thing to do is to start somewhere. These 7 steps may give ideas for how your organization may begin.

1. **Build awareness and start the conversation -**
what does trauma informed mean and why does it matter?
2. **Provide education and training** on trauma and its impact on all of us.
3. **Identify champions -**
who is invested in moving deeper into organizational change?
4. **Do an organizational self-assessment -**
what did you learn, what are you doing well, and where are the gaps?
5. **Create a team or teams to guide the work -** include top leaders, middle managers, front-line staff, program, and maintenance staff, and it's critically important to include customers/clients/patients.
 - a. Consider developing "layers" of teams to help sustain the work. Early on, there may be a lot of energy for making change – but there may also be resistance.
 - b. Solicit department/work unit champions to be eyes and ears of how people are reacting, concerns they are voicing. Bring those concerns forward!
6. **Mentor-train-educate new employees right when they're hired -**
they will help be the change agents for the future.
7. **Measure steps taken, progress made, policies & practices changed –**
document – and share – your story to help others in their journeys.

A Convergence of Crises and Approaches

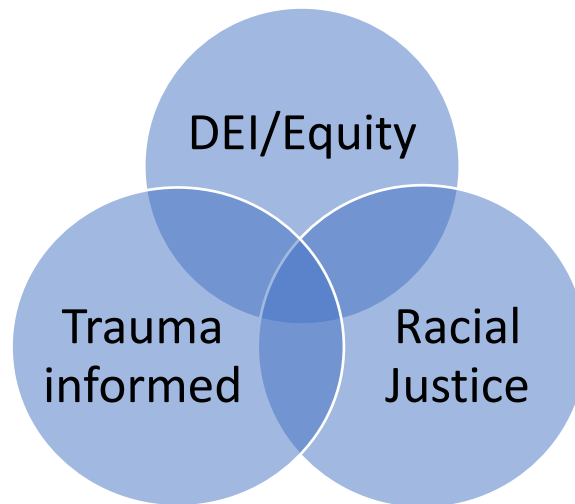


Diagram created by the Community Health Improvement Partnership (CHIP) of Hennepin County 6/21/2021.

As CHIP partners grappled with becoming trauma informed organizations, different approaches – different terminology – emerged in our discussions. Team members felt it was important to emphasize the convergence of these approaches.

- **First and foremost, Racism IS trauma; holding onto a white supremacy frame is traumatizing**
- **How do we move from an “either/or” mentality to one that recognizes the interconnectedness of these three models? All three are:**
 - About improving the experience of those we serve
 - Influence organizational culture
 - Require organizational policy/procedure review and change
 - About understanding our own trauma and supporting our coworkers
- **The community is expecting us to address all three *no matter what name we use to describe the work***
 - Including the voices and wisdom of the community is essential to the success of all three
 - Including the voices and wisdom of the organization’s BIPOC employees is essential to the process
- **Improving environmental and social conditions will impact all three**

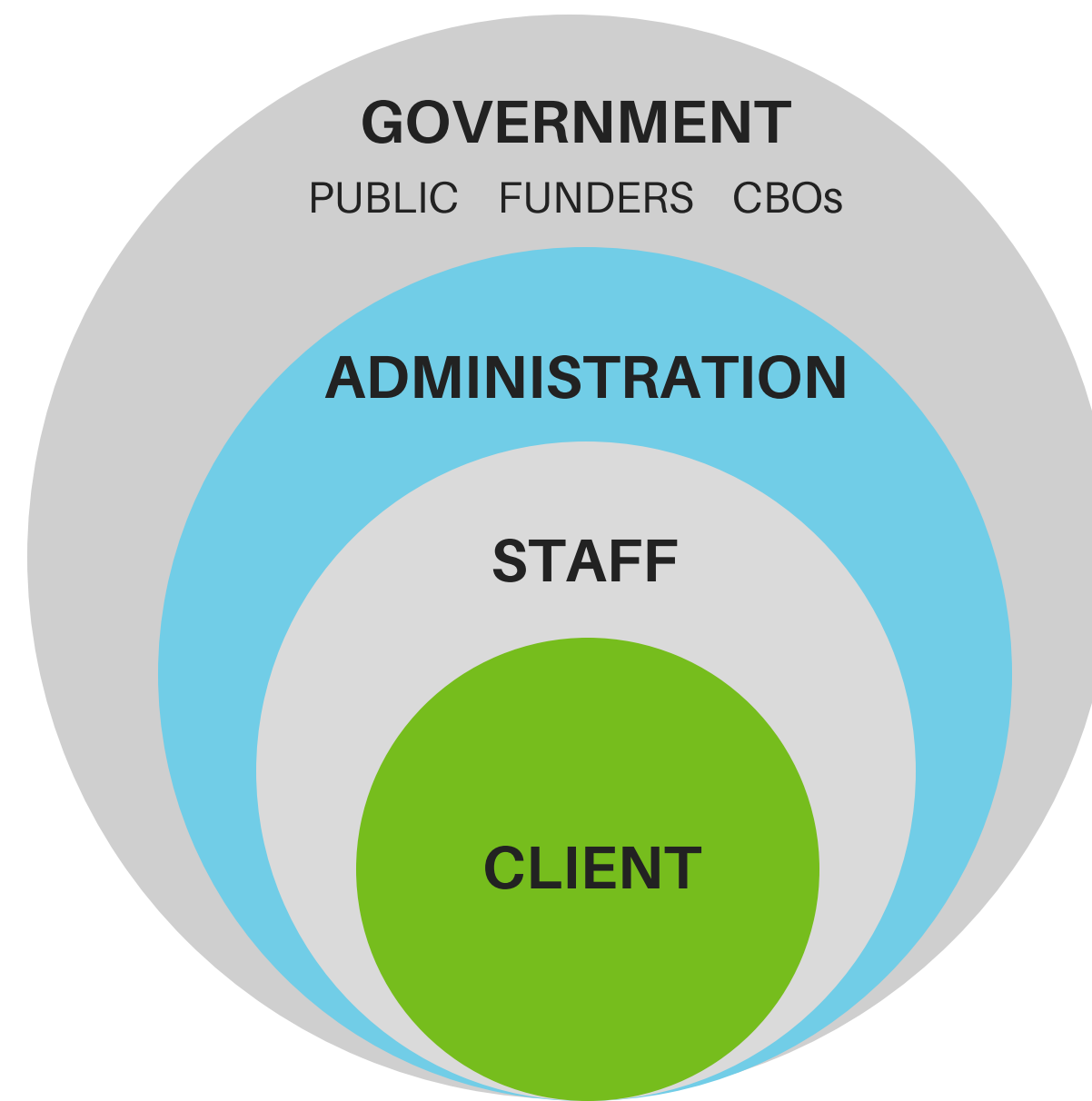
Comments on this diagram from Khadijah Cooper – Annex Teen Clinic – CHIP grantee in 2021:

- **Trauma informed (TI) care** is the base of the house. The TI approach is critical to feeling validated and believed. Basic TI can transcend the intersections of a person’s identities.
- **Equity** – is about the barriers that we face and work with – or work around – and the steps we take to break those barriers down.
- **Racial Equity** work says communities of color/culture must sit at the table so that their voices are authentically represented – and that is the next pillar in the work.
- **DEI work** is another step up and incorporates the community voice into working with the community. It is another way to have many voices engaged at the community level.



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- Reactive
- Reliving/Retelling
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- Fragmented
- Us Vs. Them
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TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression



HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership

TRAUMA INDUCING

TO

TRAUMA REDUCING

Direct services

Expand TI services and resources for clients/pts/residents

- Creating/providing walkthroughs

Organizational care

- Systemic response to individual needs
- Physical space TI

Partnership and collaboration

Networking and learning from trusted partners and leading experts re trauma, violence, restorative practices

Collab and funding to comm partners to implement community-identified projects

- Ongoing engagement to share learnings
- Influence needed changes to HC policies and practices
- Communication support to support TI work in communities

Collaboration w/HC depts

- Host county-wide trainings
- Pilot policy review

HCPH

Training, resources, capacity building

- Resiliency and skills of implementing TI principles
- Trauma concepts, resources and ideas for accessing resources, build resiliency skills to build own capacity
- Reflective supervision
- Connection between violence, trauma, restorative practices

Direct services

- Increase in availability of TI services via PHCS
- Increase in positive engagement of staff with clients/residents
- Increase in resident willingness to engage more fully with services
- Increase awareness and understanding of power dynamic/privilege held by HCPH employee – (situational awareness)

Partnership and collaboration

- Increase in community-led projects where HCPH supports vs. leads
- PSE change w/in systems to change to do things new/different based on community priorities/solutions
- Increase in CE further along continuum
- Adoption of TI practice w/in advisory councils (RW, HCH, CHIP, etc)

Internal

- PH staff at all levels apply TI principles in interactions w/one another (assume positive intent, generosity, humility)
- Increased skills and abilities of sups/mgrs to support staff secondary and vicarious trauma
- Increased frequency within which HCPH staff work in collaboration and recognize strengths in one another

External

- Increase in community trust with HCPH as a service provider and partner
- Increase client satisfaction because of improved interactions with HCPH.
- Increase in program, policy, systems and other meaningful change w/in HCPH based on community priorities and identified solutions

Internal

- Reduce vicarious/secondary trauma experienced by staff
- Increase in belief that ideas and solutions from clients, patients, residents and community have value (cultural humility)
- Increase in staff at all levels reporting honest, transparent communication re decision making at all levels
- Increase positive engagement, sense of power w/in HCPH among staff at all levels
- Increase in HCPH staff influencing decisions
- Increase application of TI principles in interactions with clients/patients/residents
- Increase HCPH staff ability to adapt, adjust, respond based on needs of individual clients/patients/residents (attunement)

**Hennepin County
Public Health
Department Trauma
Informed Logic Model
May 2022**

- Shared power among:
- Staff at all levels and what they need (shared power)
- Clients and what they need
- Community, partnership, collaboration
- HCPH is an emotionally safe place to work, to partner and contract with, and place to receive services.
- HCPH embraces culture of TI - the way in which we work is different
- Health outcomes (physical and mental wellbeing) improve among county clients and residents.

CMWB Evaluation & Trauma-informed survey 2022

The Community Health Improvement Partnership (CHIP) of Hennepin County is focused on two health priorities: community mental well-being and housing stability. The executive committee and both action teams have approved the goal of becoming trauma-informed organizations.

You are receiving this survey as a member of the CHIP executive committee or one of the two action teams: Community Mental Wellbeing (CMWB) or Housing Stability.

Important note: If you sit on one of these teams, please complete the survey even if another member of your organization sits on an action team or on the executive committee. More than one member of your organization may take the survey – in fact, it is encouraged. Every opinion counts.

The Community Mental Wellbeing (CMWB) action team was tasked with learning about becoming trauma-informed and connecting with local and regional organizations engaged in this work. What we have learned is that becoming trauma-informed is quite a journey and different types of organizations will have different approaches and needs when working on this.

We understand that some CHIP organizations have begun this work while some have not. This survey is designed to measure the level of awareness, knowledge, and activities of trauma-informed work being done across all CHIP organizations. In 2020, we measured the starting place for CHIP organizations and by repeating the survey annually, we will demonstrate and document changes among CHIP organizations for the 5-year CHIP plan.

Responses will not be attributed to any one organization or person, although one question requests contact information for the person in your organization most likely to be involved with or open to further conversation about this work. Part of the trauma-informed journey is learning from one another. The contact information is collected to develop a resource for CHIP organizations to draw from.

Page Break

Thank you in advance for taking a few minutes to answer the following questions about your organization's awareness, knowledge, and activities regarding trauma-informed approaches in your organization. You are receiving this survey as a member of the CHIP executive committee or one of the two action teams: Community Mental Wellbeing or Housing Stability. Please answer as best as you can. There are no right or wrong answers.

Q1. How much do you agree or disagree with the following statement? I know what it means to be trauma-informed.

- ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
-

Page Break

Here is the definition of a trauma-informed organization we are using. It is adapted from the Substance Abuse and Mental Health Services Administration (SAMHSA).

A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for healing; **recognizes** the signs and symptoms of trauma in people with whom we interact, including clients, customers, patients, families, community members, staff, and others involved with the system; **responds** by fully integrating knowledge about trauma into policies, practices and procedures; and **seeks** to actively resist re-traumatization.

Q2. How much of a priority is being or becoming trauma-informed to your organization?

- ☐ High priority
- ☐ Medium priority
- ☐ Low priority
- ☐ Don't know

Skip To: Q23 If Q2. How much of a priority is being or becoming trauma-informed to your organization? = High priority

Skip To: Q23 If Q2. How much of a priority is being or becoming trauma-informed to your organization? = Medium priority

Skip To: Q1D7 If Q2. How much of a priority is being or becoming trauma-informed to your organization? = Low priority

Skip To: Q1D7 If Q2. How much of a priority is being or becoming trauma-informed to your organization? = Don't know

Q23 Q2a. Has your organization included becoming trauma-informed in an organizational plan (i.e. strategic plan, workforce plan, training plan, business plan, etc.)

- ☐ Yes
 - ☐ No
 - ☐ Don't know
-

Q3. Is any part of your organization taking part in conversations about trauma-informed approaches or care?

- ☐ Yes
- ☐ No
- ☐ Don't know

Skip To: QID8 If Q3. Is any part of your organization taking part in conversations about trauma-informed approaches... = Yes

Skip To: QID10 If Q3. Is any part of your organization taking part in conversations about trauma-informed approaches... = No

Skip To: QID11 If Q3. Is any part of your organization taking part in conversations about trauma-informed approaches... = Don't know

Q3c. If no, what resources or support would your organization need to begin a conversation?
Please specify:

Skip To: QID19 If Condition: Q3c. If no, what resources ... Is Not Empty. Skip To: The following questions will help us

Skip To: QID19 If Condition: Q3c. If no, what resources ... Is Empty. Skip To: The following questions will help us

Q3a. Which division(s), unit(s), or department(s) are taking part in these conversations? Please specify:

Q3b. On a scale of 1-10, where 1 represents not started and 10 represents fully mature, where is your organization at in this journey today?

- ☐ 1 Not started
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10 Fully mature

Q4. Which actions, if any, has your organization taken to move toward becoming trauma-informed? (check all that apply)

- ☐ No action has been taken
- ☐ Building awareness/starting the conversation among employees
- ☐ Brought in a speaker on the topic or topics related to becoming trauma-informed
- ☐ Providing education or training on the topic or on topics related to becoming trauma-informed
- ☐ Identified organizational or division champions
- ☐ Formed a leadership team or steering committee to guide the work
- ☐ Examined specific policies or practices through an equity or racial justice lens
- ☐ Including trauma-informed training in employee orientation or employee workplans

Skip To: QID17 If Q4. Which actions, if any, has your organization taken to move toward becoming trauma-informed? (... = No action has been taken

Q5. Has any part of your organization conducted a self-assessment?

- ☐ Yes
- ☐ No
- ☐ Don't know

Skip To: QID13 If Q5. Has any part of your organization conducted a self-assessment? = Yes

Skip To: QID15 If Q5. Has any part of your organization conducted a self-assessment? = No

Skip To: QID15 If Q5. Has any part of your organization conducted a self-assessment? = Don't know

Q5a. What is the name of the organizational self-assessment tool your organization used?

Q5b. Has any part of your organization taken action based on the results of the self-assessment?

- ☐ Yes
- ☐ No
- ☐ Don't know

Q6. What resources is your organization drawing on to guide this work? (Check all that apply)

- ☐ External consultant
- ☐ SAMHSA (Substance Abuse and Mental Health Services Administration) guidance for a trauma-informed approach
- ☐ Internal expertise
- ☐ Partnering with another entity or organization, please specify:
- ☐ Using other resources, please specify:

Q7. How much do you agree or disagree with the following statement? My organization has supports in place to help sustain this work.

- ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
-

Q8. Has being involved with CHIP prompted your organization to take action of any kind on becoming trauma-informed?

- ☐ Yes
 - ☐ No
 - ☐ Don't know
-

Q8a. How has being involved with CHIP influenced your (survey taker) learning on becoming trauma-informed?

Page Break

The following questions will help us understand your responses better.

Q9. How many people are employed in your organization?

- ☐ 1-50
 - ☐ 51-250
 - ☐ 251-750
 - ☐ 751-2000
 - ☐ 2001 or more
-

Q10. How much do you agree or disagree with the following statement? In my organization, there is someone willing to begin/foster/promote a conversation about trauma-informed approaches.

- ☐ Strongly agree
 - ☐ Somewhat agree
 - ☐ Somewhat disagree
 - ☐ Strongly disagree
-

Q11. We'd like to gather contact information for the person in your organization who is most involved with, likely to be involved with, or open to further conversation about trauma-informed approaches.

☐ Name/title: _____

☐ Email: _____

☐ Re-type email: _____

☐ Phone number: _____

Q12. How can CHIP support your organization's journey in this work? Please specify:

End of Block: Default Question Block
