2019 Utah Trauma Academy
Day Three: Trauma Informed Services:
Measuring Safety

California Center of Excellence
for Trauma Informed Care

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What you measure, happens

• What is your agency measuring?
• Are these measures shared with the client?
• Are the aggregated and shared with the staff and the community?
On an index card

• Name specific EBPs you use or are trained in (please specify).
  – When is training offered?
  – Is there fidelity monitoring?
  – What data is collected?
  – Is it shared with client (client level)
  – Is it shared with the community (aggregate/trends)

• Hand in!

"Outcomes, by and large, remain the ultimate validation of the effectiveness and quality of medical care."

Avedis Donabedian

Renowned health outcome quality control pioneer
Outputs: what we do and who we reach

- This tends to be what we tell our clients, funders and community partners.
- It is that we do, the services we provide, how we are unique, who we serve.
- Usually involves describing and counting activities and the number of people who come.
- Outputs are typically designated as the accomplishment or product of the activity
- For example, number of workshops actually delivered, number of individuals who heard the media message.
Outcomes: What **difference** does it make?

- Results, impact, accomplishments
- A solid description of outcomes tells what change occurred and how much change occurred over what period of time.
- Example, the change in number of people who learned to read, stopped smoking and started running, graduated from high school, or got a job.

5 Steps to outcome measures

1. Describe the outcomes you want to achieve
   - why do you perform the process or service in the first place?
2. Turn the identified outcomes into a quantitative measure
   - i.e. % of clients demonstrating new behavior, % of clients coming back into treatment, etc.
3. Confirm that your desired outcomes are actually linked to your outputs or activities.
   - In other words, ensure that it is reasonable to expect your desired outcomes to be achieved based on your activities.
4. Implement these measures and track them over time.
5. Demonstrate and increase your success because you have the data to confidently and appropriately communicate your impact and value.
“The shift toward trauma-informed practice and policy in juvenile and family courts is not a fad: it is a way of thinking about and responding to those injured that is supported by science.”

Preparing for a trauma consultation in your juvenile and family court
National Council of Juvenile and Family Court Judges

Systematic Review of Evaluations of Trauma-Informed Organizational Interventions That Include Staff Trainings (2018)

- Eight studies assessed the effects of a trauma-informed organizational intervention on client outcomes.
- Five of which found statistically significantly improvements.
- The strength of evidence about trauma-informed organization intervention effects is limited by
  - an abundance of single group, pretest/posttest designs with short follow-up periods
  - unsophisticated analytic approaches
  - inconsistent use of assessment instruments

Purtie, 2018
Overall finding – MH/SA

“Service delivery improvements have occurred without a corresponding increase in MH/SA-specific funding, leading to the conclusion that technical assistance and training alone, even without additional funding, can result in transformational changes to an agency’s approach and philosophy.”

– Independent evaluator Dr. Moira DeNike

Elementary school outcomes

<table>
<thead>
<tr>
<th>Consequence</th>
<th>14/15 School Year</th>
<th>15/16 School Year</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>After School Detention</td>
<td>121</td>
<td>105</td>
<td>-13%</td>
</tr>
<tr>
<td>Lunch Detention</td>
<td>164</td>
<td>153</td>
<td>-7%</td>
</tr>
<tr>
<td>Loss of Recess</td>
<td>28</td>
<td>20</td>
<td>-29%</td>
</tr>
<tr>
<td>Principal Referral</td>
<td>41</td>
<td>36</td>
<td>-12%</td>
</tr>
<tr>
<td>Suspension</td>
<td>39</td>
<td>23</td>
<td>-41%</td>
</tr>
</tbody>
</table>

- 187 kids had a recordable incident.
- 49 of them are current or former homeless or foster.
- Current or former homeless or foster group is about 18% of the student population, but 26% of referrals.
- Of the 33 currently listed homeless students 20 or 61% had a referral of some kind.
Outcomes for residents

- Evictions declined by more than 50% in the first year of implementing trauma-informed principals.

![Graph showing fewer evictions over time](image)

- While the number of evictions didn’t decrease in 2018, our trauma-informed approach is helping residents who need intensive case management to remain housed.

Outcomes for HCHC

![Graph showing operating costs over time](image)

- Reflects 6 months
How can you measure safety?

– Safe coping skills (% increase over time)
– Scaling (ability to noticeably self-regulate)
– Heart rate variability measures (biofeedback)
– Movement toward opposite (specific changes ID’d by clients)
– Unsafe behaviors inventory
– Pick a specific negative measure already collected and use that to determine if there is an association or trend.

Agreements:
Objective measures

• Increases
  – Safe coping skills (% increase over time)
  – Scaling (ability to noticeably self-regulate)
  – Heart rate variability measures (biofeedback)
  – Movement toward opposite (specific changes ID’d by clients)

• Decreases
  – Trauma symptoms -- TSC-40
  – Dissociation -- DSPS
  – Unsafe behaviors -- UBI
Look at TSC-40

- Look at the measures provided.

- What changes do they measure?

Unsafe Behaviors Inventory

- Pilot Study – traumainformedcalifornia@gmail.com

<table>
<thead>
<tr>
<th>Currently</th>
<th>How often did/did you find yourself doing the following things?</th>
<th>In the past, but not currently</th>
<th>When did you stop? (e.g. 1999 or 7 months ago)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3</td>
<td>1) Thinking about killing yourself</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>2) Not taking essential medications</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>3) Not adhering to essential treatments (e.g., dialysis)</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>4) Putting yourself in harm's way (walking into traffic, road rage, etc.)</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>5) Fighting or provoking fights (by calling people names, insults)</td>
<td>0 1 2 3</td>
<td></td>
</tr>
<tr>
<td>0 1 2 3</td>
<td>6) Hitting others, punching out physically</td>
<td>0 1 2 3</td>
<td></td>
</tr>
</tbody>
</table>
Thank you!

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