

**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 the Chadwick Center at 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 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 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.

<http://www.chadwickcenter.com/acts/>

TRAUMA-INFORMED CARE AT A SYSTEMS LEVEL

What do trauma-informed systems look like?

Since the end of the 20th Century, researchers and practitioners have helped uncover and clarify how childhood trauma can leave a short- 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.

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 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. 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. However, these components are often inextricable and worked on interchangeably.

ADVANCING CALIFORNIA'S TRAUMA-INFORMED SYSTEMS

TRAUMA-INFORMED CARE MENU

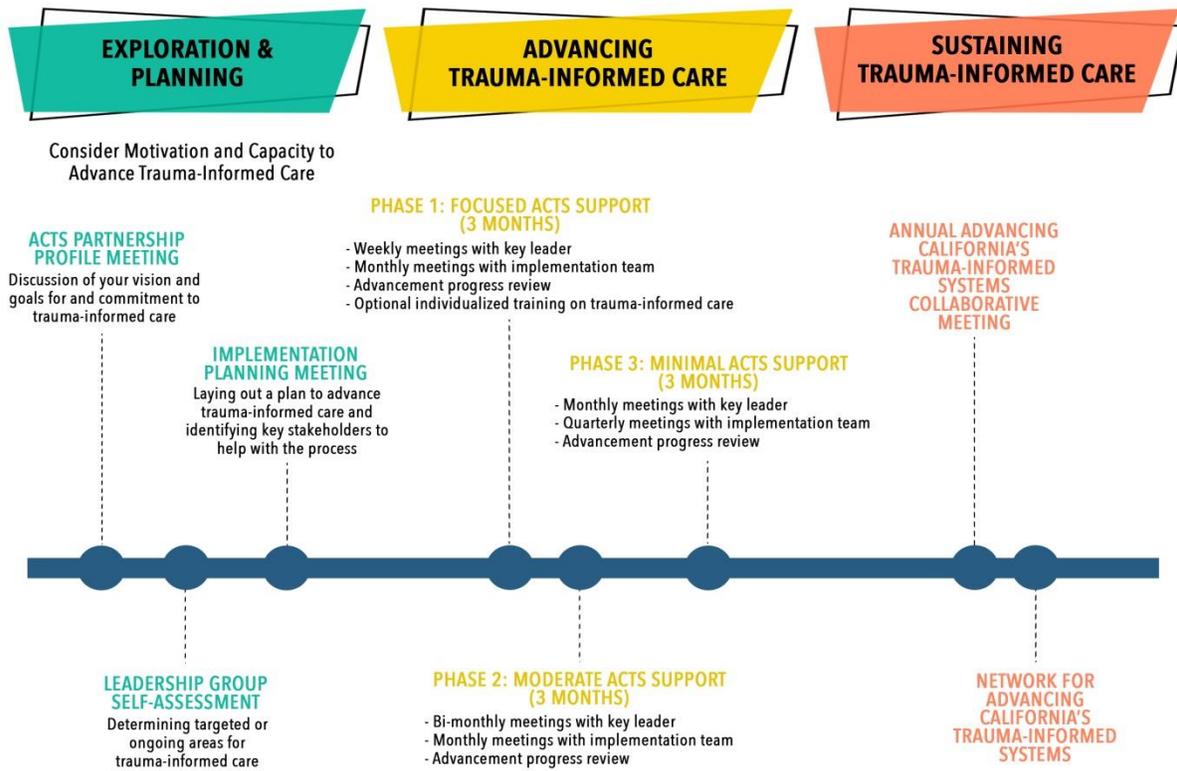
ORGANIZATIONAL ENVIRONMENT	WORKFORCE DEVELOPMENT	TRAUMA-INFORMED SERVICES
 <p>System Collaboration</p>	 <p>Trauma Training & Awareness</p>	 <p>Screening Practices</p>
 <p>Physical & Psychological Safety</p>	 <p>Secondary Traumatic Stress</p>	 <p>Assessment Practices</p>
 <p>Partnering with Children, Youth, & Families</p>		 <p>Referral Practices</p>
 <p>Organizational Policies & Procedures</p>		 <p>Services to Promote Growth, Well-Being, & Resilience</p>
 <p>Culture, Diversity, & Trauma</p>		



TRAUMA-INFORMED SYSTEMS LEVEL CHANGE

Child serving system professionals are faced with the important task of creating trauma-informed systems that are healing, strengthening, and effective for children, youth, and families exposed to traumatic stress. 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. We offer an evidence-informed framework for trauma-informed system change, with a focus on applied implementation and sustainment practices. Below is an overview of our system change process. The exploration and planning steps will be outlined in the sections below.

ADVANCING CALIFORNIA'S TRAUMA-INFORMED SYSTEMS (ACTS)



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. This form was designed to fit the goals of the ACTS project specifically, building off of existing measures of organizational readiness.

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	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	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

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 with regard to 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 organizations 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.

ACTS Organizational Self-Assessment Guide

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 2 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 Melissa Bernstein at mbernstein1@rchsd.org.

1. Please provide the county, department, and specific program (if applicable) completing this self-assessment?

County	
Department	
Specific Program	

2. Please list all of the individuals involved in completing this self-assessment guide, along with their job title/role.

Name	Title/Role

3. Are there others in your organization not involved in the self-assessment process that you foresee being involved in the ACTS project moving forward?

Name	Title/Role

Completing the Self-Assessment

In this self-assessment, you will be asked to identify three components of trauma-informed care your organization is interested in working on.

The definition for each component is listed in the next section. These definitions are also displayed on the ACTS website.

For each component you are interested in working on, you will be asked to rate the extent to which your organization has done work in that area. The rating scale ranges from “not something we’ve worked on” to “currently working on this and a significant area of focus.” There is an option to skip the rating for a component if you feel you are not certain or aware if work in that area has been done. There is also a comment section for each of the components you identify, which provides an opportunity to reflect on your organization’s journey towards trauma-informed care practices.

Please keep in mind that it is not necessary to have a specific rating on the rating scale in order to select a component to work on in this project. For example, some organizations may want to build off work they have already started, while others may want to begin to tackle an area they have less experience with.

Following this step, you will be prompted to answer a handful of questions related to implementing and sustaining trauma-informed change.

DEFINITIONS

Trauma Training and Awareness

Knowledge about traumatic stress is a critical first step for staff to effectively understand, support, and serve those impacted by it.

Advancing Trauma Training and Awareness in the workforce can include:

- Trainings and/or workshops on the impact and prevalence of child trauma exposure for staff, supervisors, and managers
- Showing support and commitment to trauma training and awareness (e.g., allowing time out of staff's schedule to attend such trainings)
- Having systems in place to monitor the impact of training on the workforce
- Internal capacity to ensure that ongoing training and education for the workforce on trauma informed care is available
- A workforce culture where individuals feel knowledgeable and skilled to work sensitively and effectively with trauma survivors
- Available resources for staff and supervisors on ways to incorporate trauma-informed practice and supervision in their work

Secondary Traumatic Stress (STS)

A stronger and more resilient organization is one that supports and strengthens those exposed to the first hand emotional duress of another.

Advancing Secondary Traumatic Stress in the workforce can include:

- Providing opportunities for learning about and understanding the impact of STS through trainings and/or workshops
- Ensuring supervisors are trained in reflective supervision and managing STS with supervisees
- Staff are given adequate resources for self-care, including supervision, consultation, and peer support that addresses STS
- Staff perceive program managers and supervisors have an understanding of the emotional impact (burnout, vicarious trauma) associated with their work
- Self-care is encouraged and supported with policy and practice
- Procedures that are sensitive to the impact of trauma on the workforce (e.g., asking permission to discuss trauma narratives, use of grounding activities at the end of staffing's)
- Procedures to support physical and psychological safety for staff

System Collaboration

Collaboration, service coordination, and information sharing among professionals from within and outside an organization is associated with more effective and efficient services for children,

youth, and families impacted by traumatic stress.

Advancing Systems Collaboration can include:

- Being knowledgeable of the major voices for children and youth exposed to trauma within your community (e.g., child protective service leaders, trauma-informed treatment leaders)
- Working relationships with the systems that serve the children and families your organization works with
- Establishing/continuing regular communication with the systems that serve the children and families your organization works with
- Procedures in place for sharing pertinent information and data with those outside and within your organization
- Multidisciplinary teams that are knowledgeable and aware of the impact of child trauma
- Cross systems/multidisciplinary training to familiarize providers with other systems

Physical and Psychological Safety

A sense of psychological and physical safety facilitates emotion regulation, creates an environment of trust, and helps children, youth, and families be present and engaged in services.

Advancing Physical and Psychological Safety can include:

- Having a physical environment that promotes a sense of safety, calming, and de-escalation for children, youth, and families
- Recognizing and addressing aspects of the physical environment that may be re-traumatizing and work with families on developing strategies to deal with this
- Having physical safety and crisis protocols in place that are regularly practiced
- Knowing how to develop safety and crisis prevention plans
- A workforce that is knowledgeable in differentiating trauma responses and challenging behavior, and able to respond to both
- Procedures focused on working with caregivers to model emotion regulation and de-escalation for children and youth

Partnering with Children, Youth, and Families

Collaborative partnerships between staff and consumers based on mutual respect and a common commitment to healing leads to increased engagement, retainment, and successful outcomes for children, youth, and families.

Advancing Partnerships with Children, Youth, and Families can include:

- Organizational policies and decisions that are conducted with transparency, with the goal of building and maintaining trust among children, youth, and families

- Understanding from the workforce that healing happens in the sharing of power and decision-making (e.g., assessment and treatment results are shared with the child and family and discussed as a team)
- Satisfaction surveys or measurement methods used to modify care when appropriate
- Children, youth, and family's strengths are recognized, built on, and validated
- Strengthening the experience of choice for children, youth, and family members
- Ensuring children and families are actively involved in identifying service or treatment goals
- Regular check-ins to assure that there is agreement about where treatment or services are focused

Organizational Policies and Procedures

Trauma-informed system change is driven and sustained by organizational policies and procedures that are championed and supported by leadership.

Advancing Organizational Policies and Procedures can include:

- Senior leaders that have basic knowledge of implementation principles, and have capacity and skills to facilitate implementation of trauma-informed change
- Senior leaders that are positioned within the organization to effectively provide oversight, guidance, and support to trauma-informed change initiatives
- A high level, clearly identified point of responsibility within the organization for trauma-informed administrative practices
- Written policies that explicitly include and support trauma informed principles
- Policies or protocols for workforce orientation, training, support, and job standards that are related to trauma
- A self-assessment to evaluate the extent to which current organizational policies are trauma-informed
- Hiring processes ensure that new employees align with trauma-informed values and approaches to care

Culture, Diversity, and Trauma

To understand how trauma affects children, youth, and families, we must first understand how life experiences and cultural backgrounds serve as key contextual elements for trauma and resilience

Advancing Culture, Diversity, and Trauma can include:

- Workforce development/training that addresses the ways identity, culture, community, and oppression can affect a person's experience of trauma, access to supports, and opportunities for safety
- Workforce knowledge and awareness on how culture influences the interpretation and meaning of traumatic events, the acceptability of support, and help seeking behaviors

- Incorporating attention to culture and trauma in organizational operations and quality improvement processes
- Recognizing and addresses historical trauma
- Institutionalizing cultural knowledge within the organization

Screening Practices

Screening for child trauma provides workers the information they need to make decision that are better informed, more accurate, consistent, and reflective of the child, youth, and families voice

Advancing Screening Practices can include:

- Use of validated and developmentally appropriate instruments for trauma screening
- A workforce culture that understands the importance of screening for trauma symptoms no matter the initial presenting concerns
- Screening procedures that promote transparency, safety, and confidentiality (e.g., clarifying your role and what to expect from screening).
- Procedures to ensure that only necessary information for determining a history of trauma and the possible existence and extent of traumatic stress symptoms are elicited
- A workforce that is knowledgeable, skilled, and confident in managing children and youth's initial disclosure/discussion of trauma, as well as avoidance
- Procedures designed to provide feedback about the results of screening in a synthesized, simple, and compassionate manner to both children and their families
- Systems in place to collect screening information
- Systems in place for positive screens to be promptly referred to appropriate services
- Systems in place to reduce the negative consequences for inaccurate screening

Assessment Practices

Trauma-informed assessment validates the family's experience, begins the rapport building process, instills hope in positive outcomes, guides treatment, and provides an objective measure of progress.

Advancing Assessment Practices can include:

- An assessment battery that gathers information on child trauma and behavioral health symptoms, and includes a clinical interview and behavioral observation
- Use of validated and developmentally appropriate instruments
- A workforce that is aware of common co-occurring diagnoses
- Assessment procedures that promote transparency, safety, and confidentiality (e.g., clarifying your role and what to expect from the assessment)
- A workforce that is knowledgeable, skilled, and confident in managing children and youth's initial disclosure/discussion of trauma, as well as avoidance
- Procedures to review and interpret assessment results with a trauma-informed lens
- Procedures designed to provide feedback about the results of assessment in a synthesized, simple, and compassionate manner to both children and their families

- Systems in place to collect and track assessment information
- Systems in place to promptly refer to appropriate services

Referral Practices

Referring children, youth, and families to appropriate and effective services places them on a path to recovery and healing.

Advancing Referral Practices can include:

- Connection to and communication with trauma serving systems within your community
- Procedures to streamline referral processes across service systems
- Policies and procedures in place for when it is appropriate to refer an individual to treatment services
- A workforce that is knowledgeable of evidence based treatment services for children, youth, and families within the community, and advocates for appropriate referral placement

Services to Promote Growth, Well-Being, and Resilience

The availability of evidence based trauma informed treatments mean shorter treatment time and better outcomes for children and youth, and increased workforce competence and confidence

Advancing Services to Promote Growth, Well-Being, & Resilience can include:

- Availability of trained, skilled, clinical providers in evidence based trauma focused treatments
- A workforce culture that adopts the consistent use of evidence based treatment services for children, youth, and families
- Provision of services that are strength based and promote positive development
- Incorporation of children and youth's interests and strengths into treatment
- Emphasis on working with, supporting, and coaching caregivers
- Procedures to track treatment fidelity and respond to deviation from evidence based practices in helpful and supportive ways

4. From the list below, please select the **top area** of trauma-informed care your organization would like to target for advancement in the foreseeable future.

- System Collaboration
- Physical and Psychological Safety
- Partnering with Children, Youth, and Families
- Organizational Policies and Procedures
- Culture, Diversity, and Trauma
- Trauma Training and Awareness
- Secondary Traumatic Stress
- Screening Practices
- Assessment Practices
- Referral Practices
- Services to Promote Growth, Well-Being, and Resilience

5. Next, please rate the extent to which your system or organization has worked on _____.

- Unable to Rate
- Not something we've worked on
- Previously worked on this but not currently
- Currently doing a little work on this
- Currently working on this
- Currently working on this and a significant area of focus

6. Please explain how you came to your rating (what have you done in the past or are currently doing towards advancing this area of TIC)?

7. From the list below, please select the **second area** of trauma-informed care your organization would like to target for advancement in the foreseeable future.

- System Collaboration
- Physical and Psychological Safety
- Partnering with Children, Youth, and Families
- Organizational Policies and Procedures
- Culture, Diversity, and Trauma
- Trauma Training and Awareness
- Secondary Traumatic Stress
- Screening Practices
- Assessment Practices

- Referral Practices
- Services to Promote Growth, Well-Being, and Resilience

8. Next, please rate the extent to which your system or organization has worked on _____.

- Unable to Rate
- Not something we've worked on
- Previously worked on this but not currently
- Currently doing a little work on this
- Currently working on this
- Currently working on this and a significant area of focus

9. Please explain how you came to your rating (what have you done in the past or are currently doing towards advancing this area of TIC)?

10. From the list below, please select the **third area** of trauma-informed care your organization would like to target for advancement in the foreseeable future.

- System Collaboration
- Physical and Psychological Safety
- Partnering with Children, Youth, and Families
- Organizational Policies and Procedures
- Culture, Diversity, and Trauma
- Trauma Training and Awareness
- Secondary Traumatic Stress
- Screening Practices
- Assessment Practices
- Referral Practices
- Services to Promote Growth, Well-Being, and Resilience

11. Next, please rate the extent to which your system or organization has worked on _____.

- Unable to Rate
- Not something we've worked on
- Previously worked on this but not currently
- Currently doing a little work on this
- Currently working on this
- Currently working on this and a significant area of focus

12. Please explain how you came to your rating (what have you done in the past or are currently doing towards advancing this area of TIC)?

The following questions are meant to facilitate a discussion that will help guide your organization in creating an implementation and sustainment plan for your area of desired change.

13. A few months from now, what would indicate that your top area of change was successful? What changes would need to be made?

14. What specific, observable outcomes would you like to see related to these changes?

Below are several factors that tend to lead to the successful implementation of change practices for organizations. As a group, please rate the extent to which you believe these factors are an area of strength or challenge for your organization. When completing these questions, keep in mind the parts of your organization that would be involved in this change.

15. Resources to carry out a change like this (e.g., time, expertise)

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
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16. Skilled staff to help carry out a change like this

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
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17. Leadership support (e.g., trust, respect) to carry out a change like this

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
-----------------------------------	---	--	----------------------------------

18. Motivated and committed staff to carry out a change like this

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
-----------------------------------	---	--	----------------------------------

19. Effective communication and collaboration within our organization

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
-----------------------------------	---	--	----------------------------------

20. Effective decision making within our organization

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
-----------------------------------	---	--	----------------------------------

21. Experience in strategic planning (e.g., timelines, goals, objectives) to carry out a change like this

Challenge for our organization	Somewhat of a challenge for our organization	Somewhat of a strength for our organization	Strength for our organization
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Thank you for taking the time to complete the ACTS Organizational Self-Assessment.

References

Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

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. Overall, system change is driven by leadership from individual counties in partnership with ACTS.

IMPLEMENTATION PLANNING FORM

Area of Trauma Informed System Change: _____

Implementation Goal: (*Example:* Provide training and skill building tools to support resource caregivers in addressing problematic behaviors in a way that is trauma informed, culturally aware, and includes multiple aspects of the child welfare system)

Objective 1:

Objective 2:

Objective 3:

Objective 1:

Task	
Who is responsible	
Targeted completion date	
ACTS phase	

Notes:

To do:

Task	
Who is responsible	
Targeted completion date	
ACTS phase	

Notes:

To do:

Measurement of Success for Objective 1:

To Do:

Objective 2:

Task	
Who is responsible	
Targeted completion date	
ACTS phase	

Notes:

To do:

Task	
Who is responsible	
Targeted completion date	
ACTS phase	

Notes:

To do:

Measurement of Success for Objective 2:

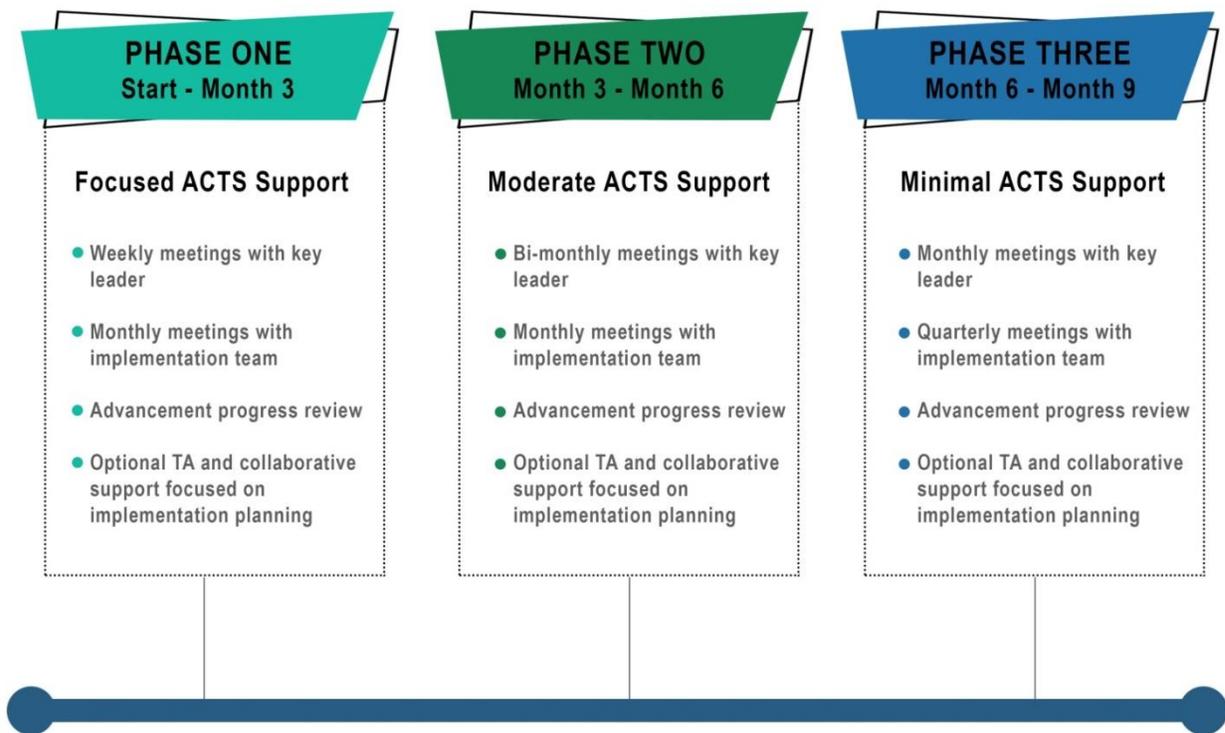
To Do:

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. We seek to develop implementation plans that are dependent on the practical expertise and autonomy of leaders and technical expertise from the ACTS project.

ACTS Partnership Pathway

ADVANCING CALIFORNIA'S TRAUMA-INFORMED SYSTEMS (ACTS)



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. We believe that by connecting organizations across the state of California who are invested in trauma-informed care, we create a stronger and more unified voice for trauma-informed change.

We also host an annual meeting with ACTS partners to share resources and lessons learned, and make connections within our state.

References

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