TRAUMA & RESILIENCY INFORMED CARE TOOLKIT

A Resource for Service Providers

FROM THE DOWNTOWN WOMEN'S CENTER

DOWNTOWN **WOMEN'S** CENTER

TABLE OF CONTENTS

INTRODUCTION

The biggest takeaway about becoming a trauma and resiliency-informed care organization is that it is a journey, not a destination. A perfect checklist or a certification indicating that programs serving people experiencing homelessness are a trauma and resiliency-informed care organization does not exist. Responding as well as possible to individuals surviving trauma requires continuous improvement and dedication to creating a living system that's responsive to the changing needs of those individuals. All these needs are nearly impossible to anticipate and plan for; however, creating a trauma-informed care foundation will help organizations be as nimble as possible to provide the best care for individuals experiencing homelessness.

To support organizations in building this foundation, the Downtown Women's Center (DWC) created this Trauma and Resiliency-Informed Care Toolkit. The toolkit includes our current best thinking on how to become a trauma and resiliency-informed care organization and is intended to help design trauma-informed services for adult women experiencing home-lessness. To effectively end homelessness for women, we need to elevate this population's unique needs and create specific programs designed to meet those needs, rather than simply adapting programs designed for men and calling them women's programs. emphasizing that in addition to the trauma that may have led to them being homeless, homelessness itself is also a traumatic experience. Approaching this work through a gendered lens will enhance the overall quality of services and improve outcomes across the gender spectrum.

Like many community-based organizations for individuals experiencing homelessness, we have employed effective interventions before they were researched and became considered evidence-based practices. In some cases, we did not have the technical language or assess-ment tools, but we treated individuals with dignity and respect and took any steps necessary to help them resolve their barriers. Now that we know more about trauma and understand how to help individuals and communities heal from it, community-based organizations and social services have a responsibility to build and work from a trauma-informed foundation. Although the practice is evolving, this toolkit intends to facilitate the process of becoming a trauma and resiliency-informed care organization.

We hope this toolkit helps you demystify the process, and we are happy to help you utilize the tools through conversations and training opportunities as you may see fit.

"Psychological trauma is an affiliation of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. When the force is that of nature, we speak of disasters. When the force is that of other human beings, we speak of atrocities. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning." [1]

"...a trauma is any event or experience of sufficient force or magnitude that it overwhelms the capacity of the individual to absorb the experience and continue essentially unaffected, and which therefore results in a significant reduction or distortion of the individual's ability to carry on with normal behaviour, and to function adequately in their lives." [2]

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."[3]

Six Guiding Principles of Trauma and Resiliency-Informed Care
You have probably heard a variety of terms describing this work: trauma-informed, Trauma-Informed Care, Trauma and Resiliency-Informed Care, trauma-specific interventions, etc. As we strive to be more trauma-informed, it is important to work toward a basic understanding of trauma and to recognize that people and systems are resilient. There is hope for systems change, and individuals do find paths of healing. In this context, we prefer to talk about Trauma and Resiliency-Informed Care as it pertains to the organizational adoption of this model. To do this, organizations need to employ the Evidence-Based Practice of Trauma-Informed Care, and clinicians need to utilize trauma specific interventions.

Following the SAMSHA model, there are Six Guiding Principles of Trauma-Informed Care:
1. Safety
2. Trustworthiness and Transparency
3. Peer Support and Mutual Self Help
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues

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1 Herman, Judith L. Trauma and Recovery. New York: BasicBooks, 1997. Print.

2 Johnson, Robin. Complex Trauma and Its Effects: Perspectives on Creating an Environment for Recovery. London: Pavilion Publishing. 2012. Print.

3 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.

It is important to note these guiding principles apply to everyone in the organization, from those obtaining services, to the staff providing the services, to the staff funding and supporting the services. It is equally important to see these principles in light of what the staff need and what the participants need to establish an environment based on collaboration and mutuality.

To help us understand further what Trauma-Informed Care means, SAMHSA developed the four "R"s:[4]

1. Realizes the widespread impact of trauma and understands potential paths for recovery.
2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system.
3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices.
4. Seeks to actively resist re-traumatization.

How Not to Approach Trauma and Resiliency-Informed Care
Just as it's important to know what trauma-informed care means, it's also vital to understand the myths about becoming a trauma and resiliency-informed care organization. First, staff cannot attend one training, add yoga to the organization's monthly activities, and start calling their programs "Trauma-Informed." Similarly, grant writers cannot just add an eloquent paragraph on Trauma-Informed Care to applications and assume the programs' day-to-day operations are trauma-informed.

Other myths around this model are that it is easy, or that your program is trauma-informed because your staff are generally nice. It does not mean saying yes to everyone and losing accountability to address all needs. It does not apply only to clinicians and direct service staff. Lastly, although there should be a budget attached to this work, it is not expensive: not doing it will cost more than the expense of implementing it.

The truth about building trauma and resiliency-informed organizations is that it requires a substantial commitment from your organization's leadership team. It is a process of moving from formal authority ("do it because I say so") to authentic leadership ("let's meet our mission together"). It requires a commitment to train and support staff at all levels, especially your front-facing staff who are at the reception desk or repairing your residents' apartments. The process requires creating channels for true listening and continuous responsiveness. Once you have added new trauma-informed changes, you are never in a solid state; it is a dynamic process as in any living system. The payoffs, however, are sound: program effectiveness increases, staff turnover decreases, and overall satisfaction from staff and program participants improves.

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4 https://www.samhsa.gov/nctic/trauma-interventions

WHY TRAUMA AND RESILIENCY-INFORMED CARE IS IMPORTANT FOR WOMEN EXPERIENCING HOMELESSNESS

Every three years from 2001 to 2016, the Downtown Women's Action Coalition (DWAC), a coalition of community members working to improve conditions for homeless and low-income women, has conducted the *Downtown Women's Needs Assessment*.[5] The Needs Assessment is a community-based research project assessing the needs, characteristics, and conditions facing homeless and low-income women living in downtown Los Angeles.

The 2016 report, which includes longitudinal analysis of past surveys along with conclusions from 371 surveys collected in 2016, depicts the multitude of ways trauma impacts women experiencing homelessness. Demographic trends among women in Skid Row depict the long-term traumatic effects of systemic racism. The Needs Assessment data show that African-American or black women are significantly overrepresented in the homeless population in downtown LA. Census data from 2014 shows 8.7% of women in LA County are African-American, yet African-American women comprised 57.7% of 2016 Needs Assessment respondents. What's more, African-American women were more likely to experience violence (37.7% experienced sexual assault, domestic violence, or interpersonal violence within the last year, compared with 27.3% of white respondents).

Needs Assessment data also show that many women in Skid Row feel unsafe and face re-traumatization when accessing services, such as emergency shelter or transitional housing. Of women who said they had experienced these services, nearly one-third (31.3%), reported feeling unsafe in shelters, and just over 30 percent said shelter staff did not treat them with respect. Disturbingly, of women who sleep most frequently in shelters, more than one-third – 35% -- have experienced physical or sexual violence within the last year. Providing all homeless service providers with the training and resources to address the unique traumas women experiencing homelessness face is crucial to ensuring women can safely access the services intended to help them regain stability.

Violent trauma is one of the most persistent, ongoing factors affecting women experiencing homelessness. More than 90% of Needs Assessment respondents (90.8%) have experienced physical or sexual violence in their lifetime. For many women, this violence is not just once instance, but rather an ongoing reality: nearly half of all survey respondents (46.9%) had experienced violence within the last 12 months. Of those who'd experienced violence within the last year, nearly half (47.2%) had experienced violence at least four times within the last year. Women surveyed experienced sexual assault at a rate nearly twice that of the general population: 19.3% of women in the US have experienced sexual assault in their lifetimes. By contrast, more than one-third of women in Skid Row -- 39.4% -- experienced sexual assault at some point during their lives.

Even though the majority of women experiencing homelessness have experienced some form of trauma during their lifetimes, Needs Assessment data reflect a severe lack of trau-

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5 https://www.downtownwomenscenter.org/2016-needs-assessment/

ma-recovery resources in Skid Row. More than half of survey respondents (54.3%) reported not receiving services to deal with the after-effects of trauma. Because the staggeringly high prevalence of violence is the most distinguishing difference between women and men experiencing homelessness, homeless service providers must be trained in Trauma-Informed Care, including cultural and gender competency trainings, to ensure women are connected with recovery services.

Trauma and Resiliency-Informed Care in the Context of a Woman's Environment
Given the high prevalence of violence against women, the level of trauma that women experience will determine the level of trauma-informed intervention they may be ready to incorporate. For example, a woman who was recently assaulted while on the streets overnight may not be able to come into a volunteer-led meditation class and quietly sit through the duration of the class. Although this can be a wonderful intervention for someone not as recently traumatized, it may actually do more harm for the individual who was recently traumatized because her brain and biology do not afford her the ability to utilize this intervention. She also needs to prepare herself for other realities, which may include needing to stay hyper vigilant through another night on the streets to protect herself or the (more often than not) re-traumatizing experience of reporting a crime, obtaining a restraining order, and securing safe housing. What might work best for her is being able to come into an access center for accurate information about how to report a crime and for a staff member to accompany her throughout the process. Then, in the future, the program can open up other resources she may be more ready for, such as the meditation class. Facilitating access to resiliency tools that work for each woman in the context of her environment is one of the most trauma-informed practices an agency can employ.

All too frequently, staff tend to label participants as "non-compliant" because they will not sit through a full workshop or show up on time for a case management appointment, for example. An understanding of trauma can prevent staff from mislabeling participants and actually re-traumatizing them in the process. An understanding of trauma at the individual and community level helps staff and programs create access points for services that work for everyone, regardless of where they are on their paths to stability. For this reason, programs are highly encouraged to train and implement evidence-based practices that dovetail well with trauma-informed care, including Harm Reduction, Housing First, Seeking Safety, and Motivational Interviewing.

Realizing and recognizing cultural and community trauma is critical in trauma and resiliency-informed care organization. Women not only experience traumas inflicted in individual relationships (i.e., child abuse and domestic violence); they also experience trauma in the context of SAMHSA's 6th TIC Principle, cultural, historical, and gender issues. Due to historical traumas related to societal racism, sexism, homophobia, and overall marginalization, women impacted by homelessness experience trauma related to systems that, for example, block access to jobs that pay equal to men, housing in safe neighborhoods, and healthcare that is gender specific. Programs that offer awareness raising opportunities, advocacy programs, and empower staff to share system barriers with leadership are taking steps to combat and breakdown destructive "isms" in our society.

Organizations working to become trauma and resiliency-informed should start by assessing readiness. As has been established, it does not happen overnight, and implementation can be easier if you start where your organization is, realistically.

To implement this lens, there must be accountability and responsiveness from leadership. An organization's starting place may not be to scale-up as fast as possible; an organization may need to start with learning effective listening skills, for example.

This also is not a quick fix to low morale or other organizational problems. Agencies can't just build up the resilience tools of the staff, participants, and organization and then continue to do the things that re-traumatized them before.

This work needs to be infused into everything, including how everyone is treated and valued, and how policies and practices are created and administered. It is a parallel process. Some groups or departments in your organization may be more ready than other groups or departments.

If you're curious what implementation phase your organization is in, read Section 3: *Developmental Stages from Trauma and Resiliency: A Systems-Change Approach.*[6]

Supporting Your Workforce
Creating a trauma-informed work environment for an organization's staff is crucial to its ability to provide trauma-informed care to its clients. Organizations must recognize that we are only aware of trauma clients have experienced because they are seeking services, and we cannot assume our employees have not *also* experienced personal trauma in the past. What's more, working in homeless services inherently exposes employees to potentially traumatizing experiences, including primary trauma (experiencing or witnessing violence) and secondary trauma (hearing about trauma someone else has experienced first-hand).

Trauma-informed care provision is intended to prevent clients who have experienced trauma from becoming re-traumatized, which can have negative effects on service outcomes. Similarly, employers must intentionally create work environments to mitigate the potential for primary trauma to which employees may be exposed.

With this in mind, it is important for organizations to assess their work environments to determine how well they incorporate the Six Guiding Principles of Trauma-Informed Care and explore ways principles can be better woven into the fabric of organizational structure and culture. Suggestions for implementation are below.

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6 Center for Collective Wisdom. Trauma and Resiliency: A Systems Change Approach—Emerging Lessons and Potential Strategies from the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative. 2017. http://www.first5la.org/files/Trauma.pdf

WORK ENVIRONMENT CHECKLIST

1. Safety (physical and emotional)

   Ensure adequate visibility and lighting

   Ensure adequate repair and maintenance of building and work spaces

   Provide secure space for employees to store belongings

   Provide bathrooms with locking stall doors

   Provide crisis intervention and/or safety training

   Create a crisis response team

   Structure time to debrief after crises

   Reduce the use of punitive language and punitive culture, and treat progressive discipline as a last resort

   Provide individual supervision meetings where employees can process workplace experiences and exposure to trauma and discuss ways to implement self-care

2. Trustworthiness and Transparency

   Follow through on commitments, respect other employees' time, and avoid last-minute scheduling and canceling

   Explain why decisions (especially unpopular ones) are made

   Make as much information as possible available to all staff

   Provide employees with annual performance evaluations

   Provide employees with written policies

3. Peer Support and Mutual Self Help

   Provide an Employee Assistance Program as part of your agency benefits package

   Provide peer support, team meetings, and clinical supervision to employees in all roles where they are given the opportunity to receive constructive feedback and support with work-related challenges and frustrations

   Create opportunities for employees to replenish their resiliency. Provide food at meetings, encourage mindfulness activities such as exercise and yoga, and provide social and quiet spaces

   Create trauma-informed physical work spaces by including cloth furniture, plants, and access to drinking water

4. Collaboration and Mutuality (power with instead of power over)

   Reduce the rigidity of hierarchy

   Replace hierarchical language with words like "team," "colleagues," and "leadership"

Create opportunities for employees at all levels to interact with and learn about each other as individuals through activities such as retreats or structured team building activities

Include employees in setting goals for their personnel evaluations

Include employees' feedback and recommendations for how they will meet performance expectations when providing performance coaching

Have an open door policy that gives any employee the opportunity to speak directly with any member of leadership at a mutually agreed-upon time without being required to adhere to a process of communicating up the chain of command

5. Empowerment, Voice, and Choice

Include employee feedback during shared decision-making

Conduct an annual employee satisfaction survey, and most importantly communicate and demonstrate to employees how their feedback has been incorporated

Give employees opportunities to choose between different scenarios or vote

Cultivate leadership internally, provide professional development, and create leadership opportunities

6. Cultural, Historical, and Gender Issues

Replace "non-discrimination" statements with inclusive diversity statements

Incorporate affirming visuals, images of people from diverse backgrounds, and "safe space" or rainbow insignia throughout the organization and on websites and outreach materials

Provide multicultural and LGBTQIA+ trainings

Provide trainings on historical trauma and systems of oppression

A common misconception about creating a trauma-informed work environment is that organizations must permit all employees' behaviors, even when they negatively affect the organization's work. This is not the case: employees are actually less likely to be re-traumatized if there is consistency and predictability within the workplace. This includes having a clear understanding of policies and expectations as well as the support to be successful in meeting them. It also includes ensuring consistency in accountability if employees do not meet agreed-upon expectations. Creating a predictable structure and providing advanced notice also gives employees time to mentally prepare for experiences they may find re-traumatizing or triggering.

By creating a consistent structure with room for flexibility and incorporating strategies that align with the Six Guiding Principles of Trauma-Informed Care, organizations are better equipped to avoid employee burnout and turnover and support their workforce in successful provision of trauma-informed care.

HOW DWC BECAME A TRAUMA AND RESILIENCY-INFORMED ORGANIZATION

In 2009, DWC participated in a national report to codify the best practices organizations utilize to serve women experiencing homelessness. This report, *Capturing Our Strengths: Smart Practices in Serving Homeless Women*[7] , highlights effective techniques and trauma-informed essentials that programs across the nation employ to effectively serve women, such as how to create a welcoming environment, how to operationalize core program services, and how to establish sustainable and shared leadership models for programs serving women experiencing homelessness.

In 2016, DWC began implementing principles and tactics outlined in the SAMHSA *Trauma-Informed Organizational Toolkit*[8] to help us deepen our trauma-informed work at DWC. Following this guide, our organization took the subsequent steps.

Set the Stage
In 2016, the executive leadership at the Downtown Women's Center decided with the Board of Directors that becoming a trauma and resiliency-informed care organization was one of our most important goals. Trauma-trained clinicians at DWC provided training to the Board of Directors and executive leadership on trauma and the practice of trauma-informed care in order to establish support and buy-in for this endeavor. The leadership team at DWC saw this as a way to continue to improve our services for women as well as benefit staff by decreasing turnover, preventing burnout, and increasing staff satisfaction.

Complete Organizational Self-Assessment
With assistance from the organization A Thousand Joys, stakeholders at all levels (residents, participants, volunteers, staff in all departments, and the Board of Directors) at DWC completed a self-assessment survey in 2016 (created by the National Council for Community Behavioral Healthcare) to determine in what areas we were strong in trauma-informed care and where we needed to improve.

Form a Trauma and Resiliency-Informed Taskforce
The DWC leadership team developed a Trauma and Resiliency-Informed Taskforce in 2016 comprised of staff from each department and all levels of the organization. The workgroup reviewed the results of the organizational self-assessment, dedicating one meeting to each of the seven domains the survey measured: Screening and Assessment Tools, Consumer Driven Services, Support for the Workforce, Best Practices Implementation, Safety of the Environment, Community Outreach, and Evaluation and Research. At each meeting, staff

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7 Mendizabal, Anisa. Capturing Our Strengths: Smart Practices in Serving Homeless Women. Department of City & Regional Planning. Ithaca, NY: Cornell University. 2009. Access online here.

8 Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at www.homeless.samhsa.gov and www.familyhomelessness.org.

came prepared to discuss feedback from their respective departments, to review what DWC is doing well, and outline areas in which the group wanted to see improvements.

Develop a Strategic Project Plan
Based on feedback from its participants' respective departments, the Trauma-Informed Care Taskforce developed a project plan in 2016 to implement trauma-informed care across the organization. After brainstorming areas of strength and improvement based on the seven domains, each workgroup member chose the top three areas that they felt the agency should address. Through this process of prioritization, we created a one-year work plan with specific goals, a timeframe, and identifying who was accountable for implementation. Over the next year, the workgroup continued to train staff on trauma-informed principles and collected feedback to finalize DWC's trauma-informed care strategic plan.

Implement Trauma-Informed Changes
Over the next year in 2017, DWC began to implement its strategic plan by enhancing the policies and procedures the workgroup considered to be working well and developed strategies to bolster what needed to be improved. The workgroup continued meeting regularly to discuss progress made on the strategic plan. The group documented progress and results within the strategic plan, and group participants shared ongoing results in department meetings and monthly executive and leadership meetings. All DWC staff and the Board of Directors received quarterly progress reports via email or during in-person meetings. After the first year of making sufficient progress on the steps outlined in our strategic plan, the workgroup identified new areas to focus on for the coming year. Because implementing trauma and resiliency-informed care changes is continuous work, DWC will continue to update the project plan annually for greater improvements.

Contribute to Trauma-Informed Community Building
First, DWC developed a foundation of trauma-informed care at DWC through a "train-the-trainer" approach internally for all staff members. DWC staff now provides trauma-informed care training opportunities for outside organizations in an effort to build a trauma-informed community.

Trauma-Informed Care in Our Day Center
At DWC, we have incorporated trauma-informed care into all aspects of our Day Center programming, from interventions and activities for our participants to staff self-care and development. Over 90% of our participants are survivors of trauma, so it is imperative that we take a trauma-informed approach when working with our population. Some steps we have taken to implement trauma-informed interventions include ensuring our services are low-barrier, actively avoiding re-traumatizing participants who are seeking Day Center services, and making all services easily accessible, from showers and clothing access to case management and mental health support.

One way we work to avoid re-traumatizing participants is by not requiring them to complete an intake process to receive services. Instead, participants can learn about everything DWC has to offer them through an orientation offered four times per week. To get a sense of who accesses services at DWC, we collect data from participants in non-invasive ways: for example, by collecting sign-in sheets for using the phone, computer, and showers, and cross-referencing the sheets with people who attend orientation. We encourage participants to share their birthdays with us so we can celebrate them at our monthly community meetings. We then cross-reference these names with our other sign-in sheets to develop a count of how many women use the Day Center. We also keep count of the number of meals served every day to determine how many women come through the Day Center on any given day. While we have a more extensive intake assessment for case management and mental health services, these low-barrier approaches ensure that Day Center participants share their private health information with us only when they are ready, and not as a requirement to use the bathroom or eat a meal at DWC.

We also provide individualized services to participants who may have more difficulty accessing services. Our weekly group supervision time for staff who provide direct services provides time and space for us to develop creative interventions and individualized treatment plans for participants who need extra support. Whenever possible, we try to ensure these interventions are strengths-based rather than based on taking punitive action, which helps to create a warm, welcoming community feel inside the Day Center. For example, we do not enact negative consequences for women who do not complete chores (such as meal clean up and dishes) when asked. Instead, our staff focuses on bringing in enrichment activities, such as arts and crafts, and in engaging the women in positive ways so they can take ownership of their own space. We regularly seek feedback from our participants, and we empower staff and participants to provide input into the Day Center programming.

All Day Center staff at DWC receive trauma-informed care training when they begin their work here. We try to create a culture where staff take regular breaks and practice self-care so they can be fully present when working with participants. DWC prioritizes staff development; celebrates staff successes, such as work anniversaries and good performance reviews; and encourages teamwork to prevent burn out and compassion fatigue. Practicing trauma-informed care in our Day Center has helped us to create a culture of wellness, support, and community. We strive to create a safe, predictable environment where expectations are transparent for everyone.
Resident and Participant Advisory Board

Empowerment, voice, and choice is one of the principles of trauma-informed care. Creating opportunities for those who need services to affect the course of their experiences within the programs is critical for trauma-informed organizations. One way DWC elevates the importance of empowerment, voice, and choice is through the Resident and Participant Advisory Board. Formalized in 2014, the Advisory Board is comprised of women who utilize DWC's services and members of the DWC Board of Directors and executive leadership team. Participants fill out a simple application to participate, and ten Advisory Board members are chosen every year. We host six meetings each year. In our meetings, we talk about what programming and services are going well at DWC and what needs improvement. We find it equally important to talk about what is working well balanced with what needs improvement. By hearing what is working, our leadership team can guide greater resources to those services while also finding solutions for what we can improve.

In addition to these six meetings, the Advisory Board leads one of DWC's monthly all-staff meetings. This meeting is an opportunity for Advisory Board members to share their experiences navigating DWC services and to explain what has helped them most in their respective healing processes. This all-staff meeting is also an opportunity for Advisory Board members to share with staff what needs improvement at DWC. Every year, the staff rate on evaluations after the meeting that this is one of the best experiences for them; they indicate that hearing directly from the participants inspires them to work to improve services on their behalf. The Advisory Board also leads an annual town hall meeting in the Day Center, which is open to all other participants and residents at DWC. During this meeting, Advisory Board members can hear from their peers about what is going well and where we need improvements.

After each Advisory Board meeting, minutes are distributed to all DWC staff and Board of Directors. Staff report back quarterly regarding what changes they made in their departments that directly tied to the Advisory Board's feedback. At each Advisory Board meeting, DWC executive leadership reports to the Advisory Board members what changes were made and transparently shares the reasons why some changes may not be possible at that time.

Advocates Program
The Downtown Women's Center's Advocates Program was established to ensure the voices and lived experiences of formerly homeless women are at the forefront of DWC's advocacy and communications efforts. Through a customized training series in storytelling and advocacy techniques, the program provides participants with tools and resources to become strong, confident advocates for themselves, for other women experiencing homelessness, and for DWC as an organization. Creating a safe space where women gain the skills and confidence to use their voice to affect change is one of the most important elements of Trauma-Informed Care.

In this program, advocates practice storytelling and go over techniques for sharing personal experiences that can be painful to relive, such as reasons for becoming homeless and personal trauma endured during homelessness. To help advocates approach storytelling and advocacy as empowering rather than re-traumatizing, DWC staff members practice a trauma-informed approach to running the program and in designing the training curriculum. The Advocates Program's focus in every session is on trust and safety, peer support and

collaboration, and empowerment and voice. To create an environment where everyone feels physically and psychologically safe, all participants agree that everything shared during program sessions is strictly confidential and does not leave the room when sessions are complete. Advocates are encouraged to recognize when something feels uncomfortable when sharing personal experiences, and to stop, breathe, and take any steps they need to feel better. Each training session includes a discussion on self-care, and participants are encouraged to share the ways they take care of themselves outside the program sessions.

To ensure each advocate has the support she needs, all participants have the opportunity to engage in one-on-one sessions with DWC staff to ask questions and get individual feedback on their participation and storytelling. Peer support within the program is encouraged as well; all participants are paired with an "accountability buddy" with whom they have the option to meet with outside of program sessions. In addition, all participants are encouraged to provide positive feedback to their peers during storytelling workshops.

The ultimate goal of the Advocates Program is to support women in becoming successful advocates who feel empowered to use their voices and share their experiences to affect positive change in their communities. Women are encouraged to recognize the power they have to educate leaders about women's homelessness, and to use that power in a way that helps them to heal from past trauma and makes them feel proud.

Burnout and Compassion Fatigue Prevention Workshop
Safety is one of the most important principles of Trauma-Informed Care. Of course, physical safety is important; however, organizations are also encouraged to address their workforce's psychological safety to help sustain the staff members. The Burnout and Compassion Fatigue Prevention Workshop was created to help staff members learn techniques to cope with the hardships inherent in social service work. The workshop meets once a week and strives to create a safe, non-judgmental environment for people to discuss concerns or issues relating to compassion fatigue, burnout, or vicarious trauma. The workshop facilitator uses the book *Trauma Stewardship*[9] to guide conversations, and passages from the book help ignite discussions about their own experiences with these topics. The workshop helps both staff and interns to reflect on their work and take note of trauma and/or burnout triggers they may be experiencing. Additionally, the workshop provides a space for people to feel validated about their experiences, feelings, and thoughts about their work.

To support this effort, DWC encourages staff at all levels to attend this workshop and offers it during normal working hours. We periodically offer this workshop specifically for supervisors so that they can ensure they employ trauma-informed supervision techniques and take care of themselves in the process. Agencies with around-the-clock programming are encouraged to consider how to disseminate this information to staff who work outside typical business hours. Can you provide the workshop over the weekend or at night? Can supervisors convey workshop information to their staff who work on evenings or weekends so they

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9 Lipsky, Laura van Dernoot., and Connie Burk. Trauma Stewardship [electronic Book]: An Everyday Guide to Caring for Self While Caring for Others. San Francisco, CA: Berrett-Koehler Publishers, 2009. http://traumastewardship.com/

too feel supported? Operationalizing this workshop into an agency trauma and resiliency-informed policy can help systematize tools to ensure the workforce is cared for while they are caring for program residents and participants.

Donations for our Participants and Residents
Meeting our participants' basic needs would be impossible without our generous community of donors. DWC receives in-kind donations by mail or in person through our Day Center, and, in turn, we are able to distribute clothing, food, toiletries, household supplies, accessories, cosmetics, shoes, and emergency supplies to the women who come through our doors. Some of the clothing donations we receive that are not useful for our Day Center participants instead go to our social enterprise retail store, the MADE by DWC Resale Boutique, where they are resold and proceeds are directed back into DWC programs.

After our Advisory Board shared they did not feel DWC's donations were fairly distributed, staff and participants worked together to design a new process. Our Day Center now provides regular "shopping days" where DWC participants can select clothing and accessory donations during scheduled times. This process ensures our participants are able to choose the items they receive and provides a shopping experience for women who may not otherwise be able to afford new, clean clothing.

Volunteer support is the backbone of maintaining and sorting our donations process. Our individual and group volunteers help distribute donations and make sure items are clean and maintained. DWC trains volunteers to sort donated items to ensure DWC participants only receive clean, gently used, functional items. DWC volunteers also help assemble and distribute Toiletry Kits to DWC participants in the Day Center. Comprised of travel-sized soap, lotion, shampoo and conditioner, and a toothbrush and toothpaste, Toiletry Kits make it possible for women experiencing homelessness to address basic hygiene needs. When we receive donations we cannot use, such as men's clothing or items for children, we pass them along to another organization that can use them.

Volunteer Training
Everyone who wishes to volunteer at DWC attends a two-part volunteer training. In this training, we introduce and explain the Six Principles of Trauma-Informed Care. The overview our volunteer training staff provides includes information on the causes of homelessness for women, addressing the cultural, historical, and gendered issues affecting women in particular. We then build on this knowledge to include practical skills -- regardless of the department in which they volunteer -- that will be helpful when working with the population DWC serves. Other topics included in this training include managing boundaries, de-escalation techniques, and active listening skills training. Volunteers learn about the impact trauma has had on DWC participants, emphasizing that in addition to the trauma that may have led to them being homeless, homelessness itself is also a traumatic experience.

To address safety concerns, DWC staff review ways to avoid re-victimizing participants and establishing trust through a clearly established role with boundaries. To ensure de-escalation techniques are trauma-informed, we discuss the importance of supporting by empowering the women through choice and collaboration. DWC volunteers practice active listening with

role-playing and providing feedback. We wrap up education on trauma-informed care by discussing different ways volunteers can practice self-care.

The volunteer training emphasizes that DWC staff are experts in handling escalated situations. We also review a variety of volunteer opportunities, including positions where volunteers may be working on their own without staff present or with only one other volunteer (such as a Resident Host position or in the Learning Center on weekends), in case volunteers would prefer not to work in those roles.

During their time volunteering here, the staff that supervise the volunteers also model trauma-informed interactions and interventions. In turn, staff reinforce trauma-informed principles and help volunteers implement them into daily practice.

Culture and Community Leaders Taskforce
In 2010, the Downtown Women's Center tripled the size of our programs and expanded from one site to two different sites. We were concerned the workplace culture that was easier to maintain in one location where staff could find and easily communicate with one another would be strained through our growth and physical distance. To maintain the parts of DWC culture that kept staff motivated and passionate at work, we established the Culture and Community Leaders Taskforce, a coalition of staff representatives from each department who plan events and celebrations for DWC staff and participants.

This is one example of how DWC implements the trauma-informed care principle of peer support among both staff and participants. The purpose of the taskforce is to create exciting and meaningful employee appreciation activities, build stronger employee relationships, and strengthen community engagement between participants and staff. Through monthly activities such as highlighting a staff member of the month, monthly birthday celebrations for staff, and activities such as a LGBTQIA+ Pride march and celebration in the Day Center with DWC participants, staff have a range of opportunities to get to know each other and engage in meaningful activities with the women we serve.

Chronic Disease Learning Collaborative
Collaboration and mutuality are important components of trauma-informed care. Creating an atmosphere that elevates the voices of people receiving services is critical for a trauma-informed organization. One of the ways DWC upholds the principle of collaboration and mutuality is by creating community champions: community members who work to drive change from within the community. In 2016, the Downtown Women's Center partnered with community stakeholders to convene the Chronic Disease Learning Collaborative (CDLC). The purpose of this collaborative is to develop a strong multidisciplinary team of compassionate providers, policy experts, agencies, and community members who are dedicated to improving health outcomes in chronic disease prevention and management among low-income women living in the Skid Row neighborhood of downtown Los Angeles.

This effort is supported by Spreading Community Accelerators through Learning and Evaluation, or SCALE Initiative, as part of the 100 Million Healthier Lives Campaign. The purpose of SCALE is to promote community-based solutions that create systems-level changes. Com-

munity engagement is a critical component to bringing about this improvement. The crux of community engagement is to include the voices of those with lived experience to drive coordinated solutions that center on the needs of community inhabitants.

SCALE seeks to tap into the power communities have from within by collaborating and co-designing with individuals with lived experience, also known as community champions. Community champions act as stewards by bringing our work to the community, and by being the voice of those most affected by inequities. Through the SCALE project, women provided personal insight into the needs of the community, gaps in services, program development, and the best ways to engage participants.

At the root, collaboration with community champions is trauma and resiliency-informed. Community member's voices have historically been silenced because of their exclusion. Their inclusion ignites change by building trust and transparency. Participation in the design process helps clarify our assumptions of what we think is best, and brings greater awareness that there is no-one size fits all solution. Sharing power and acknowledging that everyone contributes in meaningful ways instills empowerment, and provides the opportunity for community champions to develop into leaders and advocates of their community.

The Downtown Women's Center and CDLC discovered that improving health outcomes for the target population women with or at risk of chronic diseases could not have happened without learning from community champions about the obstacles to care and the need for client-centered approaches. After having participated in this project, this community feels strongly that including this role in future efforts relating to improved health and well-being is both doable and essential. Without the direct engagement of these women, there would not be the true understanding of a perspective that is necessary for identifying real solutions.

Community Partner: Peace Over Violence
DWC continues to learn from community partners who are also committed to establishing trauma and resiliency-informed practices within their organizations. Peace Over Violence, a Los Angeles-based organization that works to build healthy relationships, families, and communities free from sexual, domestic and interpersonal violence, stands out. To ensure all staff are adequately trained in trauma-informed care, Peace Over Violence integrated trauma-informed core competencies into their annual staff evaluations. Their staff receive training in those core competencies, and in annual evaluations, supervisors explore how the employee embodies the competencies.

Community Partner: Rainbow Services
While the services offered by most domestic violence (DV) agencies are valued and needed by survivors of DV and their children, the way in which agencies deliver those services can sometimes cause additional harm to already traumatized, vulnerable families. Rainbow Services, a community-based organization in San Pedro, California, recognized that some practices of providing services to survivors were re-traumatizing families by replicating the dynamics of power and control they experienced in their abusive relationship. Some examples of ways this can happen are expecting compliance with strict program requirements and offering few service options for survivors.

No DV agency intends to inflict additional harm on its participants, but existing service systems for vulnerable families tend to be structured in ways that blame or punish participants for their behavior. In many organizations, participants are "screened out" for behavior that makes them "challenging to work with" or "non-compliant." This makes them easy to label as "not ready" or "not a good fit" for the established program. Furthermore, existing funding streams for DV shelters and services are not conducive to choice; be it the choice of a contracted agency to test out new services or new approaches to service delivery, or to participant choice, which is a critical principle of trauma-informed care. A trauma-informed approach to providing services to survivors of domestic violence would be to acknowledge the impact of trauma on a survivor's coping skills and help them to develop new skills.

In Rainbow Services' journey to become more trauma and resiliency-informed, they underwent a formal evaluation process with support from the Blue Shield Foundation and the National Center on Domestic Violence, Trauma & Mental Health. After using assessment tools to identify their agency's readiness, they provided extensive trauma-informed care training to all of their staff. One of their takeaways was to rethink their shelter rules. They decided instead to refer to them as "guidelines" to avoid positing any power over the people there for services. Instead, guidelines insinuates a "power with" approach. Involving the staff in a collaborative effort to review each guideline, they would ask themselves:

> Does the "rule" have anything to do with safety?
>
> What risk are we taking if we let go of the "rule"?
>
> What is the benefit of letting go of the "rule"?

Through this approach, Rainbow Services made empowering changes, such as eliminating a curfew for the shelter residents. Additionally, instead of prohibiting cell phone use, shelter staff taught the residents how to shut off their GPS tracking so their abusive partner would not be able to locate them in safe housing. Though these changes are simple, they go a long way toward building trusting relationships with survivors and show that staff are not there to take away their agency and choice. Some values that emerged through their journey are the use of collaborative and strengths-based language, respect, hopefulness, and a commitment to learning. Rainbow Services also implemented wellness events for staff, established regular evaluations, instituted a leadership development program, and ensured that shelter staff are especially supported in their work with regular supervision and training.

ACKNOWLEDGEMENTS

REFERENCES

Center for Collective Wisdom. Trauma and Resiliency: A Systems Change Approach—Emerging Lessons and Potential Strategies from the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative. 2017. http://www.first5la.org/files/Trauma.pdf

Downtown Women's Action Coalition. 2016 Needs Assessment.

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at https://www.samhsa.gov/homelessness-housing.

Herman, Judith L. Trauma and Recovery. New York: BasicBooks, 1997. Print.

Johnson, Robin. Complex Trauma and Its Effects: Perspectives on Creating an Environment for Recovery. London: Pavilion Publishing. 2012. Print.

Lipsky, Laura van Dernoot., and Connie Burk. Trauma Stewardship [electronic Book]: An Everyday Guide to Caring for Self While Caring for Others. San Francisco, CA: Berrett-Koehler Publishers, 2009. http://traumastewardship.com/

Mendizabal, Anisa. Capturing Our Strengths: Smart Practices in Serving Homeless Women. Department of City & Regional Planning. Ithaca, NY: Cornell University. 2009. Access online here.

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.

----------Trauma Interventions. https://www.samhsa.gov/nctic/trauma-interventions

FURTHER READING

Dr. Daniel Siegel – How Trauma Changes Our Brains (video)

Hollywood Homeless Youth Partnership

Klinic Community Health Center – Trauma Informed Toolkit

Lumos Transforms – Trauma-Informed Solutions

Multiplying Connections – Tools to Become Trauma-Informed

National Institute of Health – Common Responses to Trauma

Office for Victims of Crime – The Vicarious Trauma Toolkit

Prevention Institute

Rainbow Services Client-Centered Changes (video)

WORK ENVIRONMENT CHECKLIST

Safety (physical and emotional)

Ensure adequate visibility and lighting

Ensure adequate repair and maintenance of building and work spaces

Provide secure space for employees to store belongings

Provide bathrooms with locking stall doors

Provide crisis intervention and/or safety training

Create a crisis response team

Structure time to debrief after crises

Reduce the use of punitive language and punitive culture, and treat progressive discipline as a last resort

Provide individual supervision meetings where employees can process workplace experiences and exposure to trauma and discuss ways to implement self-care

Trustworthiness and Transparency

Follow through on commitments, respect other employees' time, and avoid last-minute scheduling and canceling

Explain why decisions (especially unpopular ones) are made

Make as much information as possible available to all staff

Provide employees with annual performance evaluations

Provide employees with written policies

Peer Support and Mutual Self Help

Provide an Employee Assistance Program as part of your agency benefits package

Provide peer support, team meetings, and clinical supervision to employees in all roles where they are given the opportunity to receive constructive feedback and support with work-related challenges and frustrations

Create opportunities for employees to replenish their resiliency. Provide food at meetings, encourage mindfulness activities such as exercise and yoga, and provide social and quiet spaces

Create trauma-informed physical work spaces by including cloth furniture, plants, and access to drinking water

Collaboration and Mutuality (power with instead of power over)

Reduce the rigidity of hierarchy

Replace hierarchical language with words like "team," "colleagues," and "leadership"

Create opportunities for employees at all levels to interact with and learn about each other as individuals through activities such as retreats or structured team building activities

Include employees in setting goals for their personnel evaluations

Include employees' feedback and recommendations for how they will meet performance expectations when providing performance coaching

Have an open door policy that gives any employee the opportunity to speak directly with any member of leadership at a mutually agreed-upon time without being required to adhere to a process of communicating up the chain of command

Empowerment, Voice, and Choice

Include employee feedback during shared decision-making

Conduct an annual employee satisfaction survey, and most importantly communicate and demonstrate to employees how their feedback has been incorporated

Give employees opportunities to choose between different scenarios or vote

Cultivate leadership internally, provide professional development, and create leadership opportunities

Cultural, Historical, and Gender Issues

Replace "non-discrimination" statements with inclusive diversity statements

Incorporate affirming visuals, images of people from diverse backgrounds, and "safe space" or rainbow insignia throughout the organization and on websites and outreach materials

Provide multicultural and LGBTQIA+ trainings

Provide trainings on historical trauma and systems of oppression

***

IMPLEMENTATION CHECKLIST

1. Set the Stage
2. Complete Organizational Self-Assessment
3. Form a Trauma and Resiliency-Informed Taskforce
4. Develop a Strategic Project Plan
5. Implement Trauma-Informed Changes
6. Contribute to Trauma-Informed Community Building

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TRAUMA AND RESILIENCY INFORMED CHECKLIST FOR ORGANIZATIONS PROVIDING SERVICES TO ADULTS EXPERIENCING HOMELESSNESS

Establishing an understanding of trauma and implementing Trauma Informed Care is a proven approach, applicable across all agencies providing services and housing to people experiencing homelessness. It is rooted in the research and evidence that homelessness, in and of itself, is traumatic and that individuals experiencing homelessness, more often than not, have experienced trauma from individual experiences and historical and community based traumas.

This checklist was comprised to help organizations make an assessment as to what degree your programs and agencies are trauma informed and to help you implement Trauma Informed Care interventions in order to help the people you serve heal and support your staff to provide the best care possible.

Although a checklist is a helpful tool to point agencies in the right direction, implementing Trauma Informed Care is a reflective and ongoing process. Once all of the boxes are checked it will be time again to continuously deepen the work and re-implement in some areas.

This check-list was gathered from insight from 17 experts (listed in the acknowledgements section) in trauma who met on March 15, 2018 at the Downtown Women's Center, from staff listening to the DWC Resident and Participant Advisory Board members, and from the following resources:

Guarino, K., Soares, P., Konnath, K., Clervil, R., and Bassuk, E. (2009). Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, and the Daniels Fund, the National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Available at https://www.samhsa.gov/homelessness-housing.

Mendizabal, Anisa. (Spring 2009). Capturing our Strengths Report. Department of City & Regional Planning Cornell University Defense Draft. Access online here.

Supporting Staff Development

Staff have adequate training and resources to do their work, staff feel supported in their work, and the agency is transparent and responsive to their ideas and needs.

Staff are trained in Trauma-Informed Care including: What trauma is, how trauma impacts neurological development, relationship between trauma and homelessness/substance use/etc., cultural differences in how people respond to trauma, how working with trauma impacts staff, establishing and maintaining boundaries, implicit bias, and de-escalation strategies.

Staff are trained on the intake procedures and can answer participant

questions regarding all services provided by the agency.

Topics related to trauma and self-care are addressed in meetings; agency fosters an environment that encourages peer support and learning (i.e., after employing a crisis intervention staff feel comfortable processing what happened; perhaps colleagues find peer support by taking a walk or getting some coffee together).

Staff members have regularly scheduled time for individual supervision from a supervisor who is trained and understands trauma; part of supervision time is used to help staff members understand how to implement resiliency tools in order to address stress reactions (i.e., the supervisor reviews the staff's work self-care plan, supervisor ensures breaks are taken, supervisor conveys genuine concern for supervisee).

The agency has a formal system for reviewing staff performance and implements an assessment about how the staff member utilizes trauma informed skills and embodies the values of the organization (see example from the organization, Peace Over Violence in the toolkit).

The agency helps staff members debrief after a crisis.

Leadership does not wait until an employee's last day to get feedback through an exit interview. The agency provides opportunities to give feedback about the agency through discussions with their supervisor, department meetings, staff surveys and other venues. The agency, in turn, is responsive to the feedback in a timely and transparent manner. The agency fosters an environment where it is safe for staff to express ideas that might be against the grain. Staff indicate that they feel that their opinions matter.

The agency provides skill building activities in order to increase and encourage effective communication at work. Agency leadership is committed to establishing an environment where staff can support each other through difficult situations. These conversations can happen across levels of authority.

Agency ensures that resources, supplies, and equipment that staff needs for their jobs are available

The agency pays staff a livable wage.

The agency recognizes staff members for success and improved skills. Staff members' professional milestones are acknowledged and celebrated.

Establishing a Safe Physical Environment

The facility is well kept, is designed as a welcoming place, and staff and participants are safe and provide feedback on how safety can improve.

The agency has an effective alarm system and staff know how to use it.

The agency has a system to monitor who comes in and out of the building in a way that both welcomes participants and monitors for safety concerns; staff members engage the participants in discussions about what safety

means to them and implements their ideas when possible; if there is a uniformed security presence, the program makes absolutely certain this is necessary; security features do not dominate entrance.

All of the lights work in the facility; outside and inside has adequate lights; facilities are well maintained; walls are kept clean and re-painted when needed.

Participants have access to safe space to store their belongings so they can freely participate in the agency's programs; bathrooms are well lit, clean, safe; participants can close a bathroom and shower door for privacy.

Art and plants decorate the facility; some of the art made by participants is rotated and their talents are highlighted in common areas.

Furnishings in common areas are befitting a home, it is not office or "waiting room" furniture. Furnishings are easy to clean; people entering the agency often describe it with words like "homey"; participants and outside guests typically express that they are surprised the place looks so nice.

Establishing a Supportive Environment

The agency supports a strengths-based environment where participants have choice in how they utilize the program offerings

Staff and volunteers make it a point to welcome people and introduce themselves to those they have not met; there is always someone (participant, volunteer, or staff) available to greet newcomers.

Encourage and invite individuals to "try out" the agency as a guest for a day, a week, or until such time she would like to opt in to other services.   Outreach emphasizes "we are here for you when you are ready".

Minimize the burden of paperwork that might be required of an individual at each step. Try not to require paperwork on the first day at the agency-- make it a "free day." At each successive service point, is it possible that participants only fill out information relevant to that service? The agency encourages feedback from the participants and staff about where improvements can be made in this area.

Maintain certain services that are available to all individuals, regardless of whether or not they are a regular participant, without requiring them to fill out any forms. These might include receiving mail, using the restrooms or showers, or using the telephone.

Offer self-serve items available to participants in the common areas (i.e. coffee, tea, water, cups, newspapers, magazines, and books).

Signage is trauma-informed and not punitive; the agency has a policy for flyers and signage to maintain consistency in messaging; the agency provides signage in languages most commonly used by the participant; signs are present to help participants enjoy the common areas and take pride in them (see examples for trauma-informed signs in the toolkit).

Establishing Informed Consent

The participants are well informed about all aspects of their rights

The agency reviews rules, rights and grievance procedures with participants regularly and at minimum annually. Participant rights are posted in places that are visible. The agency has a policy for responding to grievances in a timely manner and is responsive to participant concerns.

Participants are informed about how the agency responds to personal crises (e.g., suicidal statements, violent behavior).

Participants are informed about who will be checking on them and their spaces (e.g., how often and why it is important). Expectations about room/apartment checks are clearly written and verbalized to participants. The agency gives notice prior to doing room/apartment checks.

Cultural Humility and Anti-Oppression

Everyone is respected

The agency provides on-going opportunities for participants to share their cultures with each other (e.g., potlucks, culture nights, incorporating different types of art and music, etc.). Participants are allowed to prepare or have culturally desired food.

Forms and agency information is available in languages representative of the population.

Staff shows acceptance for personal religious or spiritual practices; agency does not limit services to members of a particular faith.

Agency allows individual to choose appropriate services based on their gender identity as defined by the participant.

Agency prohibits discrimination based on sexual orientation and gender identity.

Confidentiality

Agency adheres to confidentiality laws and regulations

Participants are asked about the least intrusive ways for staff to check on them and their spaces.

The agency gets permission from participants prior to giving a tour of their facilities, room/apartment; if permission is given, the participant is notified of the date, time and who will see their room/apartment.

Staff does not talk about participants or other staff members in common spaces; staff does not discuss the personal issues of one participant with another participant.

Staff and participants who have violated guidelines are approached in private.

There are private spaces for staff and participants to discuss sensitive issues.

Safety and Crisis Prevention Planning

Staff provide proactive interventions to keep participants safe and prevent re-traumatization

Staff and participants create safety plans (including list of triggers, list behaviors that show participant is overwhelmed/triggered, strategies that help when participant is triggered, list of strategies that are not helpful when triggered, list of people that are most helpful to participant) and Individuals Service Plans together.

Staff members ask participants for their definitions of emotional safety.

The agency uses "people first" language rather than labels.

Staff using descriptive language rather than characterizing terms to describe participants (i.e., "she is having a hard day", not "she's just being dramatic" or "I'm concerned that she appears unstable and might trip and fall" not "she's just a drunk").

Staff understand that individuals entering our agency may experience setbacks in meeting their goals. Staff are trained in and demonstrate use of Motivational Interviewing skills to help participants accomplish their goals.

Staff are provided adequate meeting time with participants, so customized plans may be developed; staff takes pride in crafting customized service plans. Agency does not require a standard or template service plan.

The agency has regularly scheduled community meetings for participants, provides adequate notice for any schedule changes, and staff respond to participant requests, feedback and needs.

Staff are trained to reverse opioid overdose through use of Naloxone.

The agency is flexible with rules when possible.

Participants are screened into programs, not screened out; staff are transparent about where participants stand on a waitlist

Assessing and Goal Planning Services

The participant is fully included in all aspects of goal and service planning

Intake includes the following topics: participant strengths, cultural background, cultural strengths, social supports, current level of danger from other people, history of trauma, and quality of relationships with family members.

The agency informs participants about why questions are being asked and what will be shared with others and why.

Staff frequently check-in with participants throughout the intake process to see if they need anything.

Agency provides adequate translation services.

Releases and consent forms are updated whenever it is necessary to speak with a new provider or when they have expired.

Staff supports participants in setting their own goals; goals are reviewed and updated as obtained and progress is tracked frequently.

Before exiting the program, participants and staff develop a plan to address potential safety issues and future service needs, including identifying community and peer supports. Staff provide field based services initially to help a participant adjust to their new environment.

Offering Services and Trauma-Specific Interventions

Services are easy to enter and participants work with qualified staff at all levels

Agency has a variety of "entry points" for services; it is not required that everyone start in the same place.

Agency co-locates services to reduce clients' need to travel from site to site.

Qualified staff provide education to participants regarding traumatic stress and triggers. Agency adopts a train the trainer model so that trauma expertise does not leave the agency when staff resign.

Material is posted about traumatic stress (e.g., what it is, how it impacts people, and available trauma-specific resources).

The agency providers multiple opportunities for participants to express themselves, including art, theater, dance, movement, and music.

The agency develops partnerships to address gaps we would otherwise be unable to fill.

Staff do not impose artificial timelines for "healing" or "success".

The agency celebrates success and accomplishments of the participants.

Qualified staff provide individual and group therapy; agency conducts outreach to demystify what therapy is; agency develops new support groups to meet participant needs; ensure that agency participants adhere to ground rules created by the support group members; agency provides comfortable and confidential space for therapy.

Involving Residents and Participants

Participants have voice and choice in all aspects of the program

The agency provides opportunities for participants to lead activities, including community meetings. Staff at all levels attend community gathering and meetings. Staff provide training opportunities to help participants develop skills to lead community meetings and activities effectively.

The agency invests in the leadership skills of the participants by always including their feedback in program development. They agency has a formal Advisory Board (see DWC's information on how to set up your own Advisory

Board in the toolkit).

Participants have mentoring and employment opportunities within the agency; add affirmative hiring statements in job descriptions (e.g., We hire people who were formerly incarcerated).

Participants are invited to share their thoughts, ideas, and experiences with the agency, both formally (through an Advisory Board and surveys) and informally, through suggestion boxes, conversations with staff, and community meetings. Staff are responsive to the participants and use this as a learning opportunity for growth and improvement.

Trauma-Informed Written Policies

The agency is dedicated to documenting and reviewing policies and procedures

The agency has a written statement that includes a commitment to understanding trauma and engaging in trauma-informed practices.

The agency has a policy for how new policies are created and approved; agency reviews policies on an annual basis to identify if they are sensitive to the needs of trauma survivors; agency involves staff at all levels and participants in the review of policies.

Agency has the following policies: Developing safety and crisis prevention plans with residents and participants, responses to participant crisis (e.g., self-harm, suicidal thinking, aggression towards others, child/elder/dependent adult abuse); professional conduct for staff (e.g., boundaries, responses to participants); social media policy demonstrating how staff can use social media and confidentiality expectations of staff to participant engagement over social media platforms.

The agency trains staff on policies and reviews them as frequently as needed.

The agency has an HR manual that is reviewed and updated annually.

Community Engagement

Everyone is involved in helping meet the agency's mission

Volunteers are trained on trauma and trauma-informed interventions that they can utilize in the course of their work at the agency (e.g., welcoming attitude, implicit bias understanding to decrease defensiveness/personalization, consistency in schedule, when to ask for staff help, etc.).

Agency invites the community to engagement activities. Engagement activities are opportunities for peer support among staff, volunteers, and participants.

Advocacy

The agency advances system change by including all stakeholders

Agency supports a Speakers Bureau or Advocates Program and creates opportunities for participants to learn how to share their stories and advocate for needed change. The Agency has a policy regarding how to compensate participants for their time.

Agency does not exploit participants by coercing them to re-tell their story for fundraising purposes; agency supports story-telling as a therapeutic tool to help survivors of trauma heal from past experiences and effect social change.

Agency creates Policy Briefs to use as advocacy tools for electeds and other decision makers. Policy Briefs are updated annually with staff and participant feedback regarding content/areas that need advocacy and change.

Agency monitors policy and provides expert feedback and advocacy consistently, not just one time.

Evaluation

Continuous Quality Improvement if folded into every aspect of the agency

Staff are trained in data collection techniques. Leadership uses empowerment techniques to convey that all staff are agents for change and that data informed decisions can lead to better services for the participants.

Agency supports a Continuous Quality Improvement process with frequent and regular monitoring of goals and support for course correction when goals are not being met. Staff at all levels of the agency are involved in the CQI process.

Leadership fosters a learning environment by involving staff and participants in identifying areas for research and evaluation.

Evaluation does not gather dust on the shelf—agency's use it to advocate for change and improve program design.

The Agency Strategic Plan does not gather dust on the shelf—leadership builds in accountability to goals and folds the work into the Continuous Quality Improvement process.

Evaluation tools are simple and easy to use (e.g., Plan Do Study Act model of evaluation).

The agency has a written policy on how research and evaluation is conducted, including who is allowed to conduct research, how researchers are identified and chosen, how participants are compensated for their involvement, etc.).

TRAUMA-INFORMED SIGNAGE

Our choice of words are important to create a welcoming environment.

Guidelines for conveying your message in a trauma-informed manner:

Use language that leads to agreements as opposed to rules

Convey that a safe space is a right for everyone

Include statements of affirmations that includes everyone, not just participants of a program

Focus on what you want people to accomplish or do instead of what you do not want

Translate signage in languages for all to understand

Traditional	Trauma-Informed Alternatives
Do not shout in the quiet area	Please help us keep the quiet area a place for peaceful reflection by keeping your voices down for our community Please help create a community that is restful We welcome you to enjoy the peace and tranquility of this space Please keep your voice down We encourage a quiet voice so everyone can feel at peace and rest as needed. Thank you! Let's be mindful of the open space in our community People are listening and kindness is always here Quiet Zone Please help us ensure the quiet areas stay quiet
If you make a mess, you will be asked to leave	Please help us create a clean community by utilizing the trashcans Let's work together to keep our space clean We are mindful of maintaining a clean space around ourselves Help us keep the area clean at all times We take pride in creating a welcoming environment. Please join us in keeping things tidy and clean. Thank you so much! Let's keep the community safe and clean We take care of each other's messes Please let someone know if you make a mess so we can clean it up

Traditional	Trauma-Informed Alternatives
Follow the rules or you risk termination from the program	Staff are here to help and provide support to help you meet you goals Our agreements are in place to ensure the safety and enjoyment of all who come here We focus on everyone's feelings and being safe We love you being part of the community. Our agreements help us create a wonderful community Help us keep our community safe by following the housing guidelines We focus on everyone's feelings of safety
Services are closed from 9 a.m.-11 a.m.	Our regular service hours are from __ to ___. If you need immediate help, please call_____ Services are open from ___ to ___. We are closed from __ to __, and look forward to seeing you when we re-open at ___. We strive to be open and available as much as possible. We are welcome to anytime except from __ to __ as we are closed for meetings at that time. Sorry for the inconvenience! Sorry we miss you. Please come back to see us at 11 a.m.
Clients cannot access the computers after 11 a.m.	These are the computer hours: Computer lab hours are: Participants are welcome to use the computers before 11 a.m. Sorry for the inconvenience, the computer lab is closed today after 11 a.m. due to a staff training Computers are available at 11 a.m.
Clients are only allowed to make three copies a day	You are welcome to make up to 3 copies a day If you need more than 3 copies made, please let the receptionist know
Clients can stay in the shelter for 90 days	Residents typically stay here 90 days, however extensions are given based on need of the residents You are welcome to stay up to 90 days We will discuss your exit date on a weekly basis to ensure you are on track to secure permanent housing upon leaving the shelter You can stay until you are ready to leave The usual length of stay in shelter is 90 days

Traditional	Trauma-Informed Alternatives
Case Management is a requirement of the program. Keep your appointments!	We offer these services_____, what do you think would work best for you? Please let us know the goals that are most important for you right now Please connect with your case manager per your agreement. Your case manager will be happy to see you! We want to check-in with you on a weekly basis to support your time in housing Case Management is an offered service of the program To support your goals, we can meet on a weekly basis Let us know what we can do to make it easier on you to keep your appointments
Notice: We will be spraying for pest control, you must be out of the shelter at 9 a.m.	For your health and safety, we will need you to exit your unit from ___ to ___ so we can have our pest control company provide their monthly service. Feel free to join us in the community room for a movie and popcorn during this time The shelter is closed from _to_ for our pest control company to come onsite. We do not want you to be harmed by the chemicals, so we will be closed during this time
If you miss three appointments with your doctor, your services will be discontinued	We want to make sure you are getting regular medication care, please let us know if you cannot make your appointment in advance If you miss multiple appointments with your doctor, we will continue to work with you to help reduce any barriers you may be experiencing to access healthcare
Fighting is not allowed	Help us keep the environment safe for everyone If you are having conflict with someone, please let staff know and we will help to resolve the matter with you
Medications are only allocated after 5 p.m.	Medications are provided after 5 p.m. Please let us know if you have a medical reason to receive your medications earlier.
You can only use the phone from 9 a.m. - 11 a.m.	You can use the phone between __ and __ Phone usage hours are between __ and ___ The phone is available for your use from __and ___
Attendance at support group is required	Attendance at support group is highly encouraged Coffee and treats will be provided at support group
Stop: Do not use this door	Stop: Please use the other door Please use the door around the corner to enter the facility
If you miss meal-time, you will have to wait until the next mealtime	If you miss mealtime, talk to _____ and we will try to retrieve a meal or snack for you

THE RESIDENT AND PARTICIPANT ADVISORY BOARD MANUAL

The mission of Downtown Women's Center is to end homelessness in greater Los Angeles through housing, wellness, employment, and advocacy.

Downtown Women's Center envisions a Los Angeles with every woman housed and on a path to personal stability.

Downtown Women's Center's core values are Community, Woman-Centered, Equity, Sustainability, and Respect.

Purpose of Resident and Participant Advisory Board:
The Resident and Participant Advisory Board will help the Downtown Women's Center (DWC) recognize its strengths, weaknesses, and challenges facing the organization, as well as opportunities to accomplishing its defined mission. Advisory Board members serve as DWC community representatives and make recommendations on services provided. Active Resident and Participant involvement assures responsiveness to local needs.

Core Purpose of Resident and Participant Advisory Board:

Review and make recommendations on DWC programs and services.

Strengthen DWC's effectiveness.

Advance the organization's public image and advocacy efforts to end homelessness among women.

Advise DWC's Board of Directors and Executive Leadership Team about DWC community needs.

Composition:

Must have no less than five but no more than 10 members.

Must include at least one representative from the San Pedro Street Residence, the Los Angeles Street Residence, Community Based Housing, Vocational Education and Social Enterprise, and the Day Center, respectively.

Shall include two members of the DWC Board of Directors as advisors and liaisons.

Shall include one Executive Leadership Team staff member as advisor and liaison.

Time Commitment:

The Advisory Board is expected to meet six times per year.

Attendance at four of six meetings is expected during a members' one-year term.

One former Advisory Board member can come back in an Advisory Role for a 2nd year term.

Roles of an Advisory Board Member:
As a volunteer to the Resident and Participant Advisory Board your core purpose is service to your fellow DWC community members.

Advisory Board Member Duties and Expectations:

Members are expected to work as a team.

Members are expected to maintain a high standard of personal conduct.

Members should exercise good judgment when monitoring or proposing improvement to DWC services or facilities.

Members should maintain a sense of fairness, ethics, and personal integrity.

Members should be faithful to the organization's mission. They should honestly voice their opinions about how the Administration and Board of Directors are accomplishing DWC's mission.

Members ensure that Advisory Board minutes are maintained and reports are created for the DWC Board of Directors.

Members attend at least four of six meetings during a one-year term.

Members as individuals have no special privileges or authority.

Resident and Participant Advisory Board Member's Code of Ethics:

I will represent the interests of all people served by this organization.

I will keep confidential information confidential.

I will approach all Advisory Board issues with an open mind, prepared to make the best decision for the whole organization.

I will not do anything to violate the trust of those who elected me to the Advisory Board or those we serve.

I will focus my efforts on the mission of the organization and not on individual goals.

I will not exercise authority as an Advisory Board member except when acting in a meeting with the full Board or as I am delegated by the Board.

Removal from Advisory Board Position:
A Resident and Participant Advisory Board Member may be asked to step down from their position on the Board if any of the above expectations, duties, or code of ethics has not been met. The DWC Staff Liaison will advise any members if they are being asked to step down from their Advisory Board position.

Roles of Advisory Board Chair:

Create the agenda for the meetings with the staff liaison.

Facilitate the meeting with the staff liaison and Board of Director members.

Assign an Advisory Board member to take minutes.

Work with staff liaison to turn in reports to the Board of Directors.

Keep general DWC population informed of work of the Advisory Board as needed.

Roles of Staff Liaison:

Bring information to the Executive Leadership Team to impact policy and program decisions.

Work directly with the Advisory Board President to set agenda/follow-up on action items, and ensure that a report is given to the Board of Director's two weeks prior to their regular meeting.

Work directly with the Board of Director liaison's to give training and support to the Advisory Board.

Roles of Board of Director's Liaison:

Bring information to the Board of Directors to impact policy and program decisions.

Work directly with the Staff liaison to provide training and support to the advisory board.

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CULTURE & COMMUNITY TASK FORCE CHARTER

Mission and Function:

Create exciting and meaningful employee appreciation activities

Build stronger employee relationships

Strengthen community and engagement between the participants and staff (monthly theme/activities)

Nominate employees for the "Staff Highlight" that represent the "Value of the Month", to be recognized at All Staff Meetings

Membership Composition:

At least one representative from each of the organization's departments (in order to provide a diverse range of staff perspectives)

Why Join:

Lead a fun and creative work environment for staff and the participants

Ability to work with staff in different departments

Strengthen relationships between the participants and staff

Membership Requirements:

Any full-time employee is welcome to join but must obtain approval from their direct supervisor

One year commitment

After their first year, members are welcome to remain on the task force for as long as they desire

Attend monthly meetings (may be more depending on the event/project that month)

Lead one activity per year

Creativity and enthusiasm to build community and culture for DWC

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