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TRAUMA-INFORMED SERVICES FOR YOUTH AND FAMILIES IN NEW ORLEANS

Report and Recommendations

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Abstract

**Title:** Trauma-Informed Services for Youth and Families in New Orleans

**Purpose:** Trauma-informed care is a framework that recognizes the effects that trauma – including physical, emotional, and sexual abuse, violence, and neglect – has on an individual’s physical and mental health, ability to seek care, and academic and career success. More broadly, trauma-informed approaches recognize that many in our society have been victims of trauma, and that steps must be taken to ensure their comfort and safety in physical spaces and in interpersonal relationships. Incorporating trauma-informed approaches into the New Orleans Public Library (NOPL) and New Orleans Recreation Development Commission (NORD) – two of the largest citizen-facing agencies in the city – would improve their abilities to reach and improve the lives of youth and families who have been impacted by trauma.

**Methods:** This project aims to deliver specific and actionable recommendations to the Mayor’s Office of Youth and Families (OYF), NOPL, and NORD to integrate trauma-informed approaches through an internal assessment of the current trauma-informed environment in these agencies, an external assessment of other cities and compilation of best practices, and gap analysis. Surveys were developed to assess current trauma-informed approaches in NOPL, NORD, and external agencies. Pertinent findings are summarized in this report, and were used to make recommendations and implementation guides for the stakeholders.

**Results:** Many opportunities exist within NOPL and NORD to incorporate a trauma-informed approach. The majority of cities responding did not have trauma-informed approaches integrated into their library and recreation agencies. Baltimore, Denver, Cleveland, San Francisco, and others were identified as national leaders in trauma-informed approaches.
Based on analysis of the unmet needs in New Orleans and of best practices at model programs around the country, four recommendations were made: review and update policies and procedures, train and support staff in trauma-informed approaches, strengthen coordination with community services, and create a welcoming environment. Multiple options and timelines were suggested for implementation of each recommendation.

**Conclusions:** The Mayor, agency leaders, and agency staff are invested in incorporating trauma-informed approaches into NOPL and NORD. By doing so, New Orleans can quickly become a national leader in trauma-informed services.

**Glossary of Abbreviations**

ACE………………………..  Adverse Childhood Experience  
CAPRA……………………  Commission for Accreditation of Park and Recreation Agencies  
SAMHSA………………….  Substance Abuse and Mental Health Services Administration  
NOPL……………………..  New Orleans Public Library  
NORD…………………….  New Orleans Recreation Development Commission  
OYF………………………..  Office of Youth and Families  
ULC………………………..  Urban Libraries Council
Description of Scholarly Work

Trauma-informed care is a framework that recognizes the effects that trauma – including physical, emotional, and sexual abuse, violence, and neglect – has on an individual’s physical and mental health, ability to seek care, and academic and career success. More broadly, trauma-informed approaches recognize that many in our society have been victims of trauma, and that steps must be taken to ensure their comfort and safety in physical spaces and in interpersonal relationships.

The New Orleans Public Library system received 1,571,661 visits in 2018, and the the New Orleans Recreation Development Commission has approximately 40,000 participants a year across all programming; as such, they affect almost every family in New Orleans, including many thousands who have suffered from individual and collective trauma. This project aimed to deliver specific and actionable recommendations to OYF, NOPL, and NORD to integrate trauma-informed approaches through an internal assessment of the current trauma-informed environment in these agencies, an external assessment of other cities and compilation of best practices, and gap analysis.

While other agencies in New Orleans had conducted epidemiological studies of the extent of trauma in the city, and OYF and NOPL had an ongoing collaboration to study the possible cost and benefits of embedding social workers in the city’s libraries, there had no prior top-to-bottom examination of the policies, procedures, and facilities in place at NOPL and NORDC with a trauma-informed lens. Furthermore, there had been no external research conducted on best practices among other agencies around the country. I was tasked by the agencies to complete this project, and in doing so and provided new information that will allow them to better serve citizens affected by trauma.
Introduction

Research Question
How have other cities utilized trauma-informed approaches to effect organizational and community-level change? Are there specific initiatives or interventions for youth and family serving departments such as public libraries or recreation departments? If relevant initiatives or services are being provided by an array of city and nonprofit agencies, what approaches have cities taken to connecting residents to those services? Are there exemplar initiatives or programs? How do they measure success and improvement?

Background

“Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Trauma-informed care is a framework that recognizes the effects that trauma – including physical, emotional, and sexual abuse, violence, and neglect – has on an individual’s physical and mental health, ability to seek care, and academic and career success (figure 1). More broadly, trauma-informed approaches recognize that many in our society have been victims of trauma, and that steps must be taken to ensure their comfort and safety in physical spaces and in interpersonal relationships (figure 2).

Adverse childhood experiences (ACEs) is a framework for the epidemiological study of the relationship between childhood trauma and physical and mental health later in life (Felitti et al., 1998). In studies using a 17-question survey of adults asking about psychological, physical, and sexual abuse that occurred in childhood, and substance use, mental illness, violence against women, and criminal behavior in the childhood home, there has been consistent evidence linking these experiences with increased risk for
alcohol use, smoking, depression, suicide, heart disease, chronic lung disease, liver disease, and cancer (figure 1) (Anda et al., 1999; Dube et al., 2001; Dube et al., 2002). The cumulative economic impacts are costly as well; early childhood exposure to domestic violence have been estimated to be over $50,000 per victim over a lifetime, including $11,000 in increased healthcare costs, $14,000 in increased crime costs, and $26,000 in lost productivity, for a total of $55 billion for an annual birth cohort nationwide (Holmes et al., 2018). It is important to recognize that ACEs are useful in a population-level study of epidemiology, and that they are distinct from trauma, which is an individual reaction to a stressful event.

Figure 1. Outline of trauma, downstream effects, and relationships with mental illness. Adapted from Covington, 2003.
New Orleans is a city with a long and proud history, but issues of poverty, violence, and region-wide disasters such as Hurricane Katrina and the Deepwater Horizon oil spill drive the prevalence of childhood trauma. In a survey of over a thousand New Orleans youth aged 11 to 15 in 2012-2015 by the Institute of Women & Ethnic Studies, 38% of respondents reported witnessing domestic violence, 40% witnessed a shooting, stabbing or beating, and 54% experienced the murder of someone close to them. A jarring 18% of youth surveyed reported witnessing a murder. Those surveyed were participants in a teen pregnancy prevention program so the data may not be generalizable to the entire city; nonetheless, the results illustrate the high prevalence of trauma in New Orleans youth. Furthermore, U.S. Census Bureau data in 2013 indicated that 39% of the approximately 78,000 children in New Orleans were living in poverty, which was 17 percentage points higher than the national average, and that 55% of children were living in a single-parent household (Mack, 2015). Much like trauma, poverty-related adversity early in childhood hinders early brain development and later health and academic and career success (Blair et al., 2016).
In addition to individual traumas suffered by the youth of New Orleans, there is a city-wide element of cultural trauma stemming from the still-present consequences of Hurricane Katrina in 2005. Cultural trauma was described as “occur[ring] when members of a collective feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways” (Alexander et al., 2004). Hurricane Katrina was experienced as a natural disaster that not only killed thousands and destroyed homes and businesses, but also washed away relationships and communities in New Orleans. This was followed by neglectful and sometimes malicious recovery process, or lack thereof, with decisions made by federal and local government bodies implicitly or explicitly on the basis of race and/or class. The cumulative result of this is a city that is scarred, and in particular a current generation of youth and young adults who are indelibly marked by trauma, loss, and displacement early in life.

A trauma-informed approach should recognize the effects of trauma not only on the people using services, but also on the providers of those services. Various terms have been used to describe this, including secondary trauma, vicarious trauma, caregiver fatigue, burnout, and compassion fatigue. A librarian in the Los Angeles Public Library noted in an op-ed titled, “Working as a librarian gave me post-traumatic stress disorder symptoms”, that “to work in a library today, one has to be a social worker, a first responder, an advocate for the underserved, and a human with very thick skin” (Oliver, 2019). A systematic review of this topic found that one third to three quarters of social workers reported various symptoms of psychiatric morbidity after beginning work, including symptoms of depression and anxiety, as well as physical and emotional exhaustion (Lloyd et al., 2002). A later study found that higher levels of empathy may be protective against burnout and secondary trauma (Wagaman et al., 2015). This may indirectly suggest that trauma-informed training could reduce rates of secondary trauma.
The New Orleans Public Library system received 1,571,661 visits in 2018, and the New Orleans Recreation Development Commission has approximately 40,000 participants a year across all programming; as such, they affect almost every family in New Orleans, including many thousands who have suffered from individual and collective trauma. Systems can be traumatizing and re-traumatizing; however, they also have the potential to be a healing if well-designed. Embedding a trauma-informed approach to these agencies would improve their ability to serve vulnerable youth and families.

**Goals**

The goal of this report is to deliver specific, timely, and actionable recommendations to the Mayor’s Office of Youth and Families, New Orleans Public Library (NOPL), and New Orleans Recreation Development Commission (NORD) to integrate trauma-informed approaches into their agencies. These recommendations are designed to:

1. Enhance the agencies’ ability to serve youth and families who have been affected by trauma.
2. Build trauma-informed skillsets among agency staff that will improve staff preparedness and wellness.
3. Make the agencies national leaders in trauma-informed services.

In order to make well-designed, evidence-based recommendations, the report will first conduct an internal assessment of the current trauma-informed environment in NOPL and NORD. There will also be an external assessment of other agencies in other cities to learn from their experiences in creating trauma-informed services, and a compilation of best practices from these agencies. Comparing the internal and external assessments will allow for a gap analysis and recommendations that will bring the NOPL and NORD to the level of or above current national leaders in trauma-informed services (figure 3).
Methods

Internal Assessment: Environmental Analysis

Internal assessment was conducted using a 12-question survey conducted by email, phone conversation, or in-person meeting with key stakeholders (appendix 1, 2). Questions were adapted from Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services, to be specific and contextually relevant to New Orleans (Huang et al., 2014). The survey was conducted with leadership at NOPL – including Adrienne Strock (Programs, Outreach, & Partnerships Manager), Sheila Prevost (Public Services Administrative Assistant), and Andie Paloutzian (Executive Assistant to the Director) – and at NORD – Larry Barabino (CEO) and Jahanna Brightman. Responses were analyzed and pertinent findings are summarized in this report.

External Assessment: Best Practices

In order to learn what experiences other agencies have had in trauma-informed services, cities that were leaders in trauma-informed services were identified by discussion with experts, referral, and search engines. Emails were also sent to as many agencies as possible in order to ascertain what proportion of agencies have integrated trauma-informed approaches.

Email correspondence was sent to 167 parks and recreation departments accredited by the Commission for Accreditation of Park and Recreation Agencies (CAPRA), including large cities comparable to New Orleans, as well as the 152 library departments in the Urban Libraries Council (ULC) (appendix 3). More targeted questions were sent to the Denver Public Library, Athens Regional Library System, Cleveland Division of Recreation, and Baltimore City Health Department about specific trauma-informed programs.
Figure 3. Project roadmap for assessment and implementation.
Internal Assessment: Environmental Analysis

Figure 4. Assets and opportunities discovered in internal assessment.

1. What types of trauma-related challenges/issues do your citizen-users bring with them into NORD/NOPL facilities?

NORD and NOPL are public facilities that are open to all. Leadership identified several trauma-related challenges that citizens bring with them into recreation and library facilities: living in poverty, homelessness, mental illness (much of which is undertreated), substance use, financial insecurity, and other less visible stressors. Many children are living without one or either parent, and are being raised by their grandparents and/or other family members as a result of their parents’ drug abuse, imprisonment, and/or death. They believe that incorporating a trauma-informed approach into their services would improve their ability to serve these citizens.

2. Does NORD/NOPL include basic training on trauma, its impact, and strategies for trauma-informed approaches (working sensitively with trauma survivors) in orientation of new staff? In on-going development trainings?
Basic training on trauma, its impact, and strategies for trauma-informed approaches currently does not exist in NORD or NOPL orientation of new staff or on-going development trainings.

3. **What markers do your staff look for to identify potential issues (bruises/injuries, depression, suicidal talk, erratic/angry behavior, etc.)? When necessary, does the organization/staff refer clients to appropriate trauma-specific services? How does the organization follow up on referrals?**

**NORD:** In terms of identifying potential issues of trauma, including ongoing neglect, abuse, or mental health crisis, there is policy at the system level in NORD. Staff do not currently undergo mandated reporter training. All summer camp staff and volunteer coaches do complete Darkness to Light training on combating child sexual abuse (https://www.d2l.org/). In speaking to center managers, suspected abuse is reported to district managers, who then escalate further up the hierarchy until a decision to report or not is made. Leadership members who were interviewed suspect that most staff have normalized issues of trauma:

“In our facilities, a little girl comes in for ballet – that is normal. Someone comes in who is homeless and bruised with a black eye – that is also normal.”

In other words, NORD staff see issues of trauma very often, and have therefore been conditioned to expect it without addressing it or looking to help. There is no formal procedure for referring citizens to appropriate trauma-specific services.

**NOPL:** NOPL leadership expressed a similar sentiment that it is very common to see issues related to trauma. There are two regular system-level interventions to improve staff ability in this regard. First, NOPL staff are mandated reporters and take an online course that teaches how to identify and report potential child abuse or neglect during onboarding and annually thereafter (Department of Children & Family Services, 2019). Second, there have been 12 voluntary naloxone training provided by the New Orleans
Health Department since 2017; 101 staff across all 15 locations have attended the sessions. There have also been less regular or one-time system-level events: NOPL has conducted three trainings in the past two years on empathy-driven approaches to the homeless community (including recognizing the risk of trauma in that life), and at least one training on caregiver fatigue. There was interest in inviting the organization Communities in Schools to teach one session on trauma-informed care at the All Staff Day on May 10, 2019, but the organization was unable to arrange this.

On an individual level, NOPL leadership report that the extent to which library staff attend to trauma is “case-by-case” depending on the staff person. While some have a more compassionate approach to these issues and tend to refer to neighborhood social services as needed, others do not have the same capacity or knowledge to do so. Besides mandated reporting, there is no formal procedure for referring citizens to appropriate trauma-specific services.

4. *How do staff handle disruptive behavior without undermining trust/support?*

   *What strategies are used to reduce the sense of power differentials among staff and clients?*

**NORD:** There are no policies at the system level for customer service or handling disruptive behavior. Every center manager and site facilitator handles it differently, led by personal experiences and conditioning rather than policy. Some centers have a graduated behavior policy that includes discussion, time-outs, and chances for reconciliation before expulsion. However, in other centers, disruptive behavior usually results in prompt expulsion from the activity and/or facility. In neither case are the full set of behavioral standards outlined in a written, public, or visible manner. The belief is that some staff put up barriers to protect themselves from secondary trauma.

**NOPL:** There are system-wide guidelines for customer service. Staff were trained in de-escalation and interpersonal skill principles adapted from *The Black Belt Librarian* (Graham, 2012) several years ago. When there is unsafe behavior, contracted security guards (from Crescent Guardian Security Inc.) are alerted and intervene, and staff work
with the guards and intervene as well. In addition, there were two de-escalation training by Family Services of Greater New Orleans in 2018.

Nonetheless, leadership reports that each branch has a different culture depending on the manager, and that the user experience is distinct between each branch. In some cases, the staff person tries to do too much to address the disruptive behavior, at the cost of safety to self, citizen, and overall environment. In other cases, they do too little and expel the citizen from the facility as quickly as possible.

5. How does NORD/NOPL address the emotional stress and frustration that can arise when working with individuals who have had traumatic experiences?

NORD: There is no process in place to assess staff after traumatic experiences, or for secondary trauma and burnout. There is no process for referring staff to trauma-specific services. Leadership cited an example of a woman working at one recreation center who was physically assaulted by a citizen. The response after this event was to move her to another recreation center; no counseling or follow-up was offered.

There are no formal peer support initiatives among staff. Leadership is of the opinion that when discussion is had among staff members, it is often negative and unproductive – complaints and blames are aired, but little solidarity and few solutions are offered. One reason for this is that there have been recent administrative changes, which coincided with an increase in negativity and distrust between management and ground-level employees.

NOPL: There is no process in place to assess staff for secondary trauma and burnout. There is no process for referring staff to trauma-specific services. There is a formal, quickly responsive process for serious security matters, which may cover the most severe traumatic experiences; incident reports are filed and reviewed by regional managers, the deputy director of NOPL, and key security staff. An example cited was that a guard was once shot at the Alvar Library in 2017, which resulted in both a triggering of this process as well as trauma-related issues for staff. Staff involved in this
incident were supported by Library administration and were directly connected to counselors. As mentioned previously, there was one training on caregiver fatigue in the past year; there is a new trainer starting in May, and hosting this training again will be a priority.

Leadership notes that “the working environment is generally compassionate and supportive, and that peers will check on each other after traumatic experiences. Administration does offer support during traumatic events, too. However, as mentioned there is no formal process for referring staff for services. Furthermore, recent rapid organizational changes amidst administrative changes in our final year of our first strategic plan have created a stressful environment between administration, managers, and ground-level employees. There is a disconnect with the workload these changes are causing, and there is no given priority or focus to help frame new and old initiatives. The Library is taking on much too much with limited staff and resources. Furthermore, there is a pervasive culture of distrust of administration and high level managers at NOPL combined with a lack of procedures for accountability. All of this is leading to a high level of stress and burnout for staff.”

6. What resources are provided to staff and supervisors on incorporating trauma-informed practice, management of acute mental health crisis, and mandated reporting (i.e. reminders of who to call, instructional materials)?

NORD does not currently have any trainings, literature or policies that incorporate trauma informed practices, the management of acute mental health crisis or agency wide mandated reporting trainings.

7. Is there a system of communication in place with other partner agencies (NORD, NOPL, YSC, DCFS, schools, community organizations) working with vulnerable youth? What information is shared in this communication, and is individual information shared?
NORD: NORD is currently working with the Orleans Parish School Board’s Office of Child Welfare and Attendance Office, which educates recreation center staff about truancy. Social workers are assigned to each center when students who are supposed to be school are identified. They will also dispatch school resource officers to assist when necessary.

NOPL: The new Programs Outreach and Partnerships department will be responsible for building relationships with organizations serving youth. As the department grows, a Children’s Services Librarian (K-6) and Teen Services Librarian (7-12) will be hired to lead our system-wide programs, offer support for basic library training serving youth, and will build collaborative relationships with youth-serving organizations.

NOPL recently began working with the Orleans Parish School Board’s Office of Child Welfare and Attendance Office to work with them when youth are truant.

8. *How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?*

NORD: NORD facilities are well-staffed allowing for staff to be in spaces where there are patrons, thus ensuring safety for both clients and staff. Funding was recently approved to provide sensory rooms within recreation centers, and NORD has begun procurement of sensory objects and noise cancelling headphones for each recreation center.

NOPL: While the libraries are clean, welcoming spaces that can be a safe haven from stressors, they are also frequently loud and lively, which can be overwhelming. Many of the libraries are small, open spaces. Conversely, there are few dedicated spaces for adolescents to socialize and be loud – these enclosed “teen spaces” only exist at the East New Orleans Regional, Main, Algiers Regional, and Norman Mayer branches.

9. *Is knowledge of or experience in trauma-informed approaches considered in hiring practices? What proportion of staff members live in the same community or neighborhood they serve?*
NORD: NORD currently does not gauge knowledge of trauma informed practices. NORD considers placement of staff in their communities during the hiring process. They consider this as an advantage, as staff understand the culture and needs of their communities. Often, staff have identified clients who may suffer from mental illnesses or substance use, and building relationships and understanding is easier when one is from the same community.

NOPL: This has not been considered in hiring practices in the past, but human resources believes staff are hired with good interpersonal skills and will benefit from training in trauma-informed approaches. Human resources does try to place staff in their communities or at their desired facility.

10. If your agency were to be a leader in adopting a trauma-informed approach to engaging with your users, what would success look like?

NORD: “Success for NORD as a trauma-informed agency would be evident at the onset of the hiring process including but not limited to: Trauma-Informed questionnaire during hiring, formal training within the first 30 days of hire and annually thereafter, implementation of proper protocol when faced with an client in crisis, neutralization and stabilization of the environment to protect the safety of all employees, guests, and the person in crisis, and lastly, referrals to outside agencies for further assistance for the person in crisis.”

NOPL: “[We would] want to incorporate a trauma-informed approach as a holistic approach to customer services. This could be done through regular training and a review of our policies and procedures under a trauma-informed care lens.”

11. What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
NORD: Annually, NORD surveys participants to gather feedback and to conduct annual needs assessments. They also have several email addresses where patrons can express concerns or request that the agency address immediate needs within playgrounds and recreation centers.

NOPL: “We have comment boxes within our libraries. We also allow people to provide feedback through the library’s contact form: http://nolalibrary.org/page/151/contact-us. Both have the option of sharing anonymously or providing feedback when someone wants follow-up. We also survey select programs we host and run to solicit feedback.”

There are periodic library user and non-library user surveys, such as the survey that will be conducted soon for the agency’s strategic plan. The library system is about to embark on its next round of community listening sessions and will survey members of the community so that they can prioritize their voices and needs in the 2020-2022 strategic plan.

Other New Orleans Agencies

Schools:
The presence of trauma-informed approaches in New Orleans schools is variable due to the decentralized nature of the chartered school system. Current efforts are spearheaded by individual schools, and more broadly by Safe Schools NOLA, a program and research study under the Tulane University School Psychology Department working to implement trauma-informed approaches in six New Orleans schools (appendix 4). They use proprietary materials and materials adapted from SAMHSA and the National Child Traumatic Stress Network to train, coach, and support all staff at the six schools in the study from 2016-2020. The program is funded by a $2.6 million National Institute of Justice grant and builds on the work of the New Orleans Trauma-Informed Schools Learning Collaborative, led by the New Orleans Health Department.

Kathleen Whalen, Project Director of the program, suspects that the 6 schools in this program and the 5 schools in the Trauma-Informed Schools Learning Collaborative are
the only ones to have implemented trauma-informed approaches, at least with partnerships with larger organizations. While it is possible that other schools have independently done projects in this area, it seems that only a small portion of the schools in New Orleans have incorporated trauma-informed approaches.

Resources:
http://safeschoolsnola.tulane.edu/
https://www.nctsn.org/

Juvenile court:
The juvenile court attempts to incorporate trauma-informed approaches, especially after city council resolution NO. R-18-344. There have been trainings on trauma-informed court practices, including ones geared toward sex and labor trafficking.

Resources:
External Assessment: Best Practices

Baltimore, MD

Context: Metro area population of 2,808,175 (64% black, 30% white, 4% Hispanic or Latino of any race, 2% Asian; 2010). In 2017, median household income was $46,641 and 22.4% of the population lived below the poverty line.

Who: Office of Youth and Trauma Services (OYTS) (three staff members, including one social worker), which is within the Baltimore City Health Department (BCHD).

Resiliency in Communities After Stress and Trauma (ReCAST) Baltimore.

Services offered: The Office of Youth and Trauma Services within BCHD hosts regular “Trauma 101” trainings on trauma-informed approaches using three staff members, all trained by the SAMHSA National Center for Trauma-Informed Care (NCTIC) (now defunct) and materials adapted from SAMHSA. Materials include a presentation on trauma, its neurobiology, and social ramifications. Self-care training is also included for front-line staff. In most cases the agency meets with the requesting agency (e.g. the public library) to determine context-specific learning objectives. The agency also provides ongoing technical assistance to organizations that engage young people, including schools, nonprofit organizations, and some.

One training included “over 120 residents and representatives from community-based organizations, foundations, businesses, nonprofits, and service providers assembled to discuss trauma and mental health in Baltimore City”. There was a keynote address by Dr. Leana Wen, then health commissioner for Baltimore and now president of the Planned Parenthood Federation of America, as well as smaller breakout sessions for attendees to discuss trauma from a “personal, organizational, and/or structural perspective”.

In discussion with William Kellibrew IV, Director of OYTS, he identified engagement by participants, evaluation of impact, and limited staff capacity as challenges in
implementing trauma-informed approaches training. He estimated that 1-2 full-time trainers would be sufficient to begin a city-wide trauma-informed approach training and technical support program. These can be any level of employee; social workers have worked well in this role in the past.

ReCAST Baltimore is an initiative under BCHD made possible by a five-year, $5 million grant by SAMHSA, with the goal of “empower[ing] local community collaboration to assist high-risk youth and families in communities that have recently faced civil unrest through evidence-based violence prevention, community youth engagement, and trauma-informed behavioral health services”. Components include:

“...high-quality, trauma-informed, community-based services—including youth and community organizing, mentoring programs, youth development, yoga/mindfulness activities, and healing circles—across multiple sectors in order to:

• Promote connectedness and resilience in youth;
• Increase community cohesion; and
• Link community-based organizations, youth leaders, and community residents with larger private and public institutions to create a support network and to increase access to resources.”

Of note, multiple government agencies and community partners are named for implementation, but the recreation department and public library are not included.

Impact: The Office of Youth and Trauma Services has trained more than 4000 agency employees, community leaders, faith-based organization members, and community members, and more than 1000 in 2018 alone. This includes all city library staff, recreation staff, city council, and the mayor’s cabinet. This was facilitated by staff in the mayor’s office, and some agencies were required to complete the training. There is also unmeasured impact from videos and other media disseminated by the agency.
Less is known about the outcomes of these trainings. There is a post-training survey distributed to participants and data analysis is ongoing. Anecdotal evidence suggests that participants have found the training helpful and practical.

Contact: William Kellibrew IV (William.KellibrewIV@baltimorecity.gov)

More information:
https://health.baltimorecity.gov/trauma-informed-care
WHAT IS TRAUMA-INFORMED CARE?

Psychological trauma is a pivotal force that shapes people’s mental, emotional and spiritual and physical well-being. Because trauma stems from violence, abuse, neglect, disaster, terrorism and poverty nearly every person is impacted in some way. Trauma-informed care provides a new perspective where those providing support shift from asking “WHAT IS WRONG WITH YOU?” to “WHAT HAS HAPPENED TO YOU?”

This change reduces the blame and shame that some people experience when being labeled. It also, builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing and recovery.

HOW DOES AN ORGANIZATION PROVIDE TRAUMA-INFORMED CARE?

Trauma-informed practice incorporates an assessment of trauma and trauma symptoms into all routine practice; it also ensures that individuals have access to trauma-focused interventions, that is, interventions that treat the consequences of traumatic stress. A trauma-informed perspective asks individuals not “WHAT IS WRONG WITH YOU?” to “WHAT HAS HAPPENED TO YOU?”

Trauma-informed care takes a collaborative approach, where healing is led by the consumer and supported by the service provider. In organizations, TIC impacts the many aspects of service delivery—from how services are provided, to how the physical space is laid out.

FREE TRAUMA-INFORMED TRAINING AND TECHNICAL ASSISTANCE

Baltimore City Health Department- Office of Youth Violence Prevention Trauma Programs has adopted a trauma-informed approach and works with the Substance Abuse and Mental Health Services Administration’s (SAMHSA) National Center for Trauma-Informed Care to provide training and technical assistance, throughout Baltimore City, through in-person organizational technical assistance, virtual learning networks, technical assistance materials, and links to other resources supported by the federal government.

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

Figure 5. Front side of 1-pager provided to city employees by Baltimore City Health Department.
Denver, CO

Context: Metro area population of 2,888,227 (69% white, 32% Hispanic or Latino of any race, 10% black, 3% Asian, 1% Native American, 4% two or more races; 2010). In 2017, median household income was $60,098 and 15.1% of the population lived below the poverty line.

Who: Denver Office of Behavioral Health Strategies (seven staff members including one social worker). Mental Health First Aid Colorado (three staff members including one licensed professional counselor), part of Mental Health Center of Denver. Denver Public Library (26 branches).

Services offered:

The Denver Office of Behavioral Health Strategies offers the following:

The 4 hour Trauma-Informed Practices training explains how one’s trauma history can impact current behaviors and how organizations and communities can best create environments that maximize a sense of safety and minimize trauma triggers. After the training the participants should be able to:

- Define trauma and describe how it differs from everyday stress
- View people’s behaviors through a trauma lens
- Better understand the role of resilience in buffering the effects of traumatic events
- Describe 2 to 3 survival coping strategies people with trauma may use and name alternative ways to cope
- Describe how adverse childhood experiences impact adult health
- Describe ways they can help people experiencing traumatic stress reactions
- Describe the importance of self-care
- Identify potentially traumatizing events they may encounter within a workplace setting
- Learn about vicarious trauma
- Identify the impact of stress on their bodies and minds

Mental Health First Aid Colorado offers mental health first aid courses tailored to higher education, older adults, law enforcement and corrections, rural communities, and military members and veterans. Their website also refers to local and national
resources including community mental health centers, crisis services, suicide prevention, substance use, veteran services, and LGBTQ support (figure 6). Low-cost services and culturally-responsive resources are also listed in a separate document.

Denver Public Library began employing social workers in 2015, and now employs four licensed clinical social workers (LCSW) and a team of peer navigators to assist people experiencing “life challenges” including mental health and substance use issues by providing them with “information, relationship and connection to services”. LCSWs conduct training with staff in self-care, dealing with mental health emergencies, and applying a trauma-informed approach to their work. “With this sort of approach, for example, security staff and social workers can provide support instead of asking a patron to leave or making a 911 call.” One LCSW is specialized in youth and families, and one specializes in immigrants and refugees.

Peer navigators have lived experiences with a mental health diagnosis, substance use, and/or homelessness. They “carry snacks and necessities like socks and... stroll the library throughout the day and are often the first line of support for patrons in need.” LCSWs and peer navigators carry naloxone to reverse opioid overdoses.

Impact: Denver Public Library LCSWs and peer navigators used naloxone 13 times in 2017. The social work team made 400 contacts in 2015 and 3,500 in 2017.

More information:
https://socialwork.du.edu/news/library-social-work
Figure 6. Mental health first aid resources provided by Mental Health Center of Denver.
Cleveland, OH

*Context:* Metro area population of 2,055,612 (53% black, 37% white, 10% Hispanic or Latino of any race, 2% Asian; 2010). In 2017, median household income was $27,854 and 35.2% of the population lived below the poverty line.

*Who:* Cleveland Division of Recreation (22 recreation centers). FrontLine Service, a nonprofit organization serving adults and children experiencing homelessness and/or mental illness in Ohio.

*Services offered:* The Cleveland City Council approved in June 2018 a “$1 million, one-year program to train recreation center workers and other city employees to recognize the symptoms of trauma in children with the hope that it will decrease future rates of violent crime in the city by offering them additional support.”

“As part of the proposed program, the city would sign a contract with FrontLine Service, a non-profit mental health provider. In addition to training the staff at the city’s nearly two dozen recreation centers, the proposal would also place an additional counselor at each facility.”

The proposal in figure 7 outlines a three-step process for implementation. In summary, the outside agency will train recreation staff with year-long follow-up and learning communities, hire 11 social workers acting as “trauma-informed coaches” (each trauma coach supporting 2 recreation centers for 4 hours per day) who identify children exhibiting trauma reactions and refer and connect to community resources, and offer resiliency training for recreation staff exposed to secondary trauma.

Separately, the FrontLine Service organization offers a Children Who Witness Violence (CWWV) program that provides free, in-home services including screening, intake, counseling, crisis response, clinical assessment, referral to providers, and follow-up.

*Impact:* To be determined, as implementation is ongoing. Case Western Reserve University estimated the economic cost for the city of Cleveland of childhood exposure...
domestic violence to be $45 million a year (Holmes et al., 2018). FrontLine Service and Case Western Reserve University will submit a monthly progress report and end-of-year evaluation to the city for review by an advisory committee.

More information:
https://radio.wosu.org/post/cleveland-s-trauma-training-could-do-more-stunt-violence-o#stream/o
https://www.frontlineservice.org/

Step 1: Training Recreation Staff

All recreation staff and partners will receive trauma-informed care trainings.

Overview of Proposed Staff/Partner Training Schedule and Structure

- May 2018: Initial Training (Recreation Staff by region)
- June 2018: Follow-Up Session (Recreation Staff by region)
- Monthly (Year Long): Learning Communities (Recreation Centers will be geographically paired by Division of Recreation)
Step 2: Referrals and connection to community resources

- 11 - Trauma Informed Coaches (social workers) will be hired and assigned to staff the 22 recreation centers.
  - 1 - Trauma Coach will support 2 recreation centers - 4 hours per day.

- Recreation staff and Trauma Coaches will identify children exhibiting trauma reactions.

- Trauma Coaches will administer a brief and validated trauma screening tool with the identified children and youth to determine if additional intervention may be needed.

- Trauma Coaches will reach out to engage the family and provide linkage to resources in the community including counseling. Coaches will follow up with family to confirm successful linkage with the community resources.

Step 3: Resiliency Training

- Recreation staff are exposed to secondary trauma through their work with youth at the recreation centers. Developing healthy coping skills and resiliency is critical for their health and ability to effectively interact with these youth.

- During monthly learning communities recreation staff will receive training and participate in activities which address their resiliency.

- Recreation staff will complete a validated resiliency scale to heighten awareness around the need for self care.

Figure 7. Toxic Stress Trauma Management Program proposed by the city of Cleveland.
Figure 8. Brochure for Children Who Witness Violence program offered by FrontLine Service, Cleveland, OH. There is a separate brochure directed toward families.
Urban Libraries Council (ULC)

Context: 152 library departments in major urban areas across North America.

Who: The ULC responded with three member systems that have engaged in outreach to trauma survivors: Chicago, Pima County, and Iowa City. The resources sent also identified San Francisco as a leader in this field.

Services offered:
Chicago, IL has licensed clinical social workers who sit in the library and build relationships, providing information on resources and referrals for citizens in need of housing, mental health services, and more. Social workers also help manage their own stress. Some libraries have also established social zones for children and adolescents away from quiet areas for adults. There is a restorative justice approach toward disruptive behavior that allows for apology and service to the library in place of removal from the facility.

Iowa City, IA hosted an exhibit of letters written by residents who were survivors of sexual violence, domestic violence, human trafficking, and other trauma. More than 200 letters were received.

Pima County, AZ hired a library nurse to provide medical care for citizens, many of whom are experiencing homelessness and/or suffer from mental illness.

San Francisco, CA is believed to have been the first public library system to add a full-time social worker, Leah Esguerra, in 2009. She was hired with a focus on helping citizens find housing, free meals, and legal aid in the context of the time’s economic recession. The agency also employs peer specialists in mental health and homelessness. Since 2009, Leah Esguerra estimates that she has made contact with patrons about 7,000 times, and that she has helped more than 120 people find permanent housing.
More information:
https://www.urbanlibraries.org/
San Francisco: https://www.pbs.org/newshour/show/library-social-worker-helps-homeless-seeking-quiet-refuge
Commission for Accreditation of Park and Recreation Agencies (CAPRA)

*Context:* 168 park and recreation agencies nationwide including major cities, small cities, and rural areas. It is part of the National Recreation and Park Association (figure 9).

*Who:* Of the 167 agencies solicited (NORD was excluded), 7 were unreachable by email, and 48 (29%) responded. Of the responding agencies, 9 (19%) had incorporated some aspect of trauma-informed approaches. Many responded that while they did not currently incorporate trauma-informed approaches, they felt it would improve their services and hoped to learn from this project. Still others responded that they had never heard of trauma-informed approaches and would now do further research. Overall, they reaffirmed the importance of this work.

Figure 9. Map of the 168 CAPRA-accredited park and recreation agencies. Adapted from CAPRA.
Selected comments from agencies without trauma-informed approaches below:

Houston, TX: “...we do not program with “trauma-informed spaces” in mind. We have not designated any of our facilities or programs as trauma-informed spaces or care. However, we continue to explore training on mental health and recognizing the effects that trauma may have on our participants.”

Indianapolis, IN: “We do not use the terminology “trauma informed spaces” or “staff capacity in trauma informed care” nor do we track any information surrounding this.”

Roanoke, VA: “Our recreation centers have not been updated in nearly 60 years, well before the concept of trauma-informed spaces were a consideration...In the event we’re fortunate enough to proceed with wide-spread renovations, creating a safe spaces and incorporating trauma-informed care policies will be a department priority.”

Tennessee State Parks: “Unfortunately, Tennessee State Parks has not approached trauma-informed spaces or services, and to be honest, this is the first time I have even heard the terminology and that this was an area that agencies are addressing. I am interested in knowing what you find out from your study/research, if you don’t mind sharing the results. Since this is something not even on our radar, I would like to delve into this a little more and see what we can do to begin looking at policies, staffing approaches, etc. So, I learned something today!”

Plano, TX: “Although we are an accredited agency as well as a Gold Medal recipient, I must admit we do not provide trauma-informed spaces nor trauma-informed care. I applaud your efforts and look forward to reading about your findings. If nothing else, simply educating staff and bringing awareness to the effects of trauma is a step in the right direction.”

Services offered:

Arlington, VA recreation staff receives mental health first aid workshops from their Department of Child and Family Services.

Contact: Lesley Stuler (Lstule@arlingtonva.us)
Carmel, IN requires that any staff member that works with children obtain a child sexual abuse prevention/identification certificate through the local chapter of Darkness to Light (https://www.d2l.org/). The agency covers the cost of training, and “[has] found this to be extremely valuable for staff. It’s important to be able to identify signs of abuse, while also preparing staff on how to respond if they expect/or it is reported to them directly.”

The agency also ensures that all staff members and their immediate families have access to short-term counseling, free of charge, through the Employee Assistance Program. Counseling is private and conducted by trained and certified professional staff.

Contact: Kurtis Baumgartner (kbaumgartner@carmelclayparks.com)

Cary, NC has two staff working specifically with ACEs. They train staff primarily through the film “Resilience”, which the town purchased film rights for, and more than 560 staff have viewed it, including fire and police staff, general town staff, and season and part-time camp staff. They are currently developing an internal website with information and a resource list in trauma-informed approaches.

In terms of measuring impact, the city collected reflections from staff:

We held a post-camp meeting last year with some of our staff. A camp counselor shared, "The ACEs video truly opened my eyes. It reminded me that there are reasons why certain children act the way they do. Because I was aware of that, it helped me know how to handle different situations and how to interact with certain children to make them feel more comfortable."

In addition, the youth theatre program within the recreation department has had several trauma-informed services since early 2018. Physically, drama classrooms have a designated “sit-out spot”, which is a separate section of the room with cushions on the floor, for students who need space or a break. Personnel-wise, all of the program’s 15 drama instructors and 6 teaching assistants have been trained on trauma awareness, resilience, and ACEs; all new instructors are expected to watch the TED Talk “How childhood trauma affects health across a lifetime” by pediatrician Dr. Nadine Burke
Harris (Burke Harris, 2015). Policy-wise, the drama program revised their discipline procedure to focus in “teacher-student collaborative problem solving rather than write-ups to manage behavior”, and there is a standard set of “resilience-based guidelines” for every class for working with disruptive behaviors – these are sent by email to participants prior to the start of class. Finally, instructors do check-ins with students at the start and end of each class to learn what they are dealing with, an example given was: students self-report on “I feel great/OK/meh/not great” or “I’m dealing with tough stuff and would like a check-in”.

In total, the program has spent $0 on the aforementioned changes. Program effectiveness is assessed by surveying students to measure “number of students who say their teacher “gets” them” and “tracking number of behavior strategies that are successful at the teacher-student level rather than involving a parent”.

Of note, one contact was interested in creating a larger learning community in trauma-informed services:

I hope this answers some of your questions. I would enjoy talking (creating a group) with any professionals across the nation that are interested in continuing the conversation on a regular basis. Please reach out to me at sam.trogdon@townofcary.org.

Contact: Sam Trogdon (sam.trogdon@townofcary.org), Sonya Snyder (Sonya.Snyder@townofcary.org), Rachel Baranski (Rachel.Baranski@townofcary.org)

Mesa, AZ trains all recreation and aquatics staff in recognition of abuse/neglect, and they are mandated reporters. When this is recognized, referrals can be made to the Mesa Family Advocacy Center, which is operated by the local police and fire departments, and is a division of the Arizona Child & Family Advocacy Network. Referrals receive police investigation into domestic violence and abuse, as well as social work assessment. Leadership notes that referrals are rare, and that they do not track these as an agency. A document outlining the child abuse protocol and reporting is distributed to staff.

Contact: Aimee Manis (Aimee.Manis@mesaaz.gov)
San Diego, CA committed to delivering trauma-informed services in their fiscal year 2019-2020 Operations Plan.

First, all employees will complete the “Growing Resiliency within a Trauma-Informed Lens eLearning 101” online training. Furthermore, these topics are discussed at “all hands” staff meetings.

Second, the SD (San Diego/Safe Destination) Nights program provides teenagers with a safe place for recreation and enrichment during critical hours (i.e. after school, evenings). It began in 2016 and is held in partnership with the Departments of Probation, Sheriff, and Health and Human Services, and is intended to build safe communities and reduce youth gang violence and criminal activity by keeping teens busy during late hours. Topics on planning for college and careers, gang prevention, drug and alcohol awareness, building positive relationships, and civic engagement are taught by the recreation department and also local colleges, non-profit groups, and Health and Human Services. The Probation and Sheriff Departments may refer youth to the program. There is also food, mentorship, and activities. The program is led by recreation staff, and there are also youth workers as young as 15 years old who were identified as important advocates and critical to connecting with peers.

In the past year, the agency has held over 200 SD Nights events at 15 locations, with over 7,000 youth in attendance. The current budget is $630,000 annually including staff and supplies (the agency’s total annual budget is $49,533,326). The agency hopes to grow this program to 25 locations and 300 events annually.

Contact: Joanne Emerick (Joanne.Emerick@sdcounty.ca.gov)

Spartanburg, SC attempts to follow design recommendations from the National Council for Behavioral Health when designing community spaces (National Council for Behavioral Health, 2018). They also train staff on diversity awareness, empathy, exposure control, crisis management, and referral resources for citizens.
Waukesha, WI spends $2400-$4200 in professional development targeted toward trauma/anxiety in children since 2017. Trauma-informed approaches are incorporated into “…annual [mandatory] training consisting of approximately 30 hours of training in both the fall and summer months, in addition to mandatory 3 hour monthly trainings for all staff working in our Youth Development Programs.” This was in response to a noticed “increase in trauma/anxiety in students enrolled in...summer day camp...many of our Youth Development Staff were not equipped to handle the amount of care, nurture, and behavioral management that was needed. As a result, our organization began exploring professional development and staff training that would help provide staff with an increase knowledge and tools necessary to better serve our youth.” This is funded by a community block grant.

Contact: Gala Crosno (gcrosno@waukesha-wi.gov)

Wheat Ridge, CO has several staff members certified in mental health first aid. There is an anti-bullying training in the youth sports coaches curriculum. There are policies regarding appropriate contact with participants, transgender accommodations, and one-on-one sessions for individuals with special needs.

Contact: Matt Anderson (manderson3232@hotmail.com)

More information:
https://www.nrpa.org/
https://www.d2l.org/
https://kpjrfilms.co/resilience/
Athens-Clarke County, GA

*Context:* Metro area population of 166,079 (63% white, 28% black, 11% Hispanic or Latino of any race, 4% Asian, 2% two or more races; 2010). In 2017, median household income was $34,258 and 34.4% of the population lived below the poverty line.

*Who:* Athens Clarke County Library, one branch of the Athens Regional Library System.

*Services offered:* The Trauma-Informed Library Transformation (TILT) project, backed by the University of George School of Social Work, places social work students and faculty in the library to provide case management to citizens, help library staff develop trauma-informed approaches, and assess the library environment and policies to create a more welcoming and safe facility. Students participate in a seminar on establishing trauma-informed community spaces.

*More information:*
Gap Analysis

Best practices
Common themes that emerged from the external analysis were:

1. **Basic trauma-informed training for staff.** This was accomplished mostly through using resources and trainers from nonprofit organizations, though Baltimore has successfully housed their training in a city agency dedicated to trauma and violence prevention. Model agencies include Baltimore, Cleveland, Cary (NC), San Diego, Carmel (IN), and Waukesha (WI).

2. **Embedded social workers and peer mentors** whose role is to build longitudinal relationships with citizens, identify needs, and connect to trauma-appropriate resources. This removes those extraneous roles and burdens from library and recreation staff. Model agencies include Cleveland, San Francisco, Denver, Athens-Clarke County (GA), Chicago, Pima County (AZ).

3. **Formal behavioral and referral processes** so that staff are familiar with city agencies and community organizations that may benefit citizens.

In addition, though few cities were practicing this at the time of this report, **creating welcoming physical spaces** and providing **mental health resources for staff** were expressed by multiple agencies as important aspirational goals that they were working to implement widely.

Gap Analysis
Unfortunately, no basic trauma-informed training for staff, embedded social workers and peer mentors, or formal referral processes exist in NORD or NOPL. NOPL has formal customer service guidelines that cover behavior. There have been some efforts to create welcoming physical spaces in certain branches, but not with a trauma-informed lens system-wide. NORD currently lacks the above, as well as mandated reporter training for its core recreation center staff, though it does require online mandated reporter training and Darkness to Light training for coaches.
RECOMMENDATIONS

New Orleans becomes a national leader in trauma-informed services

- Staff training
- Review and update policies
- Coordination with community services
- Welcoming environment
Recommendation 1: Policies and Procedures

Recommendation
Agencies review and update policies and procedures to incorporate a trauma-informed approach. This could be done in accordance with SAMHSA’s key principles (Huang et al., 2014):

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

A shared, signed vision statement committing to becoming trauma-informed system, and system-wide guidelines for addressing disruptive behavior with a restorative justice lens should also be considered.

Vision
NORD and NOPL mission statements, policies, and procedures reflect a trauma-informed approach by the end of 2019. There is a public vision statement reflecting their commitment to these changes.

Rationale
A systems-level approach requires an analysis of system-wide policies and procedures. NORD and NOPL facilities are open to all, and many citizens bring trauma histories and ongoing trauma-related issues with them, including abuse, neglect, homelessness, poverty, mental illness, substance use, financial insecurity, and domestic violence in the household. Incorporating a trauma-informed approach into their services would improve their ability to serve these citizens.
Gap Analysis:
NOPL has customer service guidelines, though the citizen experience is different at each branch depending on manager and culture. NORD does not have system-wide customer service guidelines or de-escalation training. Behavioral expectations and outcomes are not published visibly in facilities.

Agencies Practicing: Baltimore, Chicago, Cary (NC)

Implementation
Options are listed in order of easiest to implement and least ambitious, to most difficult to implement and most ambitious. Options are not mutually exclusive, and could be implemented in step-wise fashion or with facets from each option.

Option 1: Agencies sign a vision statement
Organization: Agency leadership draft and sign a shared vision statement committing to becoming leading trauma-informed services.
Example: The statement is signed by NORD CEO, NOPL Director, and the Mayor. The statement is published and publicized, and included in relevant organizational documents.
Staff: A small amount of time will be required of agency leadership and/or delegates.
Resources: Few to none.
Timeframe: This option could be implemented within weeks to months. Steps:
1. Form trauma-informed approaches committee consisting of representatives from administration and public-facing employees (this committee may be used in later recommendations in this report).
2. Draft and sign vision statement.
3. Publicize vision statement to public and to agency staff.

Option 2: Agencies conduct environmental scan, and review and update policies
Organization: NOPL and NORD separately form committees with representatives from administration and public-facing employees to review and update policies. Assessment of current policies and procedures may be conducted with aid of existing materials, such
as an adapted version of the “Policy, Procedure & Practice Checklist” used by Safe Schools NOLA in schools (appendix 4).

Example: The committee recommends changes to the agency mission statement, employee handbook, handling of staff mental health and wellness, human resources materials, hiring policy, etc.

One example of a policy change would be adding a checkbox to intake forms asking if the respondent would be interested in receiving information about behavioral health and other supportive agencies. This would trigger emailing or mailing a list of resources and contact information.

Staffing: The committee would be selected from staff who are knowledgeable in trauma-informed approaches, and go further learning in that regard. The size of the committee may be determined later.

Resources: This option would likely be budget-neutral or have minimal associated cost beyond staff time and wages.

Timeframe: This option could be implemented within months. Steps:

1. Form trauma-informed approaches committee from qualified administrators and staff.
2. Committee reviews policies and procedures. Recommendations are made and reviewed by administration, then implemented.
3. Publicize policy changes to public and to agency staff.
4. Evaluate impact and revise policies and procedures as necessary.

Option 3: Implement system-wide guidelines for addressing behavior

Organization: There should be system-wide guidelines for staff on how to approach and address disruptive behavior; any existing guidelines should be updated with a restorative justice lens. Guidelines and outcomes (what citizens should expect to happen in response to disruptive behavior) should be posted visibly in facilities.

Example: In interviews with public-facing staff, it was clear that each facility, and in most cases each staff member, had their own approach to disruptive behavior. Expectations and outcomes vary across facilities and staff, and are not visibly posted so that citizens understand these expectations.

Staff: The aforementioned committee, or an outside consultant, could draft guidelines.
Resources: This option would likely be budget-neutral or have minimal associated cost beyond staff time and wages.

Timeframe: This option could be implemented within several months. Steps:

1. Form trauma-informed approaches committee consisting of representatives from various city agencies and community organizations.
2. Committee reviews current behavioral guidelines in each facility, and behavioral guidelines research in academic literature and other cities. Best practices are incorporated into a system-wide guideline.
3. Train and support staff in using these guidelines.
4. Post guidelines visibly in facilities near entrance and other high-traffic areas.
5. Evaluate impact and revise guidelines as necessary.

Considerations

1. All changes to policies and procedures should be reviewed by a panel of community members and stakeholders to ensure cultural sensitivity and relevance to the specific context of these agencies and their users.
2. It may be more practical in some cases to have facility-level guidelines and policies tailored to their specific community, rather than system-level across the city. In either case, consistency between staff-persons would be increased.

Outcomes

Public reaction to the vision statement may be gauged. Staff and citizens could be surveyed on the impact on policy changes. Incidents of disruptive behavior and outcomes could be logged.
Recommendation 2: Train and Support Staff in Trauma-Informed Approaches

**Recommendation**

Implement mandatory basic training in trauma-informed approaches (“Trauma 101”), centered around the four key elements described by SAMHSA:

1. Realizing the prevalence of trauma
2. Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce
3. Responding by putting this knowledge into practice
4. Resisting re-traumatization

Training should also include topics on staff resiliency (especially as it relates to secondary trauma) and de-escalation training/roleplaying.

**Vision**

All NORD and NOPL employees become trained and proficient in trauma-informed approaches within two years.

**Rationale**

NORD and NOPL facilities are open to all, and many citizens bring trauma histories and ongoing trauma-related issues with them, including abuse, neglect, homelessness, poverty, mental illness, substance use, financial insecurity, and domestic violence in the household. Incorporating a trauma-informed approach into their services would improve their ability to serve these citizens. Furthermore, building staff understanding could improve staff mental health and well-being, as well as turnover rates.

**Gap Analysis:**

There is currently no specific training in trauma-informed approaches in NORD or NOPL.
NOPL has required mandated reporter training, and optional naloxone, homelessness, and caregiver fatigue trainings. NORD has two trainings for coaches: Darkness to Light training completed online for recognizing sexual exploitation of minors, and online mandated reporter training. However, recreation center managers and site facilitators are not required to complete these trainings.

NOPL has customer service guidelines and de-escalation training, though the citizen experience is different at each branch depending on manager and culture. NORD does not have system-wide customer service guidelines or de-escalation training.

Supporting Data:
Efforts to train recreation and library staff in trauma-informed approaches are relatively recent, so there is little published literature on the subject. Studies in other settings such as child welfare services and inpatient psychiatric units have shown improvements in trauma-informed knowledge, practice, and collaboration on survey months to years after the training (Lang et al., 2016; Purtle, 2018; Bryson et al., 2017). Anecdotally, the model agencies contacted stated that staff appreciated this training, and that it has helped them serve citizens affected by trauma.

Agencies Practicing: Baltimore, Cleveland, Cary (NC), San Diego, Carmel (IN), and Waukesha (WI).

Implementation
Options are listed in order of easiest to implement and least ambitious, to most difficult to implement and most ambitious. Options are not mutually exclusive, and could be implemented in step-wise fashion or with facets from each option.

Option 1: Distribute instructional material for individual consumption
Organization: Create or adapt existing trauma-informed approaches training materials (videos, presentations, documents, brochures, etc.) and distribute to NORD and NOPL staff (via handout, email, hosted on website, etc.) at orientation, staff meetings, hosted online, etc. Viewing of this material can be made mandatory or optional.
**Example:** Create three 8-minute videos explaining 1) definitions of trauma, trauma-informed, secondary trauma, and their impacts, 2) how to recognize and respond to trauma in clients, and 3) how to resist re-traumatization, handle disruptive behavior, and care for self. Alternatively, buy film rights to “Resilience” (described in section on Cary, NC in “External Assessment”) and screen for staff. Host these videos on existing NORD and NOPL employee-facing websites. Make handouts/brochures in PDF format, also hosted online, to accompany videos.

**Staff:** Creation of training materials could be done in-house by existing staff, or contracted out. Besides occasional evaluation and revision, no ongoing staffing would be required.

**Resources:** This option would have an upfront cost of staff time and wages, or money if contracting out. Besides occasional staff time dedicated to evaluation and revision, no ongoing finances would be required.

**Timeframe:** This option could be implemented within months. Steps:

1. Form trauma-informed approaches training committee consisting of representatives from administration and public-facing employees.
2. Decide what training materials to create/adapt. Decide whether to create in-house or to contract out.
3. Create/adapt training materials and distribute to staff.
4. Evaluate impact and revise materials as necessary.

**Option 2:** Incorporate basic training into existing staff meetings

**Organization:** House training with NORD and NOPL individually within existing staff meetings (e.g. All Staff Day in NOPL, yearly coach orientation in NORD, etc.). This training can be made mandatory or optional.

**Example:** Incorporate into existing meetings a 1-hour interactive session covering 1) definitions of trauma, trauma-informed, secondary trauma, and their impacts, 2) how to recognize and respond to trauma in clients, and 3) how to resist re-traumatization, handle disruptive behavior, and care for self. Interactive portions include role-playing, participant sharing of cases they have witnessed in the field, and question-and-answer.

**Staffing:** Training would be led by existing NORD/NOPL staff identified to have expertise and experience in trauma-informed approaches.
Resources: This option would likely be budget-neutral or have minimal associated cost beyond staff time and wages.

Timeframe: This option could be implemented within months. Steps:

1. Form trauma-informed approaches training committee consisting of representatives from administration and public-facing employees.
2. Identify staff members to act as trainers.
3. Committee and trainers develop training materials (likely adapted from existing materials from other cities, SAMHSA).
4. Incorporate training into existing staff meetings.
5. Evaluate impact and revise training as necessary.

Option 3: Day-long training conducted by outside organization

Organization: Contract Safe Schools NOLA to conduct basic training and provide ongoing support and coaching to all NORD and NOPL staff. Safe Schools NOLA currently conducts day-long training with six schools in the city and with the police department.

Example: Safe Schools NOLA sends their trainers to libraries and recreation centers, and using already existing materials adapted to the library or recreation context, conduct “Trauma 101” training with ~50 employees per session. Ongoing support includes existing materials they use in schools: a policies and procedures checklist, action plan for implementing trauma-informed services, and coaching.

Staff: Provided by outside organization.

Resources: Estimated by Safe Schools NOLA to be approximately $10,000-$20,000 for the around 500 employees in NORD and NOPL.

Timeframe: This option could be implemented within several months. Steps:

1. Form trauma-informed approaches committee consisting of representatives from various city agencies and community organizations.
2. Post proposal for contract and solicit applications (from Safe Schools NOLA and similar organizations).
3. Committee and trainers review applications and select organization.
4. Outside organization hosts regular trainings for NORD and NOPL, and provides ongoing technical support.
5. Evaluate impact and revise training as necessary.

**Option 4: Comprehensive city-wide training program**

*Organization:* Develop training for all city employees, including but not limited to NORD and NOPL, and house it in OYF, New Orleans Health Department, or a new office overseeing trauma-informed services.

*Example:* A new full-time social worker travels to Baltimore and is trained by experienced trainers in the Office of Youth and Trauma Services. They develop a set of training materials (e.g. a 2-hour presentation and interactive session) and host 4-5 training sessions for city and school employees and community members a month in libraries, recreation centers, etc. Over the course of a year they may train hundreds or thousands of clients, and provide real-time technical support in the form of assistance in referrals, refresher training, crisis response, and managing a learning community.

*Staff:* Hire 1-2 full-time trainers who are experts in trauma-informed approaches and can provide both regular training and ongoing technical support. Trainers may have a background in social work, but this is a requirement.

*Resources:* Cost will be the salary of 1-2 full-time trainers. The average salary of a social worker in New Orleans is in the $50,000-$70,000 range.

*Timeframe:* This option could be implemented within one year. Steps:

1. Form trauma-informed approaches committee consisting of representatives from various city agencies and community organizations.
2. Interview and hire 1-2 trainers. Trainers may need professional development prior to hosting trainings.
3. Committee and trainers develop training materials (likely adapted from existing materials from other cities, SAMHSA).
4. Host regular trainings for city employees, school employees, community leaders (e.g. nonprofit organizations, faith-based organizations), and other community members.
5. Provide ongoing technical support to city agencies and community organizations: refresher training, referrals to trauma-appropriate services.
6. Evaluate impact and revise training as necessary.
Considerations

1. All materials and training used should be reviewed by community members and stakeholders to ensure cultural sensitivity and relevance to the specific context of New Orleans.
2. Training should be tailored to the audience. Staff in NORD and NOPL have varying levels of familiarity with the terminology and ideas in trauma-informed approaches – materials should include basic definitions, examples, and avoid unnecessary jargon.
3. It is often re-traumatizing and unethical to identify trauma without addressing it. This recommendation should be implemented simultaneously with recommendation 3.

Outcomes

Staff should be pre- and post-tested on trauma-informed approaches knowledge to determine impact. Satisfaction with training should also be assessed. Testimonials can be collected for examples of how this training affects service to citizens.
Recommendation 3: Coordination with Community Services

**Recommendation**
Strengthen formal relationships with service providers. Implement a system-wide process for referral to trauma-appropriate services, with follow-up when possible.

**Vision**
All NORD and NOPL employees are familiar with the process for referring citizens to services, such as housing, healthcare, and more, and feel comfortable doing so when necessary, and/or there are social workers and peer mentors who fill that role.

**Rationale**
When staff identify citizens with trauma history and trauma-related issues, they must know what services to refer to.

Alternatively, NORD and NOPL staff are not currently trained to address trauma, and it may be unrealistic and/or an undue burden to expect them to do so. The agencies could solve this problem by hiring staff, specifically social workers and/or peer mentors with lived experience, to fill this gap.

**Gap Analysis:**
There is no formal procedure for referring citizens to appropriate trauma-specific services. Some referrals happen informally, as staff have knowledge and connections within their community. In addition, while all NORD coaches are trained mandated reporters, many core staff are not trained for this.

There are currently no social workers or peer mentors embedded in the public libraries or recreation facilities, though NOPL is currently working on hiring social work support. Please see “Assessment of NOPL’s need and readiness of social workers in library program” by Carrie Craven of OYF for more details.
**Supporting Data:**
This is a relatively new practice as the first known embedded social worker was hired less than ten years ago, and the varied nature of the work and adopted models makes publication of empirical evidence difficult. Nonetheless, cities have expressed anecdotal success with these programs, and numbers of contacts and referrals to services are described in the external assessment section.

**Agencies Practicing:** Cleveland, Baltimore, Mesa (AZ), Waukesha (WI), San Francisco, Denver, Athens-Clarke County (GA), Chicago, Pima County (AZ)

**Implementation**
*Options are listed in order of easiest to implement and least ambitious, to most difficult to implement and most ambitious. Options are not mutually exclusive, and could be implemented in step-wise fashion or with facets from each option.*

**Option 1: Provide staff with system-wide formal referral process**
*Organization:* NORD institutes yearly mandated reporter training for its core staff (in the form of online course provided on Department of Children & Family Services (DCFS) website). Both NORD and NOPL create formal referral process to relevant services in each neighborhood. This can be done in collaboration.
*Example:* New and existing recreation center managers complete online mandated reporter training. New and existing NOPL and NORD staff are familiar with the formal referral process. When they identify a citizen who seems to be having trauma-related issues (e.g. mental illness, homelessness, substance use, etc.) they provide information, relationship, and connection to services (e.g. social workers, DCFS, community mental health centers, shelters, community and faith-based organizations). Appropriate administrators are alerted that a referral has been made, and track in a confidential manner to ensure appropriate follow-up (i.e. did the citizen utilize the referral).
*Staff:* Lists of services could be compiled by leveraging knowledge and connections from existing staff, who know their communities well. Staff would be given new referral
guidelines. Some staff time may be necessary for initial staff training on these policies. Administrator time may need to be dedicated to tracking utilization of the referral process and follow-up.

**Resources:** This option would have an upfront cost of staff time and resources to develop and implement new policies. Thereafter this would likely be budget-neutral, unless staff time is spent hosting regular training, and/or administrator time is spent following up on referrals.

**Timeframe:** This option could be implemented within months. Steps:

1. Form policy committee consisting of representatives from agency leadership and ground-level staff.
2. Determine needs and challenges. Staff and committee identify organizations and services to refer to.
3. Create/adapt and disseminate new policies.
4. Evaluate adoption and impact and revise policies as necessary.

**Option 2:** Partner with existing agencies that utilize social workers

**Organization:** Partner with existing organizations that have social workers on staff, such as social work schools, certain schools, the Broadmoor Improvement Association, etc.

**Example:** There are social workers on call, on-site or off-site, for staff to contact when a citizen is determined to be in need of services. There is then a hand-off, and the social workers meet and connect the citizen to services, or advises staff on next steps.

**Staffing:** No new staff would be hired.

**Resources:** Dependent on the amount of social worker time that is contracted. Libraries and recreation centers could become supervised placement sites for social work students, which would reduce costs.

**Timeframe:** This option could be implemented within months to one year. Steps:

1. OYF and/or NORD/NOPL identify organizations employing social workers in communities where there is a recreation center and/or library branch.
2. Collaborate with organization to contract some amount of time from social workers to be available for consultation, or on-site.
3. Evaluate impact and adjust number of social workers, time availability, and more.

**Option 3: Hire a team of dedicated social workers**

*Organization:* OYF or NORD/NOPL hire a small number of social workers and peer mentors to reach out and refer citizens.

*Example:* One social worker covers 2 facilities (e.g. one recreation center and one library branch in the same neighborhood) and is available from the hours of 3:30 PM to 7:30 PM (after school hours) every day at one of the facilities. This person is familiar and well-connected with neighborhood agencies, community services, and nonprofit organizations. They spend time building relationships with citizens using these facilities, and over time identify needs and refer and follow up appropriately. In particular, hiring LCSWs would allow for diagnosis and further individual eligibility for services.

*Staffing:* 13 newly hired full-time social workers (or perhaps part-time would be sufficient)

*Resources:* Salary for 13 full-time social workers ($50-70,000 each; ~$750,000 total)

*Timeframe:* This option could be implemented within one to two years. Steps:

1. Form trauma-informed approaches committee.
2. Outline job role and description.
3. Interview and hire 13 social workers. Social workers may need professional development and orientation to assigned neighborhoods prior to beginning work.
4. Evaluate impact and revise practices as necessary.

**Considerations**

1. Agency follow-up on referrals may not always be possible due to privacy concerns. Agencies should only follow-up when necessary, as agency knowledge of a citizen’s utilization of services has the potential to be both informative and stigmatizing.
2. Social work students by nature are high-turnover, and may not be able to form the longitudinal relationships necessary to develop trust and provide optimal follow-up.
Outcomes
After implementation, agencies should track the number of contacts and referrals made and their outcomes. Citizens should be surveyed to assess their comfort sharing with staff, embedded social workers, and peer mentors, and satisfaction with contacts and referrals made. If they are willing to share, citizens who are referred should be confidentially interviewed or surveyed to determine impact of these policies. Staff should be surveyed on satisfaction with referral process. Staff suggestion can result in new services being added to the referral process regularly.
Recommendation 4: Welcoming Environment

Recommendation
Create a welcoming environment that is safe and healing rather than traumatizing. Facilities will actively avoid re-traumatization.

Vision
NORD and NOPL facilities would accommodate survivors of trauma by having a balance of quiet and social spaces, including private self-care and/or meditation spaces. Spaces will limit reminders of common sources of trauma as much as possible.

Rationale
While physical spaces are difficult and costly to change, it is worthwhile to assess the ways in which current NORD and NOPL facilities may be traumatizing and re-traumatizing for citizens.

Gap Analysis:
There are currently varying environments dedicated to self-care. For example, some library branches have “teen spaces” where adolescents can socialize and make noise. NORD is adding “sensory kits” to its recreation centers which will include headphones and fidget toys to protect from overstimulation.

Supporting Data:
The National Council for Behavioral Health (NCBH) published a list of evidenced-based recommendations for trauma-informed design (2018).

Agencies practicing: New Orleans City Hall, Spartanburg (SC), San Diego
Implementation

Options are listed in order of easiest to implement and least ambitious, to most difficult to implement and most ambitious. Options are not mutually exclusive, and could be implemented in step-wise fashion, or with facets from each option.

Option 1: Assess design of all current facilities
Organization: NORD and NOPL branch managers and center managers complete the “AGENCY ENVIRONMENTAL COMPONENTS FOR TRAUMA INFORMED CARE” (to be adapted for relevance) (appendix 5).
Example: By doing a walk-through of their facilities with this checklist, managers will learn what assets that have and what opportunities exist. The environmental assessment considers components like welcoming design, public and private spaces, staff interaction, and more.
Staffing: No new staff required. Will require a small amount (~1 hour) of manager time.
Resources: None.
Timeframe: This could be implemented within weeks. Steps:
1. Administration tasks facility manager with completing walk-through (this could be completed by multiple staff at each facility, further deepening understanding of assets and opportunities).
2. Facility reports back findings of walk-through.
3. A list of opportunities is compiled. Easily implementable changes are done immediately. Costlier changes are considered during future renovations (see option 4).

Option 2: Establish meditation spaces
Organization: NORD and NOPL set aside space for citizens to sit in a quiet, private space apart from others.
Example: New Orleans City Hall has a meditation room that is dark, quiet, and isolated.
Staffing: None, though existing staff will have to maintain the space and ensure that it is not used inappropriately.
Resources: There will be upfront costs for converting existing space, and possibly small additional costs for maintenance.
Timeframe: This could be implemented within the next few years. The best time to create a meditation room may be when other renovations or facility-wide renovations are underway. There could be makeshift temporary meditation spaces established in the meantime.

Option 3: Enhance youth services during critical hours
Organization: NORD and NOPL extend weekend hours and offer more youth programming, especially during after-school hours.
Example: Many library branches and recreation centers are already strong leaders in this area. Facilities with less programming could enhance their services by learning from other facilities. New programming could be modeled after San Diego's “SD Nights” program, which includes youth mentors and partnerships with the local police department (see external assessment for more detail).
Staffing: Existing staff hours would be expanded to cover weekend hours, or new staff may need to be hired. Volunteer youth mentors would be recruited and overseen by staff.
Resources: Facility costs for extended hours. Costs for programming depend on the type of program. For example, San Diego budgeted $630,000 (for staffing and supplies) for its 200 “SD Nights” events for the over 7,000 youth who attended in 2018 (with a total agency annual budget of $49,533,326). However, youth programming could likely be done with less resources.
Timeframe: This could be implemented within the next year as the agencies continuously host programs and reassess programming.

Option 4: Incorporate trauma-informed design
- Reduce or remove identified adverse objects and stimuli.
- Minimize unnecessary and overwhelming ambient noises.
- Increase natural lighting, access to green spaces, and easy-to-care-for plants.
- Promote opportunity for individual choice in balance with everyone’s safety and comfort.
- Limit visual complexity, such as distracting patterns on the walls or flooring.
• Ensure adequate lighting that does not buzz or flicker and that can be manipulated for those with light sensitivities and visual impairment.

• Use color schemes that emphasize cool colors, such as blue, green, and purple. Avoid stark, white walls.

• Provide clear and consistent signage.

• Do not overcrowd furniture and ensure adequate space to navigate around each piece.

• Keep spaces neat and clean.

• When designing spaces and choosing fixtures, refer to the principles of universal design to promote accessibility.

• Ensure décor and design is culturally sensitive and relevant.

• Institute a fragrance-free policy to eliminate synthetic fragrances, especially in enclosed spaces.

• Create a balance between social spaces and private spaces.

• Train staff responsible for greeting guests to serve individuals who speak little or no English and who have other communications needs, such as hearing impairment and limited literacy, with respect and competency.

**Example:** Citizens enter library and recreation spaces that have a balance of social and private spaces. They feel a sense of agency because they are able to manipulate furniture to suit their comfort. Décor, such as landscape paintings on the walls, are pleasant and calming. There is minimal unpleasant noise such as unnecessary alarms, beeping sensors, etc. Signage is welcoming and clear. Citizens feel very comfortable approaching staff and using the space. Gender-neutral restrooms are available.

**Staffing:** None.

**Resources:** From $0 (policy changes, reducing identified adverse objects and stimuli, minimizing unnecessary ambient noises) to thousands of dollars (furniture, lighting fixtures).

**Timeframe:** Some changes could be implemented within months (signage, plants, ambient noises, décor, individual or family restrooms could be labeled gender-neutral). Others could be implemented within the next few years (furniture, lighting fixtures). The best time may be when other renovations or facility-wide renovations are underway, and trauma-informed design can be implemented using existing costs and budget.
Considerations

1. While sudden loud noises, visible weapons on security guards, and police presence have the potential to be traumatizing and re-traumatizing, removal of these stimuli must be balanced with public safety.
2. Design changes should be made with community culture and context in mind, and with input from citizens.

Outcomes

Agencies should track utilization of these spaces and programs and collect feedback from citizens.
Summary

In completing this project, it was evident that there is a strong desire among stakeholders in the Mayor’s office and NORD and NOPL to improve their abilities to serve the citizens of New Orleans, especially those who have been or are currently affected by trauma. Trauma-informed approaches are not yet incorporated into these agencies, and there is great potential to improve their services in this area.

By analyzing NORD, NOPL, and comparable agencies, model organizations and best practices were identified. Based on this, steps were suggested to build staff capability in trauma-informed approaches, craft policies that will connect citizens in need to services and care, create new roles to fill unmet needs, and build welcoming spaces.

The scope of this project was limited by its timeframe and by the purview of OYF. Schools and the correctional system are other critical areas for the implementation of trauma-informed services; however, this project was housed within OYF and therefore focused on its partner agencies, NORD and NOPL. While current approaches in schools and the correctional system are summarized, a more comprehensive city-wide project could improve trauma-informed services in those agencies. Furthermore, the external assessment in particular was limited by time and response from agencies in other cities; future projects could expand the list of best practices by interviewing agencies in some notable cities that were not profiled in detail here (New York, Detroit, Los Angeles, etc.). Nonetheless, the project is bolstered by its work on a topic where many opportunities exist in NORD and NOPL, and by its correspondence with more than 320 library systems and park and recreation agencies across the country.

While recommendations were made with practicality and implementation in mind, perhaps the most promising factor in fulfillment of these goals is the resilience and willpower of the people of New Orleans. They have experienced shared trauma and trauma-related issues are pervasive, but there is also strong solidarity in the community as a result. For these reasons, it is clear that New Orleans will soon be a national leader in trauma-informed services and a model city for others to emulate.
References


City population and demographic information was retrieved from Wikipedia and Census.gov (accessed April 2019).
## Appendices

### Appendix 1. Key Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Title</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>Other library departments</td>
<td>Urban Libraries Council</td>
<td><a href="https://www.urbanlibraries.org/">https://www.urbanlibraries.org/</a></td>
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<tr>
<td>Other recreation departments</td>
<td>CAPRA (168 accredited departments)</td>
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</tr>
<tr>
<td>Name</td>
<td>Organization and Position</td>
<td>Email Address</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
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Appendix 2. Survey of NORD and NOPL leadership for internal assessment.

Background

Trauma-informed care is a framework that recognizes the effects that trauma – including physical, emotional, and sexual abuse, violence, and neglect – has on an individual’s physical and mental health, ability to seek care, and academic and career success. More broadly, trauma-informed approaches recognize that many in our society have been victims of trauma, and that steps must be taken to ensure their comfort and safety in physical spaces and in interpersonal relationships.

Questions

1. What types of trauma-related challenges/issues do your citizen-users bring with them into NORD/NOPL facilities?

2. Does NORD/NOPL include basic training on trauma, its impact, and strategies for trauma-informed approaches (working sensitively with trauma survivors) in orientation of new staff? In on-going development trainings?

3. What markers do your staff look for to identify potential issues (bruises/injuries, depression, suicidal talk, erratic/angry behavior, etc.)? When necessary, does the organization/staff refer clients to appropriate trauma-specific services? How does the organization follow up on referrals?

4. How do staff handle disruptive behavior without undermining trust/support? What strategies are used to reduce the sense of power differentials among staff and clients?

5. How does NORD/NOPL address the emotional stress and frustration that can arise when working with individuals who have had traumatic experiences?

6. What resources are provided to staff and supervisors on incorporating trauma-informed practice, management of acute mental health crisis, and mandated reporting (i.e. reminders of who to call, instructional materials)?

7. How often is mandated reporter training conducted with staff? Do staff feel confident in recognizing child abuse and neglect?

8. Is there a system of communication in place with other partner agencies (NORD, NOPL, YSC, DCFS, schools, community organizations) working with vulnerable youth? What information is shared in this communication, and is individual information shared?

9. How does the physical environment promote a sense of safety, calming, and de-escalation for clients and staff?
10. Is knowledge of or experience in trauma-informed approaches considered in hiring practices? What proportion of staff members live in the same community or neighborhood they serve?

11. If your agency were to be a leader in adopting a trauma-informed approach to engaging with your users, what would success look like?

12. What processes are in place to solicit feedback from people who use services and ensure anonymity and confidentiality?
 Appendix 3. Survey of other agencies for external assessment.

Background

Trauma-informed care is a framework that recognizes the effects that trauma – including physical, emotional, and sexual abuse, violence, and neglect – has on an individual’s physical and mental health, ability to seek care, and academic and career success. More broadly, trauma-informed approaches recognize that many in our society have been victims of trauma, and that steps must be taken to ensure their comfort and safety in physical spaces and in interpersonal relationships.

Questions

1. Does your department include basic training on trauma (abuse, neglect, violence), its impact, and strategies for trauma-informed approaches (working sensitively with trauma survivors) in orientation of new staff? In on-going development trainings?

2. Are there specific initiatives or interventions in your library department to create trauma-informed spaces or capacity?

3. If so, when did these programs begin? How successful have they been? How much is budgeted for them?

4. When necessary, does the organization/staff refer clients to appropriate trauma-specific services? How does the organization follow up on referrals?

5. What resources are provided to staff and supervisors on incorporating trauma-informed practice, management of acute mental health crisis, and mandated reporting (i.e. reminders of who to call, instructional materials)?

6. How have you connected residents, especially those who have been affected by trauma, to these services?

7. What policies did your department adopt that have worked best so far?

8. What policies seemed promising, but did not work out? Why did they fail?

9. How many staff does your department employ? How many participants does it serve annually across all programming? What is your funding source? (for purposes of comparison with our department's capabilities)
Appendix 4. Safe Schools NOLA Policy, Procedure & Practice Checklist and Environmental Scan Checklist.

Trauma-Informed Schools
Policy, Procedure & Practice Checklist

The 6 Key Principles of Trauma-Informed Schools
- Cultural Humility
- Safety
- Trustworthiness & Transparency
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Peer Support

What are Trauma-Informed Schools?
A trauma-informed school is a safe & respectful environment that enables students to:
- Build caring relationships with adults & peers
- Self-regulate emotions & behaviors
- Succeed academically

... while supporting physical health & well-being

Checklist Instructions:
1. In the space provided below, write your name, the date, and the school that you are assessing.
2. Familiarize yourself with the 6 principles of trauma-informed schools as well as the indicators associated with each principle in pages 3-7 of this document.
3. Complete a thorough review of all school documents related to school culture and discipline. Next, begin responding to each indicator.
4. For each indicator, indicate whether or not a formal policy or procedure exists to support the given practice. If a formal policy exists, indicate the document where it can be found, and a page number, if available.

School Information:

School: ____________________________________________

Name(s): ___________________________ Date Completed: __________

Trauma-Informed Schools
Environmental Scan Checklist

The purpose of this checklist is to identify areas of effectiveness and growth in creating a trauma-informed school environment. The checklist assesses the application of the six key principles of trauma-informed schools: Safety; Trustworthiness and Transparency; Collaboration and Mutuality; Empowerment, Voice and Choice; and Cultural, Historical, and Gender issues. The checklist is designed to reflect the degree of application of the six key principles across a range of settings in the school (e.g., classroom, hallways, playground, etc.) and ratings should be based on observations across settings.

School: ____________________________ Date of Walk-Through: __________

Observer(s): ____________________________

Settings Observed:

Office Building Interior Building Exterior Classroom
Cafeteria Playground Gym Bus Lines

<table>
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<th>KEY PRINCIPLES AND INDICATORS</th>
<th>1 Principle is not at all in place</th>
<th>2 Principle is partially in place</th>
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<td>Classroom is arranged to minimize crowding and distraction.</td>
<td>Classroom is arranged to minimize crowding and distraction.</td>
<td>Classroom is arranged to minimize crowding and distraction.</td>
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<td>Classrooms are actively supervised during instruction.</td>
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<td>Activities are structured in predictable ways (e.g., explicit classroom routines, specific directions, etc.).</td>
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<td></td>
<td>Positive supports for behavior are employed.</td>
<td>Positive supports for behavior are employed.</td>
<td>Positive supports for behavior are employed.</td>
<td>Positive supports for behavior are employed.</td>
<td>Positive supports for behavior are employed.</td>
</tr>
<tr>
<td></td>
<td>Adults maintain a calm demeanor when interacting with students.</td>
<td>Adults maintain a calm demeanor when interacting with students.</td>
<td>Adults maintain a calm demeanor when interacting with students.</td>
<td>Adults maintain a calm demeanor when interacting with students.</td>
<td>Adults maintain a calm demeanor when interacting with students.</td>
</tr>
<tr>
<td></td>
<td>Student self-regulation skill building is implemented at a classroom level (e.g., breathing activities, movement, relaxation, calming).</td>
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</tr>
</tbody>
</table>
Appendix 5. Example of trauma-informed environmental scan checklist.

**AGENCY**

**ENVIRONMENTAL COMPONENTS FOR TRAUMA INFORMED CARE**

Name of Agency: ________________________________

Reviewers: ____________________________________

Date of Assessment: ____________________________

**Organizational Assessment**

**Positive Trauma Informed Care Environment**

<table>
<thead>
<tr>
<th>Item</th>
<th>YES</th>
<th>NO</th>
<th>DID NOT OBSERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome Sign Posted</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Initial greeting at agency was welcoming</td>
<td></td>
<td></td>
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<tr>
<td>Staff is friendly/respectful/caring/welcoming/calm</td>
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<tr>
<td>Staff offices are welcoming/engaging</td>
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<tr>
<td>Comfort/Healing/Meditation room(s) or comfort, privacy, quiet areas</td>
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<td></td>
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<tr>
<td>Space to make private phone calls</td>
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<tr>
<td>Manipulatives and/or soothing kits (play dough, crayons, washcloths, heated blankets, etc.) are available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age appropriate toys and materials available</td>
<td></td>
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<td></td>
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<tr>
<td>Fish tanks</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pet therapy option/opportunity to have pet interaction</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Waterfall/fountains</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Plants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comforting music</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soothing smells</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paint colors soothing/calming</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Carpet/flooring - safe &amp; non-institutional</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>