

# Early Childhood Trauma and Resiliency Project (ECTR)

City of Berkeley, Berkeley's 2020 Vision

Year One Evaluation Report (January 1 – June 30, 2019)

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# Project Description

## Overview

Berkeley’s 2020 Vision is a citywide partnership that strives to eliminate racial disparities in Berkeley’s public education system, with a primary focus on African American and Latinx children and their families. Berkeley’s 2020 Vision advances the following City of Berkeley’s strategic plan goal: to champion and demonstrate social and racial equity.

In December 2019, Berkeley’s 2020 Vision was awarded \$336,825 in Mental Health Services Act (MHSA) funding through June 30<sup>th</sup>, 2021, to implement the Early Childhood Trauma and Resiliency (ECTR) Project in partnership with the YMCA of the East Bay. The ECTR project advances Berkeley’s 2020 Vision priority that all Berkeley children enter kindergarten ready to learn.

The ECTR Project provides training, coaching, and peer support to staff and parents with children enrolled in YMCA’s four Head Start sites located in Berkeley: Ocean View, South YMCA, Vera Casey, and West YMCA. This project’s core strategy is to build the capacity of YMCA Head Start staff to recognize trauma and its effects on themselves, children, and families, and integrate a trauma- and resiliency-informed approach into their work with children and families. The ultimate goal of this project is to improve mental health care access and outcomes for children, ages 0 through 5 years old, enrolled at each of the YMCA’s four sites.

## Theory of Change

The underlying theory of change creates a chain of reasoning from resources to outcomes that is used to test assumptions and inform the evaluation. ECTR’s theory of change is as follows:

- Trauma has a significant impact on the mental health of Head Start students, parents/guardians, educators and staff.
- Introducing a trauma-informed approach and strategies to Head Start educators and staff will enable them to better recognize their own trauma and triggers.
- This knowledge will help educators and staff approach students and parents/guardians from a trauma-informed perspective (including shifting from “What’s wrong with you?” to “What happened to you?”).
- Supported by agency-wide trainings, peer support learning circles and in-class coaching, teachers and staff will develop more positive, empathic relationships with students and their parents/guardians helping them to better identify trauma in the children/families they serve.
- Equipped with trauma-informed tools and stronger relationships with students and parents, educators will make more successful and “appropriate” mental health referrals.
- This project will build Head Start’s in-house capacity to lead trainings, facilitate peer support circles, and onboard new staff to ensure sustainability beyond the current funding term.

# Implementation

## Key Partners

Nina Goldman of Berkeley’s 2020 Vision is managing this project on behalf of the City of Berkeley. Anita Smith, Ph.D., who oversees the work of Head Start’s mental health services, is the Project Coordinator of the ECTR Project on behalf of the YMCA of the East Bay. Dr. Smith works closely

with Pamm Shaw, who is responsible for early childhood development programs at YMCA of the East Bay. Head Start has contracted with Julie Kurtz, MS, LMFT, to conduct trauma training, coaching and guidance to the ECTR Project. Ms. Kurtz is a private consultant and author with extensive expertise in trauma, early childhood development, training, and curriculum development. She co-authored the book, **Trauma-Informed Practices for Early Childhood Educators**, published in 2019. Before opening her consulting practice, Ms. Kurtz served as Co-Director of Trauma-Informed Practices in Early Childhood Education at WestEd's Center for Child & Family Studies. Berkeley's 2020 Vision has contracted with Hatchuel Tabernik and Associates (HTA) to lead the evaluation of the ECTR project.

## Implementation Activities to Date

This report covers program activities and outcomes from January 1<sup>st</sup> through June 30<sup>th</sup>, 2019. Head Start kicked off the ECTR project in February 15<sup>th</sup>, 2019 with its first all-staff (e.g., teachers, counselors, administrators) training, **“Understanding Trauma Informed Practices for Early Childhood Programs: Creating Strength-Based Environments to Support Children’s Health and Healing”** (also referred to as “Trauma Informed Care 101”). Ms. Kurtz led and designed this full-day training, with guidance from Head Start. The training covered topics, including: defining trauma, the impact of trauma, strategies to support children through relationships as well as environments, sensory/body awareness, strengthening emotional literacy, and managing strong emotions. Sixty-two staff from the four YMCA sites attended (see Table 1 below).

The goal of this initial training was to lay the foundation for a successful ECTR project, by imparting information about trauma and resiliency, and engaging Head Start staff across varying levels, backgrounds, and cultures. This training was enthusiastically received by participants. As one participant wrote on her evaluation form: “I feel [this] is the best training that I have ever had in my life. It has helped me see a lot of things about myself.” Participants particularly appreciated learning about the impact of trauma on the brain, gaining tools to bring back to their classrooms and beginning to understand how to look at children and families through a trauma-informed lens. Another participant wrote on her evaluation: “We love it! I want more training about TRAUMA.”

The subsequent training was designed for Head Start’s leadership team in order to begin preparing management staff to effectively guide their teams/supervisees through culture change -- the shift to a trauma-informed approach in the day-to-day work of Head Start. This three-hour training, **“Kick-off and Leadership Reflective Practices”**, on June 10<sup>th</sup>, 2019 specifically focused on how to create a safe and strong supervisor-supervisee relationship through a reflective practice. Topics covered included: power differentials, the three R’s of Reflective Inquiry (repeat, restate, reconnect), self-awareness, and strength-based approaches. Seventeen Head Start staff participated in this training, including center directors and managers.

The **Resiliency Champion** component of this project is designed to help establish and maintain a trauma-informed care environment at the Head Start Centers by developing staff leadership and putting in place a mechanism to onboard new staff to trauma-informed practices quickly and effectively. Dr. Smith recruited and selected a group of 15 “Resiliency Champions” to serve as internal leaders and future trainers of the trauma-informed curriculum to new staff. Resiliency Champions include program managers, area managers, workforce development staff, health specialists, family advocates, a center director, and a lead teacher.

The Resiliency Champion trainings launched on June 10<sup>th</sup>, 2019. By the end of June, Champions had attended two out of 10 three-hour training sessions planned through October 21<sup>st</sup>, 2019. Training sessions are facilitated by Julie Kurtz and Dr. Smith. According to trainer documents, the purpose of the Resiliency Champions meetings is “to reflect and go deeper in discussion about how to practically apply social-emotional and trauma sensitive strategies to the work we do with each other, families and children every day. To seek to understand human behavior so that we can grow in our awareness and help make our own lives, others and the planet a more humane place to live in. To take an inquiry stance where we are eager to learn and seek to understand. Growth comes from self-reflection and self-awareness.”

The first few sessions cover the following topics: Understanding the Neurobiology of Trauma, Foundations of Trauma-Informed Practices for Early Childhood Education, and Trauma Sensitive Early Childhood Programs. The text for these sessions is a book co-authored by Julie Kurtz, Trauma Informed Practices for Early Childhood Educators: Relationship-Based Approaches that Support Healing and Build Resilience in Young Children. The Resiliency Champions are also learning and practicing delivery of three new staff trainings developed by Ms. Kurtz for this project, each with its own PowerPoint slide deck. Following this preparation, the Resiliency Champions are expected to begin co-leading staff “Resiliency Circles” and/or new staff trainings on trauma-informed care.

As of the writing of this report, another all-staff training was held on August 22<sup>nd</sup>, 2019. This four-hour training, **Self-Care: Getting a PhD in You**, focused on provider self-care while doing trauma-informed work.

**Table 1. Training Sessions and Attendance**

Training Name	Date	Length	# Attendees
<b><i>Trainings to Date</i></b>			
<b>Understanding Trauma Informed Practices for Early Childhood Programs (All Staff)</b>	Feb 15 <sup>th</sup>	8 hours	62
<b>Kick-off and Leadership Reflective Practices</b>	June 10 <sup>th</sup>	3 hours	17
<b>Resiliency Champion Meeting 1</b>	June 10 <sup>th</sup>	3 hours	15
<b>Resiliency Champion Meeting 2</b>	June 24 <sup>th</sup>	3 hours	15
<b><i>Upcoming Trainings</i></b>			
<b>Resiliency Champion Meeting 3</b>	July 1 <sup>st</sup>	3 hours	-
<b>Resiliency Champion Meeting 4</b>	July 15 <sup>th</sup>	3 hours	-
<b>Resiliency Champion Meeting 5</b>	Aug 8 <sup>th</sup>	3 hours	-
<b>Resiliency Champion Meeting 6</b>	Aug 19 <sup>th</sup>	3 hours	-
<b>Self-Care (All Staff)</b>	Aug 22 <sup>nd</sup>	4 hours	-
<b>Resiliency Champion Meeting 7</b>	Sept 9 <sup>th</sup>	3 hours	-
<b>Resiliency Champion Meeting 8</b>	Sept 21 <sup>st</sup>	3 hours	-
<b>Resiliency Champion Meeting 9</b>	Oct 7 <sup>th</sup>	3 hours	-
<b>Resiliency Champion Meeting 10</b>	Oct 21 <sup>st</sup>	3 hours	-

Source: ECTR program documents

# Evaluation

## Overview

The overall purpose of this evaluation is to determine the impact of the ECTR model implementation on the way that Head Start educators and staff view trauma, how they handle challenging behavior, and their capacity to provide “appropriate” mental health referrals. Through a mixed-methods, collaborative, and client-centered approach, HTA uses a **utilization-focused approach** for the ECTR evaluation, combining surveys, focus groups, and archival data to address the impact of the program on participants and mental health referrals. Utilization-based evaluation is an approach whereby the evaluation activities from beginning to end are focused on the intended use by the intended users.<sup>1</sup> HTA also takes into account the developmental nature of the program as it is designed and continues to evolve while the evaluation is underway.

The following research questions (RQs) were developed to help guide the evaluation goals and data collection activities.

### ***Project Goal 1: To create a change in the way Head Start educators and staff view and handle challenging student and parent behaviors (which often mask trauma)***

**RQ1:** What is the impact of the ECTR model on participants (Head Start staff and educators, resiliency champions, peer support learning circle participants)?

Specifically, do they view themselves, the parents, and children they work with differently? Do they view student behavior issues differently? When parents attend trainings, what is the impact on them?

### ***Project Goal 2: To create an increase in access to mental health services and supports for children/families in need***

**RQ2:** What is the impact on Head Start families’ and children’s access to mental health services?

Specifically, are Head Start educators and staff more comfortable talking about mental health with families, both before and after referrals are made? Do they see themselves as allies in helping families access mental health services? Do Head Start educators and staff feel better equipped to utilize the mental health referral process? Is there a change in the number of mental health referrals?

### ***Project Goal 3: To promote better mental health outcomes by increasing child/family referrals to “appropriate” mental health services***

**RQ3:** Is there an increase in the number of “appropriate” mental health referrals from Head Start educators and staff?

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<sup>1</sup> Patton, M.Q. (2012). *Essentials of Utilization-Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc.

In order to answer the evaluation questions, HTA is collecting the following data from ECTR program staff and developing instruments (e.g., staff survey, focus group protocols) as needed.

**Table 2. ECTR Data Sources**

<b>Data Source</b>	<b>Description of Data Source</b>
<b>Training attendance sheets</b>	Collected by YMCA at each training, these attendance sheets indicate all YMCA staff who attended the training. Attendance sheets include training date, training location, names, job titles, and sites.
<b>Pre and post participant survey</b>	Online survey completed by YMCA staff annually. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from existing surveys from the City of Berkeley’s 2016-17 Trauma-Informed Systems pilot program and a trauma-informed practices self-assessment from <a href="http://defendingchildhoodoregon.org">defendingchildhoodoregon.org</a> . Topics covered include how staff better understand how their own past trauma impacts their work, how staff view students and families who have experienced trauma that impacts their behavior, and how staff approach behavioral issues. The same survey will be completed each year to see change over time.
<b>YMCA Child Plus</b>	YMCA database with demographics of children for MHSA reporting requirements.
<b>YMCA supplemental demographics survey</b>	YMCA survey administered at the door to families to collect missing MHSA demographic data in year 1.
<b>Program Information Reports (PIR)</b>	YMCA Mental Health Consultants complete this worksheet on a monthly basis for submission to the Program Manager. This worksheet reports mental health referrals to agencies outside of the YMCA Head Start program.
<b>Mental health referral follow-up form</b>	HTA will help the YMCA develop this form. Mental Health Consultants will complete this form (or section of an existing form) to document “appropriateness” of referral, in other words, whether they contacted referral agencies before the referral, whether families utilized the referral, and whether it met their needs.
<b>Focus groups</b>	Focus groups will be conducted with staff from each site annually beginning in the second year. Focus groups will gather information about how educators and staff view themselves, children, and parents, how they handle challenging behaviors, and changes to their capacity to make referrals.
<b>Post-training surveys</b>	Post-training surveys developed by trainers and administered post-training via paper surveys to measure understanding and satisfaction.

## Demographic Data

While the ECTR program activities are aimed at teachers and staff, the ultimate long-term goal of the program is to improve the lives of the children they serve. We therefore consider children the primary participants of the program and provide their demographics below. Demographic data was collected from Head Start’s ChildPlus system as well as a supplemental parent/guardian survey for demographics not collected in ChildPlus (e.g., MHSA ethnicity categories). The program’s Theory of Change posits that more immediate changes will first occur in teachers and staff, as described in the graphic in Figure 1 later in the report.

### Child (Participant) Demographics

As of Spring 2019, The ECTR program serves 197 children at the four program sites (Table 3). Black/African American children are the largest ethnic/racial group served (42%). Two thirds of the children’s primary language is English, and 21% primarily speak Spanish. There are approximately the same percentage of male (51%) and female (49%) children. All children are in the 0-15 age group. The most common disability among the children is a speech/language impairment (20%).

**Table 3. ECTR Child Demographics<sup>2</sup>**

	n	%
<b>Site</b>		
<i>Oceanview</i>	49	25%
<i>South YMCA</i>	69	35%
<i>Vera Casey</i>	16	8%
<i>West YMCA</i>	63	32%
<b>Gender (assigned at birth)</b>		
<i>Female</i>	97	49%
<i>Male</i>	100	51%
<b>Age</b>		
<i>0-15</i>	197	100%
<b>Primary Language</b>		
<i>English</i>	130	66%
<i>Spanish</i>	41	21%
<i>Urdu</i>	5	3%
<i>Arabic</i>	4	2%
<i>French</i>	4	2%
<i>American Sign Language</i>	2	1%
<i>Berber</i>	2	1%
<i>Mongolian</i>	2	1%
<i>Punjabi</i>	2	1%
<i>Tigrina</i>	2	1%
<i>Chinese</i>	1	1%
<i>Laotian</i>	1	1%
<i>Russian</i>	1	1%
<b>Disability</b>		
<i>Communication: difficulty seeing</i>	0	0%
<i>Communication: difficulty hearing</i>	0	0%
<i>Communication: other, speech/language impairment</i>	39	20%
<i>Mental domain</i>	4	2%
<i>Physical/mobility domain</i>	3	2%

<sup>2</sup> The MHSA categories of sexual orientation, veteran status, and current gender identity are excluded as instructed.

	n	%
<i>Chronic health condition</i>	11	6%
<i>Other</i>	11	6%
<b>Race</b>	154	100%
<i>American Indian or Alaska Native</i>	3	2%
<i>Asian</i>	8	5%
<i>Black or African American</i>	64	42%
<i>Native Hawaiian or other Pacific Islander</i>	0	0%
<i>White</i>	17	11%
<i>Other</i>	42	27%
<i>More than one race</i>	18	12%
<i>Declined to answer</i>	2	1%
<b>Ethnicity: Hispanic or Latino</b>	62	40%
<i>Caribbean</i>	1	1%
<i>Central American</i>	2	1%
<i>Mexican/Mexican-American/Chicano</i>	46	30%
<i>Puerto Rican</i>	1	1%
<i>South American</i>	1	1%
<i>Other</i>	1	1%
<i>More than one ethnicity</i>	6	4%
<i>Declined to answer</i>	4	3%
<b>Ethnicity: Non-Hispanic or Non-Latino</b>	96	62%
<i>African</i>	61	40%
<i>Asian Indian/ South Asian</i>	2	1%
<i>Cambodian</i>	1	1%
<i>Chinese</i>	1	1%
<i>Eastern European</i>	0	0%
<i>European</i>	1	1%
<i>Filipino</i>	1	1%
<i>Japanese</i>	0	0%
<i>Korean</i>	4	3%
<i>Middle Eastern</i>	8	5%
<i>Vietnamese</i>	0	0%
<i>Other</i>	5	3%
<i>More than one ethnicity</i>	4	3%
<i>Declined to answer</i>	8	5%

Source: ChildPlus Data N=197; ECTR Supplemental MHSA Race/Ethnicity Survey n=154

### Staff Demographics

A total of 60 staff who work at the four Berkeley YMCA Head Start sites responded to an online survey in the summer of 2019 for the evaluation. As the survey was sent to 75 YMCA Head Start staff, a high response rate (80%) was achieved.

Survey respondents in the ECTR program work at West YMCA (43%), South YMCA (30%), Oceanview (17%), and Vera Casey (8%). (See Table 4 below). Approximately one-third of participants have worked at YMCA for fewer than two years (34%), one third from three to eight years (33%), and the last third greater than nine years (35%). Participants include teachers (22%) and teacher assistants (30%), mental health consultants (5%), family advocates (5%) and administrative staff including center directors (5%) and managers. The great majority are female (77%), and nearly half identified as either Hispanic/Latinx (30%) or Black/African-American (18%).



**Table 4. Demographics of ECTR Staff Surveyed**

	n	%
<b>Site</b>		
<i>Oceanview</i>	10	17%
<i>South YMCA</i>	18	30%
<i>Vera Casey</i>	5	8%
<i>West YMCA</i>	25	43%
<i>Other ("all sites")</i>	1	2%
<b>Length of time at YMCA</b>		
<i>Less than one year</i>	7	12%
<i>1-2 years</i>	13	22%
<i>3-5 years</i>	12	20%
<i>6-8 years</i>	7	12%
<i>More than 9 years</i>	21	35%
<b>Job Title/Role</b>		
<i>Teacher Assistant</i>	18	30%
<i>Teacher/Head Teacher</i>	22	37%
<i>Area Manager</i>	3	5%
<i>Center Director</i>	3	5%
<i>Coach</i>	1	2%
<i>Family Advocate</i>	3	5%
<i>Mental Health Consultant</i>	3	5%
<i>Program Assistant</i>	2	3%
<i>Other Manager</i>	4	7%
<i>Other</i>	1	2%
<b>Sex</b>		
<i>Female</i>	46	77%
<i>Male</i>	3	5%
<i>Missing/Declined to answer</i>	11	18%
<b>Race</b>		
<i>American Indian or Alaska Native</i>	1	2%
<i>Asian</i>	4	7%
<i>Black or African American</i>	11	18%
<i>Native Hawaiian or other Pacific Islander</i>	0	0%
<i>White</i>	3	5%
<i>Hispanic or Latinx</i>	18	30%
<i>Other</i>	3	5%
<i>More than one race</i>	2	3%
<i>Missing/Declined to answer</i>	18	30%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

### Staff Views and Perceptions

HTA developed a 60-item online survey in collaboration with ECTR program leaders and administered it to teachers and staff at the four sites in the summer of 2019. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from existing surveys from the City of Berkeley's 2016-17 Trauma-Informed Systems pilot program and a 2016 trauma-informed practices self-assessment from [defendingchildhoodoregon.org](http://defendingchildhoodoregon.org). The survey will be administered annually to assess change in how staff understand how their own past trauma

impacts their work, how staff view children and families who have experienced trauma that impacts their behavior, and how staff approach children. This first survey employed a retrospective pre post survey design where respondents were asked to respond to a set of questions that describes their work during a period before the ECTR program began (the first half of the 2018-19 school year) and then, in the same survey, were then asked to respond to the same set of questions after the program started (in the past 30 days).

The majority (65%) of participants in the staff survey expressed that prior to these trainings, they were somewhat familiar with trauma-informed approaches while 18% of participants expressed that they were “very” familiar. (See Table 5 below). Over a third of participants (37%) stated that they had attended another trauma-related training outside of YMCA.

**Table 5. Staff Familiarity with Trauma Trainings**

Before December 2018, how familiar were you with trauma-informed approaches to support children/families	n	%
<b>Very familiar</b>	11	18%
<b>Somewhat familiar</b>	39	65%
<b>Not at all familiar</b>	7	12%
<b>Not Sure</b>	1	2%
<b>No response</b>	2	3%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

As staff attend trainings and learn about recognizing trauma, their own triggers, and strategies to working with children and families struggling with trauma, the theory of change posits the first change to occur will be that staff change their own perceptions and feelings about trauma through reflections of their own lives and how that affects the way they work with children. Subsequently, they would begin to approach students and parents/guardians from a trauma-informed perspective (including shifting their framing from “What’s wrong with you?” to “What happened to you?”) and develop more positive, empathic relationships with students and their parents/guardians helping them to better identify trauma in the children/families they serve. Ultimately, staff then change their actions and behaviors as it relates to children and families, and make more successful and “appropriate” mental health referrals. (See Figure 1 below).

**Figure 1. ECTR Theory of Change for Staff**



Source: Adapted from the ECTR Theory of Change

In the survey responses, the majority of staff expressed that they feel that they are able to maintain a positive classroom and have confidence that their actions have a positive effect on children. One in four respondents reported that “challenging behavior issues prevented me from maintaining a positive classroom environment” (21% to 26%) and most “felt confident that my actions had the ability to help a child who has been exposed to trauma” (76% to 81%), though this change was not found to be statistically significant. See Table 6 below.

**Table 6. Staff Self-Perception**

	n	Pre % “Often” or “Always”	Post % “Often” or “Always”
<b>I felt I could handle every serious emotional or behavioral issue in my classroom by myself</b>	40	38%	43%
<b>I reflected on my own trauma and triggers</b>	45	38%	67%*
<b>I could tell when I felt triggered by a child’s behavior or actions</b>	43	51%	70%*
<b>I knew how to use strategies rooted in trauma informed practices</b>	43	67%	79%
<b>I felt confident in using trauma informed strategies I have learned at work</b>	42	69%	74%
<b>Challenging behavior issues prevented me from maintaining a positive classroom environment</b>	38	21%	26%
<b>I felt confident that my actions had the ability to help a child who has been exposed to trauma</b>	42	76%	81%

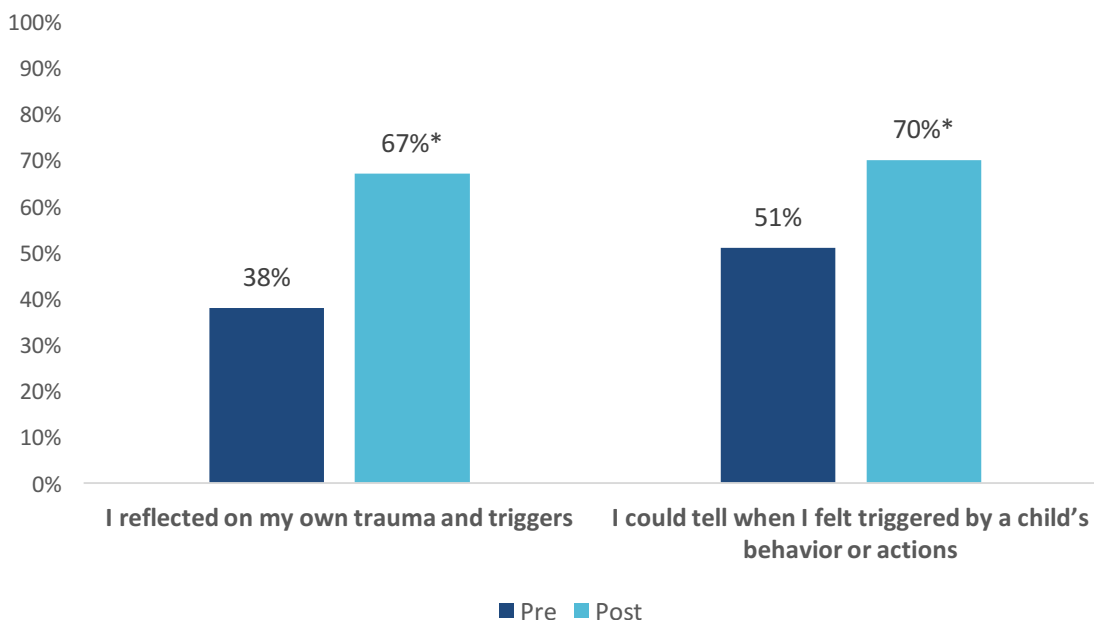
Source: ECTR Evaluation Staff Survey N=60, June/July 2019

Note: \* denotes statistically significant change  $p < .05$

Using McNemar’s Test to assess for change among those who responded to the item in both the pre- and post- survey periods, the change from before the program to after was statistically significant in two instances: staff who reflected on their own trauma and triggers (38% to 67%) as well as those who could identify when they felt triggered by a child’s behavior or actions (51% to 70%). (See Figure 2 below). This is in line with the program’s theory of change that posits that

changes will first occur within staff themselves, before they change their perceptions of other or their behaviors. Though not statistically significant, there also was growth in all responses from before the program began to after. HTA will conduct four focus groups in the fall, one per site, to further understand the stories behind these findings.

**Figure 2. Statistically Significant Growth in Staff Self-Perceptions**



For the survey items regarding staff perceptions of students and parents, staff sentiment about children and their future remained generally very positive. (See Table 7 below). Few staff “felt that a child’s actions/behavior made me irritated” (11% to 14%) and most felt generally hopeful about the lives of the children” (81% to 84%).

There is growth in all areas from prior to the program start to after except two where the percentage remained the same. While not statistically significant,<sup>3</sup> the greatest changes included staff who “saw ways that ‘class disruptions’ or ‘behavior problems’ could be related to trauma” (increase from 67% to 74%) and staff who “saw improvements in children’s behavior after I used trauma-informed strategies” (increase from 46% to 59%). As the program continues into its second year, we anticipate seeing greater changes in perceptions as staff increase their knowledge and familiarity with trauma-informed strategies with children and families.

<sup>3</sup> Using McNemar’s test to assess for change among those who responded to the item in both the pre and post survey periods

**Table 7. Changes in Perceptions of Students and Parents**

	n	Pre % “Often” or “Always”	Post % “Often” or “Always”
<b>A child’s actions/behavior made me irritated</b>	44	11%	14%
<b>I saw ways children at my site have been impacted by trauma</b>	42	67%	69%
<b>I saw ways parents have been impacted by trauma</b>	44	66%	66%
<b>I saw ways that “class disruptions” or “behavior problems” could be related to trauma the student has experienced</b>	43	67%	74%
<b>I saw improvements in children’s behavior after I used trauma-informed strategies</b>	39	46%	59%
<b>I felt generally hopeful about the lives of the children</b>	43	81%	84%
<b>I understand why families may not seek out or accept mental health services/programs they need</b>	44	70%	70%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

Note: \* denotes statistically significant change  $p < .05$ , no changes were statistically significant

### Staff Behaviors

Nearly all staff (87% to 93%) report that they kept themselves “calm and regulated in moments working with a student who is challenging.” One in four respondents (21% to 28%) “felt hesitant to refer students to mental health resources.” (See Table 8 below.) Staff appear to feel that they have tools to cope with their responses to challenging behaviors.

There was growth in all areas of staff behavior as well, although none were statistically significant.<sup>4</sup> The greatest changes were the percentage of staff who “felt comfortable talking to parents about their child’s emotional, developmental, or behavioral issues” (67% to 79%), who “worked with a child’s family about a child’s emotional or behavior issues related to trauma” (63% to 75%), who “shared information about trauma and its effects on behavior with parents/caregivers” (50% to 67%), and who “shared ways that I manage challenging trauma-related behavior with parents/caregivers” (51% to 63%). While preliminary and not statistically significant, this suggests staff feel they know how to work with colleagues around children’s emotional, developmental, or behavioral issues, but as a result of the ECTR trainings, now have more or more effective tools to work with children’s parents. The evaluation of the second year of the program will continue to explore these issues.

<sup>4</sup> Using McNemar’s test to assess for change among those who responded to the item in both the pre and post survey periods

**Table 1. Changes in Staff Behaviors**

	n	Pre % "Often" or "Always"	Post % "Often" or "Always"
I was able to build rapport with the majority of parents	43	79%	81%
I felt comfortable talking to parents about their child's emotional, developmental, or behavioral issues	43	67%	79%
I worked with a co-worker(s) about a child with emotional or behavior issues related to trauma	44	80%	84%
I worked with a child's family about a child's emotional or behavior issues related to trauma	40	63%	75%
I shared information about trauma and its effects on behavior with parents/caregivers	42	50%	67%
I shared ways that I manage challenging trauma-related behavior with parents/caregivers	41	51%	63%
I felt hesitant to refer students to mental health resources (e.g., mental health specialist, outside mental health services)	39	21%	28%
I knew where or to whom to go when I had questions about mental health referrals	43	79%	81%
I kept myself calm and regulated in moments working with a student who is challenging	45	87%	93%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

Note: \* denotes statistically significant change  $p < .05$ , no changes were statistically significant

## Staff Morale

The evaluation also asked two questions to assess staff morale at the YMCA Head Start sites. While not a comprehensive review of the organizational culture of YMCA, the two questions reveal that nearly all staff enjoy working at the school, that this remained consistent over the course of the year (98% to 94%), and staff relationships are consistently positive and supportive (85%). (See Table 9 below).

As the program continues into its second and third years and staff are expected to work together to address children's mental health issues, we anticipate that staff morale and the quality of staff relationships will remain high or even increase. This is also important to monitor as staff morale could help reveal whether there are other issues impeding the program's successful implementation.

**Table 2. Staff Morale**

	n	Pre % "Often" or "Always"	Post % "Often" or "Always"
The relationships among the staff at this school were generally positive and supportive	47	85%	85%
I enjoyed working at this school	48	98%	94%

Source: ECTR Evaluation Staff Survey N=60, June/July 2019

Note: \* denotes statistically significant change  $p < .05$ , no changes were statistically significant

## Mental Health Referrals

### Number of Mental Health Referrals

As a critical component of the MHSA grant, mental health referrals will be tracked every year of the evaluation in order to measure change over time. Based on Program Information Reports (PIR) completed by the Mental Health Consultants and submitted to the Program Manager over the past two years, the number of mental health referrals have slightly decreased this school year compared to baseline (2017-18) (Table 10). The number of referrals, a longer-term outcome, is expected to increase as more staff understand their role in identifying and supporting access to children’s mental health services. The staff focus groups in the fall will help triangulate and explain any changes in the number of referrals.

**Table 10. Number of Mental Health Referrals**

School Year	# Children Referred
2017-18 (baseline)	9
2018-19	4

Source: YMCA Program Information Reports (PIR) forms

### Referrals to “Appropriate” Mental Health Services

ECTR program leaders are in the process of developing the Mental Health Referral Follow-up Form with the support of the evaluator in order for YMCA Mental Health Consultants to document whether they contacted referral agencies before the referral, whether families utilized the referral, and whether it met families’ needs. This form will be implemented in the fall of 2019.

## Conclusion

Even at this early stage of the ECTR program, staff are starting in a strong position in terms of feeling confident in their ability to work with the children at the four YMCA sites. With the introduction of the ECTR program, there are already statistically significant increases in self-perceptions among staff who reflected on their own trauma and triggers (38% to 67%) as well as those who could identify when they felt triggered by a child’s behavior or actions (51% to 70%). This is consistent with the theory of change which posits that first, staff perceptions around trauma, including their own trauma will shift, followed by changes in how staff perceive children and parents as it relates to trauma, and then changes in how staff interact with children and families, including referring children to mental health services. There is an upward growth trend among staff in the second two stages, but those changes are not yet statistically significant.

Further exploration in the second program year, as well as staff focus groups in the fall, will help explain and triangulate these findings as the program heads into its second year. In addition to the training for all staff on **Self Care**, upcoming programmatic activities include:

- Staff trainings on **Practical Applications of Trauma-Informed Strategies** and **Family Engagement**
- Half-day **Leadership Team Peer Support Learning Circles** will be launched in order for leaders to come together and learn, receive coaching from Julie Kurtz, and troubleshoot issues associated with implementing ECTR.
- Once Resiliency Champions complete trainings in October 2019, they will then lead monthly **Staff Resiliency Learning Circles**. Champions will co-lead circles with staff (e.g.,

teachers, family advocates etc.) focusing on their own trauma triggers and how to approach student, family, and colleague's issues from a trauma and resiliency informed perspective.