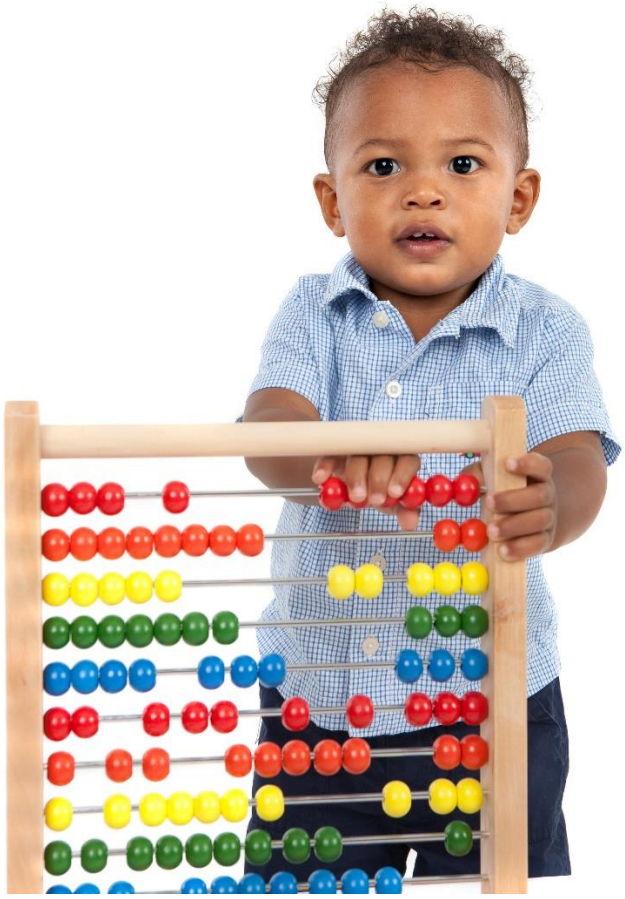
Early Childhood Trauma and Resiliency Project (ECTR)

City of Berkeley, Berkeley's 2020 Vision

Final 3-Year Evaluation Report, August 2021



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Project Description

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 30th, 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 who are enrolled at each of the YMCA's four sites.

Key Partners

Nina Goldman of Berkeley's 2020 Vision is managing this project on behalf of the City of Berkeley. Anita Smith, Psy.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 Melanie Mueller, Executive Director, who is responsible for early childhood development programs at YMCA of the East Bay, replacing Pamm Shaw as of Winter/Spring 2020. 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 also contracted with Hatchuel Tabernik and Associates (HTA) to lead the evaluation of the ECTR project.

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.

"It is easier to build strong children than to repair broken men."

-Frederick Douglass

Methodology

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/interviews, 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.[1] HTA also attempts to account for 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 guide the evaluation 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?

[1] Patton, M.Q. (2012). *Essentials of Utilization-Focused Evaluation*. Thousand Oaks, CA: SAGE Publications, Inc.

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?

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 1. ECTR Data Sources

Data Source	Description of Data Source
Training attendance sheets	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.
Annual participant survey	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 *defendingchildhoodoregon.org*. 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.
YMCA Child Plus	YMCA database with demographics of children for MHSA reporting requirements.
YMCA supplemental demographics survey	YMCA survey administered at the door to families to collect missing demographic data for MHSA that is missing from ChildPlus.
Program Information Reports (PIR)	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.
Mental health referral follow-up form	HTA helped YMCA develop this form. Mental Health Consultants complete this 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.
Focus group	A focus group was conducted with staff from each site in the second year. Focus groups 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.
Staff Interviews	Four staff and leadership interviews were conducted in the third and final year of the project to understand the long-term impacts of the trauma trainings.
Post-training surveys	Surveys developed by trainers and administered post-training via paper surveys to measure understanding and satisfaction.

Implementation

Implementation Activities to Date

This report covers program activities and outcomes cumulatively over the past 30 months of program implementation from January 1st 2019 through June 30th, 2021.

Year 1

Head Start kicked off the ECTR project in February 15th, 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"). See Table 3 below for training dates and attendance counts.

The subsequent training was designed for Head Start's leadership team to begin preparing management staff to effectively guide their teams/supervisees through organizational culture change. This session, **"Kick-off and Leadership Reflective Practices,"** was held on June 10th, 2019. It specifically focused on how to create a safe and strong supervisor-supervisee relationship through a reflective practice.

The Resiliency Champion component of this project was 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. In early summer 2019, 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 and Learning Circles** launched on June 10th, 2019. Champions attended ten three-hour training sessions through November 1st, 2019. Training sessions were co-facilitated by Julie Kurtz and Dr. Smith. Training handouts describe the purpose of the Resiliency Champions sessions as: "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."

Resiliency Champion sessions covered topics including: **Understanding the Neurobiology of Trauma, Foundations of Trauma-Informed Practices for Early Childhood Education** and **Trauma Sensitive Early Childhood Programs**. Participants discussed case studies, including those of an infant and mother in a homeless shelter, a toddler with a history of neglect and three foster care placements, a preschooler with an undocumented father who has been deported, and a child who witnessed a drive-by shooting while at school. 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 also learned and practiced delivering three new staff trainings developed by Ms. Kurtz for this project, each with its own PowerPoint slide deck. A later session covered: **The Importance of Self-Care: Taking Care of Yourself in Order to Prevent Burnout, Compassion Fatigue and Secondary Traumatic Stress.**

> **"We were always gardening, but now we can be better gardeners because we can name the plants."**
>
> **-May 2020 Trauma Training Attendee**

Year 2

Four all-staff trainings were held during this second year of the program. The first, a four-hour training, was held on August 22nd, 2019 and covered the topic, **Self-Care: Getting a PhD in You**, focused on provider self-care while doing trauma-informed work and was facilitated by Julie Kurtz. Attendees had positive feedback in post-training evaluations, sharing that they learned techniques regarding internal dialogue and self-talk. One participant expressed that "when we care for ourselves in a great way, meeting all of our needs, we can better care for others." The next all-staff training on October 14th discussed the topic of **Trauma Informed Practices: Classroom Strategies** and was also facilitated by Julie Kurtz. This 6-hour training was attended by 67 staff and covered strategies such as supporting relationship practices and environments that promote safety, predictability, empowerment, and control as well as direct skill-building of social-emotional skills.

After these trainings, staff provided feedback about them to ECTR leaders, as well as to HTA, in a focus group held on November 27th. Focus group participants expressed thoughts and opinions about the training and the trainer that program leaders felt would be addressed by bringing on additional trainers to provide a wider variety of perspectives, strategies, and cultural vantage points. On January 27th, 2020, Valentina Torrez, a trainer through Optimal Brain Integration, along with Julie Kurtz, facilitated a follow-up to the Self-Care training for all staff entitled **Self-Care Part 2**. Training evaluations reflect staff's appreciation of having Ms. Torrez's expertise to build upon Ms. Kurtz's knowledge base.

In February 2020, Dr. Smith, the Project Coordinator, began leading **Resiliency/Learning Circles** with staff at each site. In sessions with staff at the South Y and Vera Casey Head Start sites, Dr. Smith facilitated two-hour discussions around **Expectations and Self-Care**.

As part of this project's effort to ensure the long-term sustainability of the trauma-informed approach throughout the organization, Dr. Smith also conducted two 1.5-hour training sessions on **Intro to Trauma-Informed Care** for twelve new staff onboarded on January 8th and February 6th. Staff included a center director, program assistants, family advocates, teachers and kitchen staff. Because of the challenges of conducting trainings remotely, Dr. Smith led the onboarding processes by herself without participation from the Resiliency Champions. Moving into the next school next year, part of the introduction to trauma trainings will be delivered through webinars produced by

YMCA staff. Resiliency Champions will be an integral part of delivering the training materials with support and oversight by Dr. Smith.

Pivots to Programming During COVID-19

On March 16th, 2020, Alameda County issued stay-at-home orders in response to Covid-19, the novel coronavirus. Head Start had to close its doors without notice and shift its services to reach out to and support families and children in this new reality. Staff who work directly with children conducted outreach to families once or twice weekly, depending on the family's needs and circumstances. Parents were most responsive through phone calls (audio only) and primarily communicated with staff this way. About half of our families engaged either over video (e.g., Zoom) or over email. As indicated in Table 2 (below), nearly three-quarters of Head Start teachers and outreach staff created and shared activities remotely with children and families, 40% referred families to resources, and 37% developed resources and media such as recording story time on YouTube. Nearly a third distributed diapers and emergency supplies to families, and one in five distributed gift cards to families for emergency needs. Other staff were involved in crisis management issues or managed Head Start hiring and administrative tasks as they transitioned online.

Table 2. Ways Staff Worked with Children and Families as a Result of the COVID-19 Pandemic

	%
Providing activities for children/families	73%
Diaper/supply distribution	31%
Referring families to resources	40%
Crisis management	12%
Learning kits for each family	14%
Gift card distribution for emergency support	20%
Developing resources and media	37%
Not working with children/families	6%
Other • *Call families once or twice a week to meet their needs and know about children learning and development at home* • *Call parents once a week and check on children.* • *More managerial tasks--putting much of the work we do online, hiring, supporting Family Advocates, etc.* • *Other management task* • *referring to our mental health* • *Take trainings*	11%

Source: ECTR Evaluation Staff Survey, May/June 2020 (N=52)

In the midst of this upheaval, the ECTR program continued its work. Julie Kurtz and Lawanda Wesley (of Optimal Brain Integration) were scheduled to lead an in-person **Family Engagement Trauma Training** on May 18th, 2020. In response to the pandemic, the Head Start team transitioned this planned training into a two-part virtual training over three hours on May 18th and three hours on the 28th. In addition to discussing strategies to engage families from a trauma-based lens, the trainers adjusted the topics to meet the immediate needs of staff, including: anxiety as a result of Covid-19, coping strategies, wellness, and self-care. Staff also discussed what would make them feel safe when Head Start re-opened. Feedback from these trainings was extremely positive based on post-training evaluations. Attendees wanted even more training for staff "to better handle

families that are dealing with trauma as they [staff] may be dealing with trauma themselves" and others recommended that families take the training as well. Another attendee reportedly expressed how the training helped her to name the issues she sees with children, "We were always gardening but now we can be better gardeners because we can name the plants."

The ECTR team also reconvened staff in online, monthly **Resiliency/Learning Circles** starting the week of April 9th, 2020. These forums provided a critical space for teachers and staff to come together, by site, and talk through their own apprehensions and fears amidst the pandemic, and those being experienced by the children and families they serve. The ECTR Project Coordinator, Dr. Smith, led the Resiliency Circles and invited all site staff, except for the Center Director (by design), to join on their lunch break. This was an opportunity to have time to reflect together on the current challenges, wellness during Covid-19, and also how to re-open sites safely.

According to Dr. Smith, the Circles were sometimes emotional, teachers were in distress, and many attendees were in tears but "feeling uplifted and challenged together." It became clear to Dr. Smith that Covid-19 is a traumatic event and "if we teach the strategies about trauma, we have to be about it." The manner in which she led the Resiliency Circles with teachers and staff was critical in reinforcing and modeling how staff need to work with children. She acknowledged all feelings, fears, and anxiety and allowed them to name it. She acknowledged that they were in a safe place and normalized their tears without judgment, just as they do with the children.

A **Leadership Team Peer Support Learning Circle** for managers on May 21st, 2020 , led by Kriss Sulka, LCSW, an Oakland-based early childhood mental health expert, allowed leaders to come together and learn, receive support, and troubleshoot issues associated with the impacts of the pandemic, implementing ECTR and adopting a trauma-centered organizational approach. Kriss Sulka also led a similar one-hour training on June 4th, 2020 for the Head Start Inclusion Team to discuss the impacts of the pandemic on their work specifically.

While these activities continued, YMCA was also making plans to re-open on July 6th, 2020. While also managing staff anxiety about re-opening, YMCA staff and leaders plan to conduct a reorientation with families to make their return as smooth and safe as possible and to ensure that everyone knows what to expect. An important element of this re-opening plan will involve building on the knowledge and expertise that Head Start staff has learned about trauma-informed care. The students, their families and many of the Head Start staff have experienced trauma as a result of the Covid-19 outbreak. The ECTR project has positioned Head Start to better support children, families and out own staff through this traumatic time.

Year 3

In the third and final year, the program leaders continued to listen to staff feedback that trainers should have relatable lived experience and that they would like new faces and perspectives. Several of this year's all-staff trainings were led by DB Bedford, a trainer and speaker on the topics of emotional intelligence based on his own life experience in his youth in the criminal justice system. Program leaders also expanded the audiences of the trainings to offer them to parents as well.

On August 13, 2020, all staff attended the training on **Emotional Intelligence**. Through personal stories from his early life in Oakland, Bedford described how he lost several of his childhood friends

to murder over emotionally charged incidents and struggled with his own emotional outbursts and violent behavior. His behavior consequently landed him in jail facing serious time for losing his temper and attempting to take another man's life. Staff were able to apply prior learning from trauma-informed training as well as see an undesirable path for some of the children in their classrooms if their emotions and trauma were not addressed properly.

The last all-staff training was held on June 4, 2021 during Wellness Day on the topic of **Belief Theory.** The trainer, Steve Bacon, led a training on the topic of one's self-image related to trauma and traumatic experiences. He discussed strategies for shifting one's mindset about trauma.

"We are the ones that hold power and we can learn a lot from children by listening and watching them, their verbal and physical reactions and using that to support them." – Health and Family Service Specialist, 2021

Bedford returned on October 23, 2020 to conduct the same **Emotional Intelligence** training with parents and again on January 25, 2021 to conduct an **Emotional Detox** training with all staff. The trainings were well-received by staff who appreciated his relatable style and approach.

In the fall and into the following summer, Dr. Anita Smith continued to lead **Resiliency Circles** at each of the four sites on the topics of **Self Care Strategies and Wellness during Covid-19**. These circles allowed staff a space to reflect on and apply the self-care strategies learned in the prior year and to share their personal stresses and challenges as well as those related to the children and families they work with. Dr. Smith also led a training for Resiliency Champions to continue the "train the trainer" model for Champions to hold these spaces for staff at each site.

"My emotional well-being was affected [by Covid-19]. Meditation was the biggest thing that helped me. Tuning into my body and understanding what was happening. I used to have lots of panic attacks –tingling, breathing signs. I started meditation. I would think about families and kids… I used these concepts at work and at home." — Health and Family Service Specialist, 2021

In addition to the **Emotional Intelligence** training for parents, other trainings for parents included **Resiliency and Trauma** on September 25, 2020 and **Surviving Covid** on December 16, 2020. This was a critical component of the program's trauma-informed design to ensure everyone involved at the YMCA sites, from teachers, staff, leadership to parents, were able to use the same language and call upon the same concepts learned in trainings around trauma.

Table 3. Training Sessions and Attendance

Training Name	Date	Length	# Attendees
Year One Trainings			
Understanding Trauma Informed Practices for Early Childhood Programs (All Staff)	Feb 15, 2019	8 hours	62
Kick-off and Leadership Reflective Practices	June 10, 2019	3 hours	17
Resiliency Champion Meeting 1	June 10, 2019	3 hours	15
Resiliency Champion Meeting 2	June 24, 2019	3 hours	15
Year Two Trainings			
Resiliency Champion Meeting 3	July 1, 2019	3 hours	13
Resiliency Champion Meeting 4	July 15, 2019	3 hours	13
Resiliency Champion Meeting 5	Aug 19, 2019	3 hours	11
Trauma-Informed Practices: Self-Care for Early Childhood Providers (All Staff)	Aug 22, 2019	3 hours	86
Resiliency Champion Meeting 6	Sept 9, 2019	3 hours	11
Resiliency Champion Meeting 7	Sept 23, 2019	3 hours	10
Resiliency Champion Meeting 8	Oct 7, 2019	3 hours	10
Resiliency Champion Meeting 9	Oct 21, 2019	3 hours	8
Trauma-Informed Practices: Classroom Strategies (All Staff)	Oct 14, 2019	6 hours	67
Resiliency Champion Meeting 10	Nov 1, 2019	3 hours	7
Self-Care Part 2 (All Staff)	Jan 27, 2020	3 hours	85
Resiliency Circles (site-based)			
South Y	Feb 19, 2020	2 hours	12
Vera Casey	Mar 10, 2020	2 hours	8
Resiliency Circles-virtual (site-based)			
South Y (Self-Care and Wellness During Covid-19)	Apr 9, 2020	1 hour	15
West Y (Self-Care and Wellness During Covid-19)	Apr 15, 2020	1 hour	15
Vera Casey (Self-Care and Wellness During Covid-19)	Apr 23, 2020	1 hour	15
Oceanview (Self-Care and Wellness During Covid-19)	Apr 29, 2020	1 hour	15
South Y (Prioritizing to Minimize Stress & New Normal)	May 13, 2020	1 hour	15
Vera Casey (Prioritizing to Minimize Stress & New Normal)	May 14, 2020	1 hour	15
West Y (Prioritizing to Minimize Stress & New Normal)	Jun 12, 2020	1 hour	15
Oceanview (Prioritizing to Minimize Stress & New Normal)	Jun 19, 2020	1 hour	15
Family Engagement Part 1 -virtual (All Staff)	May 18, 2020	3 hours	65
Leadership Team Peer Support Learning Circle (leadership)	May 21, 2020	1 hour	9
Family Engagement Part 2 -virtual (All Staff)	May 28, 2020	3 hours	65
Peer Support Learning Circle (Inclusion Team)	Jun 4, 2020	1 hour	4
Year Three Trainings			
Emotional Intelligence (All Staff)	Aug 13, 2020	90 min	85
Resiliency Circles (site based)			
South Y	Jul 11, 2020	1 hour	15
West Y	Sept 11, 2020	1 hour	15
West Y (Self-Care and Wellness During Covid-19)	Oct 28, 2020	2 hours	13
Oceanview (Self-Care and Wellness During Covid-19)	Nov 18, 2020	2 hours	10
Vera Casey (Self-Care and Wellness During Covid-19)	Dec 10, 2020	1 hour	5
West Y	Jun 24, 2021	1 hour	15
South Y	Jun 25, 2021	1 hour	15
Oceanview	Jun 28, 2021	1 hour	10
Vera Casey	Jun 29, 2021	1 hour	5
Resiliency and Trauma (Parents)	Sept 25, 2020	1 hour	35
Resiliency Champions Training	Nov 20, 2020	1 hour	3
Emotional Intelligence (Parents)	Oct 23, 2020	90 min	35
Surviving Covid (Parents)	Dec 16, 2020	90 min	6
Emotional Detox (All Staff)	Jan 25, 2021	1 hour	85
Wellness Day: Belief Theory	Jun 4, 2021	1 hour	85

Source: ECTR program documents

Findings

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 Figure 1 later in the report.

Child (Participant) Demographics

The ECTR program served 197 children at the four program sites in 2018-19, 197 in 2019-20, and 178 in 2020-21 (see Table 4). The majority of children's primary language is English (67%), and 23% primarily speak Spanish. There are more male (59%) than female (41%) children. All children are in the 0-5 age group. The most common disability among the children is a speech/language impairment (39%).

Table 4. ECTR Child Demographics[2]

	n	Year 1 (N=197) %	n	Year 2 (N=197) %	n	Year 3 (N=178) %
Site						
Oceanview	49	25%	48	24%	42	24%
South YMCA	69	35%	63	32%	56	31%
Vera Casey	16	8%	19	10%	18	10%
West YMCA	63	32%	67	34%	62	35%
Total	*197*	*100%*	*197*	*100%*	*178*	*100%*
Gender (assigned at birth)						
Female	97	49%	93	47%	73	41%
Male	100	51%	104	53%	105	59%
Total	*197*	*100%*	*197*	*100%*	178	100%
Age						
0-5	197	100%	197	100%	178	100%
Primary Language						
English	130	66%	119	60%	120	67%
Spanish	41	21%	43	22%	41	23%
Urdu	5	3%	2	1%	1	<1%
Arabic	4	2%	4	2%	4	2%
French	4	2%	2	1%	2	1%
American Sign Language	2	1%	0	0%	0	0%
Berber	2	1%	2	1%	2	1%
Mongolian	2	1%	0	0%	1	<1%
Punjabi	2	1%	1	<1%	0	0%
Tigrina	2	1%	1	<1%	2	1%
Amharic	0	0%	1	<1%	1	<1%
Chinese/Mandarin	1	1%	1	<1%	2	1%
Laotian	1	1%	0	0%	0	0%
Nepalese	0	0%	1	<1%	1	<1%
Russian	1	1%	0	0%	0	0%
Korean	0	0	0	0	0	0%
Missing	0	0%	20	10%	1	<1%
Total	*197*	*100%*	*197*	*100%*	*178*	100%
Disability						
Communication: difficulty seeing	0	0%	0	0%	0	0%
Communication: difficulty hearing	0	0%	0	0%	0	0%
Communication: other, speech/language impairment	39	20%	20	10%	70	39%
Mental domain	4	2%	2	1%	0	0%
Physical/mobility domain	3	2%	0	0%	12	7%
Chronic health condition	11	6%	1	<1%	0	0%
Other	11	6%	3	2%	13	7%
[No Disability]	129	65%	171	87%	83	47%
Total	*197*	*100%*	*197*	*100%*	178	100%

Source: YMCA ChildPlus

[2] The MHSA categories of sexual orientation, veteran status, and current gender identity are excluded as instructed.

A supplemental survey asking only the following race and ethnicity questions was administered to families in May 2021. Black/African American children are the largest ethnic/racial group served (29%) followed by children reporting "Other" (28%) (See Table 5).

Table 5. ECTR Child Race and Ethnicity Demographics[3]

	Year 1 (N=154)		Year 2 (N=158)		Year 3 (N=109)	
	n	%	n	%	n	%
Race						
American Indian or Alaska Native	3	2%	4	3%	0	0%
Asian	8	5%	6	4%	10	9%
Black or African American	64	42%	75	47%	32	29%
Native Hawaiian or other Pacific Islander	0	0%	0	0%	0	0%
White	17	11%	36	23%	10	9%
Other	42	27%	15	9%	30	28%
More than one race	18	12%	20	13%	18	17%
Declined to answer/Unspecified	2	1%	2	1%	9	8%
Total	*154*	*100%*	*158*	*100%*	*109*	*100%*
Ethnicity: Hispanic or Latino						
Caribbean	0	<1%	1	<1%	0	0%
Central American	2	1%	1	<1%	2	2%
Mexican/Mexican-American/Chicano	37	30%	42	27%	35	32%
Puerto Rican	0	<1%	1	<1%	1	1%
South American	1	<1%	2	3%	2	2%
Other	1	<1%	0	0%	2	2%
More than one ethnicity	5	4%	15	9%	8	7%
Declined to specify	0	3%	1	<1%	0	0%
Total Hispanic or Latino	46	*30%*	*63*	*40%*	*50*	*49%*
Ethnicity: Non-Hispanic or Non-Latino						
African	53	34%	59	37%	7	6%
Asian Indian/ South Asian	2	1%	3	2%	0	0%
Cambodian	1	1%	2	1%	1	<1%
Chinese	1	1%	2	1%	3	3%
Eastern European	0	0%	1	<1%	0	0%
European	1	1%	2	1%	0	0%
Filipino	0	0%	0	0%	0	0%
Japanese	0	0%	1	<1%	0	0%
Korean	3	2%	0	0%	0	0%
Middle Eastern	6	4%	2	1%	2	2%
Vietnamese	0	0%	0	0%	1	<1%
Other	4	3%	11	7%	10	9%
More than one ethnicity	4	3%	0	0%	2	2%
Declined to specify	5	3%	12	8%	21	20%
Total Non-Hispanic or Non-Latino	*80*	*52%*	*95*	*60%*	*50*	*45%*
Ethnicity: Both Hispanic/Latino and Non-Hispanic Latino	*16*	*10%*	*0*	*0%*	*3*	*3%*
Ethnicity: Declined to answer	*12*	*8%*	*0*	*0%*	*9*	*8%*

Source: ECTR Supplemental MHSA Race/Ethnicity Survey

[3] The MHSA categories of sexual orientation, veteran status, and current gender identity are excluded as instructed.

Staff Demographics

In this third year of the program, a total of 41 staff who work at the four Berkeley YMCA Head Start sites responded to an online survey in the summer of 2021 for the evaluation. The survey was sent to 61 YMCA Head Start staff, including teachers and assistant teachers, managers, directors, coaches, family advocates, mental health consultants, and program assistants. The response rate was 67%.

Survey respondents in this third year of the ECTR program reflect the general breakdown of respondents over the past three years. They work at West YMCA (37%), South YMCA (32%), Oceanview (17%), and Vera Casey (12%) (See Table 6 below). Over half of survey participants have worked at the YMCA for greater than six years (52%), with 39% who have worked for Head Start for over 9 years. About a quarter of respondents have worked at YMCA for 3-5 years (27%) and about one in five have worked there for two years or fewer (22%). Participants include teachers (44%) and teacher assistants (24%), family advocates (12%), and administrative staff such as center directors (7%), and other staff (10%). The great majority are female (83%), and nearly half identified as either Hispanic/Latinx (34%) or Black/African-American (17%). Just under half of respondents were also Resiliency Champions (42%).

Table 6. Demographics of ECTR Staff Surveyed

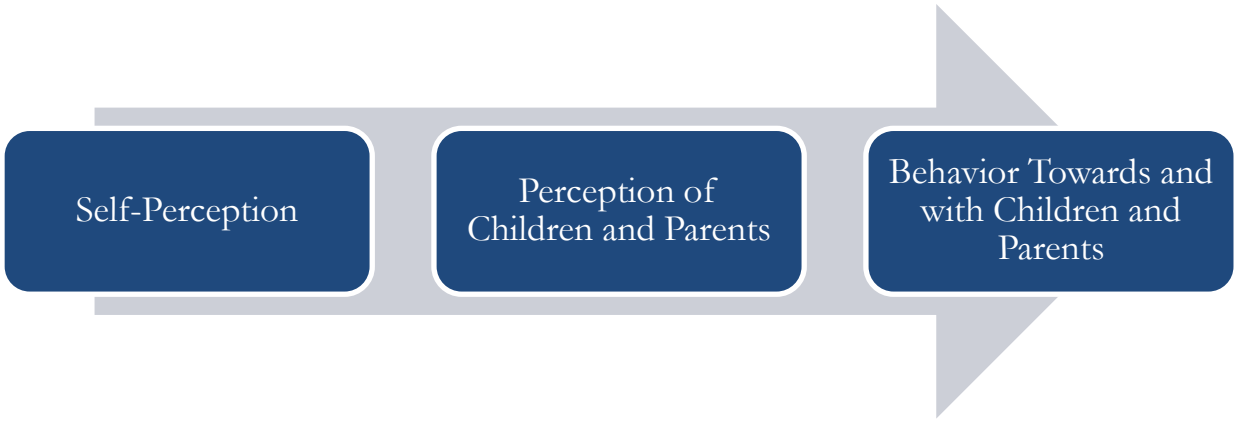
	Year 1 %	Year 2 %	Year 3 %
Site			
Oceanview	17%	21%	17%
South YMCA	30%	31%	32%
Vera Casey	8%	12%	12%
West YMCA	43%	35%	37%
Other (responses: all sites, admin office)	2%	2%	2%
Length of time at YMCA			
Less than one year	12%	8%	5%
1-2 years	22%	14%	17%
3-5 years	20%	27%	27%
6-8 years	12%	10%	12%
More than 9 years	35%	42%	39%
Job Title/Role			
Teacher Assistant	30%	25%	24%
Teacher/Head Teacher	37%	48%	44%
Area Manager	5%	6%	0%
Center Director	5%	6%	7%
Coach	2%	0%	0%
Family Advocate	5%	8%	12%
Mental Health Consultant	5%	0%	0%
Program Assistant	3%	0%	0%
Other Manager	7%	0%	0%
Other (responses: floater, inclusion manager, kitchen)	2%	6%	10%
Missing	0%	2%	2%
Sex			
Female	77%	85%	83%
Male	5%	0%	0%
Missing/Declined to answer	18%	15%	17%
Race			
American Indian or Alaska Native	2%	0%	0%
Asian	7%	10%	12%
Black or African American	18%	17%	17%
Native Hawaiian or other Pacific Islander	0%	0%	0%
White	5%	8%	12%
Hispanic or Latinx	30%	37%	34%
Other	5%	2%	5%
More than one race	3%	0%	0%
Missing/Declined to answer	30%	27%	12%
Staff is a Resiliency Champion			
Yes	N/A	35%	42%
No		50%	51%
Missing		15%	7%

Source: ECTR Evaluation Staff Survey, June/July 2019 (N=60), May/June 2020 (N=52), May/June 2021 (N=41)

HTA developed and administered a 39-item online survey to teachers and staff at the four sites in May and June 2020. The survey was developed by HTA in collaboration with ECTR program leaders adapting some questions from the Year 1 survey as well as 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. The survey is 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 and how that impacts their behavior, and changes in how staff approach the children and families with whom they work. In the first year, the survey was administered in the summer of 2019 and designed slightly differently as a post-retrospective survey. It asked staff how they would have answered questions prior to ECTR trainings began and then how they would answer in the past 30 days. A few questions were added over the next two years in response to Covid-19 and other programmatic changes.

ECTR's Theory of Change posits that as staff attend trainings and learn about recognizing trauma, their own triggers, and strategies to working with children and families struggling with trauma, staff will change their own perceptions and feelings about trauma through reflections on their own lives and how that affects the way they work with children. Subsequently, they will 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 will 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

While there was incremental growth in the Year 1 survey results across staff views, their perceptions of children and their parents, as well as their behavior working with children and families there is limited growth in this second year. The YMCA and its ECTR project entered unchartered territory as a result of the stay-at-home orders resulting from the Covid-19 pandemic. While the ECTR trainings continued online and staff remained engaged with families, the ECTR project model is built on the premise that staff have day-to-day, intensive, in-person interactions with children throughout the school day, five days a week. Once the Head Start program shifted to virtual, children were no longer in the care of YMCA staff and YMCA staff did not have many opportunities to employ the strategies they continued to learn in trainings and Resiliency Circles. Their work with families was frequently limited to quick phone calls to check in. Likewise, the survey was not designed to measure the impact of a program that is shifting and pivoting to such a degree but rather for a structured and set program. This is important to highlight in order to contextualize those findings in that very unique year of ECTR programming.

Staff's familiarity with trauma-informed approaches continues to grow every year of this ECTR project. Over a third (39%) of participants expressed that they were "very" familiar with trauma-informed approaches this year which is an increase from 29% who expressed this last year, and 18% who expressed it in the first year (See Table 7 below).

Table 7. Staff Familiarity with Trauma Trainings

How familiar are you with trauma-informed approaches to support children/families?	Pre		Post Year 2		Post Year 3	
	n	%	n	%	n	%
Very familiar	11	18%	15	29%	16	39%
Somewhat familiar	39	65%	36	69%	23	56%
Not at all familiar	7	12%	1	2%	0	0%
Not Sure	1	2%	0	0%	2	5%
No response	2	3%	0	0%	0	0%

Source: ECTR Evaluation Staff Survey, June/July 2019 (N=60), May/June 2020 (N=52), May/June 2021 (N=41)

On average, survey respondents attended more trainings (3.42) than the year prior (2.25) through the ECTR project. See Table 8 below.

Table 8. Number of Trauma Trainings Attended by Staff

	Post Year 2		Post Year 3	
	n	%	n	%
0 trainings	7	14%	3	7%
1 training	13	25%	9	22%
2 trainings	8	15%	3	7%
3 trainings	10	19%	7	17%
4 trainings	12	23%	5	12%
5 trainings	2	4%	5	12%
6 trainings	n/a		6	15%
7 trainings	n/a		7	2%
8 trainings	n/a		8	5%
Mean # of trainings attended	***2.25***		***3.42***	

Source: ECTR Evaluation Staff Survey, May/June 2020 (N=52) Month 2021 (N=41)

Staff Views and Perceptions

In the survey, staff were asked about their views and perceptions of their own trauma and triggers, as well as their perceptions of children and families. In this third year of the program, staff felt most confident "that my actions had the ability to help a child who has been exposed to trauma" (76%) and "in using trauma informed strategies" (69%). These results are reflective of those in Year 2 (See Table 9 below). In questions pertaining to triggers, there was an increased awareness by staff of what their triggers were both in terms of their own trauma (49% compared to 29% in Year 2), and that of the behavior of a child (56% up from 49% in Year 2).

We see two years in a row recently where very few staff report they had difficulty maintaining a positive learning environment because of challenging classroom behavior (3% in Year 2 and 7% in Year 3). This may be related to the fact that staff were not regularly working directly with children at the time of the survey as a result of closures for Covid-19.

Table 9. Staff Self-Perception

	Pre % "Often" or "Always"	Post Y1 % "Often" or "Always"	Post Y2 % "Often" or "Always"	Post Y3 % "Often" or "Always"
I felt I could handle every serious behavioral issue by myself	38%	43%	38%	38%
I reflected on my own trauma and triggers	38%	67%	29%	49%
I noticed when I felt triggered by a child's behavior	51%	70%	49%	56%
I felt confident in using trauma informed strategies	69%	74%	67%	69%
I had difficulty maintaining a positive learning environment because of challenging classroom behavior	21%	26%	3%	7%
I felt confident that my actions had the ability to help a child who has been exposed to trauma	76%	81%	72%	76%

Source: ECTR Evaluation Staff Survey, June/July 2019 (N=60), May/June 2020 (N=52) May/June 2021 (N=41)
Note: Percentages are valid (i.e. exclude missing and N/A responses). Pre and Post Y1 results are among staff who responded to the item for both the Pre and Post time periods. Percentage of missing or N/A responses for perception, behavior, and morale items in the Pre/Post Year 1 survey ranged from 20-36%, and from 15%-44% in the Post Year 2 survey and 12%-27% in Post-Year 3 Survey.

For the survey items regarding staff perceptions of students and parents, staff sentiment about children and their future demonstrated a generally positive trend over the duration of this project that are increasingly seen and understood family and child trauma and the benefit of their using trauma-informed strategies in their work. (See Table 10 below). None of the staff "felt that a child's actions/behavior made me irritated" (from 14% in post-Year 1 to 6% in post-Year 2 and 0% in Post Year 3) and most continued to feel generally hopeful about the lives of the children" (78% in Year 2 and Year 3) and "saw" how "class disruptions" or "behavior problems" could be related to trauma the child has experienced" (74% compared to 38% in Year 2). In Post Year 3, there was an increase in how staff 'saw' how children (from 56% to 62%) and parents (from 46% to 56%) were impacted by trauma and also how staff saw "improvements in a child's behavior after I used trauma-informed strategies" (from 33% in Year 2 to 63% in Year 3).

Staff understanding "why families may not seek out or accept mental health services/programs they need" dropped from 78% in Year 2 to 56% in Year 3. This may be an area worth investigating, whether staff need to revisit training topics or whether this is just a symptom of their frustration working with certain families they feel would benefit from services.

"I have learned a lot, especially a few years ago with the anger issues. Parents are not getting help. We have to treat the parent as a child when trying to tell them what is going on. Explain it slow. I understand where parents are coming from too." – Pre-school Teacher, 2021

As staff described in a Year One focus group, participants described the challenges of getting parents to see the issues with their child and to get them to agree to seek services.

- "It's difficult if families don't agree that there are behavioral issues, they don't want to see it."
- "At the end of the day it's the family's choice to get extra services, and it is frustrating when they decline."
- "Parents don't want their kids labeled"
- "We will put in referrals for extra services, but it's up to the parents to accept."
- "We need to educate the parents."

An extra question was added in Post Year 3 that reflected on the impact of the trauma training taken by staff on ability to see strengths in families. Just over half (56%) of the staff felt that they were better able to recognize this than before the training.

Table 10. Changes in Perceptions of Students and Parents

	Pre % "Often" or "Always"	Post Y1 % "Often" or "Always"	Post Y2 % "Often" or "Always"	Post Y3 % "Often" or "Always"
A child's actions/behavior irritated me	11%	14%	6%	0%
I saw how children at my site have been impacted by trauma	67%	69%	56%	62%
I saw how parents/families have been impacted by trauma	66%	66%	46%	56%
I saw how "class disruptions" or "behavior problems" could be related to trauma the child has experienced	67%	74%	38%	74%
I saw improvements in a child's behavior after I used trauma-informed strategies	46%	59%	33%	63%
I felt hopeful about the lives of the children at my site	81%	84%	78%	78%
I understood why families may not seek out or accept mental health services/programs they need	70%	70%	78%	56%
I see strengths in families I would not have recognized before the trauma trainings	--	--	--	56%

Source: ECTR Evaluation Staff Survey, June/July 2019 (N=60), May/June 2020 (N=52), May/June 2021 (N=41)
Note: Percentages are valid (i.e. exclude missing and N/A responses). Pre and Post Y1 results are among staff who responded to the item for both the Pre and Post time periods. Percentage of missing or N/A responses for perception, behavior, and morale items in the Pre/Post Year 1 survey ranged from 20-36%, and from 15%-44% in the Post Year 2 survey, and from 17%-22% in Post Year 3.

Staff Behaviors

Nearly all staff (91%) reported that they kept themselves "calm and regulated in moments working with a student who is challenging." As with Year 2, about one in five respondents (21%) still "felt hesitant to refer students to mental health resources." (See Table 11 below.) A high percentage of staff emphasized teamwork in their role with 80% "working with other co-worker to support a child with emotional or behavior issues related to trauma" (from 68% in Post Year 2).

The percentage of staff who "knew where or to whom to go when I had questions about a child's or parent's mental health", while still high, had dropped from 85% in Post Year 2 to 80% in Post Year 3. However, **the percentage of staff who "used strategies rooted in trauma informed practices" dropped more dramatically from 74% in Post Year 2 to 58%, a proportion below those at Year One of 67%. It would seem that although staff still knew where and who to turn to with questions about a child or parents mental health, their ability to draw on their trauma informed training and use the tools they had learned to cope with their responses to challenging behaviors had dropped.**

With a return to in-school teaching, the results remained stable or showed a slight increase to "pre pandemic" percentages on questions about relationship-building with families like "I felt comfortable talking to parents about their child's emotional, developmental, or behavioral issues" (68% to 71%),"I worked with a child's parent/family to support a child's emotional or behavior issues related to trauma" (53% to 61%), "I was able to build rapport with most parents/families" (66% to 65%). However, while 71% of staff "felt comfortable talking to parents/families about their child's emotional, developmental, or behavioral issues related to trauma", an increase from 68% in Post Year 2, there was a drop from Post Year 2 in sharing information on trauma and its effects on child's behavior with families (53% to 38%) as well as sharing ways to "manage challenging trauma-related

behavior" (50% to 38%). Three quarters (77%) of the staff reported feeling "more compassion for the families/children I work with."

Table 11. Changes in Staff Behaviors

	Pre % "Often" or "Always"	Post Y1 % "Often" or "Always"	Post Y2 % "Often" or "Always"	Post Y3 % "Often" or "Always"
I was able to build rapport with most parents/families	79%	81%	66%	65%
I felt comfortable talking to parents/families about their child's emotional, developmental, or behavioral issues related to trauma	67%	79%	68%	71%
I worked with a co-worker to support a child with emotional or behavior issues related to trauma	80%	84%	64%	80%
I worked with a child's parent/family to support a child who had emotional or behavior issues related to trauma	63%	75%	53%	61%
I shared information about trauma and its effects on behavior with parents/families	50%	67%	53%	38%
I used strategies rooted in trauma informed practices	67%	79%	74%	58%
I shared ways that I manage challenging trauma-related behavior with parents/families	51%	63%	50%	38%
I felt hesitant to refer a child to mental health resources (e.g., mental health specialist, outside mental health services)	21%	28%	21%	12%
I knew where or to whom to go when I had questions about a child's or parent's mental health	79%	81%	85%	80%
I kept myself calm and regulated when working with a child with challenging behavior	87%	93%	94%	91%
I feel more compassion for the families/children I work with	--	--	--	77%

Source: ECTR Evaluation Staff Survey, June/July 2019 (N=60), May/June 2020 (N=52), May/June 2021(N=41)
Note: Percentages are valid (i.e. exclude missing and N/A responses). Pre and Post Y1 results are among staff who responded to the item for both the Pre and Post time periods. Percentage of missing or N/A responses for perception, behavior, and morale items in the Pre/Post Year 1 survey ranged from 20-36%, and from 15%-44% in the Post Year 2 survey, and from 15% -22% in Post Year 3 of the Survey.

In open-ended survey responses, staff described how the trauma trainings and/or resiliency circles impacted their awareness of how trauma impacts families and children:

> **"The trauma training to me brought about an awareness of some of the after effects trauma have on children and families. It taught sensitivity, empathy, and compassion."**
>
> **"I am much more empathetic and understanding towards the struggles families are facing, and how they might project those struggles."**
>
> **"Just to understand their emotions and be a good listener about families emotional needs, look for mental support when family need it, and the most important support our children emotionally in the classroom."**

Some were more specific in how the training had given them a new perspective and greater understanding of the impact of trauma on children and families:

"I learn that [it] depend[s] on us if we want to keep a negative thought all the time with us or we can move on to a positive way."

"The circles help me to stop and think carefully before responding to a situation."

"More compassionate and understanding. More reflective about behaviors I see as associated to trauma."

"I understand that how we feel, this will be the environment in which those around us will be. So we have to know how to control our emotions and have a positive mind."

"The trainings have helped remind me of the signs of trauma in young children and how challenging behaviors can sometimes be connected to trauma experiences as well."

Others appreciated the training and how it enabled them to do their job better:

"I appreciate the opportunity to received quality trauma trainings, which help me to provide support to the families and myself."

Or helped them at home or in their world outside YMCA:

"After having trauma training, I think about what type of trauma a child may be going thru at home. It also helps me with my grandchildren that I am raising."

Staff also reflected on how the resiliency circles helped them to understand how trauma impacted themselves and the importance of self-care:

"The training helped me to understand first myself and then understand others."

"The resiliency circles have been a good reminder that self-care and a supportive environment is crucial to reduce stress levels which have been higher than normal with the impact of the pandemic on staff, families and children."

"I am thoughtful instead of reactive."

"I let out my inner want[s] and hopes."

"Learn to always take care of myself. Self-care is important for me. If I don't maintain myself strong and healthy no one will."

One respondent referred to the context of the last two years and the impact it has had on everyone:

"**We all had experienced a hard time for this pandemic, and we all need help for support this feelings. I believe that we need to help each other**."

Staff Morale

The evaluation also asked five questions, 2 from Post Y1 and Y2 and 3 new questions for Post Y3 to assess staff morale at the YMCA Head Start sites. Although the positive responses to these questions were higher in Year 2, the two questions reveal that a high proportion of staff continue to enjoy working at the school (89%), and staff

relationships are overall positive and supportive (80%). For the three extra questions added in Year 3, responses for two were at the same level for other items in this category, with 80% of staff feeling "more compassion for my fellow staff member" and "I take care of myself" (81%). However, a comparatively lower proportion of the staff (62%) felt "seen and heard at YMCA, as a full human" (See Table 12 below).

As the program evolves post-grant funding 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 12. Staff Morale

	Pre % "Often" or "Always"	Post Y1 % "Often" or "Always"	Post Y2 % "Often" or "Always"	Post Y3 % "Often" or "Always"
The relationships among the staff at this school were generally positive and supportive	85%	85%	91%	80%
I enjoyed working at this school	98%	94%	93%	89%
I feel seen and heard at YMCA, as a full human	--	--	--	62%
I feel more compassion for my fellow staff members	--	--	--	80%
I take care of myself	--	--	--	81%

Source: ECTR Evaluation Staff Survey, June/July 2019 (N=60), May/June 2020 (N=52), May/June 2021 (N=41)
Note: Percentages are valid (i.e. exclude missing and N/A responses). Pre and Post Y1 results are among staff who responded to the item for both the Pre and Post time periods. Percentage of missing or N/A responses for perception, behavior, and morale items in the Pre/Post Year 1 survey ranged from 20-36%, and from 15%-44% in the Post Year 2 survey and from 12% to 17% in Post Year 3.

"Our teaching staff have exhibited a level of empathy towards the children and families whereas they have purposed themselves to see them differently with the intention to better understand rather than labeling or pathologizing. Another layer to this shift has been their own awareness of their past historical trauma and how close their adverse childhood experiences are to the children and families we serve. With the heightened awareness and knowledge, they too have begun the work towards healing and restoration within their own lives." -Dr. Anita Smith, ECTR Project Coordinator, 2020

Mental Health Referrals

Number of Mental Health Referrals

As a critical component of the MHSA grant, mental health referrals were to 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 three years, the number of mental health referrals slightly increased to five referrals last year and then decreased to 0 in this third year (Table 13). In theory, 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.

Table 13. Number of Mental Health Referrals

School Year	# Children Referred
2017-18 (baseline)	9
2018-19	4
2019-20	5
2020-21	0

Source: YMCA Program Information Reports (PIR) forms

The reality of this outcome measure however is that ECTR leaders have since concluded that connecting children via Mental Health Referrals to an external service may not be the best or most appropriate method of serving children who need services, especially now that site-based staff are holding children and their needs differently.

Referrals to "Appropriate" Mental Health Services

Originally, ECTR project leaders established a mental health consultation process where the teachers start their own early observations of children in collaboration with the observations of Mental Health Consultants/Specialists. They also complete forms that show patterns of behavior which allows for questions, rather than complaints, about a child for whom they would previously have no tangible behavioral examples. These forms provide an opportunity to discuss and initiate Trauma Informed Care strategies within the consultation meetings and classrooms.

Additionally, a new Mental Health Referral form, implemented in the fall of 2019, was initiated to be intentional about outside referrals and determine if they were "appropriate." In other words, documenting whether staff contacted referral agencies before the referral, whether the agency was a thoughtful match for the child, whether families utilized the referral, and whether it met families' needs. These are used by the Mental Health Consultants/Specialist during the parent meetings with their approval, to refer children out for mental health services to appropriate organizations that are trauma-trained and informed. Our Mental Health Consultants/Specialists initiate the connection with organizations and the parents to begin the intake process with the purpose of building rapport with the organization as a secondary contact if they have challenges connecting with the parents afterwards. Mental Health Consultants/Specialists do a 15- to 30-day follow-up with the parents to inquire about the follow through on acquiring services. If the parents have not followed through, then the Mental Health Consultants/Specialist inquires to see if they can help facilitate any further. If it is decided collaboratively with the parents that a therapeutic preschool setting would be a better fit for their child, then a Mental Health Consultant/Specialist would support them by accompanying them on a tour/visit of the new preschool. This initiates the intake process and move.

Four children received five referrals between December 2019 and July 2020. All (5 of 5) referrals were appropriate, in other words, the referral agency had availability to take new clients, is located somewhere accessible to the client, has experience with children age 0-5, is a cultural match for the child, and was given information about the child's needs. Three of the four families utilized the services of the referral, and all families who utilized the services expressed that it met the families' needs. One child/family was referred to the same agency twice but did not utilize the service the first time (February 2020) because of the stay-at-home orders. The second time (July 2020) the family did not utilize the service because the child's mom indicated that she had not been contacted.

The ECTR project leaders have expanded their categorization to include mental health as well as behavioral health referrals. When designing the project, the project team initially thought referring more families to external mental health specialists would be the ideal scenario. As the project team has come to learn, that may not be the best option in terms of getting the right support to the children who need it. Additionally, getting families to agree that their child requires services and to agree to see a specialist is an ongoing challenge. Based on these learnings, the ECTR project has pivoted to support children who need a higher level of care in a much more appropriate and expeditious manner by bringing specialists directly into the classroom. As described by the project coordinator in 2020:

"Due to the early establishment of the new procedure which encourages early observations and inquiries, we have been able to have several children placed at two therapeutic preschools in the Bay Area being Maya Angelou Academy in Oakland and EBAC (East Bay Agency for Children) here in Berkeley. This can be seen as a rarity; due to classroom room size being considerably smaller than our classrooms, they fill up very fast. The collaboration with teachers and parents helps consider the wellbeing of the child and do not allow for things to be overlooked, ignored or dismissed. We have also had the benefit of working in collaboration with our Inclusion Team to coordinate having Behavioral Aides through Juvo (Autism and Behavioral Health Services) come into our classrooms to work with children who have both behavioral, developmental, and trauma concerns. We have been fortunate to witness the effectiveness of this support for current children within our program that would have otherwise been unmanageable within the classroom setting. These children's parents were not able to benefit from mental health services due to many personal and systemic issues, so to provide these services has been a true turn around for these children."

In this third year of the program and definitely since the pandemic began, leaders also see many outside referral agencies (e.g., therapeutic preschools) are no longer accepting new referrals for safety reasons. Outside referrals that were accepting new children were for virtual meetings that are not as effectively for children of this age, especially when they are with someone with whom children are unfamiliar. Program leaders describe that the need also changed as a result of trauma trainings because staff engagement with children changed. There was also the added benefit that when classrooms re-opened, spaces were limited initially to children of essential workers. These small class sizes were one of the benefits of the therapeutic preschools to begin with. The YMCA also increased the number of ADA aides available for one-on-one support for behavior and emotional issues in the classroom. This staff person was allowed into the classroom during the pandemic which allowed them to stay at the YMCA rather than be referred out. An unintended benefit was that all the other children in the classroom also learned to think differently about that child in terms of how to interact and play with them, rather than seeing them as "bad."

As program leaders see it, building the YMCA sites' internal capacity was always central to the design of the grant. When it comes to mental health referrals, "the action is where the kids are" and periodic pull outs takes a long time. If they are able to bring in aid to the classroom for a child, that is more efficient than sending the child out twice a week. They plan to prioritize funding to internal specialists because external mental health referrals are only a small part of the picture. Having the internal capacity to support children builds staff confidence and what sets this program apart. They want the YMCA classroom to be the place for daily habit making, emotional development, learning how to work productively with others, and how to manage having a hard time. "We saw that investment in the last three years. We saw this lead to fewer mental health referrals. There was no outside capacity for referrals anyway but there was also less need."

Conclusion

In this final year of the ECTR program, staff have demonstrated a commitment to trauma-informed and resiliency strategies and applying these strategies and others from trainings on topics such as Self Care and Emotional Intelligence in their day-to-day work with children and families as well as in their personal lives. Program leaders and staff describe in interviews how integrated these concepts have become in the culture of the YMCA sites and they are "rippling outward" to other sites based on the success other sites are seeing at the Berkeley YMCA sites.

ECTR leaders reflected on what would have happened over the past three years, especially during Covid closures, without the ECTR program:

"People would have been withdrawn, the resiliency wouldn't have been there. If we were not prepared for the overload of emotional tension, we could do more harm than good… But because [foundation was] put in place, the rain boots were on when it's storming, the majority of your body has been protected. You were affected by the pandemic but had the padding to bounce off stresses. We were always in community in sites –big community and

small community at each site. I saw how they banded together. You can feel like a teenager, so dysregulated. You can't leave the house. We'd get on zoom and get together with your colleagues. No staff ended up in a corner in the fetal position. They can't say they don't know about trauma. They have a common language… I would go to staff meetings during the closure and noticed a different type of capacity among staff. Center directors had some words to acknowledge people. There was consistency around empathy, appreciation, and sharing feelings. People were crying during staff meetings –sharing 'this is so hard for me.' People felt comfortable having these outpourings and knowing how to respond. And setting up that positive experience was remarkable. We would not have had that without the foundation [we built three years ago]… Some county sites were also able to ask for help –management was a part of our meetings even though they weren't part of grant. They knew they needed something although they couldn't name it. They knew we existed but they didn't have a mental health specialist. They implemented what we told them –I was floored. I hadn't worked with them but they received [my recommendations] and put it onto action. It trickled down."

We did see an unexpected finding in this third year of the staff survey where the percentage of staff who "used strategies rooted in trauma informed practices" dropped from 74% in Year 2 to 58% in Year 3, a proportion below those at Year One of 67%. While newly onboarded staff receive training on trauma-informed strategies, it may be beneficial for all staff to have a "refresher" training on the topic, either by an outside trainer or the Resiliency Champions.

As the grant funding ends, ECTR program leaders plan to continue, sustain, and evolve this trauma-informed work with the Berkeley sites and across other YMCA sites.

1. Systems change:
    a. While work still needs to be done to implement trauma-informed systems, trauma-informed language has been incorporated into the program. The CEO now talks about trauma-informed systems. The seeds have been planting for program leaders to carry this work forward and enact system-level changes.
    b. Providing more mental health support has become a priority, and there is a desire to increase the number of mental health staff rather than outsourcing mental health services to outside providers. ECTR program leaders have also committed to integrating mental health employees into teams and have provided teachers with additional mental health training and support.
2. Funding and Fundraising Priorities:
    a. ECTR leaders are looking into additional grant funding after the current grant expires. There are also potential sources of federal funding.
    b. One priority area will be securing funding to ensure that every site eventually has its own mental health and behavioral specialists (mental health staff are currently split across three local sites). Program leaders anticipate that, following the pandemic, there will be an increased interest in funding opportunities for mental health programming.
    c. Training for teachers around trauma-informed care and emotional intelligence will also be prioritized.
    d. ECTR leaders will also seek out additional funding to address early Head Start wellness goals. Wellness goals are usually centered around physical health (e.g., asthma and obesity), but ECTR leaders hope to find funding to implement a multi-faceted approach to wellness.
3. Developing Wellness Policy:
    a. ECTR leaders are in the process of developing a wellness policy that pulls together themes of wellness, self-care, coping, and emotional intelligence. There has been a programmatic and cultural shift to a growth mindset, and goals have shifted from surviving to thriving. One way that this reframing has been put into practice has been the implementation of Wellness Day, which used to be Staff Appreciation Day. Now, the day is spent on addressing different components of wellness through activities like yoga, a trip to the park, music and dance, games, and socializing with peers.
4. Incorporation of PEARLS:

a. ECTR has begun incorporating the Pediatric ACEs and Related Life-events Screener (PEARLS) into programming. Additionally, ECTR staff have worked to improve parental awareness of PEARLS through parent trainings, though not all components of PEARLS have yet been covered.

Appendix

Interview Summary

ECTR Staff Interview Analysis

1. Please tell me your role at YMCA and how long you've been in that role. Are you also a Resiliency Champion?

   Nutrition Specialist: Has been in YMCA Nutrition Spec. Nutrition Ed for about a year and a half. Prior to this role, was a family advocate for about 2 years as part of Resiliency Champions.

   Health and Family Service Specialist: Has been working as Health and Family Service Specialist for about 2 years now and at the YMCA almost 6 years. Family advocate before and shifted to more health aspects.

   Pre-school Teacher: Pre-school teacher, 3-5 for 7 years now. Started with infants and toddlers. Pre-schoolers last 4 years. Not a Resiliency Champion.

2. What, if anything, have you taken from the trainings in your work with children, their parents, your colleagues or your personal life?

   Overall, all interviewed staff described the trainings as helpful both professionally and personally. One common theme across interviewed staff was that staff have been able to apply what they learned through these trainings in their day-to-day interactions with children, their colleagues and with their own children. For instance, one staff member relayed that deep breathing is a common practice that she uses every day with her students. These trainings have also helped staff better communicate with students.

   What follows is a high-level summary of staff feedback by training type:

   Brain training:

   - All staff found this training helpful and reinforce what they knew before the training.
   - Staff have applied what they have taken from the trainings in their work and personal lives.
   - One staff member noted that this training provided tools that were realistic for staff use.
   - One staff member shared that the training introduced her to different terminology and approaches to support her students. Additionally, the training helped her reflect on her own triggers and sparked an interest in mental health.

   Self-care trainings (Emotional intelligence and Emotional Detox):

   - One staff member appreciated that all staff were in the same space and that the speaker was someone staff could relate to.
   - Another interview staff relayed that these trainings were helpful to shared and hear what others were doing to cope with pandemic-related stress.
   - Interviewed staff learned skills that they have applied while at work and/or at school. For instance, one staff member noted that it helped her frame how she might approach or process someone else's behavior (i.e., pausing intentionally before reacting to something). Another staff member shared one practice she took from the training is going on walks and taking breaks so that she is able to present and fully engaged with her students or with her own children at home.

     "When I go home, set work aside to focus on kids. This was hard to do before but with self-care training and experience it has gotten easier." – Health and Family Service Specialist

"I talked with other staff about these trainings about what's going on and/or give approaches and suggestions to take care of ourselves. We're all feeling this way so became a great way to accept that and it's ok to take time." – Health and Family Service Specialist

"We are the ones that hold power and we can learn a lot from children by listening and watching them, their verbal and physical reactions and using that to support them." – Health and Family Service Specialist

- Only one of the three interviewed staff members participated in a resiliency circle. This staff member said that while she likes the idea of these circles, she had some reservations about sharing what she felt. She added that maybe with more time she would warm up to being more open during the conversations.

Resiliency Champion Trainings:

- All interviewed staff appreciated that staff from different sites and roles within the organization participated in these trainings.
- One staff member noted that these trainings reinforced what she already knew and that the case studies examined during the training provided a framework for this work.
- Trainer (Julie) taught them how to share this information with colleagues and parents.

"The Resiliency Champion Trainings helped reinforce what I already knew. We as childcare providers, I was looking at it as helpful for staff. Not everything is peaches and cream. There are issues that come with staff. I could see this as something they could use." – Nutrition Specialist

"I really appreciated coming together. We all hold the same values. The resiliency circles helped us support those conversations without making it burdensome to talk about things that are hard. I was able to confide in them." – Health and Family Service Specialist

3. MH referrals to therapeutic schools/places outside YMCA etc now shifted to behavior aides in classrooms. How is that different? Better? Worse?

   Interviewed staff believe that staff who participated in the recent trainings are more aware of mental health needs of children before referring them out than before receiving the trainings. One staff member noted that she refers children to their mental health consultant but that only a few students have required a referral.

4. Work during Covid? Self-care, self-regulation, trauma lens? In what ways are you using these skills if at all during covid?

   Two of the three staff members reported using skills they learned from the self-care and stress management training during the pandemic. One staff member shared that meditation was very helpful to check-in with herself. She added that she not only shared meditation exercises with her mom, but also told her parents about it.

Nutrition Specialist:
Yes, hard, distance learning. Self-care and stress management were most useful. The strategies mentioned before were probably most useful.

Health and Family Service Specialist:
Helpful, had a lot of personal situations. Families past away. My emotional well-being was affected. Meditation was the biggest thing that helped me. Tuning into my body and understanding what was happening. Used to

have lots of panic attacks –tingling, breathing signs. Started meditation. Would think about family and kids. Mom is a teacher at West Y. Shared these with her too. Used these concepts at work and at home. Supported staff –being at home, Zoom meetings. Having them talk to teachers and staff -kids are stuck at home they need more activities. At home, you can meditate, read books together. Tell parents they need time to support child at home but also take care of themselves.

Pre-school Teacher:
Did help. Reminder you're stuck in house you can only do a couple things. Reminder of what is occurring in other people's homes maybe not your own home. Trauma doesn't end just bc it's not in your home and we're not at work. Still happening.

5. Anything else you'd like to share about these trainings, your work with colleagues, families or children?

- One staff member would've wanted to see the Resiliency Circles continue past the sunset of the grant.
- A staff member would like to see more support for staff/adults to reduce staff burnout.
- Two staff members shared that the trainings provided tools to better support parents

"They may feel like not great parents –this gives us support that there are diff parenting styles and it's ok if you don't have all the tools. But we're here to support you with what you do have." – Health and Family Service Specialist

Nutrition Specialist:
Something that came up during trainings, didn't cover physical touch re: trauma. Know that has come up in prior work. Thought I had.

Since grant is sunsetting, this is a great start to make everyone more aware of work. Would have loved to see R Circles to continue w staff. Education staff on trauma informed practices is important for providing care to children, but staff burnout and lack of support for adults when there are challenges. Not sure what has been going on. Want that more visible and strengthened. Would be really impactful. For entire program.

What have you heard about end of grant activities?
Haven't had good pulse on activities since stopped R Champions. Large trainings are one and done. Haven't had sense this is ending or closing. With such a big program. Want to make work visible –can be challenge to get everyone up speed.

Health and Family Service Specialist:
Trauma and resiliency trainings, really enjoyed it. Sparked my interest in this work. Excited to start with field work w Dr. Anita. Now w staffing support. Will be able in Sept to be able to do it more differently with families. Is this effective and maybe change it. Even though I do hear needs, want to apply it with parents. Trust, if we can be emotionally tuned in with them they will be more communicative w us. They may feel like not great parents –this gives us support that there are diff parenting styles and it's ok if you don't have all the tools. But we're here to support you with what you do have.

Pre-school Teacher:
I have learned a lot, esp a few years ago with the anger issues. Parents not getting help. Have to treat parent as a child when trying to tell them what is going on. Explain it slow. Understand where parents are coming from too. Self-care recently –trying to help morale improvement. Could apply to personal lives. If you deal with that on outside. Can leave it at door when you come in.

Her strategy: Changing the environment. Same mess but diff toilet. Can't moving and changing jobs bc have to do work on inside. Not something I've always done but now I see it. Others are like me, hear that too.

Also DB example relationship w mother –have seen relationship with mother and kids. Could offer help who is having same struggles.

Focus Group Notes

Date of Focus Group: 11/27/2019
Facilitator: Sophie Lyons, HTA

Participants:

- Family advocate
- Teacher
- Teacher
- Enrollment and childcare
- Teacher
- Teacher
- Teacher

6. **Tell me about your work with children. What are one or two examples of the MOST challenging behaviors for you and how do you typically handle them?**

- Sometimes kids have not been identified as having or needing an individual family service plan; teachers and staff do not know their diagnosis
    - Teachers are not always equipped to deal with behavior issues, causes strain
    - Need to work with kid one on one to address their individual needs – discipline and positive reinforcement
- Parents are low income, affects the social life of families
    - Some kids are in single parent households
    - Often behavioral issues are physical in the classroom– fighting, pushing, biting
    - Teachers have years of experience and can recognize
- It's the undiagnosed children or kids who have family issues who have behavior issues
    - Children are physical towards the adults, not always towards other kids
    - Teachers take a child development classes, and learn a little bit about how to handle issues, but is it not always enough
    - Personal experience as parent with a child at Head Start - she had a child with behavioral issues, so has learned from that and understands the parent perspective, but it is still very challenging to work with some parents
    - Parents are not as educated (about child development) and are in denial; they also pass down generational trauma
- Difficult if families don't agree that there are behavioral issues, they don't want to see it
    - At the end of the day it's the family's choice to get extra services, and it is frustrating when they decline
    - Parents don't want their kids labeled
- Staff/teachers will put in referrals for extra services, but it's up to the parents to accept
    - Need to educate the parents
- In past 5 years, has seen/experienced more aggression from the kids, but not sure why
    - Kids are impulsive and quick to anger, short tempers, quick to react

Steps teachers and staff take to address issues

- Not allowed to call a parent for pick up, so they have to manage the behavior at school

- Teachers rely on each other to take over when they need a break – They are often able to recognize when they need to be separated from the child because they are getting overwhelmed/tired/too frustrated
    - They use a team approach in the classroom
- Document using ABC charts and they call parents to talk about their child when they complete these forms
    - Teachers try to focus on the positive with the parent when they come pick up the child, but also talk about the challenges with the parent
    - Use parent teacher conferences to talk about the challenges and the help kids need
- Teachers and staff try to drive home the point of safety to parents – help parents understand that they have a goal of keeping classrooms safe, so when one child is having behavioral issues, it means that one teacher has to work individually with them, which can decrease safety in the classroom
- When they talk to parents who blame other kids, they need to help parents see the good and the bad – they try to help parents see that all kids need to and deserve to be here
- Some parents are in denial – say the kid is fine with them and behaviors only happen in school
    - Have to try and get parents to see why that might be the case, that kids behave differently in different environments
- Try to give the kids all the love they can, but there is still a lot of stress
    - Even one challenging behavior kid can be a lot as they need the one on one time with teachers and staff

7. Tell me about your relationships with parents. How do you handle difficult conversations around their child's behavior/needs? What is your process like when working with parents around their child's challenging behavior/needs?

- A lot of times parent issues take priority over the child's issues
    - Talking about the child turns into a conversation about the parents' issues and needs
    - Parents get this help from family advocates, but cannot get out the mindset when they talk to teachers as well
    - The teachers are focused on the child's needs, while the FA is focused more on working with the whole family
- Many parents are in denial – "they don't do this at home…"
    - Or the challenging behavior is normal at home, so parent doesn't see it as an issue
    - Or parents who say they will be involved in finding a solution, but then they avoid the conversation with teachers
- If a parent does come to school to discuss the child during the day, a teacher has to leave the classroom to talk to a parent who is upset and could cause another safety issue
    - Parents say hurtful things to the teachers, sometimes they are discriminatory and disrespectful
    - Parent treat teachers like they are their employees sometimes

What could help the conversations with parents:

- Need a more strictly enforced code of conduct for anyone who comes in – parents need to stick to it, there is no consequence when parents do not follow it
    - At most there is a conversation
    - They just want parents to understand that they are trying to help the child in a school setting, trying to get them ready for bigger schools – teachers need help getting parents to understand what school is, that it's not just childcare
- Parents also experience a lot of trauma – teachers and staff know and recognize this

- It's important to think about who is talking to the parents, a white staff member telling a parent of color what to do may not be effective

8. **What has been your experience with working with colleagues to help a child/family who has challenging behavior issues? What role do you see for yourself in helping families access mental health services? (Have you tried to help a child or family get mental health support? Why or why not?)**

- Sometimes there is a misunderstanding – teachers know they are supposed to serve families
  - But sometimes teachers don't feel that they have the support they need from administration – there's a lot of turnover
- Have mental health consultation meetings to talk about development of children
  - When families meet with different people who are telling them the same thing, this can help the family get on board
- Try and learn the personality of the family, who is the best person/teacher to approach them
- Case consultation is important, it's when you get to sit down with families
- Inclusion specialists and speech consultants are very helpful, teachers feel like they can go to them for help with a kid
- If you're a new teacher, you'll get walked over by the parents, need to have a veteran teacher in the room with you
- Staff have to be on the same page, need to have good working relationships
  - Teachers will talk to parents and then they will go to FA, the FA needs to know what's going on before they talk to the parent
  - Some parents would rather talk to the FA, so all teachers and staff need to be aware and on the same page, FAs sometimes know more about what is going on with the family
  - But sometimes it is challenging when parents feel more comfortable talking to the FA (rather than the teacher) – raises a red flag for the teacher, they feel as if families should be comfortable talking to the teacher
- Line of support exists, but sometimes the inclusion/mental health consultants are not available enough or you are too busy to do the one on one with them
- When you do a referral form, but then the ball gets dropped or there is no follow up, this can be very frustrating

9. **Some of you may have taken an online survey from us a few months ago. We have some results that we want to share. Are these numbers surprising? Do they sound accurate? Why or why not?**
   a. **The percentage of staff who reflected on their own trauma and triggers increased from before to after the program started: 38% to 67%.**
   b. **The percentage of staff who could identify when they felt triggered by a child's behavior or actions increased from before to after the program started: 51% to 70%.**

- First statistic is accurate likely – Julie's training could have helped staff see their own trauma and triggers, her introduction about herself was the best thing she presented
  - Not sure about the second stat – may not be accurate

10. **Have you attended any of the recent trauma trainings (Understanding Trauma Informed Practices for Early Childhood Programs with Julie Kurtz; Self Care: Getting a PhD in You! with Julie Kurtz; Resiliency Champion trainings)?**

- Didn't find the trainings helpful – not agreeable to Julie's approach (*agreement from one other person in the group*)
- Initial story that Julie told about her own background was interesting and helpful, but then the rest of the presentations were not as helpful
    - Would be more helpful to have this person be able to show what they can do in the classroom, not just tell them what might work
- Every situation in the classroom is different, so what they are being trained on will not be the same or work for everyone
    - Training needs to be tweaked for different situations
- The "if you do x, then y will happen" way of training doesn't help as staff knows that kids have differences in what they need
    - Training is too "basic" teachers are more aware of trauma, they know more than the trainers expected
- The trainings are way too long – a multi hour training is hard to pay attention to (*group agreement on this*)
- Maybe the trainings should be done in smaller groups (*group agreement on this*)
    - Not everyone is paying attention, therefore they won't bring what they learned back to the classroom
    - Center by center would be better, smaller group trainings would be more effective
- Some teachers are not ready because they have their own traumas
    - Teachers have to deal with their own traumas
    - Trainings may heighten some people's awareness of traumas
- Anita provides more individualized care for teachers, which has helped
    - Teachers love working with Anita
- There has been progress in getting teachers to understand and recognize trauma, but there is still work to do
- It's the person, not the trainings themselves, that might be the problem
    - Didn't vibe with the style, too lecture based, too long
    - Interactive activities were better, need movement activities

11. **Has anything you learned in trainings changed or helped with your relationships with children? Parents? Colleagues? In your personal life?**

- Learning the physicality of what happens when they are triggered by a child's behavior
    - Smell reminders, etc.
- Talking about the importance of self-care was helpful, now they think about the self-care when a child is exhibiting challenging behavior
- There is a line that parents cross, we can't blame the teachers for reacting poorly sometimes
    - How do you "train" teachers to not have their own reactions, to not take things personally
- Need concrete strategies for how to work with parents
- Teachers are champions for each other, they feel protective of each other
- But parents also need actual consequences when they break the code of conduct, it can't just be
    - Bargaining team with the union is working on the importance of the code of conduct and holding parents accountable

Full Narrative Transcript, ECTR Project Coordinator

1. How did Head Start address trauma in children/families before the ECTR program?

Previous to the City of Berkeley Trauma grant the YMCA of the East Bay had established Mental Health Consulting whereas monthly classroom consultation meetings were conducted with teachers, Center Directors, Family Advocates and Mental Health Consultants/Specialists. Within these meetings, classroom dynamics were discussed which includes those children with what was considered "challenging behaviors" as well as resources that could be utilized to support them. This collaboration meeting would yield mental health consultation strategies and plans that would include social and emotional strategies to support the children on the radar and the classrooms as a whole.

In addition to these meetings individual child consultation meetings would be held with parents in order to gain more developmental and historical information that would help to better understand what was going on with their child and any family dynamics that were attributing to their child's presentation within the classroom. Additionally, within these parent meetings, a Positive Behavioral Support Plan would be established with strategies for the classroom and for the parents to utilize at home. Within these meeting outside resources were discussed like mental health services for the child and family as well as the possibility of a new small therapeutic preschool placement and possible psychological assessments needed to diagnosis with the intention of effective interventions. Parents would sign this document as an indication of acknowledgement and acceptance of their role and the steps that are necessary to support their child. This was to ensure the parental role in promoting their child's developmental and academic advances not only within the classroom setting but, in their child's, everyday life. This is seen as preventative care rather than intervention. Frederick Douglass stated that "it is easier to build strong children then to repair broken men."

2. What did you change with the ECTR grant? How? Why?

Our intention as The YMCA of the East Bay in applying for and accepting the City of Berkeley Trauma grant, is to empower or teaching staff, administration and management with evidenced based knowledge that is trauma informed with the purpose of changing the lens from what is wrong with this child to what has happened to this child. We believe that this knowledge would empower those within these classroom settings to change their individual understanding, mindset and heart set towards the children and families we serve. Therefore, since the onset of Trauma Informed trainings on the foundations of trauma which include the developmental and neurological effects of trauma, Trauma Informed care strategies, self-care strategies and engaging with families an allowed for a systemic anticipated shift to occur. Our teaching staff have exhibited a level of empathy towards the children and families whereas they have purposed themselves to see them differently with the intention to better understand rather than labeling or pathologizing. Another layer to this shift has been their own awareness of their past historical trauma and how close their adverse childhood experiences are to the children and families we serve. With the heightened awareness and knowledge, they too have begun the work towards healing and restoration within their own lives.

3. What systems, policies, procedures have you put in place in order to better address the mental health and behavioral needs of children?

At the onset of this City of Berkeley Trauma grant, we established a Mental Health consultation procedure whereas the teachers start their own early observations in collaboration with Mental Health Consultants/Specialists observations. They also keep behavioral forms that show patterns of behavior which allows for questions, rather than complaints about a child that they would previously have no tangible behavioral examples of. These forms provide an opportunity to discuss and initiate Trauma Informed Care strategies within the consultation meetings and classrooms.

Newly established Mental Health Referral forms were also initiated to be intentional about outside referrals. These are used by the Mental Health Consultants/Specialist during the parent meetings with their approval, to refer children out for mental health services to appropriate organizations who are Trauma trained and informed. Our Mental Health Consultants/Specialists initiate the connection with organizations and the parents to begin the intake process with the purpose of building rapport with the organization as a secondary contact if they have challenges connecting with the parents afterwards. Our Mental Health Consultants/Specialists do a 15-30 day follow up with the parents to inquire about the follow through on acquiring services. If the parents have not followed through, then the Mental Health Consultants/Specialist inquire to see if they can help facilitate any further. If it is decided collaboratively with the parents that a therapeutic preschool setting would be a better fit for their child, then a Mental Health Consultant/Specialist would support them by accompanying them on a tour/visit of the new preschool which initiates the intake process and move.

4. When did you put these in place and why? What are some examples of children/families these have worked for?

Due to the early establishment of the new procedure which encourages early observations and inquiries, we have been able to have several children placed at two therapeutic preschools in the Bay Area being Maya Angelou Academy in Oakland and EBAC (East Bay Agency for Children) here in Berkeley. This is can been seen as a rarity due to classroom room size begin considerably smaller than our classrooms, they fill up very fast. The collaboration with teachers and parents help consider the wellbeing of the child and not allow for things to be overlooked, ignored or dismissed. We have also had the benefit of working in collaboration with our Inclusion Team to coordinate having Behavioral Aids through JUVO come into our classrooms to work with children who have both behavioral, developmental and trauma concerns. We have been fortunate to witness the effectiveness of this support for current children within our program that would have others wise been unmanageable within the classroom setting. These children's parents were not able to benefit from mental health services due to many personal and systemic issues, so to provide these services has been a true turn around for these children.

We continue to look forward to the work ahead of us with empowering the parents in our program with the same trainings that we have provided for our staff. This is with the hope that it will not only allow them to have a better understanding of their children but to connect the dots on their own adverse childhood experiences along with historical and cultural trauma that has been in the way of their own healing and the work that needs to be done to shift the trajectory of their family with hope leading the way.

Open-Ended Responses from Staff Survey (May/June 2020)

How have the trauma trainings or Resiliency Circles changed how you work with families/children?

- As in apprentice I have learned a lot. The YMCA has taught me a lot in this horrible times of the pandemic the trainings I have taken and how it's preparing me for any guide the children and families will need as a resource or activities children can do for trauma the way they need to be treated to help them to learn and have a healthy and happy growth.
- Channels your inner thought process
- Help me more to get more knowledge to support to families may needed by using different strategies and referred to our mental health supported as well out of the agency mental health supported.
- I can see the difference Corona has impacted families. Some people show how much it effected them and others don't show it. From the training, I get to hear other peoples stories
- I didn't have this experience yet
- I don't work directly with families and children.
- I feel that I understand better how trauma impact children and families
- I got a more detailed understanding of how trauma effects children's learning in the classroom environment.
- I have a better understanding of my own trauma and how I am impacted by others, ie triggers, etc
- I have good relationship with the families

- I have realized that some of the trauma that our children and families have suffered is a lot deeper than what we may be able to handle and that we need to make sure that we have resources for our families.
- I talked to the family weekly and have zoom meeting with kids and families Give one on one time Read book to the kids do so interactive activities through video and zoom
- I understand my own trauma triggers and I can manage them appropriately.
- I will more confident more knowledge and have more resource to handle the traumatize kids or families
- It has made me more understanding of why some families may react to things different and has given me an opportunity to address these families in a more understanding way.
- it really break down the difference between behavior and trauma, and what is really trauma.
- It's easier to communicate with families and support them
- My perspective on impact of trauma has changed and deepened. I see TIC as ongoing tool when supporting all children, families and staff.
- No change, just reassurance
- Teach me more strategies to use.
- teaches me a lot
- The training have been a good review of past trainings I've attended during my years at HS or trainings from the masters credential program. Some things are refreshers and others have built upon previous concepts.
- The trauma add more knowledge to the little experience I have before and I will be confident to help and support a traumatic child.
- The trauma training has changed the way I work with families and children because it gave me a better understanding.
- The Trauma Trainings have helped me to understand the many characteristics of a child's behavior, and of the parent's as well. It also made me realize that it's important for teachers to try to remain calm when dealing with parent's because sometimes parents can be overwhelmed.
- to always support parents with their needs. referring them to specialists
- Trauma trainings during this time have helped understand more the resiliency circles. Also gave me more tools in order to be able to help and support my families and children.
- Understanding a child's behavior in the classroom.
- Using positive strategy that we learn in the training
- We can use strategies we get on training

In what ways has your relationship with families changed since you attended the trauma trainings or resiliency circles, if at all?

- At first I was nervous about building relationships with parents, because I didn't know what the outcome would be, and I was worried that parents would not like me. Now I have built relationships with parents, and it's easier for me to communicate with them.
- Better communication with them
- Better communication with them
- Better understand the families because we all have trauma especially at this time
- depend on the behavior of the child
- Didn’t have this experience yet
- I am more compassionate towards myself.
- I feel like my relationships with parents have gotten a lot better.
- I feel more confident.
- I feel more confident talking to families about strategies to cope with trauma
- I have a better understanding of why families sometimes do not accept mental health support. I can also see more clearly generational impact of trauma.

- I Having been trained I can now better handle the kids. With the shelter in place, I proactively guide the parents to be patient with the kids. This help the parents to have an easy happy time at home while the shelter in place is active.
- I'm learning to step back when triggers arise and remain calm until I develop a plan of action.
- it did not change much but i have a better understand on how parents do not share.
- Keep calm and listen to parents and give them positive environment To open up more
- More understanding of the children's situation at home.
- My relationships have changed because I am more knowledgeable of trauma and it gives me the tools to better help the families.
- My relationships with families has not changed science the trauma training.
- My relationships with my parents are positive.
- n/a for now. I will hear and listen to their problems and try to give them suggestions on what to do
- Offering activities to work with kids.
- parents are willing to help child and their needs
- still same
- The families and I have been more connected, even when this has happened remotely.
- The relationships are still good but a little strained by the COVID - 19.
- The training are reminder to remember that experienced shape a person. Not to take a response personally because words, actions, expression can be triggering. Remember to remain calm.
- Understanding more about emotions personal things that can trigger them. Feelings can burst for any reason because trauma can live within them at all times. We must be strong to thrive forward and keep the families healthy and strong.

Additional thoughts and comments

- Am glad to do the trauma trainings on the 18th May and the 28th of May 2020
- I am very grateful with the organization because they have always provided the tools and trainings to grow professionally and improve my practices. THANK YOU for this opportunity!
- I answered questions personally, what I'm experiencing in my own household in this time. As I have not been present in a classroom since 3/16/2020
- I do not have additional thoughts, comments and responses.
- Thank you for provide us those training to reinforce my knowledge and get a new information or resources to support the families as well to us.
- Trauma is harmful and difficult. Only the strong survive.