YEAR 1 PROMISING MINDS EVALUATION:
LEARNING TO "MĀLAMA WITH HEART"

INTRODUCTION

A growing body of research points to the impact that parents' and children's experiences with traumatic events can have on children's long-term health and development. Approximately one-third (31%) of Hawai'i's children are at risk for developmental or behavioral issues or delays compared to 26% nationwide. Nearly half (46%) of all children in Hawaii experience one Adverse Childhood Experience (ACE) and 20 percent experience two or more ACEs. Further, Native Hawaiian and Pacific Islander children experience ACEs at a higher rate. Recent evidence also indicates that increasing early access to appropriate, trauma-informed services and support can effectively mitigate the effects of exposure to trauma. However, young children and families in Hawai'i currently do not benefit from trauma-informed early education settings that can protect against mental health challenges down the road. Additionally, too many young children with developmental needs do not get the screening, treatment or support needed through a coherent system. This may result in late diagnosis of mental health problems which lead to soaring costs in special education, mental health interventions, juvenile justice, and incarceration. This calls for early investments in Hawai'i's children.

By focusing on behavioral health, the Hawai'i Community Foundation's (HCF's) new Early Childhood Behavioral Health Initiative, Promising Minds, aims to equip early childhood educators, practitioners and service providers with trauma-informed strategies, tools, and support to help Hawaii's vulnerable children develop healthy and on track. Promising Minds has two desired outcomes to protect all Keiki against early adversity:

- Children (ages 0-5) at risk of experiencing trauma, abuse or neglect are developing healthy and on track.
- Children and parents that have experienced trauma, abuse and neglect have tools to be more resilient.

In partnership with HCF, Engage R+D will support the learning and evaluation efforts of the Promising Minds initiative. The first year of the evaluation focused on building relationships with HCF and its key stakeholders; developing a deep understanding of the initiative strategy; understanding context and culture; building a solid foundation of quality data; and learning with grantees. This Year 1 report describes our approach to the evaluation, what we learned from the evaluation activities in this first year, and conclusions and implications.

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OUR APPROACH TO EVALUATION

This evaluation is designed to be a mix between traditional models of evaluation, which are focused on tracking what works, what to improve, and documenting success – and newer models which are focused more on using evaluation to support learning, taking a flexible and adaptable approach. In the evaluation field, we refer to the traditional models as formative and outcome evaluation, and the newer models as developmental evaluation.

Working across these two approaches is within the sweet spot of the type of work we do at Engage R+D. It's useful to understand the process and results of a strategy, but also to track emergent outcomes and evolve the evaluation as the strategy shifts.

In order to learn how this initiative develops, builds, grows and scales, and in particular, to understand how a supportive system becomes more coherent for families, we are conducting a developmental evaluation. A developmental evaluation is an approach that is embedded in the initiative to promote adaptation to changing circumstances, such as changes in policy, practices, capacity, access and quality improvement. Evaluators act as "critical friends" who inform decision-making about innovations as they occur by promoting and facilitating learning.

Traditional Models

- Focused on improvement, what works, & accountability
- Uses traditional evaluation methods to track success
- Includes detailed reports with generalizable findings
- Controlled design & process, independent evaluator

Current Models

- Innovative & adaptable in dynamic environments
- Tracks emergent outcomes & evolves with the innovation
- Uses rapid feedback that emphasizes learning
- Flexible & adaptable approach, evaluator works with the team

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Note: Adapted from Michael Quinn Patton (2006) and Better Evaluation.

EVALUATION PURPOSE & FOCUS

YR-1

Getting to Know Promising Minds

- Rapport and relationships
- Context and culture
- Design and instrumentation

As this report shows, Year 1 of Promising Minds (PM) was focused on developing relationships with HCF and their grantees and key stakeholders, understanding the context and culture of early learning and trauma in Hawai'i, and using what we learn to design the evaluation and data collection approaches. Year 1 also focuses particularly on the PM Community of Practice professional development work.

YR-2

Tracking & Learning

- System changes and supports
- Emergent outcomes
- Program processes

As we continue to learn and deepen our relationships in Hawai'i, we will turn our attention to systems changes related to trauma-informed practices, including the Early Childhood Mental Health Consultants. We will also document and share emergent outcomes in the early childhood settings and the maturation of program processes.

YR-3

Synthesizing & Storytelling

- Program impact
- Growth and scale
- Reporting
- Facilitate use of learnings

Finally, in Year 3 we will begin to synthesize collective findings to assess program impact and indicators of growth and scale. We will also work with HCF and partners to develop learning tools that can lift and help spread best practices.

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LEARNING & EVALUATION QUESTIONS

Our learning areas focus on children and family outcomes, mastery of trauma informed care approaches among early childhood practitioners, increases in the supply of early childhood and mental health professionals, factors that contribute to systems changes, and understanding the journey of Promising Minds and how it develops, scales, and grows.

Our primary focus for Year 1 of Promising Minds was understanding the program's impact on early childhood settings and staff.
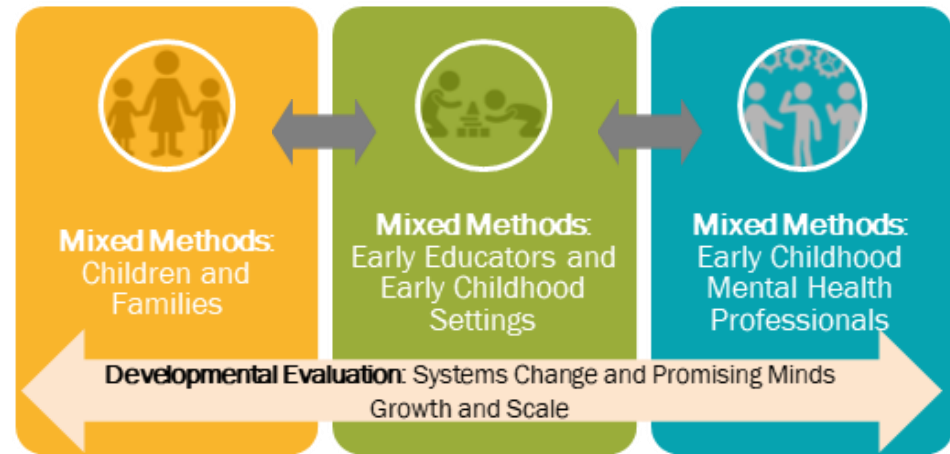
Learning Areas	Questions
Children and Families	• Are children and families who are at risk of, or have experienced trauma, receiving the support and tools they need to be more resilient?
Early Educators and Childhood Settings	• Are early educators and early childhood settings better equipped with high quality resources resulting in more trauma-informed care programs for Hawaii's 0-5 population and their families?
Early Childhood Mental Health Professionals	• Has the supply of mental health professionals with expertise in working with children 0-5 and their families increased?
Systems Change	• What factors contribute to a coherent system that supports early healthy development and mental health for mental health professionals, early educators, families and children 0-5?
Growth and Scale	• What is the journey of the Promising Minds initiative? How is Promising Minds developing, building, growing, and scaling?

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LEARNING & EVALUATION METHODS

In order to answer the evaluation questions, we engaged in the following evaluation activities:

- **Data capacity interviews** with grantees to inform data needs and approach

- **Focus groups** with Promising Minds participants to learn about their training experience

- **Practitioner Survey** to gather insights on participants' understanding of trauma informed care, their self-efficacy to use trauma informed approaches, practice of self-care, and their perceptions and satisfaction with the training.

- **Training observation** to gain a better understanding of context, culture, and implementation

- **Assessment data** (ASQ/ASQ-SE) from grantees to gather baseline information on outcomes for children and understand grantee data quality and capacity

- **Learning session** with funders to share findings from the evaluation.

The findings presented in the following slides reflect these evaluation efforts.

Mixed Methods: Children and Families

Mixed Methods: Early Educators and Early Childhood Settings

Mixed Methods: Early Childhood Mental Health Professionals

Developmental Evaluation: Systems Change and Promising Minds Growth and Scale

How will we learn in Year 1?

Interviews with grantees and stakeholders

Site visits/ Observations

Assessment of data capacity and data collection

Learning Sessions

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DATA CAPACITY ASSESSMENT

DATA CAPACITY ASSESSMENT

In the planning and design phase of the Promising Minds (PM) evaluation one key step was to conduct a **data capacity assessment.** It was important to approach this from a learning and curiosity lens. We wanted to know what data would be available to us for this evaluation, and what data is relevant and could tell the story of the PM Initiative. Also, we wanted to understand what data would help everyone learn on an ongoing basis and be beneficial to the PM communities.

With the **learning questions** (right) in mind, we developed a short tool and conducted conversations with PM Cohorts 1 and 2 grantees. We came away with three key takeaways.

Learning Questions

- What data are available for evaluation and learning?
- What do participants want to know and learn?
- What data are available that are useful, relevant and not burdensome?
- What are opportunities to increase data capacity and provide supportive technical assistance?

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DATA CAPACITY TAKEAWAYS

- **Takeaway 1:** Across all PM programs, a wide variety and large number of assessments and tools were being used. *(Assessments in **bold** mentioned by >3 grantees.)*

Child Development/ Experience	Adult-Child Interaction Tools	Family Background Tools	Kindergarten Readiness
ASQ, ASQ-SE	**Classroom Assessment Scoring System**	**Home grown family survey (program satisfaction, needs, child progress)**	**Hawai'i State School Readiness Assessment**
TS-GOLD	**Work Sampling System**	Family Roadmap	Bridging the Gap
ACES	Teaching Pyramid Observation Tool	Parenting Interactions with Children: Checklist of Observations Linked to Outcomes	Hawaiian Language Assessment
Peabody Picture Vocabulary Test	Teaching Pyramid Infant-Toddler Observation Scale	University of Idaho Survey of Parenting Practice	Hawai'i Early Learning and Development Standards
Adult Adolescent Parenting Inventory	Fidelity Tool Teacher Checklist	Life Skills Progression	
Teacher-based data Teams	National Association for the Education of Young Children Staff and Family Survey	Home Observations Measurement of the Environment	
Developmental Assessment of Young Children	Home Instruction for Parents of Preschool Youngsters	Domestic violence screening	
Batelle Developmental Inventory	Home Visit Rating Scales-Adapted		
Home grown tools, observation reports	Home grown tools, observation reports		

DATA CAPACITY TAKEAWAYS

- **Takeaway 2:** Overall, data were primarily used for accountability purposes (e.g., funding requirements).

- **Takeaway 3:** Grantees are interested in learning more from data
  - To engage families
  - For continuous improvement
  - To tell the story of their programs
  - To know if they are making a difference

"There are some groups of people that are really hard to connect and engage. If we know how to navigate these cultures, it will build out capacity to engage these families."
- Promising Minds Grantee

Data Collection Approach for Promising Minds

Learning and Capacity-Building Tools for Promising Minds

Child & Family
- ASQ and ASQ-SE

PM Participants
- Promising Minds Participant Survey (custom)
- Focus Group

System
- Partner and Leader Interviews
- Systems Self-Assessment Tool (develop)
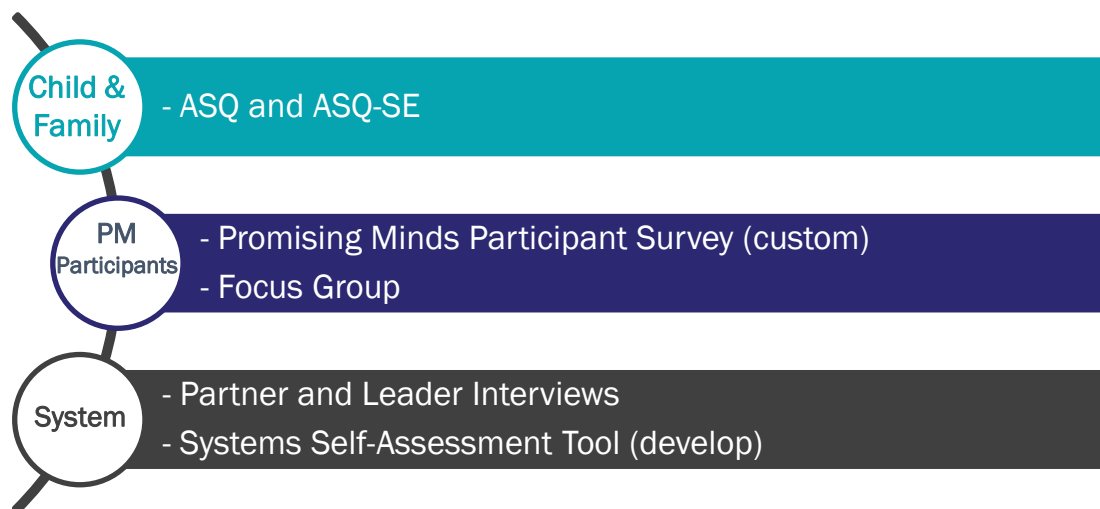
GOALS:
- Tell the story of Promising Minds in Hawai'i Communities.

- Support the learning needs of Promising Minds partners.

Based on the Data Capacity Assessment findings, we developed a data collection approach for Year 1 (above). In order to 1) Tell the story of PM in Hawai'i communities, and 2) Support the learning needs of PM partners, we recommended a core set of learning and capacity-building tools. For the area of Child and Family, we decided on the ASQ (Ages and Stages Questionnaire) and ASQ-SE (Ages and Stage Questionnaire, Social-Emotional), as most grantees and partners were very familiar with this tool and they have the potential for multiple applications with diverse audiences. For PM participants (Community of Practice) we developed a customized tool and conducted focus groups to understand their experiences with this new professional development opportunity. For systems change, we conducted key partner and leader interviews and began development of a systems self-assessment tool based on what was learned from the interviews. Findings are presented in this report.

CROSS-CUTTING THEMES & TAKEAWAYS

The following are the four main cross-cutting themes and takeaways from the Year 1 evaluation. Supporting findings for each takeaway are described throughout this report. The page numbers with further information associated with each finding are listed below.

1 Promising Minds **equips early childhood professionals** in varying roles, years of experience, and care settings with critical **tools to address trauma.** (Pages 12-15)

2 The **training increased** their **understanding** of the **impact of trauma** on children, families and their selves, and how to incorporate **trauma informed care approaches** in their practice. (Pages 16-19)

3 There are opportunities to **strengthen the data infrastructure** to connect families, early learning professionals and community partners **with data that are inclusive and empowering.** (Pages 20-24)

4 There are opportunities to develop policies and practices that are supportive of early learning and mental health professionals to be trauma-informed and authentically responsive to the needs of families in Hawai'i. (Pages 25-29)

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"THE CAUSE COMING TOGETHER, AND THE PERSONAL INTERACTIONS REALLY JUST CONTINUES TO MAKE YOU FEEL SUPPORTED IN THE WORK THAT WE'RE DOING, WORKING IN THERE WITH THESE FAMILIES CONTINUING TO PUT OUR HEART INTO REALLY MĀLAMA."

- PROMISING MINDS GRANTEE

Mālama is Native Hawaiian and means to take care of, tend, attend, care for, preserve, or protect.

CONTEXT &
PARTICIPANT
EXPERIENCE

CONTEXT

Most Promising Minds participants work with families and children that have experienced historical trauma and exposure to domestic violence.

When we asked PM participants about the trauma that they encounter when working with families, historical trauma (78%) and exposure to domestic violence (67%) were reported as most prevalent.

Comparing participants' responses based on cohort uncovered regional differences in the prevalence of certain types of trauma. For example, rates of homelessness and neighborhood violence were higher in Oahu than East Hawaii.

Specifically, 80% of practitioners reported encountering issues of homelessness on Oahu compared to 38% on East Hawaiian Island. In addition, 60% of Oahu based practitioners reported encountering neighborhood violence compared to 25% on East Hawaiian Island. A possible reason for these differences may be due to Oahu being more urban with a higher density population.

For East Hawaii, 50% of practitioners reported incidents of serious illness compared with 20% on Oahu. It is possible that rates of serious illness may be due to lack of access to medical care within the populations that practitioners serve.

The prevalence of certain types of trauma vary by region.

Oahu

East Hawaii
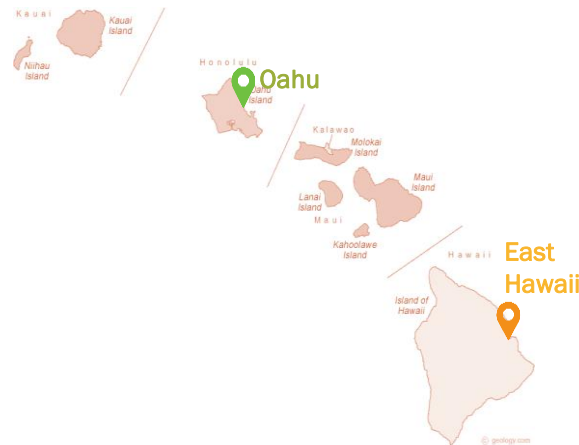
"Families don't always realize the traumatic events can be anything. Depending on the community and the demographics, families do not realize that it is trauma."

- Promising Minds Grantee

Trauma	Overall
Historical trauma	78%
Exposure to domestic violence	67%
Homelessness	61%
Emotional abuse	56%
Neglect	56%
Death or displacement of a family member	50%
Neighborhood violence	44%
Physical abuse or assault	44%
Sexual abuse	33%
Serious illness	33%
Serious accident	28%
Unsure	33%
Other	11%

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Based on survey data (n=18)
Note: Oahu = Cohort 1, East Hawaiian Island = Cohort 2
Responses for Other (2 responses) included alcohol abuse and genetic trauma.

CONTEXT

Promising Minds equips early childhood professionals with varying roles, years of experience, and care settings with tools to address critical trauma needs.

The PM training caters to a professionally diverse, cross-sectoral pool of participants. Training participants reported various professional roles with almost 40% being site supervisors, 33% being teachers, and 28% being home visitors, family advocates, site directors, or "other" roles. Participants work in various settings, specifically 33% in classroom settings, 33% in office settings, and 33% in the homes of families and other settings.

Due to their varying workplace settings, participants reported a wide range for the number of children in their care (6 to 267 children). The median number of children in participants' care was 38 and the average was 74.

Training participants also varied based on level of experience working with early childhood populations. On average, training participants had 12+ years of experience working with children 0-5 years with a range of 1 to 26 years of experience.

12+ Years of Experience

Cares for 38 Children

74+ on average

Position/Role

38.9%	33.3%		5.6%	11.1%

- Site supervisor
- Teacher/Lead Teacher
- Home visitor
- Family advocate
- Site director
- Other

Place of Work

33.30%	33.30%	27.80%	5.60%

- Classroom
- Office
- Homes of families
- Other

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Promising Minds YR-1 Report

15

Based on survey data (n=18)
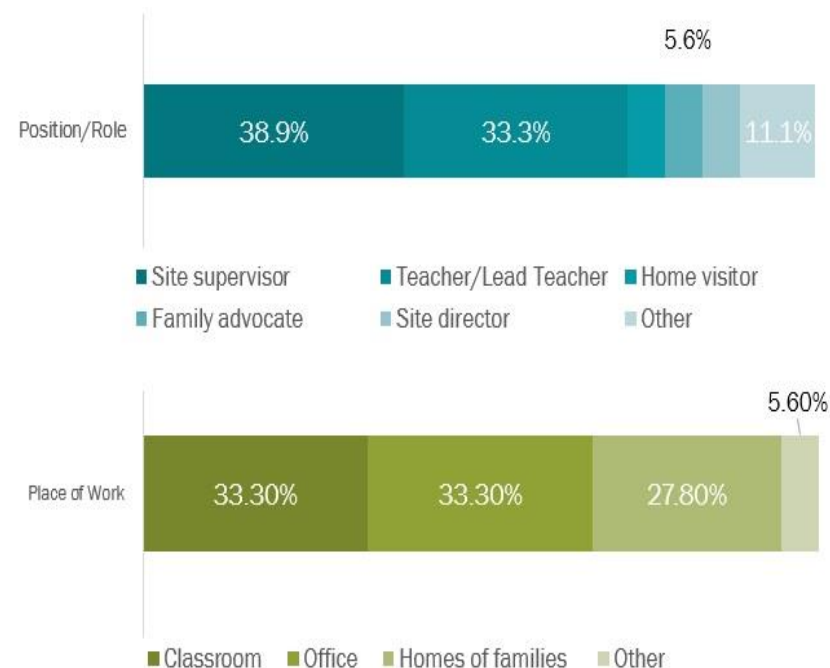
PARTICIPANT EXPERIENCE

Promising Minds participants found the training activities very helpful and developed strong bonds with each other throughout the training.

Overall, when asked about the extent to which specific aspects of the training were helpful, participants reported that **training activities were very helpful** with an average score of 3.3 out of 4.

Participants found **in-person sessions were more helpful** (Average 3.5 out of 4) than virtual community of practice (CoP) sessions (Average 2.9 out of 4). In the focus groups, participants shared that they wanted more opportunities for in-person touch points. Some participants, especially those that work in homes of families, reported challenges attending CoP sessions. They shar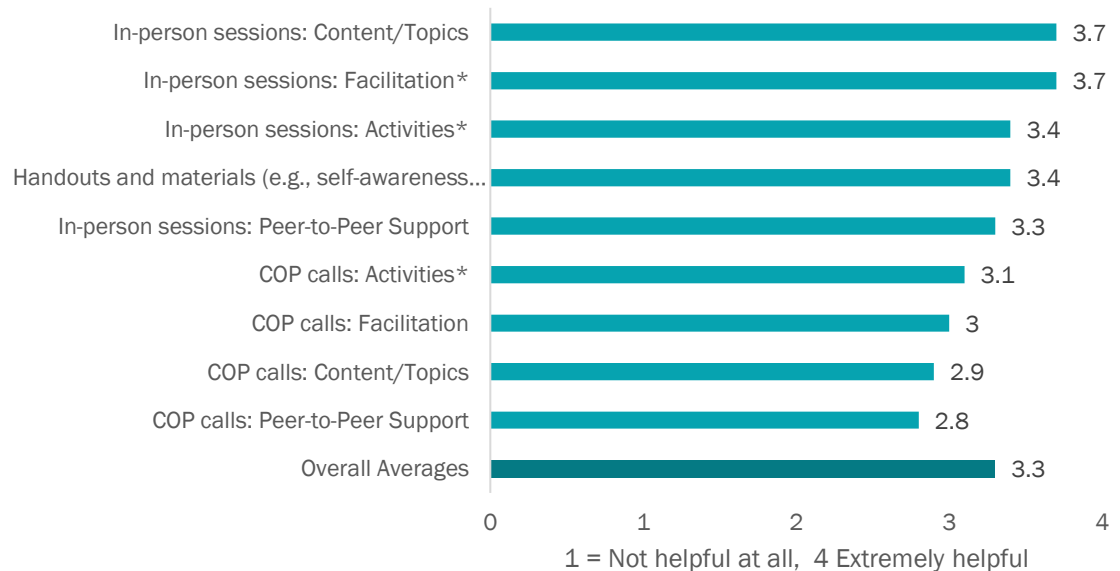ed that they sometimes called in to virtual sessions while travelling to their next appointment, which impacted their level of engagement in discussions. Participants also noted that they **developed close bonds with each other** while listening and sharing personal or professional trauma related experiences during in-person sessions. One participant explained: *"It's the aloha spirit, the synergy that comes together in that room. [We are] women that have the passion to rebuild community."*

How helpful were the following training components?

Component	Score
In-person sessions: Content/Topics	3.7
In-person sessions: Facilitation*	3.7
In-person sessions: Activities*	3.4
Handouts and materials (e.g., self-awareness…	3.4
In-person sessions: Peer-to-Peer Support	3.3
COP calls: Activities*	3.1
COP calls: Facilitation	3
COP calls: Content/Topics	2.9
COP calls: Peer-to-Peer Support	2.8
Overall Averages	3.3

1 = Not helpful at all, 4 Extremely helpful

What did participants say about the training?

"All meetings and calls were appropriately prepared and planned for. We were given more information than initially had anticipated. Overall excellent training and must needed for all professions."
                                    - Promising Minds Grantee

"I loved it! Want to participate again. I feel empowered in my work as an educator, trainer and manager."
        - Promising Minds Grantee

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Promising Minds YR-1 Report

Based on survey data (n=15) and focus group data.

PARTICIPANT OUTCOMES

PARTICIPANT OUTCOMES

After the training, Promising Minds participants had a strong understanding of how trauma impacts children.

In the focus groups, many practitioners shared that they were not fully aware of what trauma-informed care was before attending PM. Participants mentioned that the PM training was "intimate" and helped them learn from each other about trauma. One participant shared, *"...we are able to share our own experiences with trauma to relate it and understand. It makes a difference."*
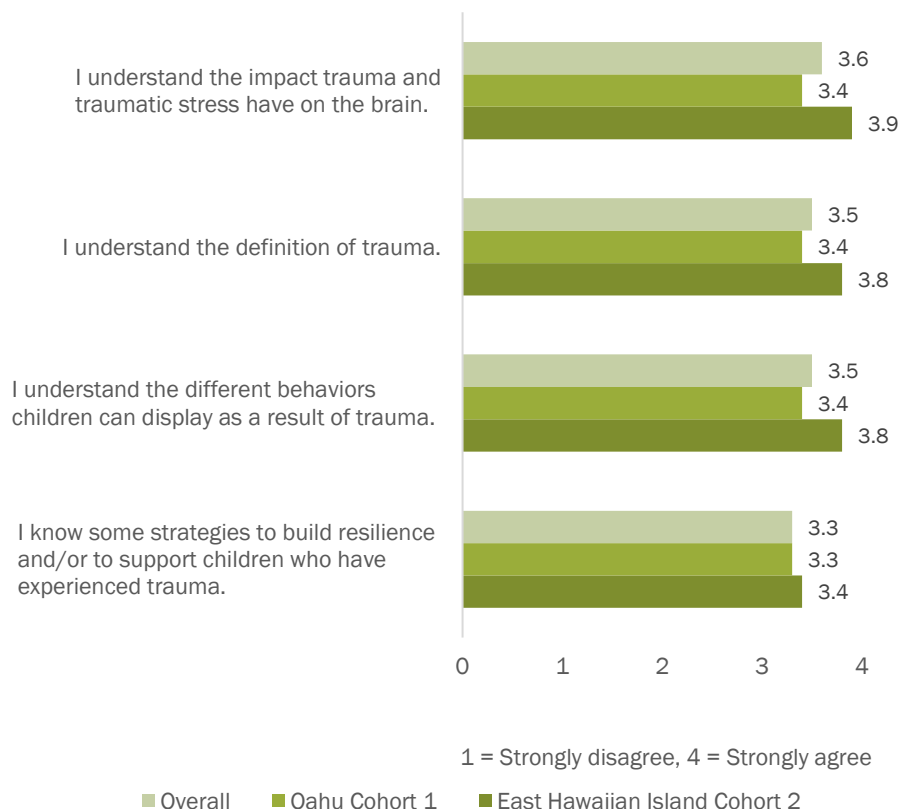
After the training, we asked participants in a Practitioner Survey, about their knowledge of trauma concepts. Participants reported having a strong understanding of how trauma impacts children, meaning that they agreed and strongly agreed with statements that indicated mastery of the trauma concepts with an overall average score of 3.5 out of 4 for survey items. Although the East Hawaiian Island cohort consistently scored higher on these items when compared to the Oahu cohort, these differences were not significant and likely due to small sample sizes.

> **What did participants say about their understanding of trauma concepts?**
>
> *This has expanded how I think of trauma. Everyone is going through something. This made her more mindful of that."*
> *- Promising Minds Grantee*

To what extent do you agree with the following statements related to trauma informed care?

I understand the impact trauma and traumatic stress have on the brain.
- 3.6
- 3.4
- 3.9

I understand the definition of trauma.
- 3.5
- 3.4
- 3.8

I understand the different behaviors children can display as a result of trauma.
- 3.5
- 3.4
- 3.8

I know some strategies to build resilience and/or to support children who have experienced trauma.
- 3.3
- 3.3
- 3.4

(Scale: 0, 1, 2, 3, 4)

1 = Strongly disagree, 4 = Strongly agree

■ Overall   ■ Oahu Cohort 1   ■ East Hawaiian Island Cohort 2

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Promising Minds YR-1 Report

Based on survey data (n=18) and focus group data.

PARTICIPANT OUTCOMES

Promising Minds participants are confident that they can implement a trauma informed approach in their practice.

In the Practitioner Survey, we asked participants about their confidence, or self-efficacy, with implementing trauma informed care approaches. Overall, participants were confident in their ability to utilize trauma informed care approaches in early childhood settings, with an average score of 4.2 out of 5 on self-efficacy items.*

Those in the focus group mentioned that they have a *"whole new lens"* when engaging with children and families. When asked about changes in their practice as a result of PM, participants mentioned that they try to never make assumptions about a family or child's situation and ask staff to do the same. They also mentioned that they have a better understanding that a child's own family may be a trigger and that practitioners need to think about what is best for children in the long run.
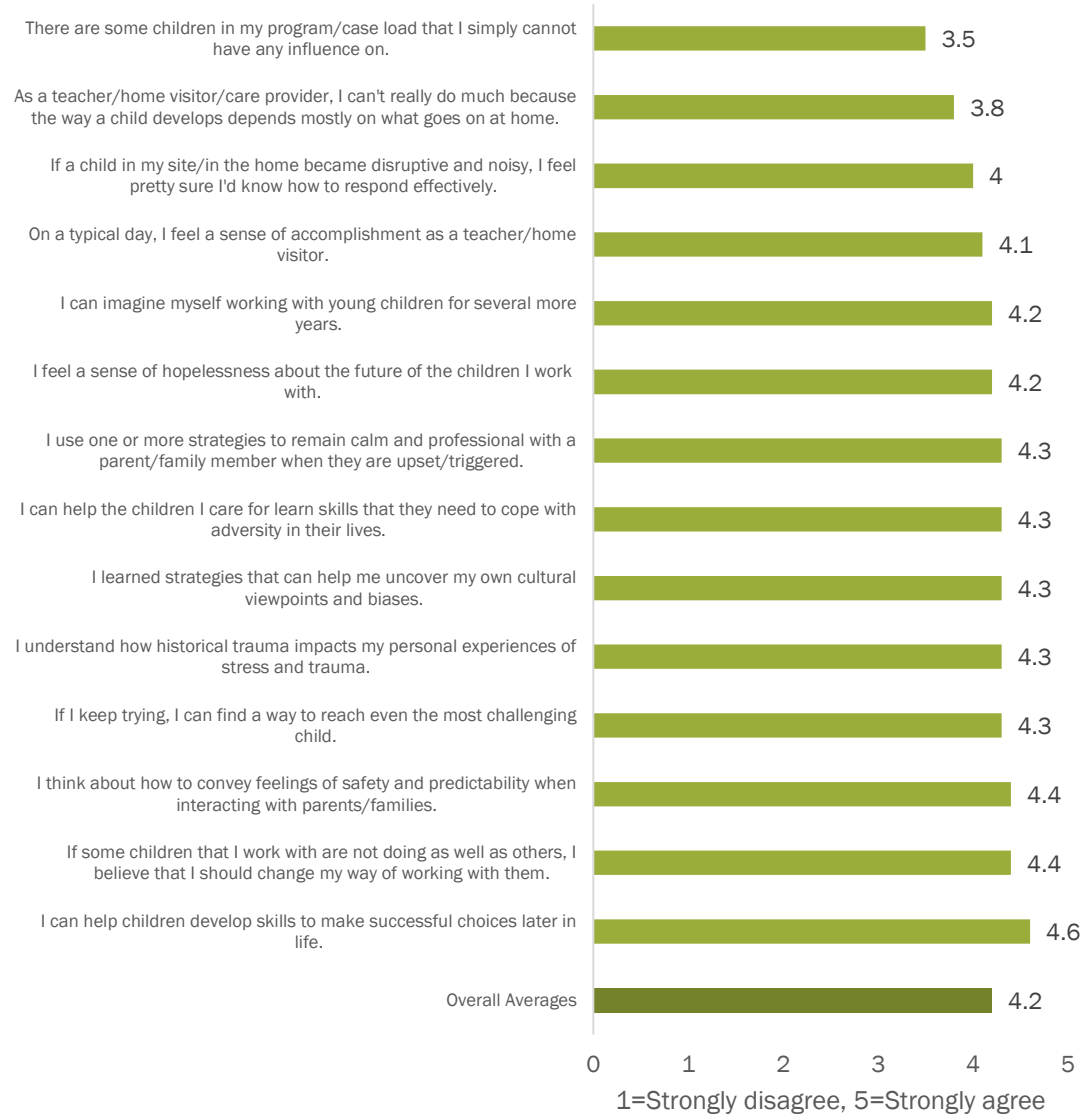
What did participants say about implementing trauma informed care into their practice?

"This has expanded how I think of trauma. Everyone is going through something. This made her more mindful of that."
- Promising Minds Grantee

Promising Minds participants' self-efficacy to implement trauma informed care practices

Item	Score
There are some children in my program/case load that I simply cannot have any influence on.	3.5
As a teacher/home visitor/care provider, I can't really do much because the way a child develops depends mostly on what goes on at home.	3.8
If a child in my site/in the home became disruptive and noisy, I feel pretty sure I'd know how to respond effectively.	4
On a typical day, I feel a sense of accomplishment as a teacher/home visitor.	4.1
I can imagine myself working with young children for several more years.	4.2
I feel a sense of hopelessness about the future of the children I work with.	4.2
I use one or more strategies to remain calm and professional with a parent/family member when they are upset/triggered.	4.3
I can help the children I care for learn skills that they need to cope with adversity in their lives.	4.3
I learned strategies that can help me uncover my own cultural viewpoints and biases.	4.3
I understand how historical trauma impacts my personal experiences of stress and trauma.	4.3
If I keep trying, I can find a way to reach even the most challenging child.	4.3
I think about how to convey feelings of safety and predictability when interacting with parents/families.	4.4
If some children that I work with are not doing as well as others, I believe that I should change my way of working with them.	4.4
I can help children develop skills to make successful choices later in life.	4.6
Overall Averages	**4.2**

1=Strongly disagree, 5=Strongly agree

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Based on survey data (n=15) and focus group data.
* Differences in self-efficacy by cohort and primary work setting were not significant.

PARTICIPANT OUTCOMES

Promising Minds participants reported that they regularly practice self-care.

Self-care is an important aspect of the PM training. When asked about how they practice self-care, participants agreed that they regularly practiced self-care, with at average score of 3.1 out of 4 on these items.

In the focus groups, self-care was noted as an essential part of trauma-informed practice. Participants mentioned they are more aware about the relationship between self-care and their capacity to care for others. Those in leadership positions, noted the importance of recognizing their team members' and colleagues' need for self-care. One participant shared, *"These are your frontline people. We have to be mindful of them."*

What did participants say about practicing self-care?

"Promising Minds made me realize that I need to take care of myself to take care of others."
- Promising Minds Grantee

To what extent do you agree with the following items about self-care?

Item	Score
I am happy that I chose this work/job.	3.4
I sense my body, whether eating, working, cooking, cleaning or talking.	3.3
I use strategies to support my stress reduction and well-being at work.	3.2
In difficult situations I can pause without immediately reacting.	3.1
I notice my feelings without reacting to them.	2.9
I am friendly to myself when things go wrong.	2.9
I frequently feel overwhelmed or worn out about my job. (Reverse Coded)	2.8
Overall Averages	3.1

1=Strongly disagree, 4 = Strongly agree

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Based on survey data (n=15) and focus group data.

* Differences in self-care by cohort and primary work setting were not significant.

CHILD ASSESSMENT DATA

ASSESSMENT DATA: DATA QUALITY AND INFRASTRUCTURE

In Year 1, for child assessment and outcome data, the evaluation focused on understanding data quality and infrastructure, not on the actual assessment results. The evaluation team wanted to ensure that down the line, the child assessment data would truly reflect desired changes, that these data are useful for practitioners and families, and that there is a reliable infrastructure to support users of the assessment and resulting data. The following question and bullets guided our approach.

- **What do you want to see from the data 3-5 years down the line?**
  - Reflect true changes and trends
  - Useful for practitioners to engage with families and children
  - Inform teaching and interaction practices
  - Inform ways to partner with the community
  - Easily accessible to practitioners and families

In the following two pages, you will see what was found as ASQ and ASQ-SE assessment data were analyzed which led us to make recommendations on how data quality can be improved, and data infrastructure can be strengthened. It is important to note that data quality can be vastly improved when there is a strong system to support users. Moving forward, as we support data capacity-building as learning partners, the systems evaluation will monitor progress in data infrastructure.

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ASQ
(AGES AND STAGES QUESTIONNAIRE)

Data were received in various formats and not all were usable for analysis.

Inconsistent samples from Time 1 to Time 2

Notes:
- Data from 5 out of 7 sites
- Higher score = progress

	Communication	Gross Motor	Fine motor	Prob. Solving	Personal-Social
Time 1 (N=113) Score	45.3	55.0	48.8	49.8	48.3
Time 2 (N=85) Score	46.8	56.2	49.5	49.7	48.6
Time 1 At-risk	19	5	6	6	16
Time 2 At-risk	10	1	4	4	10

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ASQ-SE
(AGES AND STAGES QUESTIONNAIRE – SOCIAL-EMOTIONAL)

Notes:
- Data from 5 out of 7 sites
- Lower score = progress

Not all who completed ASQ completed ASQ-SE

Appears to be some inconsistencies in the findings that requires more knowledge about process.

Age/Developmental Stage	Time 1 Score (n=69)	Time 2 Score (n=47)
6 MOS.	14	11
12 MOS.	22	27
18 MOS.	21	46
24 MOS.	28	27
30 MOS.	29	50
36 MOS.	60	41
48 MOS.	31	33
60 MOS.	25	15
At-Risk	16	12

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ASSESSMENT DATA: DATA QUALITY AND INFRASTRUCTURE
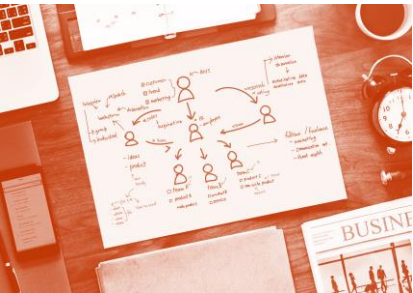
- **Opportunities to enhance data quality**
  - Ensure consistency in data collection process
  - ASQ and ASQ-SE are both administered
  - Professional development opportunities for ways to use data

- **Opportunities to strengthen data infrastructure**
  - Easy to use universal app/online platform
  - Integrated data system (i.e., early learning, health, social services)
  - Easy to access data
  - Supportive of practitioners and families using data together
  - Opportunity to use TS-GOLD from preschools as data point

- **All of this takes time!**

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SYSTEMS DEVELOPMENT

COHERENT AND SUPPORTIVE SYSTEM

One key desired outcome of PM is that early educators and service providers, and families and children are supported by a coherent system to be resilient. To explore what it means to have a coherent and supportive trauma-informed system, key partner and leader interviews were conducted. To date, seven guided and comprehensive interviews were completed with leaders representing early education, health, mental health, and social services, including a perspective on these issues through a Hawaiian cultural lens. Interviews will continue with more community partners and leaders. The following themes have emerged.

1. Internal policies to support trauma-informed practice and care

- Organizational policies that do not penalize families

- Being trauma-informed is a normal way to function and a value set infused in how employees treat each other and families they work with.

- Ongoing need to Increase awareness of early childhood and intergenerational trauma through access to trainings, PD, reflective supervision.

"There are some programs that would make a policy that after 3 missed [home] visits you would get exited from the program. However, we don't do that because we know that life happens. Also, there may be some precipitating events that now that family no longer feels comfortable with us [in their home], or they're dealing with something that is debilitating for them, so we allow the gray rather than just exiting them."

"Foundationally we always start with a mantra that we understand that our clients come to us at unique places in their lives. With that comes various experiences that they encompass throughout the course of their lives. That's where we always start our conversation. That's how we operate... It starts with a value set."

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COHERENT AND SUPPORTIVE SYSTEM

2. State policies to support trauma-informed practice and care

- Universal screening for trauma (ACES, ASQ, ASQ-SE)

- Currently there are temporary fixes to problems families experience due to a lack of an integrated network of agencies and partners.

- Do away with suspensions and expulsions for preschool (and monitor this).

- Establish a standard level of competency for trauma-informed care in early childhood mental health.

- Currently no resources are available to pay for the consultation that is needed in early education – reimbursement for mental health consultants, FTE in schools/home visiting programs, etc.

"In the non-profit world, so many are trying to do good. If someone is hungry get them food, if they need a home get them shelter, if they need early childhood education let's open a preschool – but does it solve the question. That's where we question the true trauma-informed aspect of it. Can it do more damage than good?"

"Dealing with the effects of trauma is a long course. It is a system piece. It has a lot to do with economics and social justice. Things that we are offering are temporary Band-Aids and not systemic enough to get people out of intergenerational trauma."

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COHERENT AND SUPPORTIVE SYSTEM

3. Scaling what works

- Develop and inform leaders in legislation and in agencies who have a deep understanding of trauma-informed approaches.

    - Opportunity to "bake" trauma-informed approaches into preschool legislation

    - Develop agency-level leadership to advocate, champion, implement, normalize trauma-informed approaches

- Generate evidence that trauma-informed practices work and get the data and information into the right hands

- Need funding and resources to do it right – it is costly initially, but there are long-term social and economic benefits.

"One of the complications in HI is that there is a major initiative to scale up universal preschool for all 3 – 4 year-olds in a 10-year period. The legislation is being built currently. Trauma-informed should be built into that system from the very beginning. Legislators do not know anything about this."

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COHERENT AND SUPPORTIVE SYSTEM

4. Cultural context

- Understanding peoples' stories is critical in Hawai'i, whether that is their personal family story and/or their history, i.e., the intergenerational effects of colonization.

- Hawai'i has a unique diversity that is different from the mainland

    – Aversion to some Western practices

    – Important to respond to families with Aloha

- Important not to over-professionalize some of the trauma-informed approaches. Some of it needs to be "home-grown," i.e., co-design with local leaders and champions.

"Understanding everyone's story is super critical to help people connect with each other. That's such a critical aspect before doing any work in Hawaii. The moment you start to talk down to someone you are done."

"When it comes to trauma, when care comes from a place of Aloha, you're going to be ok. If you respond with Aloha [it means] you are not going to continue to traumatize them, you are going to help them heal."

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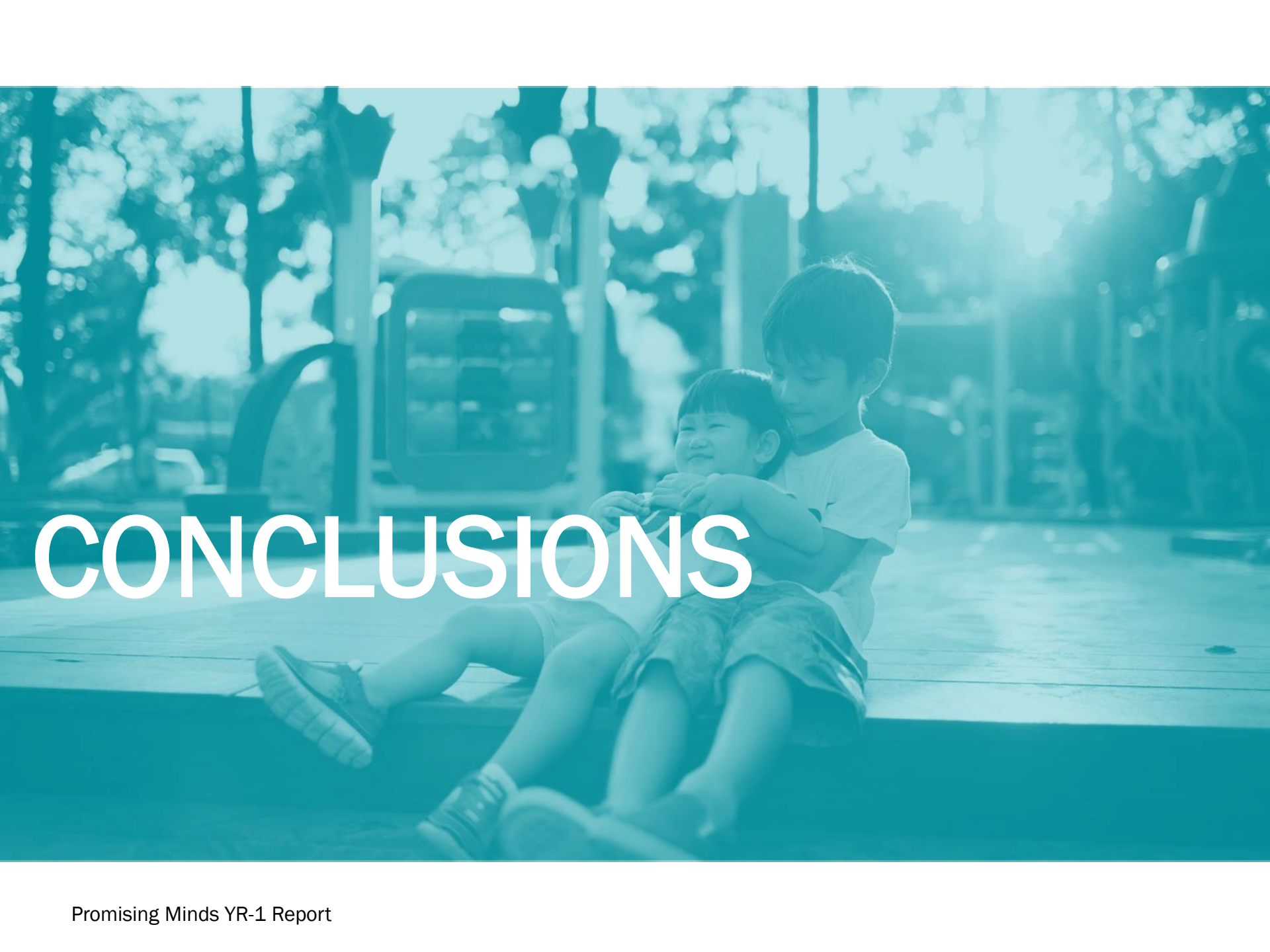
CONCLUSIONS

CROSS-CUTTING THEMES & TAKEAWAYS

As described in this report, the Year 1 evaluation lifted four main cross-cutting themes and takeaways. Additionally, we heard from grantees and funders about their impressions of PM.

1 PM **equips early childhood professionals** in varying roles, years of experience, and care settings with critical **tools to address trauma.**

2 The **training increased** their **understanding** of the **impact of trauma** on children, families and their selves, and how to incorporate **trauma informed care approaches** in their practice.

3 There are opportunities to **strengthen the data infrastructure** to connect families, early learning professionals and community partners **with data that are inclusive and empowering.**

4 There are opportunities to develop policies and practices that are supportive of early learning and mental health professionals to be trauma-informed and authentically responsive to the needs of families in Hawai'i.

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GRANTEES' IMPRESSIONS OF PROMISING MINDS

Overall, grantees shared that they enjoyed the program and gained critical knowledge and skills to incorporate trauma-informed approaches into their practice. Participants also offered ways in which the program could be improved and what might be needed to scale PM across Hawaii.

- **Focus on trauma from a cultural perspective:** Grantees mentioned that service providers need to understand background, history, and research related to trauma and Hawaiian culture in order to make informed decisions when working with families. Grantees also shared that they would like to learn more about how the trauma concepts they learned in PM align with Hawaiian culture. They also advocated for the ongoing inclusion of a local representative or local leaders that has experienced trauma or understands Hawaiian culture.

- **Provide more opportunities to continue to learn and support each other:** After the training, grantees, which consisted of home visiting practitioners, preschool staff, and medical providers, wanted to continue to engage in cross-sector learning with others working on early childhood efforts. They suggested that PM hold small group get-togethers that focus on mental health and trauma informed care approaches in order for these efforts to continue.

- **Continue to fund trauma informed care:** Participants shared concerns about funding. They mentioned that they needed more funds to sustain trauma informed care efforts within their organizations and that additional resources would be needed to scale these efforts across the state. Grantees suggested involving local community leaders and politicians to ensure that funding for trauma informed care could be secured. They also recommended that leadership within organizations and programs to do their best to proactively locate the time and resources to continue this important work.

Bringing in cultural aspects from the Hawaiian culture is important. Our diversity is important, but we need to know our host culture too.

Bi-annually, just meet and come together and say "hey, how are things going?" Come together to see how everyone is doing - know that we are all still there for each other

...everybody who is in social services needs to be trauma-informed because it makes a difference on whether this family is going to grow or if they are going to feel like 'Ok, we suck. We are going to be stuck in the system forever.' You can be that 1 person in their lives that's going to give them hope that things are going to be better for them based on that initial contact.

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EVALUATION NEXT STEPS

- Gather data from Early Childhood Mental Health Consultation Fellowship

- Develop systems self-assessment tool

- Continue to learn from more Promising Minds cohorts

- Hear from families

Our next evaluation activities are listed on the left as we build on what was learned in Year 1. Additionally, we continue to be cognizant that we are evaluators from the mainland, and although we have early learning and trauma-informed care experience, these are two areas that are strongly influenced by local culture, history, politics, and community dynamics. Therefore we will continue to develop and deepen our relationships in Hawai'i towards our ongoing learning of culture and context and approach our evaluation with Aloha.

Finally, these unprecedented times during the COVID-19 crisis have only emphasized the importance and need for trauma-informed care and practices. What we heard from PM participants throughout the course of the evaluation have resonated deeper with us and has presented us with the opportunity to also examine what new opportunities, needs and priorities have emerged as a result of COVID-19, and how systems and organizations are responding, recovering and even reinventing.

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