

THE CBAT-O


UNDERSTANDING THE
CBAT-O AS A TRAUMA-
INFORMED CARE TOOL

CAPACITY BUILDING
ASSESSMENT TOOL
FOR ORGANIZATIONS
(CBAT-O)



Illinois
Collaboration
on Youth

2026



**ICOY'S WORK LEADS TO
CHILDREN AND YOUTH HAVING
THE TOOLS AND SKILLS NEEDED
TO THRIVE, AND COMMUNITY-
BASED ORGANIZATIONS HAVING
THE CAPACITY AND RESOURCES
NEEDED TO SERVE YOUNG
PEOPLE AND THEIR FAMILIES
EFFECTIVELY.**

Table of Contents

01

The CBAT-O

02

Trauma-
Informed Care

03

CBAT-O
Sections

04

CBAT-O
Participation

05

Trauma-
Informed Status

06

Sharing Results

07

FAQs

08

Contact
Information

1. THE CBAT-O



The Capacity Building Assessment Tool for Organizations (CBAT-O) was developed through a Substance Abuse and Mental Health Services Administration (SAMHSA) capacity building grant to help youth and family serving agencies become more trauma-informed in the state of Illinois. The Illinois Department of Human Services (IDHS) has contracted with ICOY to assess, train, and work with the Department's youth services program providers to strengthen trauma capacity. The Department's goal is to have 100% funded youth services providers achieving and maintaining a "Trauma-Informed" status. All IDHS funded sites are required to participate in the CBAT-O, training opportunities, and suggested action plans. Sites will not be penalized for their responses or the scores that result from the accuracy of the responses. **However, all IDHS sites are expected to have a minimum of 80% participation across all staff levels and for all sites to experience growth in their delivery of trauma-informed services.**

"The desired goal is to build a framework that helps systems "talk" to each other, to understand better the connections between trauma and behavioral health issues, and to guide systems to become trauma-informed."

SAMHSA's Trauma and Justice Strategic Initiative, July 2014



2. TRAUMA-INFORMED CARE

Trauma is an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, that has lasting adverse effects on individual well-being (SAMHSA). Trauma affects both personal and professional lives.

What does it mean to be a trauma-informed individual? One must recognize what trauma is not only to them but to other people. Individuals recognize trauma symptoms and acknowledge the role trauma plays in person's life, their experiences navigating systems, and in society.



4 R'S OF TRAUMA-INFORMED CARE

Realize:

service providers, leaders, and mentors have the realization that trauma is all around us and know the effects it has on families and our communities.

Recognize:

individuals and organizations recognize the basic signs and symptoms of trauma.

Respond:

organizations, individuals, and the community have a responsibility to respond by using trauma-informed approaches.

Resist Re-Traumatization:

Trauma-informed organizations can avoid re-traumatization when the organization as a whole is trauma-informed.

SIX GUIDING PRINCIPLES TO TRAUMA-INFORMED CARE

- 
1. **Trustworthiness & Transparency**
 2. **Peer Support & Mutual Self Help**
 3. **Collaboration & Mutuality**
 4. **Empowerment Voice & Choice**
 5. **Cultural Historical & Gender Issues**
 6. **Safety**

1. **Trustworthiness & Transparency:** build an organization and prioritize relationships with clients based in confidence, belief, and honesty.
2. **Peer Support & Mutual Self Help:** organizations listen and collaborate with clients to communicate their needs.
3. **Collaboration & Mutuality:** employees at every level of an organization have a role to play for the organization to progress toward a trauma-informed status.
4. **Empowerment Voice & Choice:** clients are seeking help and safety. It is vital to reinforce a client's choice to prioritize themselves and take control of their life. Guide clients to communicate opinions and reevaluate options available to them. Goal setting and course of treatment should always center the client.
5. **Cultural Historical & Gender Issues:** organizations and staff recognize their biases and work to move past them. Organizations actively and consistently work with diverse cultures and gender identities.
6. **Safety:** those served by an organization deserve to feel physically and emotionally protected. Feeling secure is foundational to any relationship, including between an organization and client.

THE CBAT-O IS DIVIDED INTO NINE SECTIONS:

1. **TRAUMA SENSITIVE ENVIRONMENT FOR YOUTH & FAMILIES: A CHECKLIST**

Safety in a trauma sensitive environment includes both emotional and physical perspectives. Considering emotional safety can involve ensuring youth and families feel supported in expressing their thoughts, feelings, and experiences and encouraged to heal from trauma exposure.

The physical space is an important consideration in an organization's efforts to become more trauma-informed. Creating an environment where basic needs are met, safety measures are in place, and provider responses are consistent, predictable, and respectful is critical.

2. **ORGANIZATION STRUCTURE**

Maintaining a holistic view of youth, families, community members, and their process of healing and facilitating communication within and among service providers and systems.

3. **POLICIES AND PROCEDURES**

Establishing policies that protect the safety and well-being of those being served is essential to providing effective services and support. A trauma-informed organization considers trauma and its impact when creating policies to avoid recreating feelings associated with traumatic experiences (e.g., powerlessness, shame, lack of control, etc.). Organization's policies and procedures also consider the well-being of staff members and service providers.

4. **SUPERVISOR PRACTICE AND SUPPORT**

Staff support is crucial to providing quality care to trauma survivors, youth, parents, community members. Issues such as poor working conditions, confusion about roles and responsibilities, lack of attention to self-care, inconsistent supervision, and minimal input into programming contributes to high rates of burn-out and staff turnover.

3. CBAT-O SECTIONS



5. **STAFF PRACTICE**

Trauma-informed staff practices are approaches used by organizations and professionals to interact with and support individuals who have experienced trauma. These practices are rooted in an understanding of the pervasive impact of trauma on individuals and aim to create environments that are sensitive, supportive, and promote healing.

6. **TRAINING**

Trauma-informed care requires ongoing education and evaluation of programs and services. To continuously engage in trauma-informed services, all roles and titles should be trained on an ongoing basis on the impact of trauma. Additionally, organizations should offer basic foundational trauma 101 training across all roles and titles.

7. **LEADERSHIP**

It is important to build an organizational culture that prioritizes staff wellbeing. Additionally, leadership and mentorship roles should continue to support and encourage professional development across staff.

8. **CULTURAL, HISTORICAL, GENDER IDENTITY AND SEXUAL ORIENTATION RESPONSIVENESS**

Traumatic events happen to people from all racial and ethnic backgrounds, and the brain's response to trauma is consistent for all trauma survivors. However, culture plays a significant role in the types of traumas that may be experienced, the risk for continued trauma, how survivors manage and express their experiences, and which supports and interventions are most effective. Violence and trauma have different meanings across cultures, and healing takes place within one's own cultural and "meaning making" system. Providers must be aware of their cultural attitudes and beliefs and those of the families being served. Cultural awareness may include offering people opportunities to engage in various cultural rituals or religious services, etc.

3. CBAT-O SECTIONS

9. COMMUNITY LEADERSHIP

This section of the assessment is to help ICOY better understand ways in which the participating organization leads the field in advocating for youth and trauma-informed care. Responses do not contribute to the organization's overall score. Questions and responses are meant to help organizations consider ways to support community-based, trauma-informed care.

The graphic below connects each CBAT-O section to its corresponding Trauma-Informed Care principle(s). The ICOY Education & Resource Development team suggests focusing on the listed principle(s) when reviewing each assessment section.



4. CBAT-O PARTICIPATION

Why does an increase in participation matter for my organization?

Trauma is prevalent in the personal and professional lives of each staff member, regardless of their role in the organization. The CBAT-O was created for staff members across all titles and roles, to determine their awareness and capabilities of trauma-informed care. The more staff members that participate in the CBAT-O, the stronger the organization can become by understanding trauma and how staff will be able to center the client's needs.

All staff, including non-clinical and clinical staff, from the front desk to the security guard should be trauma-informed. The importance of verbiage used with clients is critical to preventing re-traumatization. Clients want and deserve to feel supported and comfortable in seeking help. This can be anything from a proper greeting at the door to appropriate body language modeling from staff members.

Increasing the participation of staff in an organization to take the CBAT-O also allows for more accurate test results. From these results, organization can see the average score of each staff section and know where improvements and more training are needed. If the organization sets a goal each year to improve and appropriately communicates it, staff will have a better awareness of the objectives and their role in achieving them. Over time, organizations can compare results to see progress of staff awareness and training.



5. TRAUMA-INFORMED STATUS

After the window to complete the CBAT-O has closed, organizations will receive a detailed report with the score and a breakdown by each section. The highest possible score is 136 points. A trauma-informed score is considered 102 points or 75%.

When the organization reaches a “trauma-informed” status:

At each organization, it's crucial to understand that adopting a trauma-informed approach is an ongoing journey that involves continuous training and program evaluation. The CBAT-O assessment report provides detailed feedback and scores, which remain valid for one year to ensure the status is maintained. Organizations are expected to complete the CBAT-O on an annual basis. The ICOY Education & Resource Development Team strongly advises all staff, particularly new hires, to engage in the Trauma-Informed Care training series to remain trauma-informed.

When the organization does not reach a “trauma-informed” status, ICOY offers the following recommendations:

1. Participate in the recommended Trauma Trainings made by ICOY. [Visit icoyouth.org](http://icoyouth.org) for available training opportunities.
2. Participate in CBAT-O Learning Communities. These IDHS program-specific learning communities offer sites the opportunity to engage in peer-to-peer provider learning and resource sharing. CBAT-O Learning Communities are offered in the spring each fiscal year.
3. Connect with ICOY to build an action plan and attend technical assistance office hours. Organizations that take advantage of technical assistance office hours receive feedback and resources specific to each organization's unique needs. This time is available in conjunction with quarterly program management meetings.

6. SHARING RESULTS

Sharing assessment results with leadership and participating staff is an important part of the post CBAT-O process. While sharing results may feel like a vulnerable and difficult process, participants should be informed on their results and next steps. We recommend that after leadership and supervisory roles have reviewed the results, identify categories or questions from the CBAT-O to highlight and focus on in the future. Please note that the ICOY Education & Resource Development Team is always ready to support organizations with the planning and execution of sharing CBAT-O results.

Additionally, we recommend disseminating CBAT-O results during all staff, department, or monthly team meetings. Regularly occurring meetings are also good opportunities to practice trauma-informed care principles on a consistent basis.

Lastly, we suggest highlighting areas of success and growth as identified in the CBAT-O, soliciting additional feedback from staff, sharing future plans of action and setting expectations of what is to come for the entire organization.



7. FAQ'S

Does the total score affect future funding?

CBAT-O average scores serve as an indicator to demonstrate where organizations currently stand in their trauma-informed care framework. CBAT-O average scores are not punitive and organizational participation is prioritized over an agency's total score.



Is CBAT-O required by IDHS and ICOY?

All IDHS funded sites are expected to participate in the CBAT-O, training opportunities, and recommendations distributed by ICOY. Sites will not be penalized for their responses or scores that result from the accuracy of the responses. The expectation is for all sites to experience growth in their delivery of trauma-informed services, unless otherwise stated by IDHS administrators.

Any recommendations on talking to your staff as a leader about CBAT-O results?

Our team can meet with organizations individually or in a team setting to walk through any concerns, questions, and recommendations. Each organization's culture is unique, and our team is ready to support and collaborate to meet those needs.

Is there a certification for being trauma-informed?

ICOY does not provide a certification for organizations or individuals who scored in the trauma-informed category. However, with advance notice, our team can provide letters of support for your organization's participation and engagement with trauma-informed care work and trainings.

How do I get non-clinical staff to retain the information from the CBAT-O and/or trauma-informed care trainings?

It is important to meet staff where they are at. Everyone is on their own journey with trauma-informed care framework. Trauma might not be a part of individuals' everyday conversations, so we encourage staff to join our various trainings, and schedule a time to meet with our team for further support.

How many people from my organization should attend the Virtual CBAT-O Learning Community?

The expectation is at least one representative from your organization, but we encourage and welcome as many staff as possible.



CONTACT US

**ICOY LEARNING AND QUALITY
IMPROVEMENT SPECIALIST,
PEARL MCRAE**

EMAIL:

trauma_initiatives@icoyouth.org

IMPORTANT LINKS:

- For all training opportunities, visit icoyouth.org/upcoming-events
- For more information on the CBAT-O, visit icoyouth.org.

**ICOY IS CONTRIBUTING TO SYSTEMS CHANGE,
BUILDING AND STRENGTHENING ILLINOIS' HUMAN
SERVICE INFRASTRUCTURE SO THAT FAMILIES ARE
HEALTHY, INTER-GENERATIONALLY SUCCESSFUL,
AND THRIVING TOWARDS THEIR FULL POTENTIAL.**



Illinois
Collaboration
on Youth



ICOYouth.org

333 S. Wabash, Suite 2750
Chicago, IL 60604