



HEALTH AND HUMAN SERVICES COMMITTEE

MEETING AGENDA

Date & Time of Meeting: **Monday, February 24, 2020 at 4:00 p.m.**

Meeting Location: **Courthouse Assembly Room (B105), 500 Forest Street, Wausau WI**

Health & Human Services Committee Members: Matt Bootz, Chair; Tim Buttke, Vice-chair, Bill Miller; Donna Krause, Mary Ann Crosby, Maynard Tremelling, Katie Rosenberg

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Health & Human Services Committee Mission Statement: *Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing and recommending to the County Board policies related to health and human services initiatives of Marathon County.*

1. Call Meeting to Order
2. Public Comment (15 minute limit)
3. Approval of the January 27, 2020, Committee meeting minutes.
4. Policy Issues for Discussion and Possible Action:
 - A. Consideration of the Strategic Plan Objective 3.3(E) – Trauma Informed Care Report
5. Operational Functions required by Statute, Ordinance, or Resolution:
6. Educational Presentations and Committee Discussion:
 - A. Recap of the 2019 Accomplishments of the Board of Health
7. Next Meeting Logistics and Topics:
 - A. Committee members are asked to bring ideas for future discussion
 - B. Next Scheduled Meeting: March 23, 2020 at 4:00 p.m.
8. Announcements
9. Adjournment

“Any person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk’s Office at 715-261-1500 or e-mail infomarathon@mail.co.marathon.wi.us one business day before the meeting.

SIGNED /s/ Matt Bootz

Presiding Officer or Designee
NOTICE POSTED AT COURTHOUSE

FAXED TO: Wausau Daily Herald, City Pages, and
 FAXED TO: Other Media Groups
 FAXED BY: M. Palmer
 FAXED DATE: _____
 FAXED TIME: _____

BY: M. Palmer
 DATE: _____
 TIME: _____



MARATHON COUNTY HEALTH AND HUMAN SERVICES COMMITTEE MEETING

MINUTES

Monday, January 27, 2020 at 4:00 p.m.

Courthouse Assembly room, 500 Forest Street, Wausau WI 54403

Attendance:	Present	Absent
Matt Bootz, Chair	X	
Tim Buttke, Vice Chair	X	
Bill Miller	X	
Donna Krause	X	
Katie Rosenberg	X	
Maynard Tremelling	X	
Mary Ann Crosby	X	

Also Present: Lance Leonhard, Vicki Tylka, Brian Kowalski

1. **Call Meeting to Order**

Chair Bootz called the meeting to order at 4:00 p.m.

2. **Public Comment:** None.

3. **Approval of the December 2, 2019, Committee meeting minutes.**

MOTION BY TREMELING, SECOND BY BUTTKE, TO APPROVE THE DECEMBER 2, 2019, HEALTH & HUMAN SERVICES COMMITTEE MEETING MINUTES. MOTION CARRIED.

4. **Policy Issues for Discussion and Possible Action:**

A. **Consideration of whether to approve a revised Agreement for the Joint Sponsorship of Community Programs**

Discussion:

Leonhard provides background on the Agreement for the Joint Sponsorship of Community Programs, including the process used to develop the 2017 Agreement and how that agreement was substantially different from the previous agreement. Leonhard notes the process utilized for developing the 2020 Proposed Agreement and notes areas of substantial change from the 2017 Agreement, including the following:

- Changes in the composition of the NCHC Board
 - The Retained County Authority Committee is integrated within the NCHC Board, taking the role of the Executive Committee
 - The NCHC Board Chair is required to be a Marathon County appointee
 - Medical Staff President hold a seat by designation
 - Relative contribution to Organization Revenue is now expressly provided as the rationale for board appointments
- Legal Services Provision
 - NCHC will contract with Marathon County Corporation Counsel's Office for the delivery of the legal services, as opposed to directly contracting with a private law firm. It is envisioned that Marathon County will create an additional Assistant Corporation Counsel position to deliver these services. The employee would have an office at NCHC and work at the direction of NCHC CEO Michael Loy and Marathon County Corporation Counsel Scott Corbett.
- Framework for Contracting with Outside Entities, including non-member counties and non-profit organizations
 - The contract provides direction to the CEO and NCHC Board relative to entering any such contracts.

Action:

MOTION BY ROSENBERG; SECOND BY TREMELLING TO SEND THE REVISED

AGREEMENT FOR THE JOINT SPONSORSHIP OF COMMUNITY PROGRAMS TO COUNTY BOARD. MOTION CARRIED.

Follow up:

The Agreement will be sent to County Board for approval.

B. Resolution Recognizing February as Teen Dating Violence Awareness Month

1. Presentation by Kimberly Pufahl from Women's Community on Prevalence and Impact of Teen Dating Violence.

Discussion:

Kimberly Pufahl from The Women's Community explains her work with teens that have been the victims of abuse. Congress recognized a decade ago.

Pufahl explains the prevalence of sexual abuse and dating violence. Pufahl provides an overview of data from the Marathon County Youth Risk Behavior Survey and notes the significant impact that this abuse has on the mental health of teens. Pufahl notes that according to the YRBS, LGBTQ+ youth are particularly at risk for dating and sexual violence.

Pufahl explains that in her position she works closely with the Wausau School District to educate teens on dating and sexual violence. Pufahl notes that an important purpose of a resolution such as this is to increase awareness amongst students and parents. Pufahl is hopeful that this resolution will be helpful in opening doors for her into other schools.

Pufahl notes that the digital age has made addressing these issues somewhat more difficult. Sexting is one area where there has been a significant issue that she has worked closely with the District Attorney's Office and the Department of Social Services to address these issues proactively. Teen dating violence has led to over 30 homicides in the state of Wisconsin since the year 2000.

Pufahl answers questions from committee members.

Action:

MOTION BY BUTTKE, SECOND BY ROSENBERG, TO FORWARD THE RESOLUTION TO THE COUNTY BOARD FOR CONSIDERATION. MOTION CARRIED.

Follow up:

Resolution to be sent to the County Board.

5. Operational Functions required by Statute, Ordinance, or Resolution:

A. Consideration of New Position Requests from Department of Social Services

1. Request to Create 2.0 FTE social work positions for Children's Long Term Support (CLTS) – non-tax levy positions
2. Request to Create 1.0 Community Support Specialist position – non-tax levy position

Discussion:

Committee members had no questions, as the materials explained everything clearly.

Action:

MOTION BY ROSENBERG, SECOND BY TREMELLING, TO APPROVE THE POSITION REQUESTS AND MOVE FORWARD TO HR, FINANCE & PROPERTY. MOTION CARRIED.

Follow up:

Positions to be placed on HR Finance & Property Agenda in March

B. Request for interested parties for appointment to the Task Force on County Board Size

Discussion:

Bootz provides an overview of the discussion at the Executive Committee meeting and seeks volunteers from Committee members.

Rosenberg indicates willingness to serve on the taskforce.

Follow up:

Chair Bootz to provide information to Executive Committee.

6. **Educational Presentations and Committee Discussion** - None

7. **Next Meeting Logistics and Topics:**

A. **Committee members are asked to bring ideas for future discussion**

- Future items for discussion: consideration of a resolution supporting federal legislation aimed at eliminating the termination of Medicaid benefits for individuals incarcerated in jail pretrial and further discussion relative to revising the Tri-County Agreement.
- Next meeting February 24, 2020, at 4:00 p.m.

8. **Announcements:**

- Life Report – released on Friday, January 24, 2020, document can be accessed online from the United Way website.
- Member notes that Legislation is pending in the State relative to medical marijuana.
- 100 year anniversary of Women’s Suffrage – Diversity Affairs is working on a resolution

9. **Adjournment**

There being no further business to discuss, **MOTION BY Tremelling, SECOND BY Buttke, TO ADJOURN THE HEALTH & HUMAN SERVICES COMMITTEE MEETING. MOTION CARRIED, MEETING ADJOURNED AT 5:00 p.m.**

Minutes Prepared
By Lance Leonhard
on January 27, 2020



Marathon County Strategic Plan - Objective 3.3

TRAUMA INFORMED CARE ASSESSMENT

Evaluating Where We Are & Where We Should Be



Contents

- *Intro to Trauma Informed Care* 1
- *SAMHSA 6 Principles of Trauma Informed Care* 2
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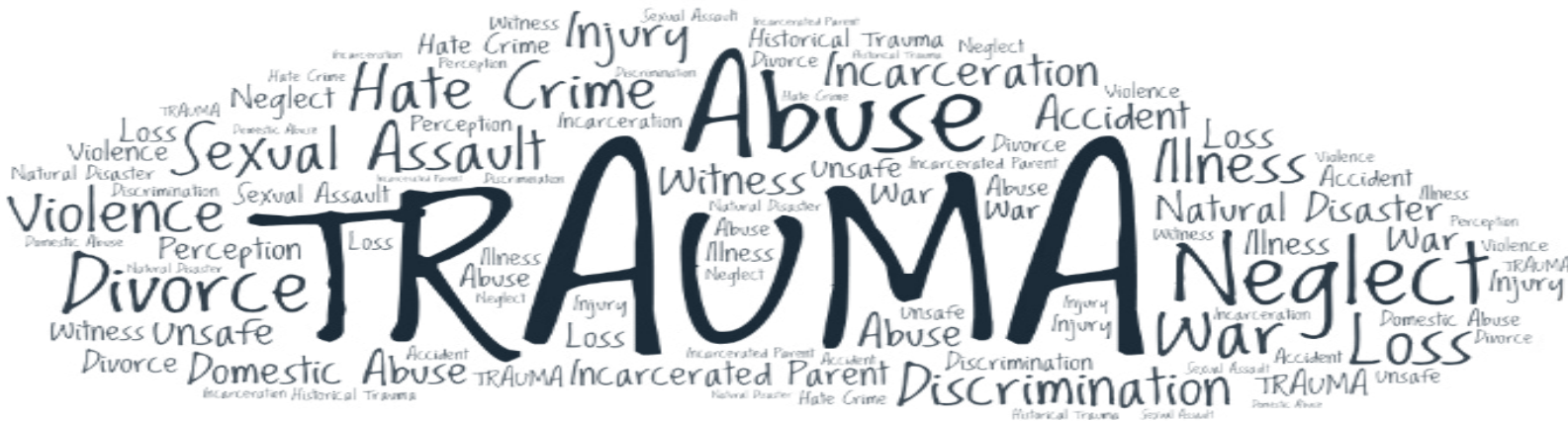


Intro to TRAUMA INFORMED CARE

Trauma is defined as “deeply distressing or disturbing experience(s).” It can occur through Adverse Childhood Experiences (ACEs), intergenerational or historical trauma, or by experiencing or witnessing other events that may create emotional or physical harm.

The Substance Abuse and Mental Health Services Association (SAMHSA) identifies the three “E’s” of trauma: the event, the experience of the event, and the effect of the event. It is important to recognize that trauma is an individual experience. In other words, what one person identifies as traumatic may be different than what another person identifies as traumatic. Moreover, experiences of trauma can lead to significant distress, changes in brain development, chronic health problems, mental health disorders, substance abuse, relationship problems and other challenges.

Trauma Informed Care is widely recognized as a promising approach that *acknowledges* the harmful effects of trauma, *strives to prevent* traumatizing (or re-traumatizing) people and *promotes healing* within a safe relationship and environment.¹ It calls for us to *recognize* “difficult” behaviors and shift our perspective to consider, “What happened to you?” and ask people “What do you need?” as opposed to “What is wrong with you?” One component of a trauma informed approach is secondary traumatic stress mitigation. Secondary traumatic stress often occurs among those who help people who have experienced trauma or have witnessed the traumatic experiences of others.



¹ For more about Trauma Informed Care watch the brief video “An Introduction to Trauma Informed Care with Cheryl Sharp.”

SAMHSA 6 Principles of Trauma Informed Care



The **Substance Abuse and Mental Health Services Administration (SAMHSA)** offers these 6 key principles of Trauma Informed Care:

- **Safety:** Acknowledge the importance of physical, emotional, and psychological safety.
- **Trustworthiness and Transparency:** Foster trust through open-communication and transparency in decision-making with people at all levels.
- **Peer Support:** Recognize that people who have experiences with trauma, and the healing process, can help others overcome traumatic experiences.
- **Collaboration and Mutuality:** Value contributions at all level, recognizing that everyone has something to offer in a trauma informed approach. Foster collaborative partnerships between staff and customers.
- **Empowerment, Voice and Choice:** Understand that trauma can impact people at all levels in an organization. Provide opportunities to enhance voices by seeking input from all stakeholders and embracing shared decision-making processes. Empower staff and customers through education about trauma and healing.
- **Cultural, Historical and Gender Issues:** Transcend biases and stereotypes, provide gender responsive services, address historical trauma and recognize cultural needs, as well as the value of cultural connections.

Assessment **PROCESS**

In order to meet the standards for a trauma informed system of care in Marathon County we conducted an assessment of current practices, as well as research, to identify best practices and benchmarks. Our assessment consisted of interviews with members of management teams and a survey administered to staff in the following departments:

- ADMINISTRATION
- EMPLOYEE RESOURCES
- HEALTH DEPARTMENT
- SHERIFF'S OFFICE
- MEDICAL EXAMINER'S OFFICE
- SOCIAL SERVICES
- DISTRICT ATTORNEY'S OFFICE
- CORPORATION COUNSEL
- CLERK OF COURTS

These Departments were selected based on the trauma impacted population they work with, or have staff that are regularly exposed to trauma. In addition to interviewing 32 members of management teams, 148 staff members participated in the survey.

The questions we asked were designed to encourage staff to consider the extent to which their department practices Trauma Informed Care.² When assessing Trauma Informed Care practice, questions were broken into three main categories.

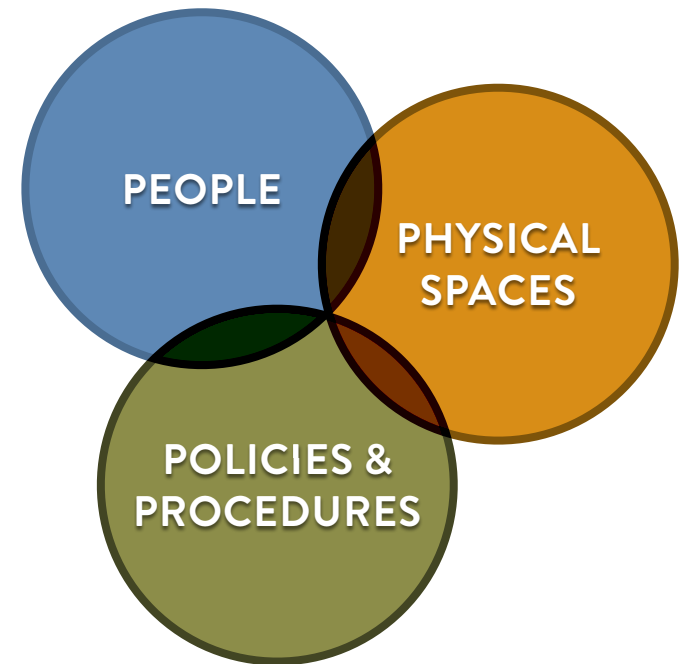
PEOPLE: training, support, communication, and resources to mitigate secondary traumatic stress.

PHYSICAL SPACES:

private and public office spaces with regard to their physical and emotional safety through aesthetic appeal and layout, as well as the availability of break spaces.

POLICIES & PROCEDURES:

formal and informal practices specific to or incorporating the principles of Trauma Informed Care.



² A copy of interview questions and the staff survey can be found in the Appendix to this report.

General CONCLUSIONS

Currently, Marathon County does not have a county-wide Trauma Informed Care system in place. The Marathon County Strategic Plan 2018-2022 recognizes the importance of implementing and creating a Trauma Informed Care system.

Based upon our inventory of Departments that tend to be most trauma impacted, it is clear that Marathon County employees see the value of being trauma informed, and make efforts to act in a trauma informed manner. However, there is room for improvement. We found that some Departments struggle to see the value of being trauma informed, while other Departments see the value but struggle with implementation. We also found that the depth of understanding Trauma Informed Care varied widely. Marathon County will likely not be able to create a cohesive trauma informed system of care without first creating a shared understanding of Trauma Informed Care.



Conclusions: **STRENGTHS**



The majority of staff surveyed (n=60) requested more training on trauma informed care.

PEOPLE

- Staff at all levels have indicated a widespread desire to understand trauma and its impacts.
- Managers identified the importance of skills in secondary traumatic stress mitigation and experience with Trauma Informed Care when hiring and training new staff members.
- Training opportunities focusing on trauma and secondary traumatic stress have been supported and are required in some Departments.

PHYSICAL SPACES

- Some departments have already made renovations and changes to physical spaces that encompass the principles of Trauma Informed Care. Staff and people served by these Departments have recognized its benefits.

POLICIES & PROCEDURES


- General desire to collaborate across teams and Departments, taking a wider view of the impact our systems have on the people we serve and the community at large.
- Marathon County's Core Values align with many aspects of a Trauma Informed System of Care.

Conclusions: **GAPS**

- The County lacks a designated individual and/or team to coordinate a Trauma Informed Care approach county-wide.
- Many staff demonstrated knowledge of what Trauma Informed Care is, but fewer were able to identify principles in practice.
- Some Departmental leaders lacked understanding of the value of Trauma Informed Care, and how it applies to their staff.
- When asked how trauma informed we are, staff responses varied, indicating a lack of shared understanding of Trauma Informed Care principles and benchmarks.
- There are a number of physical spaces that do not provide confidentiality, emotional safety, or may unintentionally contribute to re-traumatization.
- Marathon County lacks a written policy or statement defining Trauma Informed Care and how we employ the principles throughout County Departments.
- Policies in our Departments could be more trauma informed. For example, current language may be interpreted as corrective or disciplinary.



PEOPLE



PHYSICAL SPACES

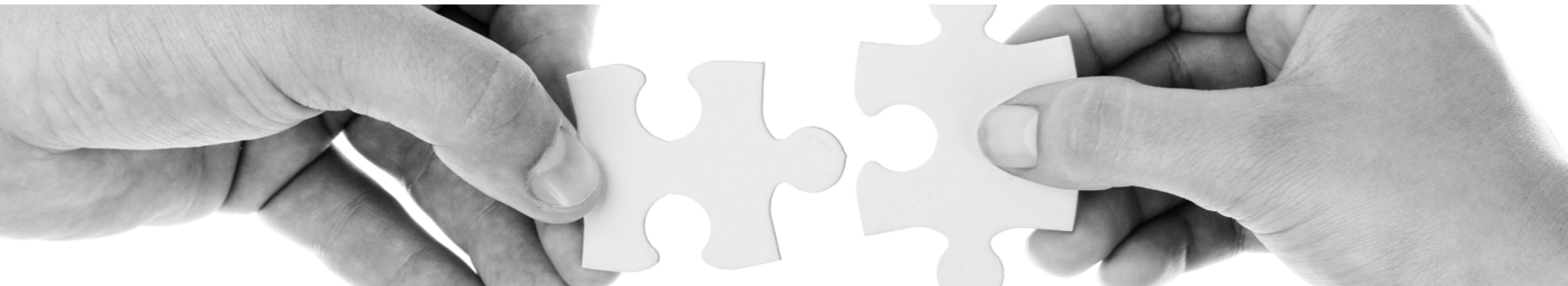


POLICIES & PROCEDURES

BECOMING A TRAUMA INFORMED ORGANIZATION

Recommended Steps:

- **STEP 1:** Adopt a Trauma Informed Care policy, including SAMHSA's 6 principles, in Marathon County.
- **STEP 2:** Assemble a "Trauma Informed Care" team of diverse stakeholders (staff, customers) and a dedicated lead staff to coordinate and oversee the process of creating an intentional trauma informed organization.
- **STEP 3:** Develop a comprehensive, tiered strategy to implement Trauma Informed Care across our entire organization while recognizing the individualized needs within our Departments.
- **STEP 4:** Provide initial and on-going Trauma Informed Care training for staff at all levels.
- **STEP 5:** Systematically update policies and procedures in appropriate departments.
- **STEP 6:** Assess physical spaces and develop plans to implement trauma informed changes.
- **STEP 7:** Reassess / evaluate progress.
- **STEP 8:** Develop next steps based on re-assessment as well as new emerging and best practices.



PEOPLE: Benchmarks

An exemplary trauma informed organization applies the principles of Trauma Informed Care through its people, across its physical spaces, and within its policies and procedures. Within the category of “People,” an investment in staff development and relationship building across levels are critical. The following benchmarks may be used to measure success:

1. Leadership and staff are committed to principles of Trauma Informed Care including through hiring practices and investment in staff training and development.
2. There is a high level of support for and between staff to develop and grow their Trauma Informed Care practice, as well as to mitigate the effects of secondary traumatic stress.
3. Communication between staff, leadership, and customers promotes safety, shared power, and trust.
4. Customers are empowered to understand and manage their stress, trauma and triggers.
5. Customer input is sought, valued and incorporated.
6. A wide array of trauma informed community partners are available for customer referrals.

PEOPLE: Strengths

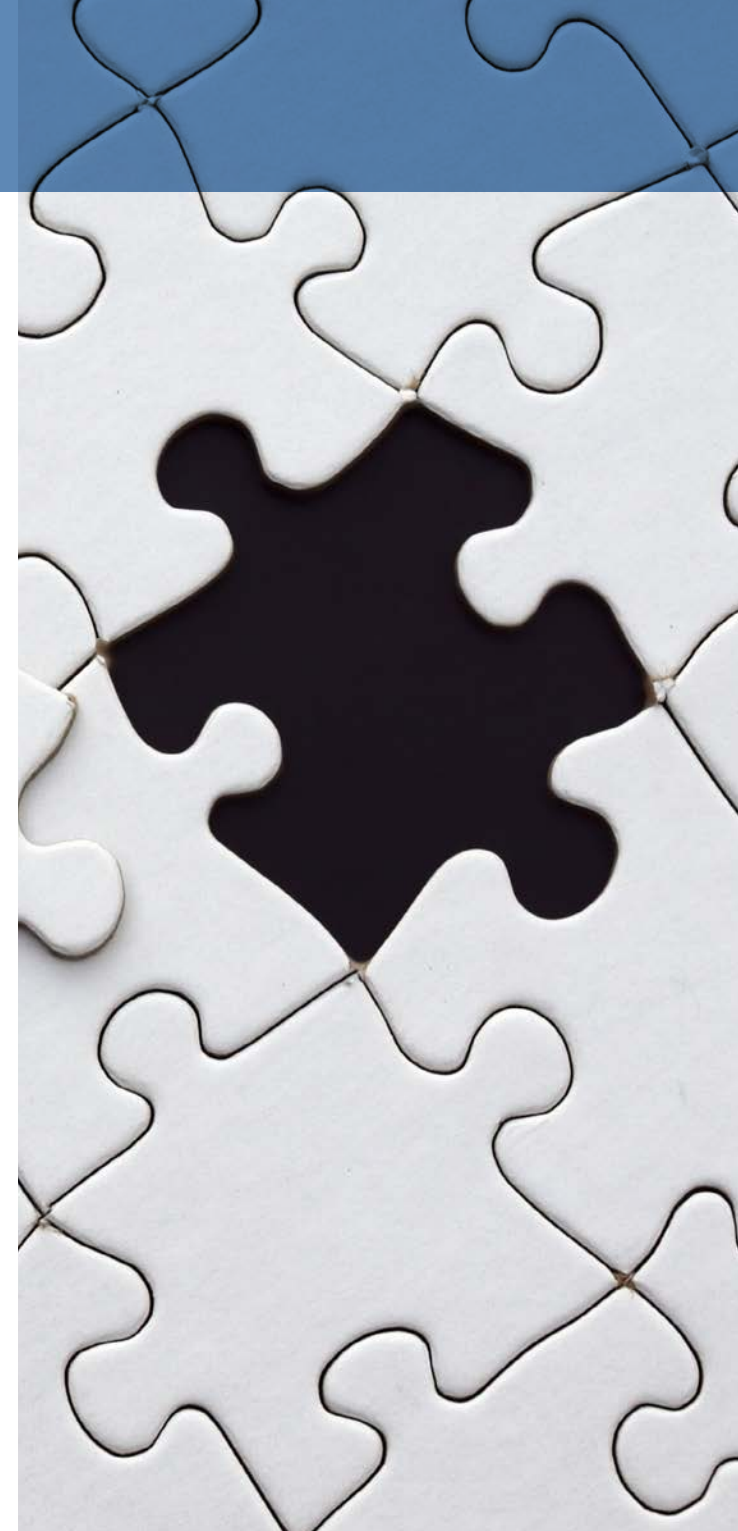
The following items have been identified as strengths in Marathon County aligned with the benchmarks of a trauma informed organization:

- Programs such as the Crisis Assessment Response Team ([CART](#)), Marathon Area Support Team (MAST) and Crisis Intervention Training (CIT) have been implemented to support the mental health needs of the people we serve as well as our staff.
- When hiring new staff, leadership indicated they consider an applicant's self-care skills and experience with Trauma Informed Care.
- Employee Assistance Program ([EAP](#)) services are available to staff.
- Trainings on related concepts including secondary traumatic stress, adverse childhood experiences, motivational interviewing, de-escalation, mediation and others are available to appropriate staff in key departments.
- Staff are encouraged by leaders to engage in appropriate self-care.
- There is a strong teamwork mentality in many departments.
- Judicial Engagement Training (JET) involves stakeholders in a variety of departments as well as community members to implement Trauma Informed Care within the Child Welfare System.
- Some staff are empowered to coach each other in order to improve their Trauma Informed Care practice.
- The vast majority of youth are no longer shackled in the courtroom.
- The "[Bear Goes to Court](#)" coloring book is available to help children understand the court process in order to help reduce their fear and stress.
- Some staff in key departments make the effort to consider their customers' traumatic experiences and adjust their approach.
- Customer feedback on staff performance is solicited through "quality assurance" calls in some departments.

PEOPLE: Gaps

The following items have been identified as gaps in Marathon County with regard to the benchmarks of a trauma informed organization:

- While there are many trainings on topics that support Trauma Informed Care, there are few trainings specifically focused on Trauma Informed Care principles and practices for staff or for supervisors.
- High caseloads and workloads create time constraints and, consequently, missed opportunities for Trauma Informed Care.
- Some staff do not possess the characteristics, or a comfort level, for Trauma Informed Care principles due to lack of training or their personal or professional backgrounds.
- When referring people we serve to community partners, we do not always know the degree to which they are trauma informed.
- The nature of some job duties may create barriers to successful Trauma Informed Care. Some staff acknowledge that it is difficult to balance trauma informed care practice while holding their customers accountable as their role requires.
- Staffing shortages and high volume of meetings, especially over the lunch hour, sometimes prevents employees from utilizing adequate breaks.



PEOPLE: Recommendations

The following have been identified as opportunities to strengthen Trauma Informed Care practice in Marathon County:

- ✔ Offer new sessions on Trauma Informed Care practice at MLK Jr. Day-On.
- ✔ Hold discussions and/or create questions specific to Trauma Informed Care principles and practice into staff meetings, supervision time and in rounding.
- ✔ Provide resources in a variety of formats (e.g., books, webinars, podcasts, newsletters, action posters, visual checklists) on the intranet for department/staff use.
- Invest in additional trainings specific to Trauma Informed Care practice for appropriate staff, managers and supervisors.
- Further incorporate Trauma Informed Care training as part of new employee orientation.
- Empower staff by providing materials and other resources to support customers in recognizing and managing their trauma.
- Bring in experts or experienced staff to present on Trauma Informed Care.
- Ensure adequate staffing levels to support workload and customer needs.
- Incorporate an expectation of Trauma Informed Care from community partners and service providers through contracts and Memoranda of Understanding (MOU).
- Identify a network of trauma informed partners for customer referrals in order to create a true trauma informed system of care.
- Designate a lead staff to establish, coordinate and maintain a trauma informed system of care throughout the county with the support of a team consisting of diverse stakeholders.

✔ = “Quick Wins,” i.e. recommendations that may be implemented with little delay or difficulty.

PHYSICAL SPACES: Benchmarks

An exemplary trauma informed organization applies the principles of Trauma Informed Care through its people, across its physical spaces, and within its policies and procedures. Within the category of “Physical Spaces,” an investment in both physical and emotional comfort is critical. The following benchmarks may be used to measure success:

1. Facilities minimize exposure to triggers.
2. Facilities support confidentiality.
3. Facilities create a sense of safety.
4. Facilities allow for the use of coping skills, have a dedicated space for employees to take breaks and include quiet areas for people working or visiting the building.
5. Spaces are welcoming to people of all backgrounds, cultures, religions, gender identities, sexual orientations, abilities and ages.

PHYSICAL SPACES: Strengths

The following items have been identified as strengths in Marathon County aligned with the benchmarks of a trauma informed organization:

- Many departments acknowledged the need for trauma informed spaces for staff and customers. Efforts are being made to renovate meeting rooms, public spaces, and work stations to be more trauma informed.
- Some office spaces are painted in warm, neutral colors; in some cases staff have had a choice in how offices are painted or decorated. Staff are encouraged to make private offices or cubicles more comfortable by allowing personal decorations.
- Many departments have uplifting artwork or plants throughout their spaces.
- Some departments have changed signage around the building to encompass friendlier, trauma informed language and visuals.
- Crisis Assessment Response Team (CART) is mobile and meets people where they are physically located.
- Many facilities are secured, promoting a sense of physical safety.
- Staff who work in the field, or have highly challenging meetings, are encouraged to carry a cell phone, bring someone with them, let people know where they are, when they expect to return and utilize other measures to ensure safety. Some departments employ in/out boards and complete check-ins by phone if staff have not returned as expected.
- Customer input was sought by some departments when making renovating physical spaces
- Some decor is culturally inclusive (e.g., Hmong tapestries, etc.) including signage in multiple languages.



The District Attorney's Office utilized grant funding to renovate the Victim Witness Room, with the goal of providing a safe, comfortable, and calming space for victims going through the Court process. This included calming colors, messages of empowerment, comfortable furniture, and even a gaming system for children to provide a safe space.

The Sheriff's Office renovated their interview room to include a two-way mirror in order to create a calming view for customers being interviewed. The view can be changed (e.g., aquarium themed, fall colors, etc.).

The Health Department worked with a designer to renovate a room to function as a comfortable, calming meeting space as well as use as a lactation room.

PHYSICAL SPACES: Gaps

The following items have been identified as gaps in Marathon County with regard to the benchmarks of a trauma informed organization:

- Departments expressed a concern for the lack of funding to make spaces trauma informed.
- Some departments are housed in spaces which were originally designed for a different purpose and do not adequately meet their needs.
- Several departments are short on space for staff to complete their work which may include phone calls or in-person contact with customers about sensitive or confidential topics. Other spaces may be available for use but take extra time to locate and reserve, and are dependent on availability.
- Several departments indicated a lack of adequate break spaces, resulting in more lunches being eaten at desks while working. Some departments noted an inability to have full staff meetings due to space and/or time constraints.
- Some physical spaces are not consistent with trauma informed principles such as shared power and empowerment, voice and choice.

For example, the Clerk of Court's windows are set up so the Clerk is sitting below an individual standing at the window for assistance, creating a physical manifestation of a power imbalance. Additionally, the Courthouse lacks separate areas where adverse parties are able to wait for hearings. For example, a petitioner seeking a domestic abuse restraining order does not have anywhere to wait other than the same area as the respondent, and a victim of a crime wanting to participate may have to wait in the same hallway as the defendant.
- Many departments do not have materials or signage that reflect the diversity of our population with regard to backgrounds, cultures, religions, gender identities, sexual orientations, abilities and ages.
- Staff identified that their efforts to make changes to physical spaces were hindered by our existing capital improvement process.
- Without a policy incorporating Trauma Informed Care principles when renovating or designing physical spaces, the effect on trauma-impacted individuals may be overlooked.

PHYSICAL SPACES: Recommendations

The following have been identified as opportunities to strengthen Trauma Informed Care practice in Marathon County:

- ✔ Update signage to reflect the diversity of customers.
 - Create and post resources that empower staff and customers with information about trauma informed care, including how to recognize trauma behaviors and triggers.
- ✔ Apply for grant funding and/or seek donations for trauma informed improvements to physical spaces. Priority should be given to staff who directly deal with trauma on a regular basis as well as locations that see a high volume of customers impacted by trauma.
 - Incorporate materials for stress and anxiety management in offices, waiting areas and meeting spaces as appropriate.
 - Identify renovations to enhance safety and confidentiality utilizing the principles of Trauma Informed Care as appropriate.



✔ = “Quick Wins,” i.e. recommendations that may be implemented with little delay or difficulty.

POLICIES and PROCEDURES: Benchmarks

An exemplary trauma informed organization applies the principles of trauma informed care through its people, across its physical spaces and within its policies and procedures. Within the “Policies & Procedures” category, a clear and shared understanding of Trauma Informed Care principles is critical. The following benchmarks may be used to measure success:

1. Written policies specific to Trauma Informed Care, and secondary traumatic stress mitigation, exist and are regularly reviewed in light of emerging and best practices.
2. Personnel policies are rooted in Trauma Informed Care principles.
3. There is a written commitment demonstrating respect for cultural and identity differences.
4. Procedures incorporate Trauma Informed Care principles and promote a trauma informed system of care.
5. A trauma informed system can be sustained regardless of changes in staff and leadership.

POLICIES and PROCEDURES: Strengths

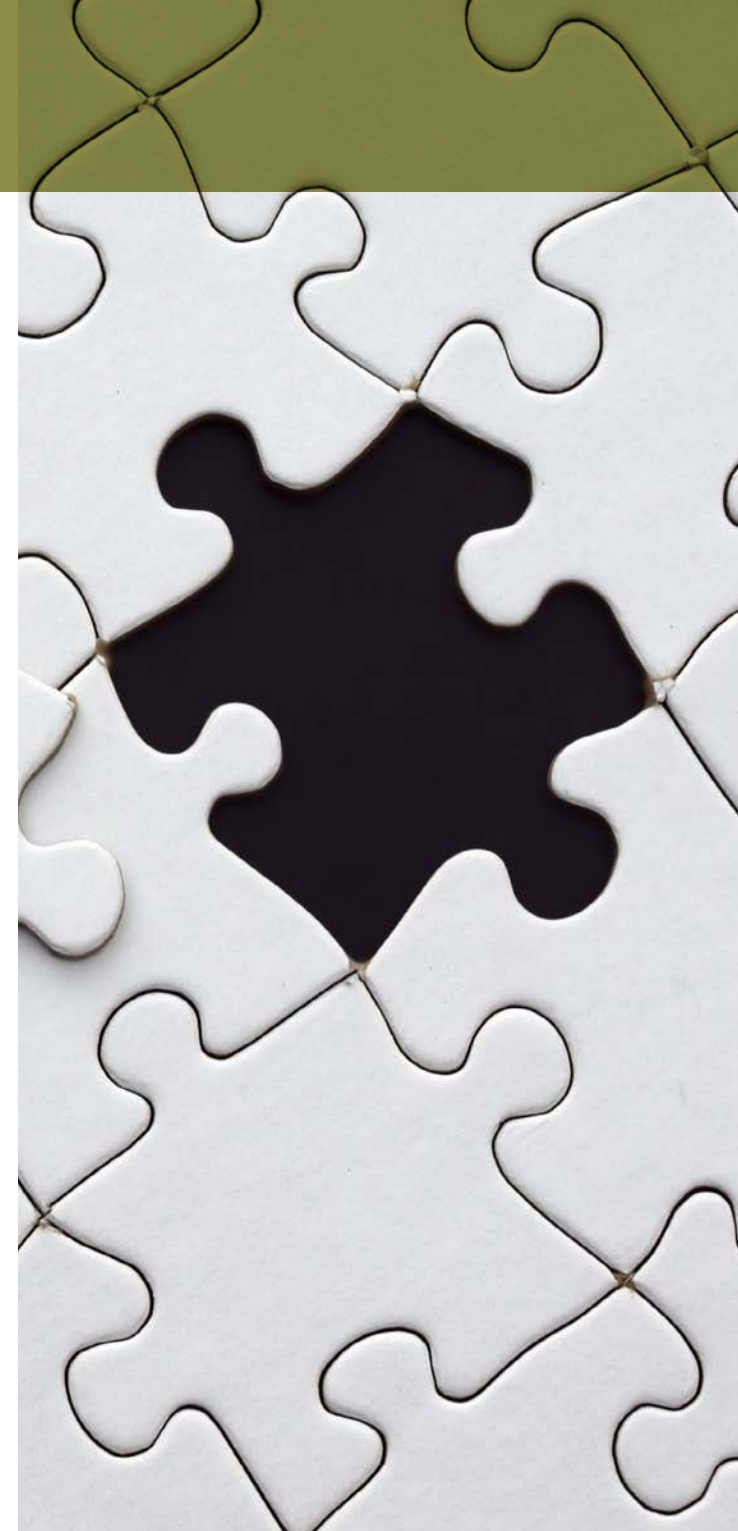
The following items have been identified as strengths in Marathon County aligned with the benchmarks of a trauma informed organization:

- Marathon County core values generally align with, and provide, a foundation for implementing the principles of Trauma Informed Care.
- Some Departments have developed initiatives, such as one Department's "Customer Service Is Up to Me" card, which support a trauma informed approach.
- Flexible scheduling and remote work are possible for employees in some departments.
- There is a willingness to adapt procedures and policies in an effort to be more trauma informed.
- The "Handle with Care" initiative promotes communication to inform schools after children and their families have had contact with law enforcement.
- Many existing programs and procedures incorporate principles of Trauma Informed Care to minimize trauma and/or triggers.
- Social Services modified court reports for children's cases to highlight child and family trauma.
- In some cases hiring practices have shifted to seek employees with a strong foundation of self-care skills and a predisposition, or working knowledge, of Trauma Informed Care practice.
- Many departments have secondary traumatic stress policies or practices in place to support staff, including breaks, paid time off (PTO), consultation on cases and committees designed to engage staff in secondary traumatic stress mitigation.

POLICIES and PROCEDURES: Gaps

The following items have been identified as gaps in Marathon County with regard to the benchmarks of a trauma informed organization:

- A county-wide Trauma Informed Care policy detailing the commitment to trauma informed practice does not yet exist.
- Many existing personnel policies were identified to consist of more disciplinary or corrective language, as opposed to trauma informed language.
- Rules or Statutes determined by outside entities are not always trauma informed.
- Forms and other documents could be more inclusive when it comes to gender identity, ethnicity and other personal demographic labels.
- The existing capital improvement process does not necessarily support Trauma Informed Care



POLICIES and PROCEDURES: Recommendations

The following have been identified as opportunities to strengthen Trauma Informed Care practice in Marathon County:

- ✔ Adopt SAMHSA’s framework, including the 6 principles of trauma informed care, county-wide.
- ✔ Update and clarify language regarding use of staff time when it comes to county wellness program opportunities.
 - Revise the existing capital improvement process to ensure that Trauma Informed Care principles will be considered when prioritizing, designing or renovating County buildings and spaces.
 - Encourage department leaders to consider an individual or team’s role, personal characteristics and skill level when determining Trauma Informed Care training and development needs.
 - Assess policies and procedures for opportunities to enhance trauma informed practice.
 - Continue to adapt hiring and recruiting efforts to include searches for candidates with working knowledge of Trauma Informed Care principles and self-care when appropriate.
- Process map the customer experience from start to finish to identify challenges and barriers when accessing services.
- Revise forms and/or documentation to demonstrate respect and allow for differences in gender identities, ethnicity, and other personal or demographic characteristics.
- Maintain a standard for the use of strengths-based language by focusing on descriptions of behaviors, rather than labels, as appropriate.
- Survey staff on Trauma Informed Care practice regularly (e.g., annually or bi-annually).
- Create and promote opportunities to obtain customer feedback on a consistent basis.
- Ensure all Departments have a policy regarding Secondary Traumatic Stress.
- Evaluate policies regarding employee benefits.

✔ = “Quick Wins,” i.e. recommendations that may be implemented with little delay or difficulty.

APPENDIX of Resources

The following resources are available if you are interested in more information regarding Trauma Informed Care principles as well as how other communities have implemented them. The interview questions and staff survey are also included in this section.

- **An Introduction to Trauma Informed Care with Cheryl Sharp** | https://youtu.be/we1wRbC7n_o
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** | <https://www.samhsa.gov>
- **SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach** | <https://store.samhsa.gov/system/files/sma14-4884.pdf>
- **The Trauma Informed Care Project** | <http://www.traumainformedcareproject.org>
- **Adverse Childhood Experiences: Fast Facts** | <https://www.cdc.gov/violenceprevention/childabuseandneglect/aces/fastfact.html>
- **National Council of Behavioral Health: The Need for Trauma Informed Care** | <https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare>
- **Center for Healthcare Strategies: Advancing Trauma Informed Care** | <https://www.chcs.org/project/advancing-trauma-informed-care>
- **Center for Evidence-Based Practices** | <https://www.centerforebp.case.edu/practices/trauma>
- **Trauma Informed Care Resources for Leaders and Managers** | <https://www.tepou.co.nz/uploads/files/resource-assets/Trauma-informed%20care%20resources%20for%20Leaders%20and%20managers.pdf>
- **Trauma Informed Care: Organizational Self-Assessment** | <http://trauma-informed.ca/trauma-informed-organizationssystems/organizational-self-assessment>
- **SaintA: 7 Essential Ingredients for Implementation of Trauma Informed Care** | <https://sainta.org/files/Seven-Essential-Ingredients.pdf>
- **Becoming a Trauma Informed Agency: The Waupaca Story** | <https://cms.revize.com/revize/waupaca/DHHS/GeneralPDFs/2018Waupaca-Story-Final-Version.pdf>
- **A Trauma Informed System of Care: Livingston, MI** | <https://www.livgov.com/hscb/Pages/trauma.aspx>
- **Building a Trauma-Informed Child Welfare System: A BluePrint** | <http://texaschildrenscommission.gov/our-work/statewide-collaborative-on-trauma-informed-care/strategies-and-guiding-principles>
- **County Health Rankings: A Trauma Informed Juvenile Justice System** | <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-juvenile-justice-systems>
- **County Health Rankings: Trauma Informed Healthcare** | <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/trauma-informed-health-care>
- **County Health Rankings: Patient Shared Decision Making (SDM)** | <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/patient-shared-decision-making>

APPENDIX: Interview Questions

MARATHON COUNTY TRAUMA INFORMED CARE ANALYSIS

Trauma Informed Care refers to how we work with people who have experienced trauma. This model moves to ask people, “What happened to you?” as opposed to “What’s wrong with you?” It also involves careful consideration of how we respond to people in light of their experiences.

For the purpose of this project, a core team has been tasked with examining our trauma informed care practices in terms of the ways 1) staff engage with internal and external customers; 2) the physical spaces we offer; and 3) our departmental practices and policies.

You are welcome to bring additional members of your department/office to the interview. In addition, a Qualtrics survey will be emailed to all staff in your department/office in October. The survey should take only 5-10 minutes. Please encourage 100% participation from your staff.

INTERVIEW QUESTIONS

1. What percentage of staff in your department understands what trauma informed care entails?
2. On a scale of 1-10, where is your department with being trauma informed?
(10 being no improvement needed, 1 being needs a lot of improvement)
3. What is your department currently doing to help staff incorporate Trauma Informed Care into their work?
(Including STS mitigation)
4. What has your department done (or is currently doing or plans to do) with the physical environment of your workplace to incorporate Trauma Informed Care?
5. Does your department have Trauma Informed policies or practices?
(A) If so, what are they? (B) If not, what do you think are the barriers?
6. When people in your department are implementing Trauma Informed Care well, what does that look like?
(A) When there are challenges to implementing Trauma Informed Care, what are those challenges?
7. What one change would you like to implement to get your department closer to a 10 (very trauma informed)?
(A) What resources are needed to accomplish this?

APPENDIX: Staff Survey

Please complete the following survey to help with an assessment of the strengths and gaps in the practice of Trauma Informed Care in Marathon County (Strategic Plan Goal 3.3 E). Trauma Informed Care refers to how we work with people who have experienced trauma. This model moves to ask, “What happened to you?” as opposed to “What’s wrong with you?” It also involves careful consideration of how we respond to people in light of their experiences.

For the purpose of this project, a core team has been tasked with examining our trauma informed care practices in terms of how 1) staff engage with internal and external customers; 2) the physical spaces we offer; and 3) our practices and policies.

While we ask you to identify which office or department you serve your responses will be confidential. Your responses should reflect your experiences and observations in the last year within the Department or Office you serve. The survey should take only 5-10 minutes. Thank you for your time.

1. In which Marathon County Department or Office do you work? *[Drop down box: Clerk of Courts, Corporation Counsel, District Attorney’s Office, Employee Resources/Administration, Health Department, Medical Examiner’s Office, Sheriff’s Office, Social Services]*
2. Within your department, which team, unit or office do you belong? *[Open-ended: _____]*
3. Is your position considered: *[Drop down box: Management, Non-Management]*
4. What percentage of staff in your office or department do you perceive as having a strong understanding of trauma informed care? *[Multiple Choice: 0-25% 26-50% 51-75% 76-100%]*
5. On a scale of 1 through 10, how well do you think trauma informed practice is implemented in your department or office? (1 meaning not at all, 10 meaning completely)

Please consider your responses to each of the statements relating to Trauma Informed Care and people (internal/external customers)

1. I feel that I have received adequate training to help a client who has experienced trauma.
2. Staff in my department can identify and appropriately respond to post-traumatic reactions in customers we serve.
3. I am aware of what resources are available to me if I experience secondary traumatic stress.
4. We seek and incorporate customer input throughout the course of our work.
5. Leadership in my department are knowledgeable of trauma and its impacts.
6. Leaders set aside time during supervision and/or staff meetings to talk with staff about trauma and secondary traumatic stress.

(continued on next page)

APPENDIX: Staff Survey (continued)

Please consider your responses to each of the statements relating to Trauma Informed Care and physical environment

7. The public spaces in my department include elements of nature, calming colors, and adjustable lighting.
8. The private spaces (offices or areas not for public access) in my department include elements of nature, calming colors, and adjustable lighting.
9. The spaces in my department create a sense of cohesion through the furniture and use of space.
10. The spaces in my department feel safe and are welcoming to people of all cultures, abilities, ages, gender identities, sexual orientations, education levels and socio-economic statuses.
11. The spaces and physical flow (how people get from A to B) in my department protect the privacy of the public and of employees.
12. There is a designated space for employees to take a break from work in my department.

Please consider your responses to each of the statements relating to Trauma Informed Care and policies or practices:

13. My department has a strong policy or practice regarding our commitment to understanding trauma and providing trauma informed care to staff and customers.
14. In my department staff wellness is a priority and may include (but is not limited to) practices such as PTO, breaks & lunches, critical incident debriefing, secondary traumatic stress relief and other forms of self-care.
15. In my department it is commonplace to demonstrate respect for people of all cultures, abilities, ages, gender identities, sexual orientations, education levels and socio-economic statuses.
16. We demonstrate our commitment to shared power (e.g., power that's shared with staff as well as external customers) in my department.
17. Policies in my department related to trauma informed care are reviewed and updated regularly in light of new information and/or emerging practices.
18. Trauma informed care goes beyond policies—it is part of the culture in my department.

We appreciate all of your feedback on this topic. In light of your responses to previous questions, please answer the following questions:

19. What is one thing you think your Department or Office could do to increase understanding and/or practice of trauma informed care principles?
[Open box for text. Response required]
20. What resources might be needed to increase understanding and/or practice of trauma informed care principles? *[Open box for text. Response required]*

(end of survey)



Marathon County's goal is to be the healthiest, safest and most prosperous county in Wisconsin.

Board of Health Policy Opportunities and Strategies 2019 Accomplishments

Background: The following is meant to guide the identification and development of policy opportunities for the Board of Health. The document will be reviewed and updated at a minimum on a quarterly basis.

Be Proactive in Shaping Policy and Communicating on Policy Opportunities

Strategies:

- Seize opportunities to education state legislators on public health issues impacting Marathon County residents
- Be informed of public health education policy initiatives being championed by Healthy Marathon County Board, Marathon County Standing Committees, and staff at the Health Department
- Review Wisconsin Association of Local Health Departments and Boards (WALHDAB) legislative updates and action alerts to identify opportunities for alignment with Marathon County Government regarding legislative priorities and positions taken on proposed bills. Legislative priorities for 2019-2020 are focused on four social determinants of health to include:
 - Criminal justice reform,
 - Early childhood education,
 - Income stability and employment, and
 - Housing.
- Advance public health policy in support of Marathon County Health Department’s mission and Marathon County’s Strategic Plan
 - Identify policy opportunities to advance to the Marathon County Health & Human Services Committee for strategic plan objectives the department has been assigned led to:
 - Objective 3.7 – Ensure that every person has local access to effective mental health treatment
 - Objective 7.2 – Mitigate the impacts of heroin and methamphetamine epidemics in Marathon County through evidence-based practices

Actions Taken:

- Set fees for the 2019-2020 licensing year
- Held Legislative Educational meeting with state representatives focused on adverse childhood experiences, behavioral health, substance abuse, and current investments in the health of our communities
- Adopted changes to the Marathon County Agent Program Regulations
- Learned about the impact of the government shutdown would have had on food insecurity (e.g., Women, Infants and Children (WIC) Program)
- Kept abreast of the 2019-2020 Biennial State of Wisconsin Budget public health policy priorities; Medicaid Expansion, Tobacco 21, Restrictions on Vaping products, lead testing schools and daycares, immunization personal conviction waivers

- Learned about key takeaways from the Marijuana & Youth Services as public policy issues and educational opportunities

Advocate for Programs, Services, and Community Initiatives Based on Identified Needs

Strategies:

- Identify programs in jeopardy, evaluate short and long-term impact for reduction/elimination in the County achieving Priority Based Program goals
- Advocate for resources in the implementation of the 2017-2020 Community Health Priorities, based on priority order – Alcohol and Other Drugs Misuse and Abuse, Behavioral Health, Adverse Childhood Experiences, Healthy Weight, Health Needs of Aging, Oral Health
- Speak to the benefits of the county’s investment in programs, services, community initiatives (e.g., Start Right being instrumental in reducing child abuse and Adverse Childhood Experiences)
- Identify areas of alignment and gaps as well as advocate for realignment of the Health Department programs/services in relationship to the goals and objectives in the 2018-2022 Marathon County Strategic Plan and Comprehensive Plan
- Support community conversations and linkages to further department’s mission

Actions Taken:

- Accepted the goals and strategies of the 2019-2023 Marathon County Strategic Plan
- Learned about issues related water quality in Marathon County (Marathon County Strategic Objective 6.3), having Becky Frisch, Director, Conversation, Planning and Zoning co-present
- Advocated to have the Board of Health membership requirements align with Wisconsin Statute, Chapter 251.02, broadening background requirements. Marathon County Ordinance section 2.05(1) members of the Board of Health was amended by the County Board of Supervisors, having a presentation provided as to the powers of the Board of Health
- Advocated to have Medicaid Expansion included as a Marathon County state budget priority given the health and economic benefits to Marathon County
- Passed Board of Health resolution Medicaid Expansion on June 4, 2019, having the resolution presented to the Health and Human Services Committee on July 22, 2019
- Adopted the policy statement on Workplace Naloxone Use Program on August 6, 2019, having the policy statement presented to the Health and Human Services Committee – County Board of Supervisor’s amended the County Administrator’s Plan of Work to have an assessment conducted as to benefits in having a program in place
- Passed Board of Health Resolution on the End of the Use of Personal Conviction Waivers for School and Day Care Immunizations on November 5, 2019
- Drafted Position Paper on Marijuana: Impact on the Public’s Health that was adopted on January 7, 2020
- Passed a motion to support continued full funding for the Start Right Program
- Distinguished the Board of Health’s scope in carrying out its advocacy role and the reporting relationship to Marathon County Health & Human Services and County Board of Supervisor’s

- Determined the Board of Health’s role in identifying health priorities for the 2021-2024 community Health Improvement Plan
- Conducted Board Self-Assessment and developed a plan of work to strengthen the board’s ability to carry out its functions

References:

Marathon County Board of Health Bylaws. Adopted October 7, 2008.

Wisconsin Statutes, Chapter 251.03-04 Local Board of Health.

<http://docs.legis.wisconsin.gov/statutes/statutes/251.pdf>

National Association of Local Boards of Health (NALBOH) Six Functions of Public Health Governance.

November 2012. http://www.dhd10.org/wp-content/uploads/2016/12/Governance_Functions_2013.pdf