



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
- *Assessment Process* 3
- *General Conclusions* 4
- *Conclusions: Strengths* 5
- *Conclusions: Gaps* 6
- *Becoming a Trauma Informed Organization* 7
- *People: Benchmarks* 8
- *People: Strengths* 9
- *People: Gaps* 10
- *People: Recommendations* 11
- *Places and Spaces: Benchmarks* 12
- *Places and Spaces: Strengths* 13
- *Places and Spaces: Gaps* 14
- *Places and Spaces: Recommendations* 15
- *Policies and Procedures: Benchmarks* 16
- *Policies and Procedures: Strengths* 17
- *Policies and Procedures: Gaps* 18
- *Policies and Procedures: Recommendations* 19
- *Appendix of Resources* 20
- *Appendix: Interview Questions* 21
- *Appendix: Staff Survey* 22

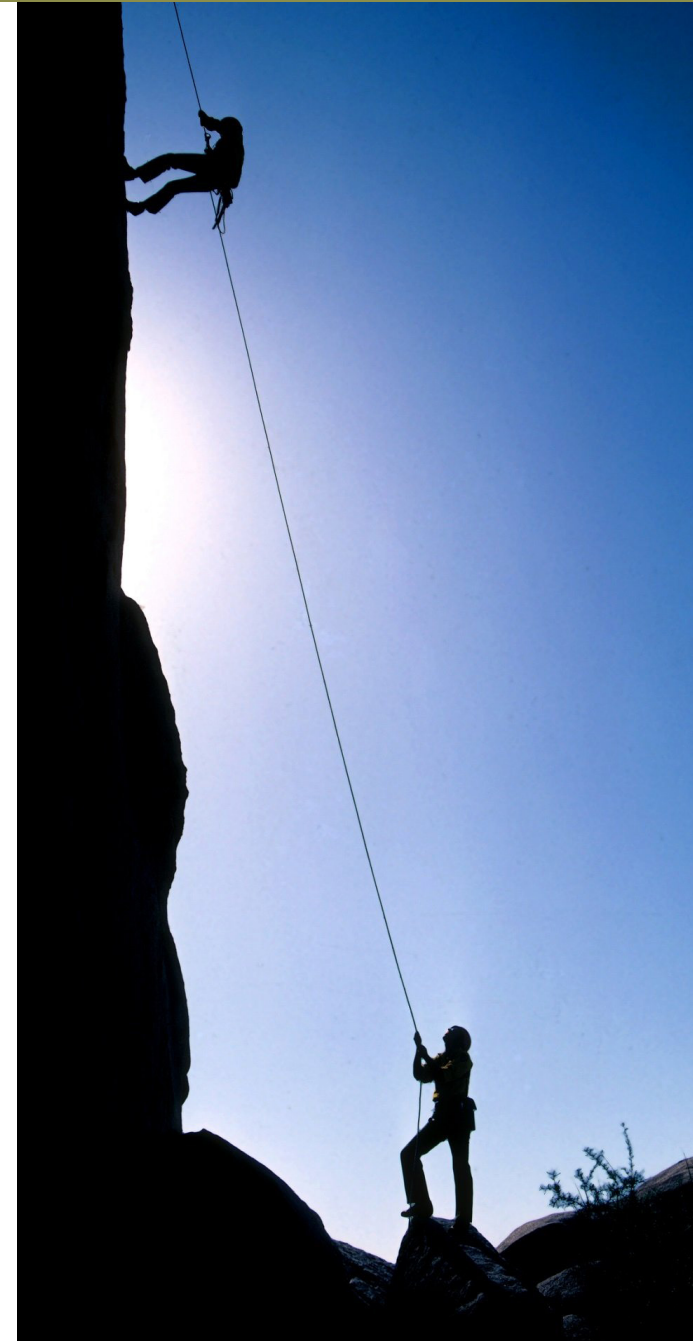
Intro to TRAUMA INFORMED CARE

Trauma is defined as “a deeply distressing or disturbing experience” and can take many forms, including abuse or assault, divorce, an accident or a serious injury, an unexpected death or illness, war, and domestic or community violence.

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 (TIC) is widely recognized as a promising approach that *acknowledges* the pernicious effects of trauma, *strives to prevent* traumatizing (or re-traumatizing) people and *promotes healing* within a safe relationship and environment.¹ A trauma informed approach recognizes “difficult” behaviors and shifts perspective to ask, “**What happened to you?**” and “**What do you need?**” as opposed to “What is wrong with you?”

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 important of physical safety as well as 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, and 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 adequately inform the recommendations for a trauma informed system of care in Marathon County there was an assessment of current practices, as well as research to identify best practices and benchmarks. The assessment consisted of interviews with management team members as well as 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 as working with particularly trauma impacted populations or having staff that were regularly trauma exposed. The questions were designed to encourage staff to consider the extent to which their department is trauma informed. When assessing Trauma Informed Care practice, questions were broken into three main categories: people, physical spaces and policies & procedures.²

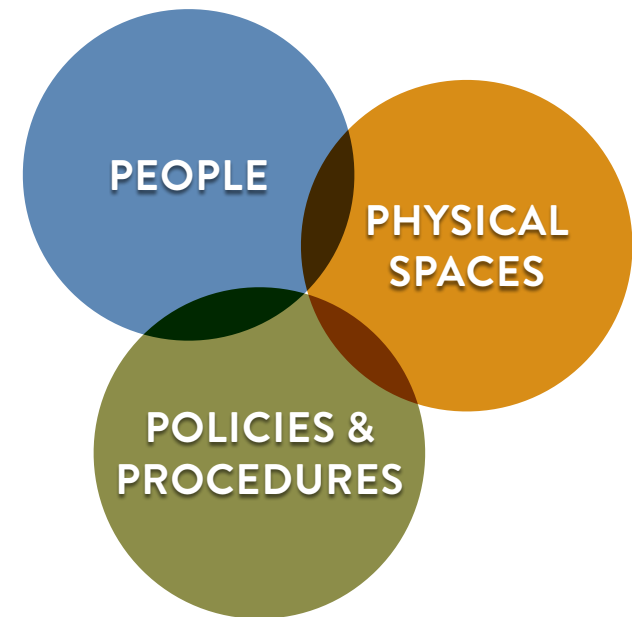
² A copy of interview questions and the staff survey can be found in the Appendix to this report.

When assessing Trauma Informed Care practice, questions were broken into three main categories: people, physical spaces and policies & procedures:

In the **PEOPLE** category, topics included training, support and communication as well as resources to mitigate secondary traumatic stress.

In the **PHYSICAL SPACES** category, the focus encompassed 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.

The **POLICIES & PROCEDURES** category involved questions about formal and informal practices specific to or incorporating the principles of Trauma Informed Care.



General CONCLUSIONS

The Marathon County Strategic Plan 2018-2022 recognizes the importance of implementing and creating a Trauma Informed Care system.

Based upon the inventory of Departments that tend to be most trauma impacted, it is clear that Marathon County employees and departments generally see the value of being trauma informed and make efforts to act in a trauma informed manner. But there is room for improvement. Some departments struggle to see the value of being trauma informed while others see the value but struggle with implementation. Without a shared understanding of or defined policies addressing Trauma Informed Care, it varies widely how Trauma Informed Care practices are implemented.



Conclusions: **STRENGTHS**

- Staff at all levels have indicated a widespread desire to understand trauma and the impacts.
- Departments have identified areas of improvement, where we can enhance trauma informed practices.
- Marathon County's Core Values align with many aspects of a Trauma Informed System of Care.
- General desire to collaborate more across teams and Departments, taking a wider view of the impact our systems have on customers and the community.
- Training opportunities focusing on trauma and secondary traumatic stress have been supported and are required in some Departments.
- There have been recognizable benefits from making changes to some physical spaces, taking Trauma Informed Care principles into account.
- Benefits have been identified to keeping secondary traumatic stress and trauma informed care qualities in mind in hiring and training practices.



Conclusions: **GAPS**

- Marathon County lacks a written policy or statement defining Trauma Informed Care and how we employ the principles throughout County Departments.
- When asked, staff at all levels varied in their responses regarding how trauma informed we are, indicating a lack of shared understanding of Trauma Informed Care principles and benchmarks.
- Policies in our Departments could be more trauma informed. For example, current language may be interpreted as paternalistic, punitive, or clinical.
- There is a discrepancy between an academic understanding of Trauma Informed Care and current practice. Many staff demonstrated knowledge of what Trauma Informed Care is, but fewer were able to identify principles in practice.
- There are a number of physical spaces that do not provide confidentiality, emotional safety, or may unintentionally contribute to re-traumatization.
- The County lacks a designated individual or team to coordinate Trauma Informed Care and practice efforts county-wide.



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:** Provide initial and on-going opportunities for staff training and development.
- **STEP 4:** Systematically update policies and procedures in appropriate departments.
- **STEP 5:** Assess physical spaces and develop plans to implement trauma informed changes.
- **STEP 6:** Reassess / evaluate progress.
- **STEP 7:** 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 and Response Team (CART), Marathon Area Support Team (MAST) and Crisis Intervention Training (CIT) have been implemented to support customers and staff with mental health needs.
- Self-care and Trauma Informed Care are considered by leadership in some key departments when hiring new staff.
- 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.
- Youth are not shackled in the courtroom unless it is court ordered.
- The “Bear Goes to Court” coloring book is available to help children understand the court process.
- 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 for or a comfort level with Trauma Informed Care principles due to lack of training or their personal or professional backgrounds.
- It cannot be assured that trauma informed community partners are universally available.
- 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 some employees from utilizing adequate breaks.



PEOPLE: Recommendations

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

- Invest in additional trainings specific to Trauma Informed Care practice for appropriate staff, managers and supervisors.
- 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.
- Include 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 seasoned staff to present on Trauma Informed Care.
- Allow staff to earn “mental health” days to promote self-care.
- Ensure adequate staffing levels to support workload and customer needs.
- Incorporate an expectation of Trauma Informed Practice from community partners when referring customers; create a directory of trauma informed partners for customer referrals to create consistency of care.
- Establish a role for a Trauma Informed Care champion to establish and maintain a trauma informed system of care throughout the county.

PLACES and 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 physical & emotional safety.
4. Facilities allow for the use of coping skills, have a dedicated space for employees to take breaks and include quiet areas for staff and customers.
5. Spaces are welcoming to people of all backgrounds, cultures, religions, gender identities, sexual orientations, abilities and ages.

PLACES and SPACES: Strengths

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

- Many departments acknowledge an awareness of the need for trauma informed spaces for staff and customers; some 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 and Response Team (CART) is mobile and meets people where they are physically located.
- Many facilities are secured which can promote a sense of physical safety.
- Staff who work out 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 and 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 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.

PLACES and 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.
- Some staff identified experiencing internal resistance to changes and renovations.
- Without a policy incorporating Trauma Informed Care principles when renovating or designing physical spaces, the effect on trauma-impacted individuals may be overlooked.

PLACES and SPACES: Recommendations

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

- 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.
- Update signage to reflect the diversity of customers.
- Create and post resources that empower staff and customers with information about trauma informed care, including recognizing trauma behaviors and triggers.
- Stock meeting rooms with fidgets and coloring materials for staff and customers as appropriate.
- Identify renovations to enhance safety and confidentiality utilizing the principles of Trauma Informed Care as appropriate.

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, including the “Customer Service Is Up to Me” initiative, generally align with the principles of Trauma Informed Care.
- 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 (e.g., with regard to conducting hearing tests at schools or removing children from their birth parents) incorporate principles of trauma informed care to minimize trauma and/or triggers.
- Court reports were changed to allow for the holistic view of a person including previous 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, 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 punitive 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.



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.
- Adopt a policy that Trauma Informed Care principles will be considered when designing or renovating County buildings and spaces.
- Allow department leaders to use an "equity lens" (e.g., consider an individual or team's role, personal characteristics or skill level) when investing in the evolution of Trauma Informed Care practice.
- Utilize knowledgeable staff to complete Trauma Informed Care assessments of departmental policies and procedures.
- 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.
- Map out the customer experience by looking at the process of accessing services from start to finish in order to identify challenges and barriers.
- 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

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>
- **The Trauma Informed Care Project**
<http://www.traumainformedcareproject.org>
- 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-organizationssystem/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.



DEPARTMENT OF SOCIAL SERVICES

2020 WORK PLAN

January 2020 DRAFT

| Director Focus | | | | | |
|--|--|--|---|----------|---|
| Activity | What We have Already Done | Outcomes | Time Line | Progress | Progress |
| 1. Provide leadership within the Wisconsin County Human Services Association (WCHSA) to collaborate with other counties and the State Departments 2. WCHSA lead with the Department of Children and Families (DCF) on major initiatives regarding Child Welfare programming and funding Responsible person (s): Vicki Tylka | <ul style="list-style-type: none"> ▪ Director serves as tri-chair for the WCHSA Children Youth and Families Policy Action Committee, Northern Region representative for the Child Welfare Workload Study, Continuous Quality Improvement Committee, Wisconsin Child Welfare Professional Development System Steering Committee; and a member of the Child Abuse and Neglect Prevention Board. | <ul style="list-style-type: none"> ▪ Legislators will be educated on the needs of local government and the customers we serve. ▪ Marathon County's perspective will be shared with state staff and officials especially in regard to decision making that impacts the county. ▪ County voice will be fully considered in major change initiatives – Child Welfare Workload Study, Children and Families Allocation, and implementation of the federal Family First Prevention Services Act (FFPSA). | <ul style="list-style-type: none"> ▪ Legislative involvement and committee meetings vary. ▪ Workload Study is projected to be complete by September 2020. ▪ Wisconsin's FFPSA plan is due October 2020, with full implementation in January 2021. | | <ul style="list-style-type: none"> ▪ Organized recommendations to request work load reductions and presented to DCF in January 2020. ▪ Led the introduction of a motion to the WCHSA Board to join DCF in discussions of evaluation of reallocation of the Children and Families. |
| 3. Provide leadership for activities stemming from 2019 County Wide Organizational Culture survey Responsible person (s): Vicki Tylka | <ul style="list-style-type: none"> ▪ Created a process and piloted with the Culture Champions to offer a diagonal slice conversation on Inclusivity. ▪ Created team action plans at DSS to sustain strong culture survey scores. ▪ The majority of DSS staff are IDEAS trained, six employees are scheduled for Innovator training, with several more interested. | <ul style="list-style-type: none"> ▪ Collaborative opportunity for multi-level/disciplines. ▪ Improvement of future culture survey results, increased staff engagement, and improved customer service. | <ul style="list-style-type: none"> ▪ Pilot to be offered to county employees in spring 2020. | | |
| 4. Leadership on Objective 3.3 Strategic Plan – Ensure that every child makes it to adulthood with health, stability, and growth opportunities Responsible person (s): Vicki Tylka with support of Social Work Section | <ul style="list-style-type: none"> ▪ Evaluation of Marathon County's trauma informed practices, strengths, gaps and recommendations. ▪ Shared report with the Trauma Informed (Child Welfare and the Courts). ▪ Established internal plans to impact outcome measures. | <ul style="list-style-type: none"> ▪ County wide: <ul style="list-style-type: none"> • Increase in high school graduation rates; • Reduction in number of out of home care days; • Practice change to decrease the number of young adults in jail. | <ul style="list-style-type: none"> ▪ Final report to be shared with County Board in March. ▪ Evaluation of the scope of the Trauma Informed (Child Welfare and the Courts) to occur after the County Board's action on the report. ▪ Evaluate expansion of Handle with Care in May 2020. | | |

Child Welfare - focus on keeping children, families, and the community safe

| Activity | What We have Already Done | Outcomes | Time Line | Progress | Progress |
|--|--|--|---|----------|----------|
| 5. Increase youth crisis stabilization services Responsible person (s): Vicki Tylka, Social Work Management | <ul style="list-style-type: none"> Supported application of grant by NCHC for crisis stabilization facility. | <ul style="list-style-type: none"> Improved outcomes for youth in crisis. A residential treatment option in the community to maintain youth near their families. | <ul style="list-style-type: none"> Grant submission due 02.14.2020. | | |
| 6. Preparation for implementation of Family First Prevention Services Act Responsible person (s): Vicki Tylka, Stacia Burrows, and Social Work Supervisors | <ul style="list-style-type: none"> Scheduled a Social Work retreat for February to begin evaluation of philosophical and practice changes needed. Presented on FFPSA to Women's Community. | <ul style="list-style-type: none"> Work with collaborative partners to implement evidence-based programs in the court system and in child welfare practice that will result in improved outcomes for children and families and compliance with FFPSA. | <ul style="list-style-type: none"> Continual evaluation of strategic implementation of initiatives over the course of 2020. Provide education of FFPSA in the second quarter of 2020 to county committees and stakeholder groups. | | |
| 7. Collaborate with partners to improve the high school graduation rates (objective 3.3) Responsible person (s): Becky Bogen | <ul style="list-style-type: none"> Begun initial dialog with partners (DA, Law Enforcement, Schools, and Providers) to determine root causes of elementary school truancy. | <ul style="list-style-type: none"> Recommended programs/services to address the truancy issue will be well informed and supported by partners. Addressing truancy at earliest point of intervention rather than involving formal dispositional orders through court support students, families, schools and the formal system. | | | |

Child Support - focus on major system improvement

| Activity | What We have Already Done | Outcomes | Time Line | Progress | Progress |
|--|--|---|-----------|----------|----------|
| 8. Implement the ELEVATE grant, a 5 county demonstration project to inform major system change in the state and recommendations at the federal level Responsible person (s): Kelly Gross with support from Vicki Tylka | <ul style="list-style-type: none"> Hired a grant project coordinator, have begun enrolling individuals in the program, presented on the grant scope with numerous partners, formed a "think tank" for grant components, and provided mediation training to staff. | <ul style="list-style-type: none"> Improved engagement of customers, and improved outcomes that will lead to increased federal incentives. | | | |

Administrative Support – support major organizational efforts

| Activity | What We have Already Done | Outcomes | Time Line | Progress | Progress |
|--|--|--|--|----------|----------|
| 9. Implement the Work from Home program 10. Restructure offices to better meet the needs of our customers 11. Coordinate the implementation of a new system to communicate staff's location for safety and availability Responsible person (s): Julia Wicke with support from Vicki Tylka | <ul style="list-style-type: none"> ▪ Submitted a plan for the implementation to County Administration and Employee Resources. Developed an Employee Agreement, coordinating technology and logistical needs. ▪ Created a draft plan for office restructuring. ▪ Researched software programs. | <ul style="list-style-type: none"> ▪ Efficient use of resources. ▪ Flexibility for workforce leading to higher retention. ▪ Better customer service. ▪ Increase staff safety and accountability. | <ul style="list-style-type: none"> ▪ Work From Home pilot will begin in February, focusing on Child Support and Economic Support. | | |

Economic Support – IM Central Consortia - focus on multi-county collaboration

| Activity | What We have Already Done | Outcomes | Time Line | Progress | Progress |
|--|---------------------------|---|---|----------|----------|
| 12. Improve Customer Service through focus on the call center activity Responsible person (s): Nicole Rolain and ES Supervisors | | <ul style="list-style-type: none"> ▪ Consistently meet contractual performance outcomes. ▪ Demonstrate responsiveness to customer needs, resulting in they get what they request in a timely accurate manner. ▪ Improve relationships and operational functions with partner counties. | <ul style="list-style-type: none"> ▪ Explore Work From Home in first quarter 2020. | | |



**Children and Families Allocation
Program Summary and History
January 2020**



WISCONSIN DEPARTMENT OF
CHILDREN AND FAMILIES

Children and Families Allocation (CFA)

Content of Presentation

- Part 1 – Summary of CFA
 - Purpose of program
 - Funding amount and sources
 - Requirements for CFA funds
- Part 2 – History of CFA and Community Aids
 - Creation of CFA
 - History of Community Aids
 - Community Aids allocation formula
 - Other factors affecting allocations

Part I: CFA Summary

CFA Summary - Program Purpose

- The CFA is the primary state funding program for child welfare services provided by counties.
- CFA funds can be used for a broad array of services to children and families, including services to prevent abuse and neglect, investigate abuse and neglect, protect the safety of children, and support the well being of children and parents.
- Counties can use CFA funds to purchase services for families, pay for county child welfare staff, and pay for out-of-home care placements.
- CFA funds can be used interchangeably with county tax levy funds to give counties flexibility in paying for child welfare services.

CFA Summary – Funding Sources

- CFA funding sources include:
 - State GPR funds.
 - Federal Title IV-E revenue earned from county expenses for foster care program administration and foster care maintenance payments.
 - Federal Social Services Block Grant (SSBG) funds. SSBG funds are also included in the Department of Health Services (DHS) Basic County Allocation.
 - Federal Title IV-B Part 1 (Stephanie Tubbs) funds.

CFA Summary – Funding Amounts

Children and Families Allocation Funding amounts in \$ millions

| | GPR | IV-E | SSBG | IV-B | TOTAL |
|------------|--------|--------|-------|-------|----------------|
| CY 2017 | 26.609 | 31.977 | 7.291 | 2.885 | 68.762 |
| CY 2018 | 26.724 | 37.270 | 7.387 | 2.944 | 74.324 |
| CY 2019 * | 29.020 | 36.090 | 6.991 | 2.694 | 74.795 |
| CY 2020 | 43.829 | 45.351 | 7.729 | 2.954 | 99.863 |
| CY 2021 ** | 45.681 | 45.291 | 7.356 | 2.817 | 101.145 |

Notes: * CY 2019 includes \$206,000 of carryover from CY 2018.
 ** CY 2021 funding is contingent on 2021-23 state budget.

CFA Summary – Funding Increases

- General CFA increases were provided in the 2017-19 state budget for CY 2018 and the 2019-21 budget for CYs 2020 and 2021.
- Additional CFA funding was provided in both budgets for foster care rate increases and foster care initiatives.
- The CY 2018 general increase was \$5 million (plus foster care increases) and was funded with federal IV-E revenue.
- The CY 2018 increase was allocated as across the board % based on county share of the base total CFA funding.
- For the 2019-21 state budget, the Legislature provided \$30.5 million in the biennium for general increases plus funding for foster care increases. The general increases were funded with GPR and federal IV-E revenue.

CFA Summary – Funding Increases

- The CY 2020 and CY 2021 general increase amounts were determined based on the state fiscal year splits of the \$30.5 million for the biennium.
- The CY 2020 general increase is \$24.125 million (plus foster care increases) and is funded with \$18.875 million GPR and \$5.25 million federal IV-E.
- The CY 2020 general increase is allocated across the board with a \$100,000 minimum amount for small counties.
- The CY 2021 general increase will be a \$1.4 million addition to the CY 2020 amount and will be allocated across the board.
- The cumulative increase is \$25.5 million and is funded with \$18.5 million GPR and \$7.0 million federal IV-E.

CFA Summary – Requirements

- CFA funds are allocated to counties in three parts:
 - Unmatched amount for January – June. Amount is approximately 24.5% of total CFA allocation.
 - Unmatched amount for July – December. Amount issued after July 1st due to state fiscal year split and is approximately 68% of total CFA allocation.
 - Matched amount for July – December. Amount is approximately 7.5% of total CFA allocation and must be earned by reporting match \$ for \$.
- Most counties report far more match than the minimum match amount (overmatch).
- Up to 3% of unspent CFA funds can be carried forward to the next year.

CFA Summary – Requirements

- Receipt of CFA funds requires counties to:
 - Use eWiSACWIS system to record child welfare services and payments for out-of-home care placements.
 - Participate in the Random Moment Time Study (RMTS) and report administrative expenses for claiming federal Title IV-E foster care revenue.
 - Assist with determination of Title IV-E eligibility for children in out-of-home care.
 - Report total child welfare revenues and expenses in the annual Human Services Revenue Report (HSRR) which is administered by DHS.
 - Follow the DHS 1 (forthcoming DCF 1) administrative rule regarding uniform fees charged to clients for services.

CFA Summary – Requirements

- CFA funds can be used for services to prevent abuse and neglect and child protective services.
- CFA funds can be used for services to youth, but cannot be used for secure detention or juvenile corrections.
- The GPR portion of the CFA can be used as match to claim federal Medicaid revenue for Medicaid-reimbursable services to children and families.
- If CFA funds are used to provide substance abuse or mental health services, counties must report data to DHS for those services using the required DHS reporting methods.

Part 2: History of CFA and Community Aids

History of Community Aids

- In the 1970s prior to Community Aids, there were multiple grant programs for county human services, each with separate application processes, allocation methods and expense reporting procedures.
- Expansion of human service mandates in the 1970s led to increased demand on county tax levy to finance human services.
- The political consensus was that human services should be financed primarily with more progressive state income and sales tax revenue rather than the regressive property tax.

History of Community Aids

- Community Aids was created by the 1979 state budget with the initial county allocations issued for CY 1980.
- Consolidating the multiple human service grants into a single funding program simplified grant administration and gave counties more flexibility in serving clients.
- Community Aids was viewed as a property tax relief program, similar to Shared Revenue.
- Community Aids includes the Basic County Allocation (BCA) and additional “targeted” allocations for specific types of services.
- The BCA was the primary funding program for child welfare services from 1980 – 2008.

Creation of CFA

- The CFA was created when the Department of Children and Families (DCF) was established in 2008, splitting the BCA portion of Community Aids into the DCF and DHS shares of the BCA.
- The split of the BCA into the DCF CFA share was based on county expenses reported in the HSRR.
- The DCF share was 30.5% of the total BCA spending.
- The first CFA allocations were issued for CY 2009.
- Counties were allowed to move funds between the CFA and BCA in CYs 2009 and 2010, with most adjustments by counties with separate social service and community program (51.42) departments.

Community Aids Allocations

- Initial Community Aids allocations in CY 1980 included the legacy human service grants from the 1970s and new funds allocated based on a formula.
- The Community Aids formula for the BCA was used in the early 1980s. CYs 1980 and 1981 had large increases in state GPR funds. CYs 1982 and 1983 had increases from federal SSBG and IV-E funds.
- By the mid 1980s there was less political interest in funding Community Aids for property tax relief.
- From mid 1980s to early 1990s, BCA increases were usually small and allocated as across board %.
- There were no general increases to the BCA portion of Community Aids after the early 1990s.

Community Aids Formula

- The Community Aids BCA allocation formula had three factors, which were equally weighted:
 - Number of persons on Medicaid, as a proxy for persons in poverty because Community Aids was intended to primarily serve low income persons.
 - Property tax revenue per capita as an indicator of tax effort, with additional funds going to counties with high tax efforts.
 - Population density per square mile, with high and low density counties receiving additional funds.
- The BCA allocation formula was applied only to new funds and not to the legacy funds from 1970s.

Other Factors

- During the 1990s and 2000s funds were added or removed from the BCA. Examples:
 - Earmarked allocations of funds to individual counties were often folded into the BCA.
 - As counties implemented Family Care, 22% of the BCA used for long term care was taken back by DHS. For counties implementing Family Care after 2008, the DCF share of BCA was not affected.
- Since early 2000s, the BCA and CFA included additional funds for foster care rate increases and other foster care initiatives.
- Foster care increases were typically allocated based on county share of the foster care caseload.