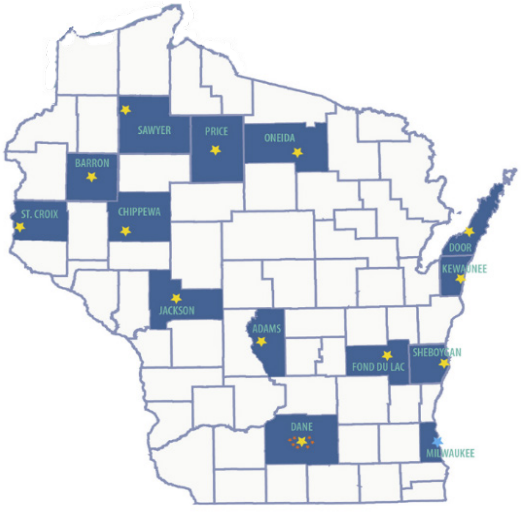
Fostering Futures

Key Findings and Lessons Learned from the Second Phase of a Trauma-Informed Care Transformation Initiative

Background

The Fostering Futures (FF) initiative was developed in response to research about the negative impact on a child's healthy growth and development caused by chronic traumatic stress. Stress or adverse experiences during childhood can cause poor health outcomes in adulthood. Families and workers who are involved with the child welfare system are particularly vulnerable to these stresses. The FF approach focuses on implementation of trauma-informed (TI) principles into the work of child- and family-serving systems of county and state governments in Wisconsin. In addition, FF's theory of change suggests that policy and systems changes that advance TI principles will result in improved health and well-being of Wisconsin's children and families.

This report and evaluation focuses on Phase II of FF (May 2015-October 2017). Aligned with the Wisconsin Trauma Project, Phase II builds upon community-prioritized needs identified in the first phase of FF's work (January 2013-April 2015), a pilot phase in which 3 communities received facilitated peer learning on trauma-informed care (TIC). The participants of the Phase II learning community include 21 groups, or Core Implementation Teams (CITs), representing 14 county-based human service agencies and 7 state agencies. It is anticipated that Phase III of FF will launch in early 2018, which will include new members of the learning community and continuing coaching/technical assistance for the current teams.



Each Core Implementation Team in Phase II received training and technical assistance related to trauma-informed care by the National Council for Behavioral Health (NCBH) and Fostering Futures staff. This included: participating in trainings on Adverse Childhood Experiences (ACEs) and trauma-informed care (TIC); conducting organizational self-assessments; identifying trauma-informed care domains for change-making; and developing and implementing action plans.

AUGUST 2017

Wilder Research
Information. Insight. Impact.

Methodology

The evaluation aimed to capture how teams implemented the initiative and its impact on trauma-informed care systems change within the participating agencies. The evaluation utilized instruments pre-selected by the National Council for Behavioral Health (NCBH) and the Fostering Futures Steering Committee, as well as tools/methods created specifically for Fostering Futures, including:

- **The Organizational Self-Assessment (OSA)** which measures the degree to which an organization reflects trauma-informed care principles.
- **The Professional Quality of Life Scale, version 5 (ProQOL 5)** which assesses the negative and positive effects of helping others who experience suffering.
- **The Performance Measurement Tool (PMT)** which measures CIT progress in creating systems change within their organization.
- **Core Team Quarterly Reports** that summarize each CIT's team meetings and attendance, key accomplishments, challenges, and outreach activities.
- **The Participant Feedback Survey** which measures perceived changes in CIT member attitudes, knowledge, practices, and beliefs related to trauma-informed principles.
- **Focus groups** with representatives from the county-based teams, state agencies, and parent/consumer participants to learn about participant experiences with Fostering Futures, the impact of their work, and suggestions for the future.

Key findings

A mixed methods evaluation approach was used to assess the implementation of this work and the outcomes achieved by teams in Phase II. Several key themes emerged from the evaluation which highlight the extent of participants' work and their level of commitment to becoming trauma-informed; the successes achieved within county- and state-level agency workforces across the state; and the early indications of and potential for broader impact on consumers and organizational policy.

High levels of participant engagement

- Core Implementation Teams met regularly and maintained steady attendance throughout the first year. This included participation at all levels, including executive leaders, who attended the majority of state and county Core Implementation Team meetings, as well as parent/consumer representatives, who - while somewhat limited in number - expressed satisfaction with their experience on the Core Implementation Teams and reported feeling involved, heard, and validated by their CIT colleagues.

- Core Implementation Teams also engaged in a range of outreach activities during the year, most notably collaborating or meeting with courts/ judicial teams and presenting their Core Implementation Team work to staff (more common among county teams), as well as implementing TIC education or trainings for their staff (more common among state teams).

- Participants also overwhelmingly agreed that their Core Implementation Teams would continue to meet to advance the work even after the formal learning community comes to an end.

Transformed agency workforces

- One of the biggest accomplishments reported by initiative participants was getting their agency staff trained on concepts like TIC, ACEs, and related topics. As a result of these trainings, many agency staff not only demonstrated increased

knowledge about these issues, but increased *engagement* in their work and a sense of *empowerment* to adopt leadership roles and advocate for change when it comes to trauma-informed care.

- Many participants on both the county and state teams reported that the dynamics within their agency had changed since the initiative began. At several agencies, staff noted that they are generally more collaborative and supportive of one another as a result of the increased agency-wide focus on TIC.

- In general, participants expressed a heightened awareness about the impact of trauma on individuals and said that they were modifying their own interactions as a result. For example, significantly more county and state team participants were integrating trauma-informed principles into their interactions with colleagues at the end of Phase II compared to before they began participating in the initiative.

A foundation for change at the policy and consumer levels

- While Core Implementation Teams routinely cited numerous accomplishments and various changes to agency practices, few Core Implementation Team leaders reported formal changes to actual agency *policy* during the year. There were some notable exceptions, however, that indicate shifts in agency-wide *practices*. For example, multiple agencies modified their hiring and recruitment process to be more trauma-informed (e.g., by asking about a job candidate's experience working with individuals with trauma histories); implemented systems to track and analyze their performance on one or more trauma-informed care domains; and identified ways to assess the comfort and safety of their environment by the end of Phase II.

- On the parent/consumer level, there were anecdotal reports by initiative participants that consumers were beginning to notice the effects of this work; some families described positive changes in their relationship with social services, as well as improvements to agencies' physical spaces.

These findings suggest a strong basis for additional growth in these areas in the coming years, if commitment to the work remains high.

Future opportunities

Lessons learned from the implementation of this work with members of the Phase II learning community offer several opportunities for strengthening the implementation and impact of Fostering Futures going forward, including:

- Consider ways of enhancing the coaching/technical assistance provided and offer concrete tools and supports when possible, such as specific strategies and tools

- Provide clarity around the goals, process, and expectations in the early stages so participants are clear about the type and amount of work expected

- Offer support to Core Implementation Teams around including meaningful parent or consumer representation on their teams
- Identify opportunities for sharing and cross-agency collaboration, such as an initiative-wide gathering, so teams can learn about one another's work and share resources
- Tailor the content and strategies to fit the work of the county and – especially – state agencies who do not provide direct services to consumers
- Assess the quantity and utility of surveys and other tools administered to Core Implementation Teams to maximize their effectiveness and to limit survey fatigue
- Include assessments of longer-term changes in future evaluations, such as staff turnover and retention rates, agency-level policy and procedural changes, and outcomes for parents/consumers

Participating Core Implementation Teams:

County teams:

– Adams County Health and Human Services Department
– Barron County Department of Health and Human Services
– Chippewa County Human Services
– Dane County Department of Human Services
– Door County Department of Human Services
– Fond du Lac County Department of Social Services
– Jackson County Department of Health and Human Services
– Department of Children and Families
– Division of Milwaukee Child Protective Services*
– Kewaunee County Department of Human Services
– Oneida County Department of Social Services
– Price County Health and Human Services
– Sawyer County Health and Human Services
– Sheboygan County Health and Human Services Department
– St. Croix County Department of Health and Human Services

State teams:

– Department of Children and Families (DCF)
– Department of Corrections (DOC)
– Department of Health Services – Public Health (DHS-PH)
– Department of Health Services – Long-Term Supports (DHS-LTS)
– Department of Veterans Affairs (DVA)
– Department of Workforce Development (DWD)
– Wisconsin Economic Development Corporation (WEDC)

* DCF-Milwaukee is a state-administered division, rather than a county-administered agency.

Wilder Research
Information. Insight. Impact.

451 Lexington Parkway North
Saint Paul, Minnesota 55104
651-280-2700
www.wilderresearch.org

AMHERST H. WILDER FOUNDATION
ESTABLISHED 1906
Here for good.

For more information
For more information about this report, contact
Monica Idzelis Rothe at Wilder Research, 651-280-2657.
Authors: Monica Idzelis Rothe, Jackie Aman, and Sera Kinoglu
August 2017