

# Wisconsin Fostering Futures: Phase 3 Results

*Building Trauma-Informed Communities of Practice to Strengthen Wisconsin Families*

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**J U L Y 2 0 1 9**

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# Fostering Futures

## *Phase 3 Executive Summary*



### Overview of Fostering Futures

Fostering Futures was a Wisconsin-based initiative developed in response to research about the negative impacts of chronic traumatic stress on a child's growth and development. Stress or adverse experiences during childhood are toxic when they exceed the child's ability to cope and are highly correlated with poor social, financial and health outcomes in adulthood. Families and workers who are involved with the child welfare system are particularly vulnerable to these toxic stresses. Fostering Futures (FF) sought to address the epidemic of toxic childhood stress by integrating trauma-informed care principles into organizational culture, policies, and practices. The overarching goal was to improve the health and well-being of Wisconsin citizens by developing a statewide, interdisciplinary approach.

Beginning in 2013, the work of Fostering Futures has unfolded over multiple phases. At the heart of the work were Core Teams representing county agencies, state departments, tribal nations, and other institutions, and included staff of various roles within those organizations as well as clients with lived experience of the child welfare system.

In the most recent phase, participants on the Core Teams embedded in each organization worked with a local Fostering Futures Coach who provided teams with training, technical assistance, and resources; participated in cross-team convenings; and used the Fostering Futures Rubric which provided detailed descriptions and real-life examples of each of the 7 trauma-informed care (TIC) principles as defined by Fostering Futures and served as a guide for teams in their visioning and progress monitoring.

This report and evaluation focuses on the most recent phase of Fostering Futures: Phase 3 (January 2018-January 2019).

#### This report highlights:

- Trauma-informed organizational change
- Strategies and measurement tools for evaluating organizational changes
- Retention and recruitment strategies for high-quality employees
- Improving consumer or client satisfaction
- Strategies for achieving compliance with the Family First Prevention and Services Act requirements for trauma-informed assessment and services

### Phase 3 Core Teams

#### 20 County Human Service Agencies

- Adams County
- Barron County
- Brown County
- Chippewa County
- Clark County
- Columbia County
- Dane County
- Dodge County
- Door County
- Eau Claire County
- Fond de Lac County
- Grant County
- Kewaunee County
- Manitowoc County
- Milwaukee – Division of Child Protective Services
- Oneida County
- Price County
- Rock County
- Sawyer County
- Sheboygan County

#### 11 Organizations and State Departments

- Department of Corrections
- Department of Health Services – Bureau of Children's Long Term Support Services
- Department of Health Services – Public Health
- Department of Justice: Office of the Attorney General
- Department of Children and Families
- Department of Veterans Affairs
- Department of Workforce Development
- Medical College of Wisconsin – Department of Pediatrics
- Unison, Milwaukee
- Wisconsin State Public Defenders
- Wisconsin Economic Development Corporation

#### 2 Tribal Nations

- Menominee Indian Tribe of Wisconsin
- Oneida Nation

## The work in action

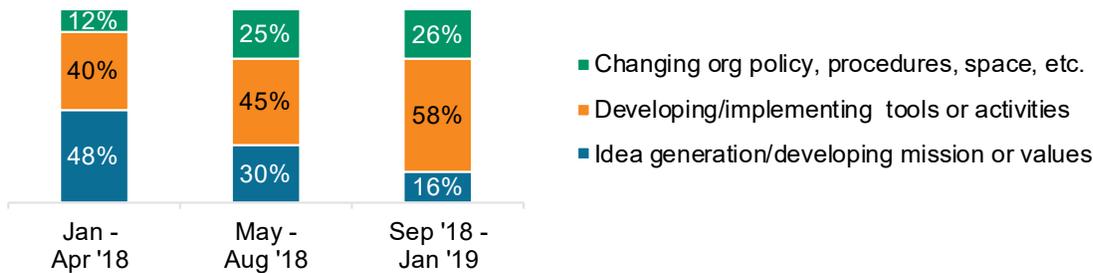
### Core Teams were generally highly engaged in the work and were connected with one another.

During the year, teams met regularly and often included organizational leadership in their meetings, although clients with lived experience rarely participated. Teams also took advantage of interacting with one another at convenings and other events to share ideas, strategies, and resources.

### Core Teams most commonly engaged in idea generation, but their work evolved as the year progressed.

Teams were actively engaged in developing different ideas for their organizations and, over time, began to implement some of those ideas in the form of TIC presentations and trainings for staff, staff surveys, and the distribution of educational materials. Towards the end of the year, teams were also more likely to be changing organizational policies, procedures, practices, and their physical spaces (see figure below). Teams tended to be most active in the summer and early fall of 2018.

#### PERCENTAGE BREAKDOWN OF ACTIVITY TYPES IN WHICH CORE TEAMS ENGAGED



### Overall, Core Teams valued the support provided by Fostering Futures.

Core Team participants received support and guidance from the Fostering Futures Rubric, their Coaches, and the convenings organized by Fostering Futures. While the majority of Core Team members found these supports to be at least somewhat useful, the extent to which these sources were helpful varied from team to team.

### As to be expected in an initiative of this scope, teams experienced a variety of challenges implementing this work.

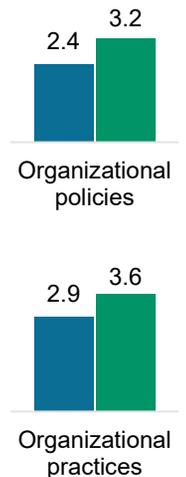
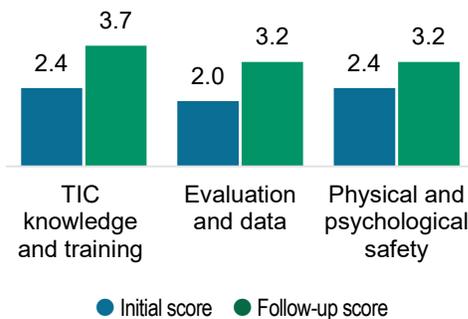
These included limited time, lack of buy-in from some leaders and staff, turnover in leadership and staff, the sheer complexity of the work which led to fatigue or burnout, financial concerns, and internal organizational issues such as departments within organizations that work within silos, communication challenges, and bureaucratic statutes and rules.

## KEY FINDINGS

Fostering Futures impacted organizations and individual participants in their journeys to become more trauma informed. The following details key findings associated with Phase 3 of Fostering Futures.

### Organizational impacts

- While most organizations began Phase 3 with some level of TIC knowledge, practices, and supports, results show that both Core Team members and their organizations **grew in TIC-related knowledge, attitudes, and behaviors**.
- Participants reported that their organizations showed growth across different trauma-informed principles, but **improved their TIC-related training and evaluation efforts** in particular.
- Organizational leadership was **more effectively communicating the importance of becoming a trauma-informed organization** by the end of Fostering Futures (e.g., the importance of creating a safe environment).
- While somewhat fewer gains were seen in adopting formal trauma-informed organizational policies and practices, participants did note substantial improvement in having written statements and hiring practices that **reflected a commitment to trauma-informed practices**, as well as some **improvements to their organization's culture and physical environment**. These gains transcended organization type, as both county- and state-based organizations showed similar levels and types of progress.



Note. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

### Individual impacts

- Fostering Futures enhanced participants' abilities to **assess their organization's integration of TIC principles** and to identify opportunities for organizational growth.
- Core Team members also reported **increased awareness of trauma and its impact** on individuals, and enhanced abilities to interact with others in trauma-informed ways.
- Beyond these personal gains, **participants closed Phase 3 feeling that their teams had achieved their goals** and that they had individually proposed action steps or ideas for improvement.

## Recommendations based upon lessons learned

Participants identified a number of lessons learned around implementing trauma-informed work and factors that contribute to progress and success.

-  Get buy-in from organizational leadership and involve them in the planning and strategy implementation
-  Identify champions in your agencies who can help spread the message and engage and inspire others
-  Stay on task, focus on outcome milestones, and take small steps
-  Celebrate successes, even small ones, to keep staff engaged and minimize burnout
-  Maximize opportunities for communication and sharing such as a shared repository for evaluation tools and other resources, a website and other online presence (e.g., social media), and communication with teams via listservs, mailings, or newsletters
-  Seek resources to support and plan for process and outcome evaluation at the beginning of project planning

### Methodology

The evaluation included a mix of quantitative and qualitative methods. The four primary sources of data included:

**Organizational Self-Assessment (OSA)** – measures the extent to which an organization has integrated trauma-informed principles (participant self-report)

**Participant Feedback Survey (PFS)** – measures perceived changes in individual team members attitudes, knowledge, practices, and beliefs related to trauma-informed principles, and reflections on the initiative’s impact and challenges (participant self-report)

**Coaching Reflections Form (CRF)** – summary of team meetings/activities, key accomplishments, support from Coaches, and overall progress (Coach-report)

**Participant Observation** – observations/notes about team presentations at final convening in January 2019 related to their successes, challenges, and lessons learned (evaluator observations)

### Fostering Futures Steering Committee Members

Fredi-Ellen Bove, Wisconsin Department of Children and Families

Angela Carron, Fostering Hope Wisconsin

Kelly Hodges, Medical College of Wisconsin

Carol Howard, Fostering Futures

Elizabeth Hudson, Wisconsin Office of Children’s Mental Health

Christine Norbut-Beyer, Casey Family Programs

Laurie Lambach, UNISON

Heather Paradis, Children’s Hospital of Wisconsin

Lynn K. Sheets, Medical College of Wisconsin

Bill Stanton, Casey Family Programs

Tonette Walker, First Lady of Wisconsin

This summary presents highlights of the *Wisconsin Fostering Futures: Phase 3 Results*. For more information about this report, contact Monica Idzelis Rothe at Wilder Research, 651-280-2657.

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# Introduction

## Overview of Fostering Futures

Fostering Futures was a Wisconsin-based initiative developed in response to research about the negative impact of chronic traumatic stress on a child's growth and development. Stress or adverse experiences during childhood are toxic when they exceed the child's ability to cope and are highly correlated with poor social, financial and health outcomes in adulthood. Families and workers who are involved with the child welfare system are particularly vulnerable to these stresses. Fostering Futures (FF) sought to address the epidemic of toxic childhood stress by integrating trauma-informed care principles into organizational culture, policies, and practices. FF integrated scientific evidence about Adverse Childhood Experiences (ACEs), trauma-informed care (TIC), and resiliency into organizational operations. It focused on identifying and eradicating barriers to implementing TIC, offering strategies for effective implementation of TIC culture change, and stimulating the creation of policies that advance TIC and subsequently improve the health and well-being of Wisconsin citizens. The overarching goal was to improve health and well-being by developing a statewide, interdisciplinary approach. The 2018 phase of Fostering Futures included the following public and private partners:

- Casey Family Programs
- Children's Hospital of Wisconsin
- Fostering Hope
- Healthier Wisconsin Partnership Program
- Medical College of Wisconsin
- Office of the First Lady of Wisconsin
- Unison
- Wilder Research
- Wisconsin Department of Children and Families
- Wisconsin Office of Children's Mental Health

### **This report highlights:**

- Trauma-informed organizational change
- Strategies and measurement tools for evaluating organizational changes
- Retention and recruitment strategies for high-quality employees
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## Origins: Phases 1 and 2

In 2011, a group of professionals working in child-serving systems as well as leaders across Wisconsin, including Wisconsin's First Lady, Mrs. Tonette Walker, began meeting to discuss how the State could better support children, especially those within the child welfare system, who were vulnerable to the effects of chronic toxic stress. This included children experiencing stress from maltreatment, which was often exacerbated by child removal, separation, and placements by child protective services. As a result of those discussions, Mrs. Walker, supported by other members of this group who would later become the Fostering Futures Steering Committee, hosted seven listening sessions around the state. The purpose of the sessions, which included birth parents, foster parents, social workers, clinicians, school administrators, policy officers, social

service agency staff, and state health and social service staff, was for Mrs. Walker and the Steering Committee to learn about how trauma and chronic toxic stress were impacting Wisconsin's children and what could be done to reduce intergenerational cycles of harm within families. Feedback reflected that traditional approaches used to provide services to children affected by maltreatment and other ACEs were inadequate or can even exacerbate trauma for children and families.

The Fostering Futures pilot project was proposed as a result of these sessions.

The Pilot Phase, or Phase 1 (January 2013-April 2015), included 3 communities – The Harambee neighborhood of Milwaukee, the Menominee Tribe, and Douglas County, WI – all of whom received facilitated peer learning on trauma-informed care from consultants, funded by the Healthier Wisconsin Partnership Project (HWPP). A Policy Advisory Council was also formed in Phase 1 to promote TIC in all three branches of state government and to provide guidance to the initiative as a whole.

Phase 2 (May 2015-October 2017) built upon community-prioritized needs identified in Phase 1, the feedback and learnings that emerged from the initial seven listening sessions, and educational Summits held in Wausau and Madison in May 2015. The Summits provided education about implementation science and trauma-informed organizational transformation with the goal of generating excitement about the next phase of Fostering Futures.

The Phase 2 learning community resulted in the participation of 14 county human service agencies and 7 state departments. These participating teams formed learning community Core Implementation Teams (Core Teams) working to incorporate a trauma-informed approach into their workplaces and service delivery. With the support of the National Council for Behavioral Health, the Medical College of Wisconsin, Children's Hospital of Wisconsin, Casey Family Programs, and other partners, Phase 2 teams received technical assistance, informational programming, and bi-annual meetings to encourage their work and learn from each other.

## Phase 3: January 2018-January 2019

In an effort to build on the important efforts to enhance prevention and early intervention across Wisconsin, Fostering Futures expanded its programmatic work by adding a new group of teams to their learning community beginning in January 2018 (known as Phase 3). Phase 3 included 14 new teams and 2 returning teams that re-started their involvement after leadership changes during their first year of work.<sup>1</sup> In addition, 16 of the 21 teams from Phase 2 continued to receive coaching and support for at least part of the year. For the purposes of the evaluation and analysis,

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<sup>1</sup> These included: 8 county-based child welfare agencies, 2 Tribal Nations, 4 Wisconsin State Departments, an academic pediatric department, and a Milwaukee human services organization.

teams were also organized into one of two groups based upon their direct service orientation: a) “County teams” which included agencies that provided direct services to clients, and represented the county-based human service agencies as well as the tribal nations, and b) “State teams” which included largely state-based departments or other organizations that do not provide direct service to clients (see Figures 1 and 2 for a full list and map of Phase 2 and Phase 3 teams). This expansion included important changes to the previous approach, including a locally developed curriculum and coaching provided by experts in Wisconsin.

Figure 3 illustrates the theory of change for Phase 3, including the expected short-, intermediate-, and long-term outcomes. The program focused on practical strategies that supported operationalizing the following guiding principles:

1. Ensure safety for all
2. Earn trust – by being trustworthy
3. Start each human interaction with curiosity
4. Seek out other peoples’ strengths
5. Engage consumer and workforce voices
6. Be aware that change is a parallel process
7. Use data to help tell your story

The goal of Phase 3 was to offer teams two years of coaching support, through 2019. Due to funding and leadership turnover, it was discontinued after the January 2019 Summit. The Summit brought together teams at an in-person convening in the Wisconsin Dells and focused on sharing lessons learned across the 26 teams participating in the initiative (7 of the teams who were continuing from Phase 2 left the initiative in spring 2018).

## 1. Phase 3 Core Teams

### County Human Service Agencies

Adams County  
 Barron County  
 Brown County  
 Chippewa County  
 Clark County  
 Columbia County  
 Dane County  
 Dodge County  
 Door County  
 Eau Claire County  
 Fond de Lac County  
 Grant County  
 Kewaunee County  
 Manitowoc County  
 Milwaukee – Division of Child Protective Services  
 Oneida County  
 Price County  
 Rock County  
 Sawyer County  
 Sheboygan County

### Tribal Nations

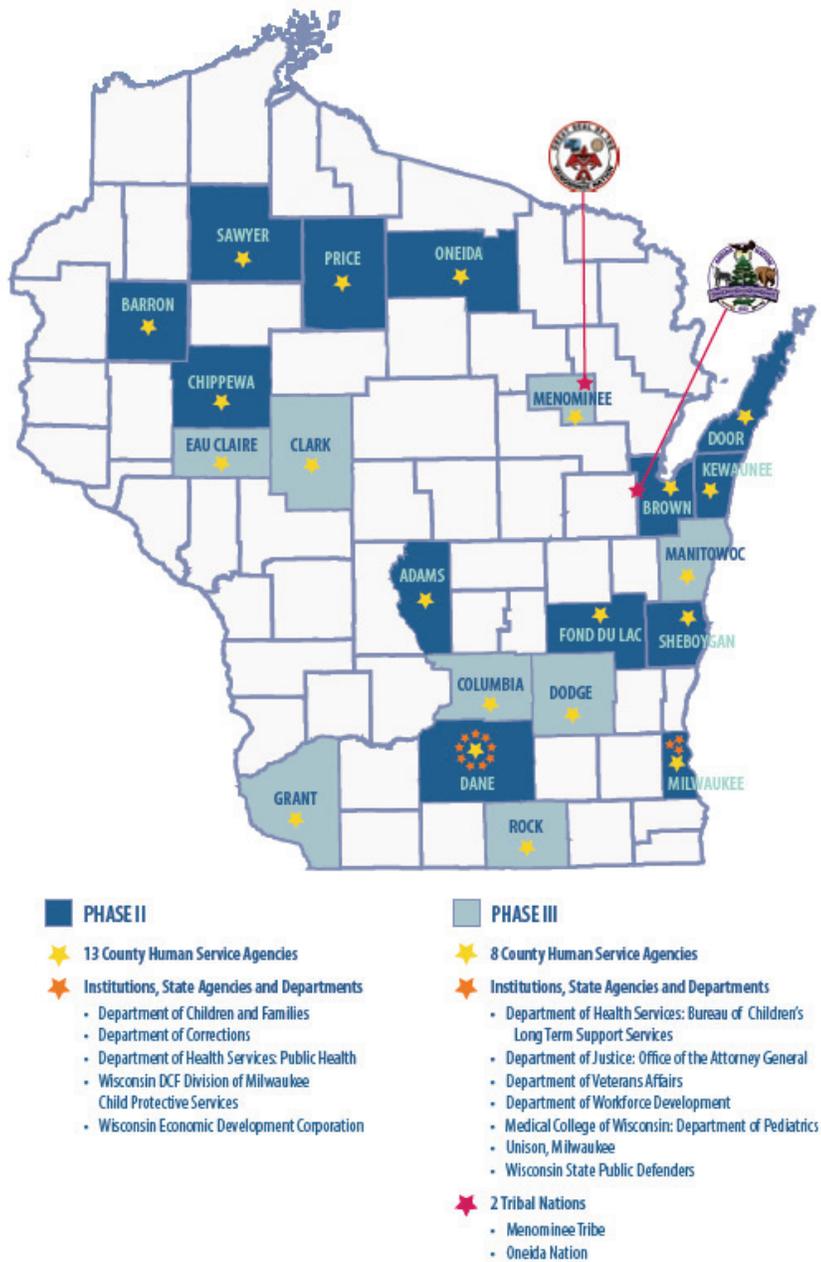
Menominee Indian Tribe of Wisconsin  
 Oneida Nation

### Organizations and State Departments

Department of Corrections  
 Department of Health Services – Bureau of Children’s Long Term Support Services  
 Department of Health Services – Public Health  
 Department of Justice: Office of the Attorney General  
 Department of Children and Families  
 Department of Veterans Affairs  
 Department of Workforce Development  
 Medical College of Wisconsin – Department of Pediatrics  
 Unison, Milwaukee  
 Wisconsin State Public Defenders  
 Wisconsin Economic Development Corporation

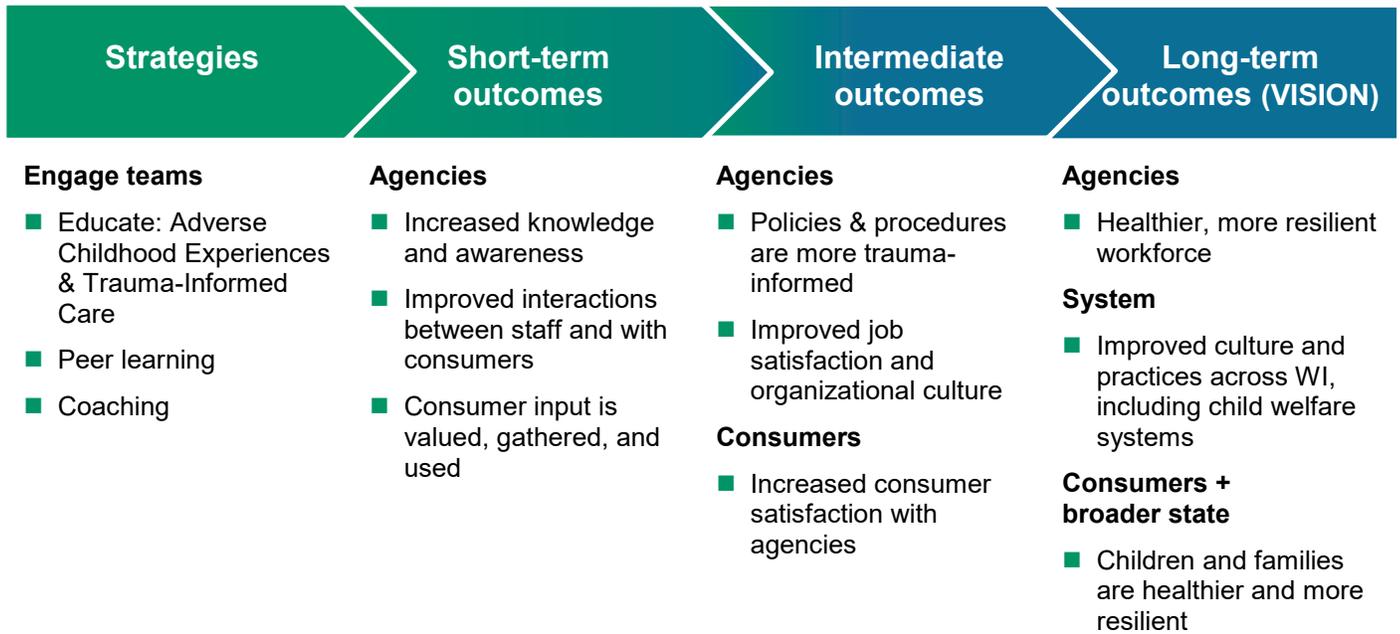
This report and evaluation focuses on the most recent phase of Fostering Futures: **Phase 3** (January 2018-January 2019). It includes information about the evaluation methodology; a description of how the initiative was implemented, including team activities, helpful supports, implementation challenges, and lessons learned; and the impact of Fostering Futures on participating organizations and individuals.

## 2. Phase 2 and Phase 3 Core Teams



Note. This map includes all 33 Core Implementation Teams (Core Teams) that began Phase 3 in January 2018. By the close of the initiative in January 2019, 26 Core Teams were actively participating in the initiative.

### 3. Fostering Futures Phase 3: Theory of Change



# Methods

## Evaluation overview

Wilder Research was contracted by Fostering Futures to conduct an evaluation of Phase 3 of this initiative. The purpose of the evaluation of Fostering Futures was to capture:

1. How participating teams implemented their work as part of this initiative, participants' perceptions of the success and challenges of the initiative, and what factors were critical to advancing teams' progress in this work (*the process or implementation evaluation*); and
2. To measure the impact of the work on: (a) individuals' knowledge, attitudes, and behaviors as they relate to trauma-informed care, and (b) the extent to which systems change occurred within each participating agency – i.e., were organizations more trauma informed by the end of the initiative? (*the outcome evaluation*).

Other exploratory evaluation work related to measuring consumer satisfaction and staff tenure/turnover was conducted by Casey Family Programs as part of this initiative. Some preliminary consultation was provided to teams interested in either or both of these areas, but no outcome data are yet available. For the full set of research questions that guided the evaluation, and a review of the study limitations, please see Appendices A and B.

## Data sources

The evaluation included a mix of quantitative and qualitative methods to collect both process and outcome evaluation data for Phase 3 of Fostering Futures. The evaluation included four primary sources of data, gathered from team participants (via the Organizational Self-Assessment and Participant Feedback Survey), Coaches (via the Coaching Reflections Form), and Wilder Research (via Participant Observation). Figure 4 below summarizes those data sources.

#### 4. Summary of evaluation methods

Tool	Description	Tool administration
<ul style="list-style-type: none"> <li>▶ Organizational Self-Assessment (OSA)</li> </ul>	<p>A 43-item tool that uses a five-point scale to measure the extent to which an organization has integrated trauma-informed principles in the following areas:</p> <ul style="list-style-type: none"> <li>■ Knowledge of and training related to trauma-informed care</li> <li>■ Physical and psychological safety</li> <li>■ Organizational policies</li> <li>■ Organizational practices</li> <li>■ Evaluation and use of data</li> </ul> <p>Respondents were asked to report on TIC integration before and after FF.</p>	<p>All team participants were invited to participate, either via paper-and-pencil at the January 2019 Summit or electronically via a web-based survey (Jan-Feb 2019).</p> <ul style="list-style-type: none"> <li>- 57 participants completed via paper at the Summit</li> <li>- 105 participants completed the web-based survey</li> <li>- 162 total surveys completed (54% response rate)<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▶ Coaching Reflections Form (CRF)</li> </ul>	<p>An online form that summarizes each team's meetings, attendance, and other activities; key accomplishments; implementation challenges; amount and type of support provided by Coaches; and overall progress.</p>	<p>Coaches of each team were asked to complete the CRF online every other month for each team they coached.</p> <ul style="list-style-type: none"> <li>- 143 forms completed (80% response rate)</li> </ul>
<ul style="list-style-type: none"> <li>▶ Participant Feedback Survey (PFS)</li> </ul>	<p>A 32-item tool, including open- and closed-ended questions, that measures perceived changes in individual team member's attitudes, knowledge, practices, and beliefs related to trauma-informed principles, as well as their overall reflections about the impact and challenges of the initiative.</p>	<p>All team participants were invited to participate, either via paper-and-pencil at the January 2019 Summit or electronically via a web-based survey (Jan-Feb 2019).</p> <ul style="list-style-type: none"> <li>- 73 participants completed via paper at the Summit</li> <li>- 93 participants completed the web-based survey</li> <li>- 166 total surveys completed (55% response rate)<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▶ Participant Observation</li> </ul>	<p>One of the evaluators conducted an in-person observation of the January 2019 Summit and took notes about the information presented by county and state teams related to their successes, challenges, and lessons learned.</p>	<p>Because not all teams were able to attend and present at the Summit, observations/notes are available for 14 teams<sup>b</sup></p>

<sup>a</sup> The response rate is based on the total number of participants (302) estimated to be involved in the initiative as of the January 2019 Summit (both attendees and non-attendees). Due to regular fluctuations in team participation rates and delays in reporting staff changes to Fostering Futures leadership, the exact total of participants is unknown so this response rate should be considered an estimate.

<sup>b</sup> One additional team presented at the Summit before the evaluator was present, so no observations/notes exist for that team.

## Process evaluation results: Phase 3 in action

The following section summarizes the implementation of Phase 3 of Fostering Futures, including a high-level summary of the FF model; a description of the activities carried out by the Core Implementation Teams (Core Teams), as well as the factors that were most helpful in supporting teams and the challenges teams experienced in implementing this work; and lessons learned around carrying out this work. Phase 3 utilized a newly designed, locally developed curriculum. Core components of the work included:

- **Core Teams:** Each organization was asked to form a Core Implementation Team that included staff of various roles within the organization, including an executive leader. Teams were also asked to include 1-2 individuals with lived experience of the child welfare system (such as a parent or former client). A total of 33 teams started Phase 3 in 2018; 26 were still participating by January 2019.
- **Coaching:** Each team was assigned a local Fostering Futures Coach who provided training, technical assistance, resources, and guidance as teams developed and implemented their work. Coaches were expected to provide 4-7 hours of assistance per month in the form of coaching calls, in-person meetings, and email feedback.
- **Convenings:** Over the course of Phase 3, Fostering Futures hosted 3 convenings for all Core Teams to attend – one in January 2018, one in July 2019, and a final convening in January 2019. Regional convenings were also hosted twice in 2018.
- **Fostering Futures Rubric:** To guide teams in their assessment and visioning, Fostering Futures created a Rubric that provided detailed descriptions and real-life examples of each TIC principle as defined by Fostering Futures (see Appendix F).

Average number of team meetings per month

1

Percentage of team meetings with an **executive leader** in attendance

83%

Percentage of team meetings with a **parent or former client** in attendance

17%

Percentage of teams that implemented a new activity or event

79%

### Core Team activities

**Teams met regularly, and generally included organizational leadership.** On average, Core Teams met about once per month throughout 2018. These meetings often included an executive leader, but rarely included a parent or former client. Coaches reported that 10 teams (30% of all participating teams) had a parent or consumer participate in at least one meeting in 2018; across all meetings held by Core Teams in Phase 3, 17 percent of meetings included a parent or former client representative (Coaching Reflections Form (CRF)). At the January 2019 Summit, several teams reported that including more consumer representatives on their team was a goal for their team (Participant Observation).

**Core Teams connected with one another.** The majority of Core Teams (73%) interacted with another team during 2018. Most of these interactions occurred at a meeting, event, or regional summit. Coaches reported that several teams also shared ideas, strategies, or resources with one another. Fewer teams noted actually collaborating on a project or event with another Core Team, although some teams did express interest in doing so. For example, when asked about changes they would suggest to enhance the work of Fostering Futures going forward, some Core Team members suggested building in more opportunities to collaborate with one another:

*Work more collaboratively with other agencies in Fostering Futures so we are not so siloed. It seemed like everyone was doing their own thing and not sharing resources and re-creating the wheel.*  
– State Core Team member

*More collaboration between all of the different agencies. I think the Confluence website is a good idea in theory, but isn't really useful.*  
– State Core Team member

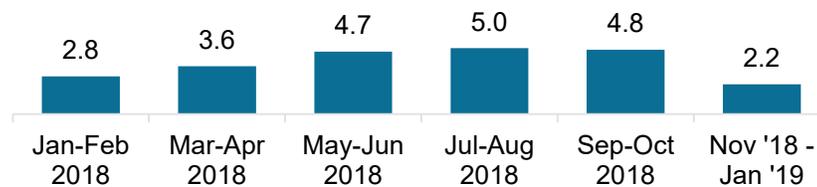
*“Regional” phone conferences/meetings to discuss projects.*  
– State Core Team member

**Core Teams most commonly engaged in idea generation.** Teams most commonly engaged in idea generation or brainstorming (82% of teams) during Phase 3. This included work related to strategic planning, the development of new committees or working groups, and researching models or materials for use. Coaches also noted that ‘idea generation’ activities usually related to organizational environment or physical space, staff engagement, or events and outreach.

**Core Teams also developed new activities, events, and resources.** In 2018, many teams moved beyond idea generation to implement a new activity or event (79% of teams) or to develop a new resource (70% of teams). According to Coaches, this included the implementation of newsletters, surveys, wellness or self-care events, TIC presentations, or toolkits for internal organizational use. Teams themselves reported on these events and resources when highlighting their successes during the January 2019 Summit. The most commonly cited successes revolved around the development and implementation of agency- or division-wide staff trainings on TIC, baseline staff and consumer surveys, and educational materials for staff (such as postcards, handouts, or videos) focused on TIC principles.

**Volume of Core Team activities peaked in summer and early fall.** Core Teams were most active in summer and early fall of 2018. Coaches reported that teams engaged in an average of 4.7-5.0 activities per two-month reporting period from May-October 2018, while the other reporting periods saw an average of 2.2-3.6 activities per reporting period (Figure 5). It should be noted that while the total number of Core Team activities reported by Coaches on the Coaching Reflections Form (CRF) decreased in the latter part of 2018, the number of CRFs completed by Coaches also decreased during this same time span. The degree to which this decrease in activity reflects an actual drop in the quantity of Core Team work, or just fewer forms completed by Coaches, is difficult to ascertain.

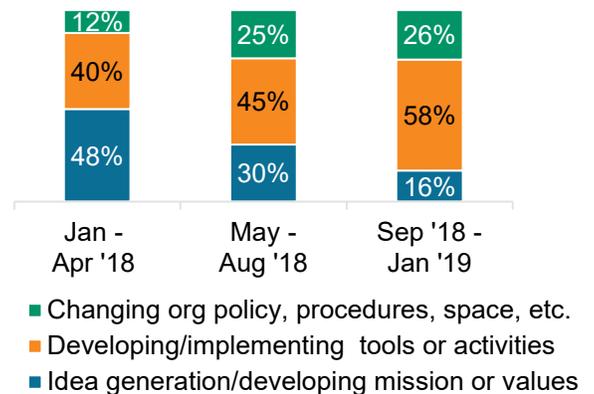
**5. Core Teams were most active in the summer and early fall (N=17-30 teams)**



Note. The average was calculated by taking the total number of activities listed by Coaches on the CRF for a given reporting period and dividing that by the total number of Core Teams for which forms were completed for that reporting period. Coaches completed forms for 30 CRFs in Jan-Feb 2018; 27 CRFs in March-Apr 2018; 29 CRFs in May-June 2018; 23 CRFs in July-Aug 2018; and 17 CRFs in both Sep-Oct 2018 and Nov 2018–Jan 2019.

**The types of activities in which Core Teams were engaged evolved during the year.** As seen in Figure 6, and as might be expected, the most common activities that Core Teams engaged in during the first part of Phase 3 (January-April 2018) were brainstorming and the development of a mission or values. This shifted towards the middle and end of the year, with more activities devoted to the development and implementation of new tools or activities and efforts to change organizational policies, procedures, practices, and physical space. This shift in activities is also reflected in the overall assessment of team progress on the CRF, as Coaches most commonly reported that teams were implementing formal practices and policies (42%) in the final reporting periods when compared to earlier periods (Figure 7).

**6. Percentage breakdown of activity types in which Core Teams engaged**



## 7. More teams were implementing organizational change by end of Phase 3

How would you assess this team's overall progress to date?	Jan-Apr 2018	May-Aug 2018	Sep '18 - Jan '19
Getting started ( <i>focused primarily on forming their Core Team, educating team members, and setting goals</i> )	33%	22%	9%
Implementing small-scale organizational changes ( <i>focused primarily on building ACEs awareness and low-touch outreach with organizational employees outside of the Core Team</i> )	50%	52%	42%
Implementing formal organizational practice and/or policies ( <i>working with multiple levels of the organization to change formal policies that make the organization more trauma-informed</i> )	13%	20%	42%
Facilitating systems change ( <i>working across agencies, sectors, and levels of government to engage in systems change around ACEs prevention and trauma-informed care</i> )	3%	6%	6%
<b>Total number of CRFs filled out by Coaches in each period</b>	<b>60</b>	<b>50</b>	<b>33</b>

Note. The total cumulative percentages by timeframe may vary from 100% due to rounding.

## Helpful resources and supports

**Participants expressed mixed opinions about the helpfulness of the Fostering Futures Rubric.** When asked to rate the helpfulness of the Fostering Futures Rubric on the Participant Feedback Survey (PFS), 26 percent of respondents said the Fostering Futures Rubric helped their team “very much” in terms of planning and implementing their Core Team’s work. Nearly half (48%) said it was “somewhat” helpful in this work, while some respondents reported the Rubric was not helpful (9%) or that they did not use the Rubric (16%). Those who did find it helpful were most likely to describe it as a “starting place,” “foundation,” or “guide” that helped inform team discussions and shape the work (30 PFS respondents). Others said it helped them focus their work or identify areas of emphasis (9 PFS respondents) or it inspired them to develop a product or process, such as a survey, assessment, or action plan (8 PFS respondents). The most common criticism about the Rubric was that it was too complicated or overly prescriptive (6 PFS respondents).

*[The Rubric was] very helpful – [a] framework for discussion. Common language created common understanding, vision, and a strategic plan.*

– County Core Team member

*We created a survey using the Rubric to assess the organizations’ perceptions around our organizational culture.*

– County Core Team member

*The Rubric helped to show us our goals, what we accomplished, what we still need to work on, and helped keep track of ideas and notes from previous meetings.*

– County Core Team member

*The Rubric was very detailed, which is helpful for understanding, but not helpful in that it seems like there is so much to do to become trauma-informed. It seems overwhelming.*  
– State Core Team member

*We used the Rubric in the very beginning, but we mainly paved our own road and did what we felt was best for our organization.*  
– State Core Team member

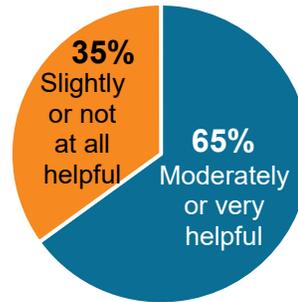
**Most Core Team members found Coaches helpful and received the right amount of contact.** While Coaches most commonly reported spending *less* than the expected 4-7 hours per month with their teams (68% of CRFs), the majority of Core Team members (70%) said they had the “right amount” of contact with their Coach on the PFS; the remaining 30 percent of team members wanted more contact (Figure 8).

### 8. Coaches were helpful and provided the right amount of support (N=153)

Did you receive the right amount of contact with your coach?



How helpful was the support your coach provided?



Over half of the participants (65%) felt that their Coach’s support was at least “moderately helpful,” including 35 percent who described the support as “very helpful” (Figure 8). Yet more than one-third said the support from their Coach was either just “slightly helpful” (20%) or “not helpful” (14%), suggesting experiences varied significantly across teams. Those who found the support to be helpful said their Coach gave them new ideas (17 PFS respondents), provided encouragement and validation (13 PFS respondents), offered useful feedback and reflections (8 PFS respondents), acted as a sounding board (6 PFS respondents), and provided clarification and answered questions (5 PFS respondents).

*Our Coach was present and supportive. S/he respected that we have a lot of internal motivation and allowed us the autonomy to do our work while being available and supportive.*  
– County Core Team member

*It was helpful to gain a new set of eyes to our current issues as we tried to move forward.*  
– County Core Team member

*[Coach] made us think and always told us to go slow; going fast will not work.  
[Coach] has been a great sounding board for us.*  
– County Core Team member

*Having our Coach based in Wisconsin, understanding our culture and our human services system was very helpful. His/her willingness to travel to our site was huge, as was the fact that s/he was always approachable and accessible.*

*–County Core Team member*

*I didn't find it to add much. S/he frequently told us we were so far ahead of the other groups when we asked for guidance, which felt like a cop out.*

*– State Core Team member*

*Other teams sounded like they had considerable coach contact and guidance. That would have made the experience much different I believe.*

*– County Core Team member*

**Participants found value in the in-person convenings.** During the year, teams had the opportunity to come together and interact with other teams involved in the initiative at smaller regional convenings and at three Summits that invited all Phase 3 teams. While overall, participants offered little feedback about these convenings (no evaluation questions asked directly about them), at least a handful of participants spoke positively about these opportunities to get together with other teams. For example, when asked about the changes they would make to enhance the initiative going forward, 5 participants said they wanted Fostering Futures to continue the Summits and to have an opportunity hear what other teams are doing. Others indirectly referenced these convenings in their comments about the biggest impact of the Fostering Futures initiative.

*I liked the Summits when everyone checked in and reported on their accomplishments.*

*– County Core Team member*

*I appreciated the small group discussions at the Summit. It allowed for more authentic interactions with the other teams.*

*– State Core Team member*

*It was exciting and humbling to see how far everyone has come and accomplished in the past year.*

*– State Core Team member*

## Implementation challenges and barriers

- **Time and workload constraints:** When asked about barriers that Core Teams faced, Coaches reported on the CRF that a lack of time for Fostering Futures-related work was a recurring challenge (mentioned 75 times by a total of 24 teams). In particular, Coaches described team members' difficulties in dealing with increasing caseloads, juggling multiple priorities, and scheduling conflicts. A lack of time was also one of the most common challenges cited by teams (6 of 14 teams) in their presentations at the January 2019 Summit.
- **Lack of buy-in:** Coaches described teams as experiencing some frustrations around the lack of support they encountered from organizational administration or formal leadership (15 teams, cited 29 times). Some also noted the general difficulty of engaging staff in trauma-informed efforts (possibly as a result of workload or capacity) and that

it was challenging to move the work forward given these issues. This issue was echoed by teams in their presentations at the January 2019 Summit, several of whom (5 of 14 teams) said that lack of buy-in from some leadership or staff – or both – was a barrier to advancing the work.

- **Staff and leadership turnover:** Another challenge cited by some teams (3 of 14 teams) during their presentations at the January 2019 Summit related to turnover in staff or leadership, both within the Core Teams themselves and within the organization. Participants noted that this required them to spend time and energy on recruiting new team members and engaging/educating new leaders, which slowed the pace of the work. This challenge was also noted on 13 CRFs.
- **Complexity and overwhelming nature of work:** Implementing organization-wide changes to become more trauma-informed felt overwhelming to teams at times. Coaches noted that 9 teams (across 20 different CRF forms) struggled with the complexity of their TIC efforts. Relatedly, a common challenge cited by teams at the January 2019 Summit was burnout and fatigue from the work (5 of 14 teams). These teams described how both Core Teams and agency staff were experiencing some level of fatigue, and that there was a need to find ways to maintain momentum and keep the work “fresh” to minimize or avoid staff burnout.
- **Financial concerns:** Eleven teams encountered budgetary or funding concerns during Phase 3 (cited across 19 CRF forms). Core Teams echoed financial concerns at the January 2019 Summit, as 2 of the 14 team presentations identified financial constraints as challenges to their work.
- **Internal organizational issues:** At least 13 teams also encountered internal organizational challenges related to staffing or leadership, team capacity, organizational culture, and “silos” as they implemented their work. At the January 2019 Summit, three teams described how internal communication was a challenge, especially among larger departments or agencies. Specifically, these teams noted the difficulties around getting information out to all staff when they are geographically spread out and in making sure all staff are getting the same information, in the same way, at the same time. Two teams described being somewhat constrained by internal bureaucratic statutes and rules, while one team discussed the challenge of navigating ‘competition’ from other models or frameworks being implemented within their agency.

## Lessons learned

As a result of their participation in Fostering Futures, participants identified a number of lessons learned around implementing trauma-informed work and factors that contribute to progress and success.

- **Buy-in from leadership is critical:** During their presentations at the January 2019 Summit, several teams noted that a key element to the success of this work is having support and buy-in from organizational leaders. Having leadership integrated into the work was viewed as a critical component of success.
- **Identify champions:** Several teams at the January 2019 Summit also described the importance of identifying champions in their agencies who could help spread the message and engage and inspire others. This was helpful in the face of the fatigue and burnout experienced by several teams/organizations, and important for sustainability.
- **Stay on task and take small steps:** During their presentations at the Summit, several teams expressed the importance of keeping their focus on specific tasks and outcomes, as it can be easy to get distracted by other work or lose sight of the goal. To that end, teams also felt it was important to take small steps. The work is slow and can be daunting, and small steps make the work manageable and achievable.
- **Celebrate successes:** For similar reasons, teams at the Summit also acknowledged the importance of celebrating organizational successes, even small ones, as they attempt to institute cultural changes within the organization. As noted, the work can be daunting, slow, and overwhelming, so teams described how celebrating successes keep staff engaged and can minimize burnout.
- **Maximize opportunities for communication and sharing:** When asked about changes they would suggest to enhance Fostering Futures, 16 PFS respondents proposed various ideas to promote sharing information and resources among the teams involved in the FF learning community. These ideas included a shared repository for evaluation tools and other resources, a website and other online presence (e.g., social media), and communication with teams via listservs, mailings, or newsletters. It should be noted that Fostering Futures created a Confluence site for teams to use for the purposes of communication and resource sharing, but it was generally not used by teams. Additional evaluation efforts would be needed to learn why teams did not utilize Confluence for its intended purposes.
- **Seek resources to support evaluation:** Particularly during a long-term initiative, it is important to gather information about how the work is being implemented, for continuous improvement purposes, and to measure the impact of that work. Seeking resources to support and plan for process and outcome evaluation at the beginning of project planning will help facilitate an evaluation process that is rigorous and meaningful. Evaluation

results can also aid in sustainability efforts, as evaluation data can help tell the story and show impact of an initiative when writing grants, fundraising, and gaining broader support for an initiative.

*A website or resource to share resources and work successes.*

*– County Core Team member*

*Have a common website where all partners can share their forms, documents, surveys, etc. so people don't have to recreate the wheel.*

*– County Core Team member*

*Share the tools developed. Create a webpage with their tools.*

*– County Core Team member*

*Sharing information from other agencies providing standardized information, tools, and resources to customize for our team.*

*– State Core Team member*

*Keep it local, improve and streamline TIC-related communications coming out of state departments... so that everyone is speaking with one voice and confusion is minimized.*

*– County Core Team member*

## Outcome results

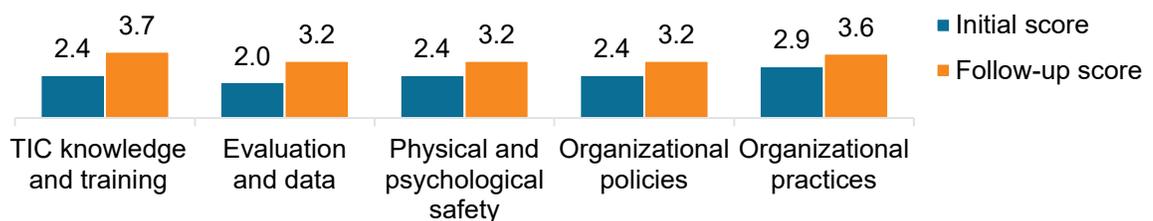
Fostering Futures impacted individual participants and their organizations in their journey to become more trauma-informed. Evaluation results show that participants grew in TIC-related knowledge, attitudes, and behaviors, and that organizations improved their level of knowledge and training efforts around TIC, and enhanced their evaluation efforts. These impacts were consistent across state and county teams – very few differences emerged between the evaluation results of these two categories of teams (with the exception of a few areas that are highlighted in this section). It should also be noted that beyond Fostering Futures, some participating organizations may have been involved in other related initiatives or efforts aimed at integrating trauma-informed principles into their organizations. Thus, the outcomes reported here should not be fully or solely attributed to Fostering Futures.

The following details key findings related to both individual and organizational impacts associated with Phase 3 of Fostering Futures.

### Organizational impact

**Organizations grew most in their knowledge of and training around TIC, as well as their evaluation efforts and use of data.** To learn about the impact of Fostering Futures on participating organizations, the Fostering Futures Organizational Self-Assessment (OSA) asked respondents to rate how well their organization embodied trauma-informed principles. On average, OSA respondents reported that their organizations grew the most in their TIC knowledge and training (an increase of 1.28 points between the average “initial” to “follow-up” scores for questions in this domain) and in their evaluation efforts and use of data (an average increase of 1.20 points between the average “initial” to “follow-up” scores for questions in this domain; Figure 9).

#### 9. Organizations grew the most in TIC knowledge/training and evaluation (N=148-162)



Note. The average scores for each domain were calculated using the results of all respondents that answered at least half of survey questions pertaining to each domain. Respondents represented 25 Core Teams. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

**Organizations showed some level of growth across different trauma-informed principles.** Beyond the growth in TIC knowledge, training, and evaluation, overall scores on the OSA also showed that organizations made some progress in all of the TIC domains identified by Fostering Futures. Figure 10 shows the number of questions in each OSA domain where respondents (on average) indicated at least a 1-rating point increase between the initial assessment and follow-up assessment.

**10. Some level of organizational growth evident in each OSA TIC domain (N=148-162)**

OSA Domain	Number of questions with at least 1.0 increase between initial and follow-up scores			Total # of questions in each domain
	Overall	State	County	
Domain 1: TIC knowledge and training	●●●●●●●	●●●●●●●	●●●●●●●	7
Domain 2: Physical & psychological safety	●	●	●●	4
Domain 3: Organizational policies	●●	●●	●●●	9
Domain 4: Organizational practices	●●	●	●●	19
Domain 5: Evaluation and data	●●●	●●●	●●●●	4

Note. Each dot represents a question within that domain that showed at least a 1.0 increase from the average initial score to the average follow-up score on the OSA, across all Core Teams. The average scores for each domain were calculated using the results of all respondents that answered at least half of survey questions pertaining to each domain. Respondents represented 25 Core Teams. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

**All types of organizations made similar growth as a part of Fostering Futures – regardless of whether they were state- or county-based.** Given the different structures and realities of organizations involved with Fostering Futures, this analysis also looked at how the initiative impacted state (non-direct service) teams versus county (direct service) teams, which included the county-based human service agencies as well as the two tribal nations. Results show no substantial differences between the average PFS scores and OSA scores of state Core Team respondents and county Core Team respondents. As shown in Figure 11, state and county teams showed similar growth between the initial score and follow-up scores on each of the OSA domains.

### 11. Similar gains reported across state and county organizations (N=148-162)

OSA Domain	Differences between average <u>initial</u> scores and average <u>follow-up</u> scores		
	All Core Teams	State Core Teams	County Core Teams
Domain 1: TIC knowledge and training	1.3	1.3	1.3
Domain 2: Physical and psychological safety	0.8	0.7	0.9
Domain 3: Organizational policies	0.8	0.7	0.8
Domain 4: Organizational practices	0.6	0.5	0.7
Domain 5: Evaluation and data	1.2	1.1	1.2

Note. The difference between average scores for each domain were calculated by subtracting the average “initial score” from the average “follow-up” score, and used the results of all respondents that answered at least half of survey questions pertaining to each domain. Respondents represented 25 Core Teams. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

A similar pattern also emerged in the PFS results. Across all but 1 of the 17 items on which respondents rated their TIC knowledge, attitudes, and behaviors, the initial and follow-up scores were almost identical for county and state teams. The one item in which ratings differed slightly among the two groups was “I have a clear understanding of the degree to which my organization is trauma-informed.” Both groups improved significantly on this item (at least a 1.0 rating point increase), but the scores for the state teams were slightly lower at both time points. See Appendix D for more detailed information.

**Organizations came to Fostering Futures with a base of knowledge around recognizing trauma and its impact, and how to interact with others in a trauma-informed way.** Many Core Team members and organizations joined the initiative having already done some work towards becoming trauma-informed. On average, OSA respondents gave their organizations relatively high ratings in terms of staff interacting with one another and with clients in a trauma-informed way, even before joining Fostering Futures. On average, OSA respondents rated their organizations a 3.0 or higher (on a 5-point scale, where 3.0 = “somewhat”) on a number of survey items related to how staff work with clients. This included staff’s ability to describe the strengths of clients and partners, supporting the resilience and well-being of clients, and communicating openly and transparently with clients (Figure 12).

Respondents also rated their colleagues at least a 3.0 on general relationship questions, even before joining Fostering Futures, including staff recognizing that relationships are important to organizational success, understanding that “problem behaviors” might actually be a coping strategy, approaching unexpected behavior with empathy and curiosity, and allowing others to define and share what was most important to their cultural identity. Interactions among staff were also rated highly, as OSA respondents gave a 3.0 rating or above to staff’s communication skills with one another and their ability to communicate openly and transparently with one another (3.0) (Figure 12).

**12. Staff demonstrated knowledge of trauma and its impact, and practiced some degree of trauma-informed interactions before joining Fostering Futures: OSA results**

<b>OSA question (N=139-150)</b>	<b>Initial average score</b>
Staff are able to describe the strengths of clients and partners.	3.5
Staff make efforts to support clients’ resilience and well-being.	3.5
Staff communicate openly and transparently <b>with clients</b> .	3.4
Staff understand that relationships are important to our organization’s success.	3.3
Staff recognize that what may be perceived as a 'problem' behavior may actually be a coping strategy.	3.1
When people act unexpectedly, staff approach the situation with empathy and curiosity.	3.1
Staff communicate openly and transparently <b>with one another</b> .	3.0
Staff allow others to define and share what is most important to their cultural identity.	3.0

Note. Respondents represented 25 Core Teams. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

The results from the PFS align with these findings. For example, the majority of PFS respondents (87%) said that, even prior to joining Fostering Futures, they “agreed” or “strongly agreed” that they understood that a person’s symptoms of a mental health, substance abuse or medical problem may be their way of coping with trauma (an initial score of 3.3 on a 4-point scale). Similarly, before joining Fostering Futures, the majority of PFS respondents “agreed” or “strongly agreed” that they consider the role trauma plays in the difficulties an individual may be experiencing (78%; an initial score of 3.1 on a 4-point scale) and that they understand the profound effects of ACEs and other trauma on individuals (79%; an initial score of 3.2 on a 4-point scale) (Figure 13).

**13. Staff demonstrated knowledge of trauma and its impact, and practiced some degree of trauma-informed interactions before joining Fostering Futures: PFS results (N=164-165)**

PFS question	Initial average score
I understand that a person’s symptoms of a mental health, substance use, or medical problem may be their way of coping with trauma.	3.3
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	3.2
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	3.2
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	3.1
When making changes to organizational practices and policies, I consider the well-being of and potential impact on staff.	3.0

Note. The rating scale for each question ranges from 1 to 4, where 1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; and 4=Strongly agree.

**Organizational leadership also engaged in trauma-informed practices before joining Fostering Futures.** Participants affirmed that formal leaders at their organization were also engaging in some trauma-informed practices before joining the initiative. On average, OSA respondents rated supervisors relatively high on trauma-informed practices such as supervisors having regular check-ins with staff and treating others with respect and dignity (Figure 14).

**14. Organizational leaders practice check-ins and respectful interactions (N=150-151)**

OSA question	Initial average score
Supervisors have regular, scheduled touchpoints with the staff they supervise.	3.5
Organizational leaders serve as an example of how to treat staff, clients, and partners with respect and dignity.	3.1

Note: Respondents represented 25 Core Teams. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

**Organizational leaders are more effectively communicating the importance of becoming a trauma-informed organization.** Growth of at least 1.0 in average OSA scores was seen in TIC organizational practices that related to leaders communicating how becoming more trauma-informed as an organization can improve outcomes (average of 1.2 point increase from initial to follow-up scores). In addition, there was a 1.2 point increase on the OSA item about organizational leadership communicating the importance of creating a safe environment (Figure 15).

**The integration of trauma-informed principles into organizational policies and practices began to emerge as the year progressed.** As to be expected when an organization is beginning its path to becoming trauma-informed, the largest gains in TIC growth were seen in knowledge and evaluation practices; fewer gains were seen in the practices, policies, and environment/culture of the organization. Despite less dramatic growth in these areas, organizations did show *some* progress on several items in these domains on the OSA. In terms of organizational policies, respondents reported substantial improvement with regard to their organization having a written statement and hiring practices that include a commitment to trauma-informed practices (a rating increase of 1.6 and 1.2 points, respectively, between initial and follow-up scores; Figure 15).

**15. Some improvements seen in organizational policies, practices, and culture (N=146-159)**

<b>OSA Domains and questions</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
<b>Organizational policies</b>			
Our organization has a written statement that included a commitment to trauma-informed practices.	1.8	3.4	1.6
Hiring practices demonstrate a commitment to and prioritization of trauma-informed practices.	1.9	3.1	1.2
<b>Organizational practices</b>			
Organizational leaders communicate how becoming more trauma-informed as an organization can improve outcomes.	2.5	3.7	1.2
Staff use trauma-informed practices when working with their co-workers.	2.3	3.3	1.0
<b>Physical and psychological safety</b>			
Organizational leaders communicate the importance of creating a safe environment within our organization.	2.8	3.9	1.2

Note. The difference between average scores for each question were calculated by subtracting the average “initial score” from the average “follow-up” score. Respondents represented 25 Core Teams. The rating scale for each question ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

Some evidence of practice changes was also evident in the CRF, PFS, and Participant Observation data. On the CRF, Coaches reported that between 6 and 10 teams (18%-30%) engaged in various activities related to changing organizational policies, procedures, or the physical environment (Figure E3, Appendix E). At the January 2019 Summit, at least two teams described how their organizations had integrated trauma-informed principles into their hiring practices, including asking about TIC during interviews and addressing the concept during new employee orientation. Lastly, more than 90 percent of PFS respondents said that they “agreed” or “strongly agreed” at follow-up that they now think about and integrate trauma-informed principles and ACEs research into their interactions with others (Figure 16).

## 16. Participants report use of trauma-informed principles in interactions with others at follow-up (N=165)

PFS question	Percentage that “agree” or “strongly agree” at follow-up
I integrate trauma-informed principles into my interactions with others at work.	99%
I frequently consider the findings from ACEs research in my interactions with others.	95%
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	92%

Note: The rating scale for each question ranges from 1 to 4, where 1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; and 4=Strongly agree.

Similarly, when asked to describe the biggest impact of the Fostering Futures initiative, several PFS respondents referenced overall changes in organizational culture and thinking. Specifically, a number of individuals reported that the biggest impact was on how they, or their colleagues, interacted with and served clients (n=14), as well as on staff relationships and the way in which they now interacted with their colleagues (n=6):

<i>It is wonderful to see our agency embracing this to provide higher quality interactions and care to each other and our clients.</i>	<i>– County Core Team member</i>
<i>[Fostering Futures] has helped me to be more empathetic toward staff that I struggle with on the job.</i>	<i>– County Core Team member</i>
<i>It has impacted me in terms of how I think about organizational culture and interactions with co-workers because I do not interact with clients and families in my work role. However, when I analyze data in relation to service delivery, the Fostering Futures principles are at the forefront of my mind when I am thinking about how the data informs practice/policy recommendations, service delivery, and treatment outcomes that follow principles of trauma-informed care.</i>	<i>– County Core Team member</i>
<i>We have been involved for a very long time, it has changed the entire way we think and serve clients.</i>	<i>– County Core Team member</i>
<i>Has changed my interacting with people and changed how I think about organizational change.</i>	<i>– State Core Team member</i>
<i>[Fostering Futures has] strengthened my relationship with my workplace, and colleagues on other teams; it creates a back bone that allows me to promote TIC in everything I (and my team) do...</i>	<i>– State Core Team member</i>

## Individual impact

**Participants developed a new lens for understanding their organization.** When looking at overall PFS results, Core Team participants reported that Fostering Futures helped them to gain a clearer understanding of the extent to which their organization was integrating trauma-informed principles (an average rating increase of 1.1 from their initial score to follow-up score). In addition, participants could better identify opportunities for their organization to become more trauma-informed as well as changes their organization had already made to support TIC principles (average rating increases of 1.0 from their initial score to follow-up score) (Figure 17).

### 17. Respondents reported increased understanding of their organization's integration of trauma-informed principles

PFS question	N	Initial average score	Follow-up average score	Difference between initial and average scores
I have a clear understanding of the degree to which my organization is trauma-informed.	165	2.2	3.3	1.1
I can identify areas in which my organization can become more trauma-informed.	164	2.7	3.7	1.0
My organization has made changes to support trauma-informed care principles.	163	2.4	3.4	1.0

Note: The rating scale for each question ranges from 1 to 4, where 1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; and 4=Strongly agree.

### Participants reported a high degree of TIC awareness and knowledge at follow-up.

Participants' responses at follow-up to multiple PFS items measuring their personal understanding of trauma and its impact on individuals showed a high level of knowledge and awareness. Average follow-up scores on all knowledge-related questions ranged from a 3.8 to 3.9 on a 4-point scale (Figure 18).

## 18. Participants reported high levels of knowledge around trauma and its impact at follow-up (N=165)

PFS question	Average follow-up score
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	3.9
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	3.9
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	3.8
I understand how human service staff might unintentionally cause additional trauma to those we serve.	3.8
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	3.8

Note: The rating scale for each question ranges from 1 to 4, where 1=Strongly disagree; 2=Somewhat disagree; 3=Somewhat agree; and 4=Strongly agree.

These findings are consistent with the open-ended responses of several participants who, when asked about the biggest impact of Fostering Futures, cited their increased knowledge about trauma (n=17), ACEs (n=4), and resiliency (n=1). An additional 8 respondents said Fostering Futures reinforced their existing knowledge and beliefs about these concepts.

*[Fostering Futures has] given more information about ACES and how they work, as well as helping me understand that "trauma" has a broader definition than I originally thought.*  
– State Core Team member

*I have a clearer understanding of why people respond the way they do to triggers. On a certain level, I knew before being part of Fostering Futures. Now, I have a much clearer understanding of how ACEs impact people and what organizations can do to be more trauma informed.*  
– State Core Team member

*A better understanding about what trauma is and how it affects responses to situations.*  
– State Core Team member

*Understanding how trauma impacts a person's health and well-being. Our community is committed to addressing this on all levels which I appreciate.*  
–County Core Team member

*Becoming more informed and educated on the influences of trauma in our lives-as staff, individuals and watching the consumers discuss their impact.*  
– County Core Team member

*Insight (much needed) into trauma and its impact.* – State Core Team member

*Personally and professionally it [FF] reinforced my beliefs. Treat others with respect as you do not know their story.*  
– State Core Team member

**Beyond gains in TIC knowledge, participants expressed increased self-awareness and shifts in their overall perspective when it comes to interacting with others.** When asked about the biggest impact of Fostering Futures on them, either personally or professionally, several PFS respondents described how the initiative led to more self-awareness about how they interact with and treat others (colleagues and clients alike). Others reported that as a result of Fostering Futures, they experienced a change in their outlook or perspective about how to work with/treat others and what those individuals might be experiencing.

*I have used my TIC lens not only with my clients, but with every single person I interact with. Fostering Futures brought TIC to the forefront of my every action and decision.*  
– County Core Team member

*It has given me a different perspective when dealing with client or staff problems and concerns.*  
– County Core Team member

*Slowing down and thinking about next steps and who it impacts as opposed to reacting to every detail that takes place throughout a work day.*  
– County Core Team member

*Self-awareness about how what I say or do can impact others' lives.*  
– State Core Team member

*It has helped me think differently about the people I interact with.*  
– State Core Team member

**Most participants reported concrete action on both the personal and team levels.** On the PFS, 74 percent of respondents said they accomplished “most” or “some” of their team goals and had a clear understanding of their Core Team’s strategy for change. In addition, 92 percent reported they had personally proposed at least one action step or idea about how to apply TIC principles to improve their organization’s work.

## Conclusions

Overall findings from the evaluation of Phase 3 of Fostering Futures suggest that the initiative made an impact on teams and organizations in several ways, although the experience of individual teams and participants in implementing the work and the extent of the impact varied from team to team.

## Implementation

Core Teams (small groups of staff representing various roles within an organization, working to incorporate a trauma-informed approach into their workplaces) were generally highly engaged in the work, connected with one another, and often included organizational leaders but rarely clients. During the year, teams were actively engaged in developing different ideas for their organizations, and over time, began to implement some of those ideas in the form of TIC presentations and trainings for staff, staff surveys, and the distribution of educational materials for staff. Towards the end of the year, teams were also more likely to be changing organizational policies, procedures, practices, and their physical spaces. Teams tended to be most active in the summer and early fall of 2018. Core Team participants received support and guidance from the Fostering Futures Rubric, their Coaches, and the convenings organized by Fostering Futures, although the extent to which these sources were helpful varied quite a bit from team to team.

As to be expected in an initiative of this scope, teams experienced a variety of challenges implementing this work. These included limited time, lack of buy-in from some leaders and staff, turnover in leadership and staff, the sheer complexity of the work which led to fatigue or burnout, financial concerns, and internal organizational issues. Yet the journey also generated several lessons that any team involved in this work should consider, including the need for buy-in from organizational leadership, the helpfulness of identifying internal champions, staying focused on the task at hand and taking small steps to achieve those tasks, the importance of celebrating successes, and the value of creating opportunities for cross-team communication and sharing.

## Outcomes

While most organizations began Phase 3 with some level of TIC knowledge, practices, and supports, evaluation results show that both Core Team members and their organizations grew in TIC-related knowledge, attitudes, and behaviors. In addition, participants reported that their organizations improved their TIC-related training and evaluation efforts, and that organizational leadership was more effectively communicating the importance of becoming a trauma-informed organization by the end of Fostering Futures. While fewer gains were

seen in formal organizational policies and practices, participants noted substantial improvement in having written statements and hiring practices that reflected a commitment to trauma-informed practices, as well as some improvements to organizations' culture and physical environment. These gains transcended organization type, as both county- and state-based organizations showed similar levels and types of progress.

On an individual level, Fostering Futures enhanced the ability for participants to assess their organization's integration of TIC principles and to identify opportunities for organizational growth. Core Team members also reported increased awareness of trauma and its impact on individuals, and enhanced abilities to interact with others in trauma-informed ways. Beyond these personal gains, participants closed Phase 3 feeling that their teams had achieved their goals and that they had individually proposed action steps or ideas for improvement.

## Appendix

A. Research questions

B. Limitations of the evaluation

C. OSA data tables

D. PFS data tables

E. CRF data tables

F. Fostering Futures Rubric

G. Fostering Futures Steering Committee and  
Evaluation Committee Members

## A. Research questions

### *Process-related*

- What strategies/resources/data are most helpful to Phase 3 Core Teams in advancing the work of Fostering Futures, including (but not limited to): the Coaches; the Confluence site; the convenings and in-person regional gatherings; and the rubric, as a self-evaluation tool? What other supports are needed?
- To what extent are Phase 2 and Phase 3 Core Teams collaborating and sharing information/resources within and across cohorts, and to what extent is this helping teams advance their work?
- To what extent are Phase 3 Core Teams gathering, valuing, and integrating the input of consumers/families into their efforts?
- What barriers, lessons learned, and successes are identified by Phase 3 county and state teams through their participation in the Fostering Futures project?
- Are Phase 2 Core Teams continuing to meet and engage in efforts to integrate trauma-informed care principles and strategies into their agencies? What progress and challenges have they had?

### *Outcome-related*

- How does the awareness, beliefs, attitudes and understanding about trauma-informed care (TIC) change over time for Phase 3 Core Teams and for the staff at their agencies or institutions?
- How are the interactions among staff at Phase 3 Core Team agencies/institutions impacted by their participation in Fostering Futures, including interactions among peers and among supervisors and direct reports?
- How has Fostering Futures impacted consumers/families within the relevant systems?
- Have staff changed how they are working with consumers/families as a result of Fostering Futures? How so?
- What is the impact of the Fostering Futures intervention on consumer/family attitudes and beliefs about the agency or institution with whom they are working?
- What is the impact of the Fostering Futures intervention on workforce tenure (i.e., retention, turnover, and absenteeism) within Phase 3 Core Team agencies/institutions (among participating pilot sites)?

- What systems changes within Phase 2 and Phase 3 Core Team agencies/institutions result from involvement in Fostering Futures in terms of organizational policies, procedures, practices, environment, and workplace culture?
- What initiatives outside of the Core Team agencies are enriched or started because of the relationship with Fostering Futures?

## B. Limitations of the evaluation

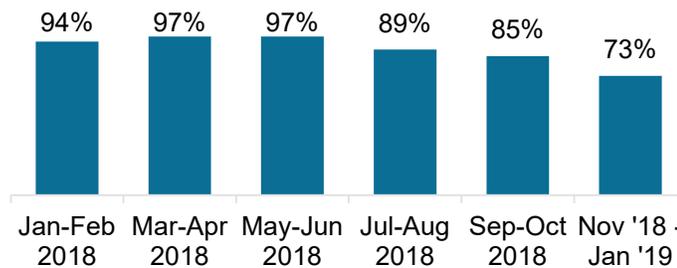
The following summarizes limitations to consider when interpreting the evaluation findings presented in this report.

**Disbanding of Fostering Futures.** While Phase 3 was intended to span two calendar years, Fostering Futures leadership announced the unforeseen immediate end of the initiative at the close of the January 2019 Summit (one year early) due to funding challenges. The unexpected and abrupt end to Phase 3 may have impacted not only the ability of sites to more fully implement the TIC strategies, but it likely affected the participation rates and responses for the PFS and OSA, especially among those who were invited to participate in the surveys online, which came after the announcement was made public. Summit participants were administered the surveys before the announcement was made, so it would not have had any impact on respondents who completed the pen-and-paper surveys. A preliminary analysis comparing in-person responses with online responses did not show substantial differences between the amount of growth (or change) reported by these two groups of respondents (see Figure C8, Appendix C), but the impact of the announcement may have influenced responses to some degree. This announcement may also have impacted the participation rates and responses of Coaches, many of whom did not complete the final CRF (which reflected the November 2018-January 2019 period).

**Ongoing refinement of the Fostering Futures Organizational Self-Assessment (OSA).** The OSA was carefully developed by multiple teams of stakeholders – including psychometricians, county and state staff members, former and current clients, researchers, and subject matter experts – from June 2018 through November 2018. At the time it was administered to Fostering Futures participants, the OSA had not yet undergone a formal validation process, which typically includes survey item analysis, cognitive interviewing, and other methods that ensure a tool’s validity. In addition, the OSA was converted from a traditional pre/posttest to a retrospective pre/posttest, meaning that both the pretest and the posttest were administered at the end of the initiative. It asked respondents to reflect back on their experience of the organization before joining Fostering Futures and to consider their organization now, having participated in the initiative for one year. While useful in learning how teams grew over the course of the year, the OSA was not a fully validated tool at the time of its administration in January 2019.

**Fewer Coaching Reflections Forms (CRFs) completed than anticipated.** In Phase 3 of Fostering Futures, the evaluation asked each Core Team Coach to complete a CRF for every team, every 2 months, over the course of the year. While contracted to complete the forms, Coaches did not fill out a form for every team. In the last reporting period (September-October 2018, November 2018-January 2019), Coaches filled out a CRF for only 73 percent of teams (Figure B1). Therefore, the analysis of Core Team activities, accomplishments, and other information related to the work of teams is based on partial information and is not necessarily representative of all of the teams that participated in Fostering Futures.

**B1. CRF response rate by reporting period (N=24-33 teams)**



**Limited involvement of consumers or those with lived experience in surveys.** Each Core Team was asked to include one or two current or former consumers of their organization, or other individuals with lived experience of the child welfare system. According to the CRF analysis, less than half of the teams had active involvement of consumers or those with lived experience on their team. Therefore, the PFS, OSA, and CRF data reflect a limited number of responses from consumers.

**Logistical challenges at the January Summit.** Due to a winter storm, Steering Committee events, and other logistical challenges associated with attending the January 2019 Summit, fewer Core Team members participated in the event than expected. Relatively low attendance resulted in fewer in-person respondents for the PFS and OSA surveys. While a number of Core Team members participated in online surveys that were sent to those who did not attend, the lower attendance may have impacted the response rates for both surveys.

## C. OSA data tables

### C1. Average OSA scores by domain – ALL Core Team respondents (both state and county)

Domain	N	Initial average score	Follow-up average score	Difference between initial and average score
Domain 1: TIC knowledge and training	162	2.4	3.7	1.3
Domain 2: Physical and psychological safety	158	2.4	3.2	0.8
Domain 3: Organizational policies	152	2.4	3.2	0.8
Domain 4: Organizational practices	151	2.9	3.6	0.6
Domain 5: Evaluation and data	148	2.0	3.2	1.2

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each domain, are statistically significant at  $p < .001$ .

### C2. Average OSA scores by domain – STATE Core Team respondents only

Domain	N	Initial average score	Follow-up average score	Difference between initial and average score
Domain 1: TIC knowledge and training	53	2.2	3.4	1.3
Domain 2: Physical and psychological safety	53	2.6	3.2	0.7
Domain 3: Organizational policies	49	2.5	3.2	0.5
Domain 4: Organizational practices	48	2.8	3.3	0.5
Domain 5: Evaluation and data	47	2.0	3.1	1.1

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each domain, are statistically significant at  $p < .001$ .

### C3. Average OSA scores by domain – COUNTY Core Team respondents only

Domain	N	Initial average score	Follow-up average score	Difference between initial and average score
Domain 1: TIC knowledge and training	105	2.6	3.9	1.3
Domain 2: Physical and psychological safety	101	2.4	3.3	0.9
Domain 3: Organizational policies	99	2.3	3.2	0.8
Domain 4: Organizational practices	99	3.0	3.7	0.7
Domain 5: Evaluation and data	97	2.0	3.2	1.2

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each domain, are statistically significant at  $p < .001$ .

**C4. OSA results by question – ALL respondents (both state and county Core Teams)  
(N=139-162)**

<b>Question</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
1. Staff understand the impact and prevalence of ACES.	2.8	4.0	1.2
2. Staff understand that ACEs, trauma, and toxic stress impact people differently.	2.9	4.1	1.1
3. Staff recognized the organizational benefits and challenges of working to become a trauma-informed organization.	2.5	3.7	1.2
4. Staff were aware of the role they played in creating a trauma-informed organization.	2.2	3.5	1.2
5. Staff understood that people can build their resiliency over time.	2.8	3.7	0.9
6. Training on trauma-informed care was included in new staff orientation.	1.7	3.5	1.8
7. Our organization provided ongoing professional development opportunities on trauma-informed care throughout the year.	2.0	3.5	1.5
8. Organizational leaders communicated the importance of creating a safe environment within our organization.	2.8	3.9	1.2
9. Our organization provided wellness activities to help staff manage their stress and increase their resilience.	2.7	3.3	0.7
10. Our organization's physical space was designed to be calming and comfortable for staff.	2.0	2.7	0.7
11. Our organization's physical space was designed to be calming and comfortable for clients.	2.2	3.0	0.8
12. Organizational policies and procedures used language that promotes individuals' strengths...'	2.5	3.2	0.7
13. Organizational leaders involved staff when considering changes to our organization's services, policies, and physical environment.	2.5	3.3	0.8
14. Clients (or former) were consulted when considering changes to our organization's services, policies, and physical environment.	1.8	2.4	0.6
15. Clients (or former) held positions on committees or boards that make organizational decisions on policies and practices.	2.0	2.4	0.4

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

**C4. OSA results by question – ALL respondents (both state and county Core Teams)  
(N=139-162) (continued)**

<b>Question</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
16. Staff were provided with multiple ways to give feedback to organizational leaders without fear of negative consequences.	2.4	3.3	0.8
17. Clients were provided with multiple ways of giving feedback to our organization without fear of negative consequences.	2.6	3.1	0.5
18. Supervisors had regular, scheduled touchpoints with the staff they supervise.	3.5	3.9	0.4
19. Our organization had a written statement that included a commitment to trauma-informed practices.	1.8	3.4	1.6
20. Hiring practices demonstrated a commitment to and prioritization of trauma-informed practices.	1.9	3.1	1.2
21. Staff used trauma-informed practices when working with their co-workers.	2.3	3.3	1.0
22. Staff used trauma-informed practices when working with clients.	2.9	3.7	0.8
23. Staff felt accepted and respected within our organization.	2.9	3.4	0.5
24. Staff adapted their verbal and non-verbal communication to the needs of co-workers, clients, and partners.	2.9	3.5	0.6
25. Organizational leaders communicated openly and transparently with staff.	2.7	3.4	0.7
26. Staff communicated openly and transparently with one another.	3.0	3.5	0.5
27. There was mutual respect and trust among staff in our organization.	2.9	3.4	0.5
28. Organizational leaders served as an example of how to treat staff, clients, and partners with respect and dignity.	3.1	3.6	0.5
29. Staff understood that relationships were important to our organization's success.	3.3	3.9	0.6
30. Staff communicated openly and transparently with clients.	3.4	3.9	0.4
31. Staff were able to describe the strengths of clients and partners.	3.5	3.9	0.4

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

**C4. OSA results by question – ALL respondents (both state and county Core Teams)  
(N=139-162) (continued)**

<b>Question</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
32. Staff recognized that what may be perceived as a 'problem' behavior may actually be a coping strategy.	3.1	3.8	0.7
33. Staff engaged in strategies that supported their own resilience and well-being.	2.8	3.5	0.7
34. Staff made efforts to support clients' resilience and well-being.	3.5	3.9	0.5
35. When people acted unexpectedly, staff approached the situation with empathy and curiosity.	3.1	3.7	0.6
36. Staff allowed others to define and share what was most important to their cultural identity.	3.0	3.5	0.4
37. Staff respectfully sought to understand the unique ways historical trauma impacted others.	2.6	3.2	0.7
38. Organizational leaders communicated how becoming more trauma informed as an organization can improve outcomes.	2.5	3.7	1.2
39. Staff applied the concepts behind brain development, resiliency, and protective factors to their work.	2.5	3.3	0.8
40. Our organization had established organization-wide objectives and performance indicators for trauma-informed care.	1.8	3.2	1.4
41. Our organization had a comprehensive plan for collecting and analyzing data to measure organizational outcomes.	2.3	3.4	1.1
42. A wide range of staff, clients, and other partners were involved in interpreting results for quality improvement.	2.0	2.9	0.9
43. Our organization used data to inform changes in becoming more trauma informed.	1.9	3.2	1.3

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

### C5. OSA results by question – STATE Core Team respondents (N=37-53)

Question	Initial average score	Follow-up average score	Difference between initial and average score
1. Staff understand the impact and prevalence of ACES.	2.5	3.7	1.3
2. Staff understand that ACEs, trauma, and toxic stress impact people differently.	2.5	3.7	1.2
3. Staff recognized the organizational benefits and challenges of working to become a trauma-informed organization.	2.4	3.5	1.1
4. Staff were aware of the role they played in creating a trauma-informed organization.	2.0	3.2	1.2
5. Staff understood that people can build their resiliency over time.	2.7	3.4	0.7
6. Training on trauma-informed care was included in new staff orientation.	1.4	3.3	1.9
7. Our organization provided ongoing professional development opportunities on trauma-informed care throughout the year.	1.7	3.3	1.6
8. Organizational leaders communicated the importance of creating a safe environment within our organization.	2.8	3.9	1.1
9. Our organization provided wellness activities to help staff manage their stress and increase their resilience.	2.9	3.4	0.6
10. Our organization's physical space was designed to be calming and comfortable for staff.	2.1	2.6	0.6
11. Our organization's physical space was designed to be calming and comfortable for clients.	2.4	2.8	0.4
12. Organizational policies and procedures used language that promotes individuals' strengths...'	2.8	3.1	0.3
13. Organizational leaders involved staff when considering changes to our organization's services, policies...	2.6	3.3	0.7
14. Clients (or former) were consulted when considering changes to our organization's services, policies...	2.1	2.5	0.4
15. Clients (or former) held positions on committees or boards that make organizational decisions on policies and practices.	2.2	2.4	0.2

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

**C5. OSA results by question – STATE Core Team respondents (N=37-53)  
(continued)**

<b>Question</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
16. Staff were provided with multiple ways to give feedback to organizational leaders w/o fear of negative consequences.	2.6	3.2	0.6
17. Clients were provided with multiple ways of giving feedback to our organization w/o fear of negative consequences.	3.0	3.3	0.3
18. Supervisors had regular, scheduled touchpoints with the staff they supervise.	3.4	3.7	0.3
19. Our organization had a written statement that included a commitment to trauma-informed practices.	1.6	3.5	1.9
20. Hiring practices demonstrated a commitment to and prioritization of trauma-informed practices.	1.9	2.9	1.0
21. Staff used trauma-informed practices when working with their co-workers.	2.3	3.2	0.9
22. Staff used trauma-informed practices when working with clients.	2.9	3.4	0.5
23. Staff felt accepted and respected within our organization.	2.9	3.2	0.3
24. Staff adapted their verbal and non-verbal communication to the needs of co-workers, clients, and partners.	2.8	3.3	0.5
25. Organizational leaders communicated openly and transparently with staff.	2.8	3.3	0.4
26. Staff communicated openly and transparently with one another.	3.0	3.4	0.3
27. There was mutual respect and trust among staff in our organization.	2.9	3.3	0.4
28. Organizational leaders...served as an example of how to treat staff, clients, and partners with respect and dignity.	3.1	3.4	0.3
29. Staff understood that relationships were important to our organization's success.	3.3	3.7	0.4
30. Staff communicated openly and transparently with clients.	3.2	3.5	0.3
31. Staff were able to describe the strengths of clients and partners.	3.3	3.6	0.3

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

**C5. OSA results by question – STATE Core Team respondents (N=37-53)  
(continued)**

<b>Question</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
32. Staff recognized that what may be perceived as a 'problem' behavior may actually be a coping strategy.	2.8	3.4	0.6
33. Staff engaged in strategies that supported their own resilience and well-being.	2.8	3.4	0.6
34. Staff made efforts to support clients' resilience and well-being.	3.2	3.6	0.4
35. When people acted unexpectedly staff approached the situation with empathy and curiosity.	2.9	3.5	0.6
36. Staff allowed others to define and share what was most important to their cultural identity.	2.9	3.2	0.4
37. Staff respectfully sought to understand the unique ways historical trauma impacted others.	2.2	2.8	0.6
38. Organizational leaders communicated how becoming more trauma-informed as an organization can improve outcomes.	2.1	3.2	1.1
39. Staff applied the concepts behind brain development, resiliency, and protective factors to their work.	2.1	2.9	0.9
40. Our organization had established organization-wide objectives and performance indicators for trauma-informed care.	1.7	3.0	1.4
41. Our organization had a comprehensive plan for collecting and analyzing data to measure organizational outcomes.	2.3	3.4	1.1
42. A wide range of staff, clients, and other partners were involved in interpreting results for quality improvement.	2.3	3.0	0.7
43. Our organization used data to inform changes in becoming more trauma-informed.	1.9	3.2	1.3

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

## C6. OSA results by question – COUNTY Core Team respondents (N=92-105)

Question	Initial average score	Follow-up average score	Difference between initial and average score
1. Staff understand the impact and prevalence of ACEs.	3.0	4.2	1.2
2. Staff understand that ACEs, trauma, and toxic stress impact people differently.	3.1	4.3	1.1
3. Staff recognized the organizational benefits and challenges of working to become a trauma-informed organization.	2.6	3.9	1.3
4. Staff were aware of the role they played in creating a trauma-informed organization.	2.4	3.6	1.3
5. Staff understood that people can build their resiliency over time.	2.9	3.8	0.9
6. Training on trauma-informed care was included in new staff orientation.	1.8	3.5	1.7
7. Our organization provided ongoing professional development opportunities on trauma-informed care throughout the year.	2.2	3.7	1.5
8. Organizational leaders communicated the importance of creating a safe environment within our organization.	2.8	4.0	1.2
9. Our organization provided wellness activities to help staff manage their stress and increase their resilience.	2.6	3.3	0.7
10. Our organization's physical space was designed to be calming and comfortable for staff.	2.0	2.7	0.8
11. Our organization's physical space was designed to be calming and comfortable for clients.	2.1	3.1	1.0
12. Organizational policies and procedures used language that promotes individuals' strengths...'	2.5	3.3	0.9
13. Organizational leaders involved staff when considering changes to our organization's services, policies...	2.5	3.3	0.8
14. Clients (or former) were consulted when considering changes to our organization's services, policies...	1.7	2.4	0.7
15. Clients (or former) held positions on committees or boards that make organizational decisions on policies and practices.	2.0	2.4	0.5
16. Staff were provided with multiple ways to give feedback to organizational leaders w/o fear of negative consequences.	2.3	3.3	1.0

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

**C6. OSA results by question – COUNTY Core Team respondents (N=92-105) (continued)**

<b>Question</b>	<b>Initial average score</b>	<b>Follow-up average score</b>	<b>Difference between initial and average score</b>
17. Clients were provided with multiple ways of giving feedback to our organization w/o fear of negative consequences.	2.5	3.0	0.6
18. Supervisors had regular, scheduled touchpoints with the staff they supervise.	3.6	4.0	0.5
19. Our organization had a written statement that included a commitment to trauma-informed practices.	1.9	3.4	1.4
20. Hiring practices demonstrated a commitment to and prioritization of trauma-informed practices.	1.9	3.2	1.2
21. Staff used trauma-informed practices when working with their co-workers.	2.4	3.4	1.0
22. Staff used trauma-informed practices when working with clients.	2.9	3.9	1.0
23. Staff felt accepted and respected within our organization.	2.9	3.5	0.6
24. Staff adapted their verbal and non-verbal communication to the needs of co-workers, clients, and partners.	3.0	3.6	0.6
25. Organizational leaders communicated openly and transparently with staff.	2.6	3.6	0.9
26. Staff communicated openly and transparently with one another.	3.0	3.5	0.6
27. There was mutual respect and trust among staff in our organization.	2.9	3.4	0.5
28. Organizational leaders...served as an example of how to treat staff, clients, and partners with respect and dignity.	3.0	3.7	0.6
29. Staff understood that relationships were important to our organization's success.	3.3	4.0	0.7
30. Staff communicated openly and transparently with clients.	3.5	4.0	0.5
31. Staff were able to describe the strengths of clients and partners.	3.5	4.1	0.5
32. Staff recognized that what may be perceived as a 'problem' behavior may actually be a coping strategy.	3.2	3.9	0.8
33. Staff engaged in strategies that supported their own resilience and well-being.	2.9	3.6	0.7

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

## C6. OSA results by question – COUNTY Core Team respondents (N=92-105) (continued)

Question	Initial average score	Follow-up average score	Difference between initial and average score
34. Staff made efforts to support clients' resilience and well-being.	3.6	4.0	0.5
35. When people acted unexpectedly staff approached the situation with empathy and curiosity.	3.2	3.7	0.6
36. Staff allowed others to define and share what was most important to their cultural identity.	3.1	3.6	0.5
37. Staff respectfully sought to understand the unique ways historical trauma impacted others.	2.7	3.4	0.7
38. Organizational leaders communicated how becoming more trauma-informed as an organization can improve outcomes.	2.7	3.9	1.2
39. Staff applied the concepts behind brain development, resiliency, and protective factors to their work.	2.7	3.5	0.8
40. Our organization had established organization-wide objectives and performance indicators for trauma-informed care.	1.9	3.3	1.5
41. Our organization had a comprehensive plan for collecting and analyzing data to measure organizational outcomes.	2.3	3.4	1.1
42. A wide range of staff, clients, and other partners were involved in interpreting results for quality improvement.	1.9	2.9	1.0
43. Our organization used data to inform changes in becoming more trauma-informed.	1.9	3.2	1.3

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much. Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between initial and follow-up scores, for each item, are statistically significant at  $p < .001$ .

## C7. Length of tenure of OSA respondents in the Fostering Futures initiative and at their Core Team agency

	Average length of tenure		
	All Core Teams (N=140-142)	State Core Teams (N=44-45)	County Core Teams (N=91-94)
How long have you been a member of a Fostering Futures Core Implementation Team (CIT)?	17.7 months (median=13 months)	20.4 months (median=14 months)	16.5 months (median=12 months)
How long have you been with your current organization?	10 years (median=7 years)	9.6 years (median=5 years)	10.4 years (median=8 years)

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

### C8. OSA results by question – Paper respondents vs. web respondents

Question	PAPER respondents (N=49-57)			WEB respondents (N=87-105)		
	Initial average score	Follow-up average score	Difference between initial and average score	Initial average score	Follow-up average score	Difference between initial and average score
1. Staff understand the impact and prevalence of ACEs.	2.4	3.8	1.3	3.0	4.2	1.2
2. Staff understand that ACEs, trauma, and toxic stress impact people differently.	2.5	3.8	1.3	3.2	4.2	1.1
3. Staff recognized the organizational benefits and challenges of working to become a trauma-informed organization.	2.1	3.4	1.3	2.7	3.9	1.2
4. Staff were aware of the role they played in creating a trauma-informed organization.	1.9	3.1	1.2	2.4	3.7	1.2
5. Staff understood that people can build their resiliency over time.	2.5	3.4	0.9	3.0	3.9	0.9
6. Training on trauma-informed care was included in new staff orientation.	1.6	3.3	1.8	1.8	3.5	1.8
7. Our organization provided ongoing professional development opportunities on trauma-informed care throughout the year.	1.8	3.4	1.6	2.1	3.6	1.5
8. Organizational leaders communicated the importance of creating a safe environment within our organization.	2.8	3.9	1.1	2.8	4.00	1.2
9. Our organization provided wellness activities to help staff manage their stress and increase their resilience.	2.8	3.4	0.6	2.6	3.3	0.7
10. Our organization’s physical space was designed to be calming and comfortable for staff.	1.9	2.5	0.6	2.1	2.8	0.8
11. Our organization’s physical space was designed to be calming and comfortable for clients.	2.2	2.8	0.6	2.2	3.1	1.0

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

## C8. OSA results by question – Paper respondents vs. web respondents (continued)

Question	PAPER respondents (N=49-57)			WEB respondents (N=87-105)		
	Initial average score	Follow-up average score	Difference between initial and average score	Initial average score	Follow-up average score	Difference between initial and average score
12. Organizational policies and procedures used language that promotes individuals' strengths...'	2.5	3.1	0.6	2.6	3.4	0.8
13. Organizational leaders involved staff when considering changes to our organization's services, policies...	2.7	3.2	0.6	2.5	3.4	0.9
14. Clients (or former) were consulted when considering changes to our organization's services, policies...	1.8	2.3	0.5	1.8	2.5	0.7
15. Clients (or former) held positions on committees or boards that make organizational decisions on policies and practices.	1.9	2.4	0.5	2.0	2.4	0.4
16. Staff were provided with multiple ways to give feedback to organizational leaders w/o fear of negative consequences.	2.4	3.1	0.7	2.4	3.3	0.9
17. Clients were provided with multiple ways of giving feedback to our organization w/o fear of negative consequences.	2.5	2.9	0.4	2.6	3.2	0.6
18. Supervisors had regular, scheduled touchpoints with the staff they supervise.	3.5	3.9	0.4	3.5	4.0	0.5
19. Our organization had a written statement that included a commitment to trauma-informed practices.	1.7	3.3	1.6	1.9	3.5	1.6
20. Hiring practices demonstrated a commitment to and prioritization of trauma-informed practices.	1.8	3.0	1.2	2.0	3.2	1.1
21. Staff used trauma-informed practices when working with their co-workers.	2.3	3.2	0.9	2.4	3.4	1.0
22. Staff used trauma-informed practices when working with clients.	2.7	3.4	0.7	3.0	3.9	0.9

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

### C8. OSA results by question – Paper respondents vs. web respondents (continued)

Question	PAPER respondents (N=49-57)			WEB respondents (N=87-105)		
	Initial average score	Follow-up average score	Difference between initial and average score	Initial average score	Follow-up average score	Difference between initial and average score
23. Staff felt accepted and respected within our organization.	3.0	3.4	0.4	2.8	3.4	0.6
24. Staff adapted their verbal and non-verbal communication to the needs of co-workers, clients, and partners.	3.0	3.4	0.4	2.9	3.6	0.7
25. Organizational leaders communicated openly and transparently with staff.	2.8	3.4	0.6	2.7	3.5	0.8
26. Staff communicated openly and transparently with one another.	3.0	3.4	0.4	3.0	3.5	0.5
27. There was mutual respect and trust among staff in our organization.	3.0	3.4	0.4	2.9	3.4	0.5
28. Organizational leaders served as an example of how to treat staff, clients, and partners with respect and dignity.	3.0	3.6	0.7	3.1	3.6	0.5
29. Staff understood that relationships were important to our organization's success.	3.3	3.8	0.5	3.3	4.0	0.6
30. Staff communicated openly and transparently with clients.	3.2	3.6	0.4	3.6	4.0	0.4
31. Staff were able to describe the strengths of clients and partners.	3.3	3.7	0.4	3.6	4.0	0.5
32. Staff recognized that what may be perceived as a 'problem' behavior may actually be a coping strategy.	2.9	3.5	0.6	3.2	3.9	0.7
33. Staff engaged in strategies that supported their own resilience and well-being.	2.8	3.4	0.6	2.9	3.6	0.7

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

## C8. OSA results by question – Paper respondents vs. web respondents (continued)

Question	PAPER respondents (N=49-57)			WEB respondents (N=87-105)		
	Initial average score	Follow-up average score	Difference between initial and average score	Initial average score	Follow-up average score	Difference between initial and average score
34. Staff made efforts to support clients' resilience and well-being.	3.4	3.9	0.5	3.5	3.9	0.5
35. When people acted unexpectedly staff approached the situation with empathy and curiosity.	3.0	3.5	0.5	3.1	3.7	0.6
36. Staff allowed others to define and share what was most important to their cultural identity.	3.0	3.3	0.3	3.1	3.6	0.5
37. Staff respectfully sought to understand the unique ways historical trauma impacted others.	2.2	2.9	0.7	2.8	3.5	0.7
38. Organizational leaders communicated how becoming more trauma-informed as an organization can improve outcomes.	2.3	3.5	1.2	2.6	3.8	1.2
39. Staff applied the concepts behind brain development, resiliency, and protective factors to their work.	2.4	3.1	0.7	2.5	3.5	0.9
40. Our organization had established organization-wide objectives and performance indicators for trauma-informed care.	1.7	3.1	1.3	1.8	3.3	1.5
41. Our organization had a comprehensive plan for collecting and analyzing data to measure organizational outcomes.	2.0	3.2	1.2	2.5	3.5	1.0
42. A wide range of staff, clients, and other partners were involved in interpreting results for quality improvement.	2.0	2.9	0.8	2.0	3.0	1.0
43. Our organization used data to inform changes in becoming more trauma-informed.	1.7	3.2	1.5	2.0	3.1	1.1

Note. The rating scale ranges from 1 to 5, where 1=Not at all; 2=Not very much; 3=Somewhat; 4=For the most part; and 5=Very much.

## D. PFS data tables

### D1. Changes in knowledge, attitudes, and behaviors related to trauma-informed care (average scores): ALL TEAMS

	N	All teams	
		Before FF	After FF
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	165	3.2	3.9
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	165	3.2	3.8
I understand how human service staff might unintentionally cause additional trauma to those we serve.	165	3.1	3.8
I contribute to efforts that make my organization a safe, trusting, and healing environment.	164	3.1	3.7
I integrate trauma-informed principles into my interactions with others at work.	165	2.9	3.6
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	165	3.3	3.9
I frequently consider the findings from ACEs research in my interactions with others.	165	2.4	3.4
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	165	3.1	3.8
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	165	3.0	3.5
I feel inspired to engage in the promotion of trauma-informed care (TIC).	165	2.9	3.7
My organization has made changes to support trauma-informed care principles.	163	2.4	3.4
I have a clear understanding of the degree to which my organization is trauma informed.	165	2.2	3.3
I can identify areas in which my organization can become more trauma informed.	164	2.7	3.7
I partner with the families of clients to improve services. {County teams only}	—	—	—
I incorporate trauma-informed principles into my collaboration with other agencies and/or organizations.	162	2.5	3.3
I include the views and priorities of the people affected by our work in the improvement of our services.	163	2.9	3.5
When making changes to organizational practices and policies, I consider the well-being of and the potential impact on staff members.	162	3.0	3.6

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures. The scale was: 4=strongly agree, 3=somewhat agree, 2=somewhat disagree, and 1=strongly disagree.

Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between means from "Before FF" to "After FF", for each item, are statistically significant at  $p < .001$ .

## D2. Changes in knowledge, attitudes, and behaviors related to trauma-informed care (average scores): STATE teams

	N	State teams	
		Before FF	After FF
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	59	3.1	3.9
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	59	3.1	3.9
I understand how human service staff might unintentionally cause additional trauma to those we serve.	59	3.2	3.8
I contribute to efforts that make my organization a safe, trusting, and healing environment.	59	3.0	3.6
I integrate trauma-informed principles into my interactions with others at work.	59	2.8	3.6
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	59	3.4	3.9
I frequently consider the findings from ACEs research in my interactions with others.	59	2.4	3.3
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	59	2.9	3.7
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	59	3.0	3.5
I feel inspired to engage in the promotion of trauma-informed care (TIC).	59	2.7	3.7
My organization has made changes to support trauma-informed care principles.	59	2.3	3.3
I have a clear understanding of the degree to which my organization is trauma informed.	59	2.1	3.1
I can identify areas in which my organization can become more trauma informed.	59	2.6	3.7
I partner with the families of clients to improve services. {County teams only}	—	—	—
I incorporate trauma-informed principles into my collaboration with other agencies and/or organizations.	58	2.5	3.2
I include the views and priorities of the people affected by our work in the improvement of our services.	58	3.0	3.5
When making changes to organizational practices and policies, I consider the well-being of and the potential impact on staff members.	59	3.0	3.6

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures. The scale was: 4=strongly agree, 3=somewhat agree, 2=somewhat disagree, and 1=strongly disagree.

Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between means from "Before FF" to "After FF", for each item, are statistically significant at  $p < .001$ .

### D3. Changes in knowledge, attitudes, and behaviors related to trauma-informed care (average scores): COUNTY teams

	N	County teams	
		Before FF	After FF
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	106	3.2	3.8
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	106	3.3	3.8
I understand how human service staff might unintentionally cause additional trauma to those we serve.	106	3.1	3.8
I contribute to efforts that make my organization a safe, trusting, and healing environment.	105	3.2	3.8
I integrate trauma-informed principles into my interactions with others at work.	106	2.9	3.7
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	106	3.3	3.9
I frequently consider the findings from ACEs research in my interactions with others.	106	2.5	3.5
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	106	3.2	3.8
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	106	2.9	3.6
I feel inspired to engage in the promotion of trauma-informed care (TIC).	106	2.9	3.8
My organization has made changes to support trauma-informed care principles.	104	2.4	3.5
I have a clear understanding of the degree to which my organization is trauma informed.	106	2.3	3.4
I can identify areas in which my organization can become more trauma informed.	105	2.7	3.7
I partner with the families of clients to improve services. {County teams only}	96	2.7	3.2
I incorporate trauma-informed principles into my collaboration with other agencies and/or organizations.	104	2.6	3.4
I include the views and priorities of the people affected by our work in the improvement of our services.	105	2.8	3.4
When making changes to organizational practices and policies, I consider the well-being of and the potential impact on staff members.	103	3.0	3.6

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures. The scale was: 4=strongly agree, 3=somewhat agree, 2=somewhat disagree, and 1=strongly disagree.

Differences from before the initiative to after the initiative were tested using a paired samples t-test. Differences between means from "Before FF" to "After FF", for each item, are statistically significant at  $p < .001$ .

**D4. Changes in knowledge, attitudes, and behaviors related to trauma-informed care:  
ALL TEAMS – COUNTY AND STATE (percentages) (N=162-165)**

		<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	Before FF	40%	39%	16%	4%
	After FF	89%	9%	1%	1%
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	Before FF	42%	40%	15%	3%
	After FF	86%	13%	0%	1%
I understand how human service staff might unintentionally cause additional trauma to those we serve.	Before FF	32%	51%	15%	2%
	After FF	84%	13%	2%	1%
I contribute to efforts that make my organization a safe, trusting, and healing environment.	Before FF	24%	63%	12%	1%
	After FF	75%	23%	2%	1%
I integrate trauma-informed principles into my interactions with others at work.	Before FF	20%	53%	20%	7%
	After FF	66%	33%	0%	1%
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	Before FF	52%	35%	10%	4%
	After FF	92%	8%	0%	1%
I frequently consider the findings from ACEs research in my interactions with others.	Before FF	13%	40%	25%	22%
	After FF	47%	47%	4%	1%
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	Before FF	35%	43%	16%	6%
	After FF	81%	17%	1%	1%
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	Before FF	27%	50%	14%	9%
	After FF	62%	31%	7%	1%
I feel inspired to engage in the promotion of trauma-informed care (TIC).	Before FF	29%	39%	21%	11%
	After FF	78%	20%	2%	1%
My organization has made changes to support trauma-informed care principles.	Before FF	12%	36%	29%	23%
	After FF	55%	34%	6%	4%
I have a clear understanding of the degree to which my organization is trauma informed.	Before FF	6%	35%	30%	29%
	After FF	39%	55%	4%	2%

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures.

**D4. Changes in knowledge, attitudes, and behaviors related to trauma-informed care:  
ALL TEAMS – COUNTY AND STATE (percentages) (N=162-165) (continued)**

		<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
I can identify areas in which my organization can become more trauma informed.	Before FF	21%	40%	25%	14%
	After FF	71%	28%	1%	0%
I partner with the families of clients to improve services.[ <i>county teams only, N=96</i> ]	Before FF	24%	37%	21%	19%
	After FF	42%	40%	15%	4%
I incorporate trauma-informed principles into my collaboration with other agencies and/or organizations.	Before FF	12%	44%	30%	14%
	After FF	44%	49%	5%	3%
I include the views and priorities of the people affected by our work in the improvement of our services.	Before FF	23%	50%	20%	7%
	After FF	53%	42%	4%	1%
When making changes to organizational practices and policies, I consider the well-being of and the potential impact on staff members.	Before FF	28%	50%	17%	5%
	After FF	62%	34%	4%	0%

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures.

**D5. Changes in knowledge, attitudes, and behaviors related to trauma-informed care: STATE TEAMS ONLY (percentages) (N=58-59)**

		<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	Before FF	39%	36%	17%	9%
	After FF	93%	7%	0%	0%
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	Before FF	42%	32%	19%	7%
	After FF	86%	14%	0%	0%
I understand how human service staff might unintentionally cause additional trauma to those we serve.	Before FF	39%	41%	17%	3%
	After FF	90%	5%	3%	2%
I contribute to efforts that make my organization a safe, trusting, and healing environment.	Before FF	19%	64%	14%	3%
	After FF	70%	25%	5%	0%
I integrate trauma-informed principles into my interactions with others at work.	Before FF	15%	58%	19%	9%
	After FF	63%	36%	0%	2%
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	Before FF	59%	29%	7%	5%
	After FF	90%	9%	0%	2%
I frequently consider the findings from ACEs research in my interactions with others.	Before FF	12%	37%	25%	25%
	After FF	39%	58%	0%	3%
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	Before FF	29%	42%	19%	10%
	After FF	80%	17%	2%	2%
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	Before FF	25%	61%	5%	9%
	After FF	59%	32%	7%	2%
I feel inspired to engage in the promotion of trauma-informed care (TIC).	Before FF	22%	41%	25%	12%
	After FF	76%	17%	5%	2%
My organization has made changes to support trauma-informed care principles.	Before FF	7%	39%	31%	24%
	After FF	48%	42%	3%	7%
I have a clear understanding of the degree to which my organization is trauma informed.	Before FF	3%	34%	27%	36%
	After FF	22%	68%	7%	3%
I can identify areas in which my organization can become more trauma informed.	Before FF	20%	41%	22%	17%
	After FF	75%	24%	2%	0%

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures.

**D5. Changes in knowledge, attitudes, and behaviors related to trauma-informed care: STATE TEAMS ONLY (percentages) (N=58-59) (continued)**

		<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
I incorporate trauma-informed principles into my collaboration with other agencies and/or organizations.	Before FF	7%	48%	33%	12%
	After FF	31%	62%	5%	2%
I include the views and priorities of the people affected by our work in the improvement of our services.	Before FF	24%	59%	14%	3%
	After FF	53%	43%	3%	0%
When making changes to organizational practices and policies, I consider the well-being of and the potential impact on staff members.	Before FF	22%	56%	19%	3%
	After FF	61%	36%	3%	0%

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures.

**D6. Changes in knowledge, attitudes, and behaviors related to trauma-informed care: COUNTY TEAMS ONLY (percentages) (N=96-106)**

		<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
I understand the profound effects of adverse childhood experiences (ACEs) and other trauma on individuals.	Before FF	41%	42%	16%	2%
	After FF	87%	10%	1%	2%
I recognize the high prevalence of traumatic experiences in people who receive mental health, physical health, and substance abuse services.	Before FF	43%	44%	12%	1%
	After FF	86%	13%	0%	1%
I understand how human service staff might unintentionally cause additional trauma to those we serve.	Before FF	28%	57%	14%	1%
	After FF	81%	18%	1%	0%
I contribute to efforts that make my organization a safe, trusting, and healing environment.	Before FF	27%	62%	11%	0%
	After FF	78%	21%	0%	1%
I integrate trauma-informed principles into my interactions with others at work.	Before FF	23%	50%	21%	7%
	After FF	68%	32%	0%	0%
I understand that a person's symptoms of a mental health, substance abuse, or medical problem may be their way of coping with trauma.	Before FF	47%	39%	11%	3%
	After FF	93%	8%	0%	0%
I frequently consider the findings from ACEs research in my interactions with others.	Before FF	14%	42%	25%	20%
	After FF	52%	42%	7%	0%

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures.

**D6. Changes in knowledge, attitudes, and behaviors related to trauma-informed care: COUNTY TEAMS ONLY (percentages) (N=96-106) (continued)**

		<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>
I consider the role that trauma may be playing in the difficulties an individual may be experiencing.	Before FF	39%	43%	14%	4%
	After FF	82%	17%	0%	1%
In my work, I use a toolbox of skills to actively engage and build positive relationships with staff, clients, and/or families.	Before FF	28%	43%	19%	9%
	After FF	63%	30%	7%	0%
I feel inspired to engage in the promotion of trauma-informed care (TIC).	Before FF	32%	39%	19%	10%
	After FF	78%	22%	0%	0%
My organization has made changes to support trauma-informed care principles.	Before FF	15%	35%	28%	22%
	After FF	60%	30%	8%	3%
I have a clear understanding of the degree to which my organization is trauma informed.	Before FF	8%	36%	32%	25%
	After FF	49%	47%	2%	2%
I can identify areas in which my organization can become more trauma informed.	Before FF	21%	40%	27%	12%
	After FF	69%	31%	1%	0%
I partner with the families of clients to improve services. <i>[county teams only]</i>	Before FF	24%	37%	21%	19%
	After FF	42%	40%	15%	4%
I incorporate trauma-informed principles into my collaboration with other agencies and/or organizations.	Before FF	15%	41%	29%	14%
	After FF	51%	41%	5%	3%
I include the views and priorities of the people affected by our work in the improvement of our services.	Before FF	23%	46%	23%	9%
	After FF	52%	42%	4%	2%
When making changes to organizational practices and policies, I consider the well-being of and the potential impact on staff members.	Before FF	31%	47%	17%	6%
	After FF	63%	33%	4%	0%

Note. Respondents were asked to indicate the extent to which they agreed with each statement **before** participating in Fostering Futures and then **after** participating in Fostering Futures.

## D7. Participant Feedback Survey respondents (N=166)

	Number	%
<b>State</b>	<b>59</b>	<b>36%</b>
In-person at Summit	31	
Online	28	
<b>County respondents</b>	<b>107</b>	<b>64%</b>
In-person at Summit	42	
Online	65	
<b>Total</b>	<b>166</b>	<b>100%</b>
In-person at Summit	73	
Online	93	

Note. Responses represent 25 of the Core Teams.

## D8. Length of participation in Fostering Futures (N=54)

	Min	Max	Mean
Number of months involved in Fostering Futures (any phase)	4	37	16

Note. This question was inadvertently omitted from the online version of the survey; thus, the results only reflect the responses of the 54 respondents who answered this question on the paper version of the survey administered in-person at the end-of-year Summit.

## D9. To what extent do you feel like your Core Implementation Team (CIT) has accomplished its goals over this past year?

		All teams (N=164)		State teams (N=59)		County teams (N=105)	
		Number	%	Number	%	Number	%
To what extent do you feel like your Core Implementation Team (CIT) has accomplished its goals over this past year? My CIT has accomplished:	All of its goals	1	1%	0	0%	1	2%
	Most of its goals	30	18%	20	19%	10	17%
	Some of its goals	90	55%	57	54%	33	56%
	Very few of its goals	38	23%	25	24%	13	22%
	None of its goals	5	3%	3	3%	2	3%

**D10. As a Core Implementation Team member, have you personally proposed at least one action step or idea about how to apply trauma-informed care (TIC) principles to improve your organization's work?**

		All teams (N=165)		State teams (N=59)		County teams (N=106)	
		Number	%	Number	%	Number	%
As a Core Implementation Team (CIT) member, have you personally proposed at least one action step or idea about how to apply trauma-informed care (TIC) principles to improve your organization's work?	Yes	151	92%	97	92%	54	92%
	No	8	5%	6	6%	2	3%
	Don't know	6	4%	3	3%	3	5%

**D11. Do you have a clear understanding of your Core Implementation Team's strategy for change?**

		All teams (N=165)		State teams (N=59)		County teams (N=106)	
		Number	%	Number	%	Number	%
Do you have a clear understanding of your Core Implementation Team's strategy for change?	Yes	122	74%	41	70%	81	76%
	No	31	19%	13	22%	18	17%
	Don't know	12	7%	5	9%	7	7%

**D12. Did the Fostering Futures Rubric help your team plan and implement the work your Core Implementation Team (CIT) wanted to accomplish this past year?**

		All teams (N=159)		State teams (N=58)		County teams (N=101)	
		Number	%	Number	%	Number	%
Did the Fostering Futures Rubric help your team plan and implement the work your Core Implementation Team (CIT) wanted to accomplish this past year?	Yes, very much so	42	26%	9	16%	33	33%
	Yes, somewhat	77	48%	29	50%	48	48%
	No	14	9%	7	12%	7	7%
	Did not use the rubric	26	16%	13	22%	13	13%

**D13. Over the past year, how would you describe the amount of contact/interaction you had with your Coach?**

		All teams (N=153)		State teams (N=55)		County teams (N=98)	
		Number	%	Number	%	Number	%
Over the past year, how would you describe the amount of contact/interaction you had with your Coach?	Too much	0	0%	0	0%	0	0%
	Right amount	107	70%	36	66%	71	72%
	Not enough	46	30%	19	35%	27	28%

**D14. Over the past year, how helpful was the support you received from your Coach?**

		All teams (N=153)		State teams (N=55)		County teams (N=98)	
		Number	%	Number	%	Number	%
Over the past year, how helpful was the support you received from your Coach?	Very helpful	53	35%	6	11%	47	48%
	Moderately helpful	47	31%	23	42%	24	25%
	Slightly helpful	31	20%	14	26%	17	17%
	Not helpful	22	14%	12	22%	10	10%

**D15. What is your role on the Core Implementation Team (CIT)?**

		All teams (N=158)		State teams (N=58)		County teams (N=100)	
What is your role on the Core Implementation Team (CIT)?		Number	%	Number	%	Number	%
Leader		28	18%	9	16%	19	19%
Data		5	3%	1	2%	4	4%
Other Core Team member		121	77%	48	83%	73	73%
Parent/Consumer		4	3%	0	0%	4	4%

### D16. What is your role within your own community organization or agency?

What is your role within your own community organization or agency?	State teams (N=56)		County teams (N=94)	
	Number	%	Number	%
Manager	7	13%	23	25%
Leader	8	14%		
Administrator	7	13%		
Program/Project staff	21	38%		
Office support staff	4	7%		
CEO			2	2%
Other leader			9	10%
Other staff			45	48%
Other	9	16%	15	16%

### D17. Prior participation in Fostering Futures (N=152)

	N	%
Participated in Fostering Futures before Phase 3	59	39%

## E. CRF data tables

### E1. Participation in the Coaching Reflections Form (CRF)

Reporting Period	# of Core Teams with completed forms	# of Core Teams involved with Fostering Futures	Completion rate
Period 1: January–February	31	33	94%
Period 2: March–April	32	33	97%
Period 3: May–June	32	33	97%
Period 4: July–August	24	27	89%
Period 5: September–October	22	26	85%
Period 6: November–January	19	26	73%

Note. Coaching Reflection Forms were considered “complete” if at least the 3 required questions were answered.

### E2. Core Team meeting attendance (per two-month period)

	Average # of meetings per period	Minimum # of meetings per period	Maximum # of meetings per period
<b>Times Core Teams met in person</b>	2.4	0	6
Times an <u>executive leader</u> was present	2.1	0	5
Times a <u>parent/consumer</u> rep was present	0.4	0	4
<b>Times Core Teams had a joint conference call or phone meeting</b>	0.5	0	4
Times an <u>executive leader</u> was present	0.6	0	4
Times a <u>parent/consumer</u> rep was present	0.0	0	0

Note. A total of 10 Core Teams reported that a parent/consumer rep attended an in-person Core Team meeting; 28 Core Teams reported that an executive leader attended at least one in-person meeting during 2018.

### E3. Key Core Team activities and accomplishments – across ALL reporting periods

Activity/Accomplishment	N		Status (at the end of each period)		Type (internal-facing or external-facing)		
	Forms	Teams	In Progress	Complete	Internal	External	Both
Idea generation or brainstorming	79	27	60	19	67	3	9
Development or implementation of a new activity or event	75	26	47	30	63	5	9
Tool or resource development	67	23	43	24	61	3	3
Education or training of organizational staff	45	20	15	31	34	2	9
Education or training of the CIT	28	16	14	16	24	0	5
Development of mission vision values	27	15	17	10	16	0	11
Changes in workforce interactions	23	10	19	4	19	1	3
Education training of your governing body for buy-in	18	10	8	10	7	1	10
Changes in organizational procedures or practices	17	10	13	4	12	0	5
Changes in organizational environment or space	15	8	10	5	5	1	9
Changes in organizational policies	7	6	6	1	4	0	3
Other activities or accomplishments	168	28	78	90	110	16	42

Note. The frequencies included in “Status” and “Type” are based on number of forms across teams and periods. “Other activities and accomplishments” most commonly included self-care, wellness, or engagement activities (mentioned in 35 forms); unspecified trainings and workshops (mentioned in 31 forms); the creation of promotional materials, such as a newsletter or poster campaign (mentioned in 16 forms); and conducting a survey/evaluation/assessment (mentioned in 13 forms).

#### E4. Key Core Team activities and accomplishments – by time period

Activity/Accomplishment	Total number of forms		
	Jan-Apr	May-Aug	Sep-Jan
Idea generation or brainstorming	40	29	10
Development of mission, vision, values	17	10	0
Tool or resource development	24	27	16
Development or implementation of a new activity or event	23	32	20
Education or training of the Core Team	8	15	5
Education or training of organizational staff	19	14	12
Education training of your governing body for buy-in	3	10	5
Changes in workforce interactions	5	10	8
Changes in organizational environment or space	1	10	4
Changes in organizational procedures or practices	3	10	4
Changes in organizational policies	5	3	0
Other activities or accomplishments	34	80	36

Note. The frequencies represent the number of CRFs that indicated a given activity or accomplishment during the 4-month timeframe (two reporting periods). “Other activities and accomplishments” most commonly included self-care, wellness, or engagement activities (mentioned in 35 forms); unspecified trainings and workshops (mentioned in 31 forms); the creation of promotional materials, such as a newsletter or poster campaign (mentioned in 16 forms); and conducting a survey/evaluation/assessment (mentioned in 13 forms).

#### E5. Key Core Team challenges and barriers – across ALL reporting periods

Challenge or barrier	# of forms that mentioned each challenge	# of teams that experienced each challenge	# of teams experiencing this challenge more than once
Time or workload	75	24	20
Lack of buy-in or resistance to change	29	15	5
Work is complex or overwhelming	20	9	4
Budgeting concerns or lack of funding	19	11	3
Lack of commitment	13	8	2
Lack of guidance by FF leadership	7	6	1
Lack of content expertise by the Core Team	5	5	0
Other challenges or barriers	63	23	15

Note. The frequencies represent the number of CRFs that indicated a given challenge or barrier during the 4-month timeframe (two reporting periods). “Other challenges or barriers” most commonly included changes in staffing or leadership (mentioned in 13 forms); capacity challenges of the Core Team (mentioned in 8 forms); difficult with organizational culture and group dynamics (mentioned in 7 forms), silos across the Core Team organizations (mentioned in 3 forms); and challenges related to the election or political climate (mentioned in 3 forms).

## E6. Key Core Team challenges and barriers – by time period

Challenge or barrier	Total number of forms		
	Jan-Apr	May-Aug	Sep-Jan
Time or workload	32	24	19
Lack of buy-in or resistance to change	5	8	6
Work is complex or overwhelming	11	8	10
Budgeting concerns or lack of funding	4	4	5
Lack of commitment	4	2	1
Lack of guidance by FF leadership	3	2	0
Lack of content expertise by the Core Team	6	9	5
Other challenges or barriers	22	27	14

Note. The frequencies represent the number of CRFs that indicated a given challenge or barrier during the 4-month timeframe (two reporting periods). “Other challenges or barriers” most commonly included changes in staffing or leadership (mentioned in 13 forms); capacity challenges of the Core Team (mentioned in 8 forms); difficult with organizational culture and group dynamics (mentioned in 7 forms), silos across the Core Team organizations ((mentioned in 3 forms); and challenges related to the election or political climate (mentioned in 3 forms).

## E7. Interactions between Core Teams (N=33 teams)

Did the Core Team have any interaction with other Core Teams during Phase 3?	# of Core Teams	% of Core Teams
Yes	24	73%
No or Unknown	2	27%

## E8. Core Team progress assessment (N=19-31 teams)

Progress assessment	Percentage of Core Teams per 2-month reporting period					
	Jan-Feb	Mar-Apr	May-Jun	Jul-Aug	Sep-Oct	Nov-Jan
Getting started	35%	28%	19%	21%	9%	5%
Implementing small-scale organizational changes	48%	47%	44%	50%	27%	42%
Implementing formal organizational practices and/or policies	10%	16%	16%	21%	32%	37%
Facilitating systems change	3%	3%	6%	4%	9%	0%

Note. Coaches were asked to assess the progress of each Core Team at the end of each two-month reporting period. Percentages represent valid percentages of the teams with completed forms during each given period.

### E9. Amount of coaching provided to each Core Team (N=17-30 teams)

<b>During this two-month period, about how much time did you spend coaching this team?</b>	<b># of forms</b>
<b>Less than 4-7 hours per month</b>	<b>102</b>
About 4-7 hours per month	39
More than 4-7 hours per month	9

Note. Coaches were asked to indicate how many hours of coaching they provided each team over the two-month coaching period. Coaches did not always complete a CRF for each Core Team that they coached or did not provide coaching contact information. Overall, coaches provided this information for between 17 – 30 Core Teams on any given reporting period.



12/21/2017

### Fostering Futures Self-Assessment Rubric

*Without reflection, we go blindly on our way creating more unintended consequences and failing to achieve anything useful*

*– Margaret J. Wheatley (Author, Management Consultant)*

#### **Introduction and Purpose:**

The Fostering Futures (FF) Self-Assessment Rubric has been designed to help teams understand how Fostering Futures defines the guiding principles of a trauma-informed approach in action – what the principles “look like” in organizations. The goal of the self-assessment process using this rubric, is to provide teams with an opportunity to reflect on their work as it relates to implementing a trauma-informed approach and begin the process of planning for and guide change.

This rubric was also developed to help clarify the idea that becoming trauma informed is a developmental process – approaching mastery is the highest “score” because healthy organizations will always be learning, growing and striving to improve outcomes. Being trauma informed is not a destination on a map – it is a continuous improvement process that will differ based on goals for the organization, staff, consumers, partners and factors of the environment in which they do business or conduct their work.

Using the self-assessment will allow teams to reflect on concrete indicators for how organizations can demonstrate the practical applications of the 7 guiding principles of a trauma informed approach as defined by the Fostering Futures initiative. It will provide a baseline of understanding for where an organization is at the point in time when the self-assessment is completed – showing strengths and areas for growth.



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**Key Assumption1: ACES and Trauma are prevalent and impactful**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
Indicators	The prevalence of ACES and principles related to Trauma Informed Care are new to the core team and to most staff in the organization	A few (less than half) divisions, teams or individuals within the organization are able to demonstrate knowledge of ACES’ prevalence and impact.	Many (more than half but not all) teams, divisions and individuals within the organization are able to demonstrate knowledge of ACES’ prevalence and impact	Nearly all divisions or teams within the organization, and key leaders, demonstrate knowledge of ACES’ prevalence and Impact. There are examples of this in the environment, policies and procedures.	The vast majority of staff in the organization, and all leadership, have a strong working knowledge of the prevalence and impact of ACES and understand the principles of Trauma Informed Care.

**Key Assumption 2: Relationships are the primary vehicle for harming and healing**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
Indicators	The role relationships play in ensuring the overall success of an organization/system is a new concept to the core team and most staff.	The role of relationships to the overall success of an organization (or system) is considered the responsibility of a specific role, team or individual leader.	There is evidence that relationships are seen as important to successful outcomes and that multiple teams, roles and individuals play a part. There is evidence that systems and organizations as well as individuals are seen as relational and able to cause harm or promote well-being.	There is evidence that multiple teams, systems and individuals prioritize relationships in ways that buffer or prevent toxic stress, foster resilience and promote healing from trauma.	The vast majority of the staff in the organization, and all leadership, have a strong working knowledge of the importance of relationships between and among staff as well as to service recipients. There is evidence that teams understand that systems and organizations as well as individuals are relational and can increase harm or wellbeing



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**Key Assumption 3: The process of becoming trauma-informed is slow and challenging**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
Indicators	The core team has not discussed their role as facilitators of organizational change. They have not discussed what they think it will take to move their organization in the direction of becoming trauma informed.	The core team has specifically discussed their role as a team in facilitating the change process - what challenges they may face and supports they anticipate they will need.	The core team and other executive leadership of the system/organization have discussed and defined their roles (as a team and individuals) in facilitating the change process. They have documented their ideas regarding challenges, supports and a timeline for achieving their goals.	The core team and executive leadership have developed plans specifically related to their knowledge of the change process, team and individual roles in bringing trauma-informed care to the system/organization. They have documented their ideas regarding challenges and supports.	The core team and executive leadership are embedded in an organization or system that is engaged and experienced with continuous quality improvement. Senior leaders demonstrate deep knowledge of organizational change processes and have empowered individuals and the core team to lead changes related to becoming more trauma informed



**Key Assumption 4: There is Reason for hope**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
Indicators	The core team and most staff in the organization are unfamiliar with the concept of resilience, do not understand brain development or how protective factors play a role in responding to ACEs and adopting a trauma-informed approach	The core team is aware of brain development, resilience and protective factors. They are able to describe how these concepts may apply to their work, in responding to ACEs and adopting a trauma-informed approach	The core team and other members of the staff are aware of brain development, resilience and protective factors. They are able to describe how these concepts may apply to their work, in responding to ACEs and adopting a trauma-informed approach	The majority of the staff are aware of brain development, resilience and protective factors. They are able to describe how these concepts may apply to their work, in responding to ACEs and adopting a trauma-informed approach	<p>Leadership and employees at all levels of the organization are aware (and describe) the importance of supporting resilience</p> <p>Safe, nurturing, responsive and enduring relationships are prioritized through policies, procedures and individual practice</p> <p>The majority of the staff have a working knowledge of brain development, resilience and protective factors. They are able to describe how these concepts may apply to their work, in responding to ACEs and adopting a trauma-informed approach</p>



**Guiding Principle 1: Ensure Safety for All**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal indicators	<p>There are elements of the work environment that are not safe for employees.</p> <p>Safety outside of the workplace (e.g. for home visitors) is not addressed</p>	<p>Obvious elements of safety are addressed – such as the safety in the physical environment and protection of property.</p> <p>Environmental safety focuses on the needs of employees. There may be little or no evidence of consumer or employee input in creating or customizing for individual needs (or personalizing) the environment</p>	<p>There are some areas of the work environment where visitors, consumers and the workforce feel safe. There is evidence of active and intentional efforts to reduce harm to one another and to visitors</p> <p>Safety extends beyond the physical space and can be witnessed in caring interactions.</p> <p>Respectful communication leads to enduring relationships between employees and with consumers or guests from time to time</p>	<p>Most employees, visitors and consumers experience the work environment as physically, emotionally and relationally safe</p> <p>The organization has used the input of employees in decisions that impact the safety of the environment</p> <p>Some members of the staff (e.g. teams with specific roles) demonstrate attuned, responsive relationships and can articulate the impact of this attunement on their interactions with colleagues and work success</p>	<p>The work environment is physically, relationally and emotionally safe for all employees and consumers (or visitors)</p> <p>The creation of safe environments includes the input/ideas and feedback of employees, consumers and visitors</p> <p>Safe, stable relationships are facilitated by and between all staff</p> <p>Leadership and staff demonstrate knowledge of the parallel process in creating environments that are safe for all</p>
Looking at service delivery – collaborations and partnerships	<p>There are elements of the environment that are not safe for consumers or visitors.</p> <p>Safety and convenience of the workforce is</p>	<p>Environmental safety focuses on the needs of employees. There may be little or no evidence of consumer input in creating or customizing the environment</p>	<p>Safety extends beyond the physical space and can be witnessed in caring interactions with consumers, partners or visitors</p>	<p>The organization has used the input of consumers (partners and/or visitors) in decisions that impact the safety of the physical and relational environment.</p>	<p>There is evidence of mutually respectful relationships with external partners. Partnerships /consumer relationships demonstrate a balance of</p>



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	prioritized over the safety of consumers, guests or visitors.		Engaging of partners focuses on respectful communication that leads to enduring relationships		power and respect for differences.
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**Principle 1 GUIDANCE**

**Consider This.** . . . Creating safe environments requires a flexible approach – there is no “one size fits all.” Safety is not simply physical safety – but emotional as well. Consistency is important in building relationships and making staff, clients and visitors feel safe. This may be particularly important for individuals with ACEs or trauma histories. It is worth noting that where there is mutual trust and respect it’s rare to find an active, vibrant “grapevine” in an organization. In an organization that is approaching mastery every person (those served and those providing service) will feel as if someone has “got their back.” Meeting people where they are may require pacing your interactions more slowly than you initially intended.

*Core Concepts that are embedded within this principle are*

Attunement - considering what you bring to the interaction and what others bring. Modifying/regulating your affect in order to support another’s self-regulation. It involves both verbal and non-verbal communication based on your understanding of what the other person needs. The practice of attunement promotes the creation of safe relationships in the work environment.

Environment – this includes the physical elements that are commonly associated with safety (being able to protect personal property). Also those elements that enhance calm and make visitors or consumers feel welcomed (use of color and lighting).

Power, Control & Transparency - moral and emotional safety are created when power and control are shared and communication is transparent. This is vital for creating safety in the work place. People will not feel safe when they feel decisions that effect them are made “behind the scenes.” Senior leaders must demonstrate an awareness of the impact of the power they hold in an organization, working to gain trust may take additional efforts.

**EXAMPLES**

*Internal Indicators*

Aspects of the physical space are calming and comfortable for both consumers and staff including developmentally appropriate furnishings, toys and games for children (if needed).

Staff and Consumers are supported in creating their own self-care plans. Management provides appropriate resources for staff to complete this (but does not do it for them). The agency uses and EAP and other appropriate supports for staff such as critical incident debriefing within 24 hours of the event.

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*Looking at service delivery, collaborations and partnerships*

Organizations may choose to use a TIC environmental scan to get feedback on how people experience the environment.

Practices are in place such as prioritizing and ensuring consistent case managers for consumers to support relationship building. The practice of inviting constructive feedback is free from fear of repercussions.

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**QUESTIONS** – when thinking about how to score this principle, ask...

- Who defines safety?
- Who has power in the organization?
- Are professionals able to articulate/describe the power they have and how it contributes to other feeling safe?
- What does safety mean for us/our staff?
- What does safety mean for consumers (such as children and families), visitors and partners?

**ADDITIONAL RESOURCES**

- Emotional Safety–[Here's what we mean by that.](#)
- [Being Safe vs. Feeling Safe.](#)
- [Seeking Safety](#) model and resources for purchase.
- [Psychological Supportive Design](#) elements
- [Risk Management Guidelines](#) for Service Delivery
- Dr. Linda Gilkerson's workbook on [Reflective Supervision](#).
- Health and Medicine Policy Research Group [Environmental Scan](#)
- [An Introduction to Safety Organized Practice](#) (collaborative practice for child welfare staff)
- [Healing Neen](#) a documentary about Tonier "Neen" Cain's work on the devastating impact of childhood abuse.



- [In Their Own Words](#): Trauma survivors and trusted professionals share on the experience of safety and what helps when someone has experienced trauma.

**Guiding Principle 2: Earn trust – by being trust worthy**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal Indicators	<p>In the work environment there is an emphasis on avoiding conflict.</p> <p>A hierarchical structure to working relationships is described as needed for the success of the organization.</p> <p>Power and information is concentrated to senior level managers or executives.</p>	<p>Conflicts may emerge in the workplace that go unresolved or conflicts and differences are not resolved directly.</p> <p>Some power and information is shared with employees but not consistently and not across all roles and responsibilities.</p>	<p>In some departments or teams there are policies and procedures that emphasize the value of transparent communication.</p> <p>Teams with direct service responsibilities work toward building trust with one another and with the clients they serve</p> <p>Other operational areas may be left out of communications or given information that is filtered by senior staff based on “need to know”</p>	<p>Employees and leadership demonstrate the value of transparent communication – including but not limited to difficult conversations.</p> <p>Most employees and leaders are able to “own” mistakes and humility is valued.</p> <p>The organization can, also, apologize for mistakes and prevent mistakes from re-occurring</p>	<p>Individuals in the organization trust each other and have earned the trust of consumers and partners</p> <p>There is open, transparent communication across levels/roles in the organization and with consumers or partners</p> <p>Members of the workforce, including leadership demonstrate a willingness to engage in difficult conversations that focus on the value of relationships.</p> <p>Reciprocity is visible in relationships throughout the organization</p>
Looking at service delivery –	Power and information is concentrated - not shared with consumers	On some teams and in some areas of the organization information	Communication with partners and clients is transparent as to allow	When engaging with consumers and partners – employees are able to	In developing partnerships and serving clients, leadership and



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collaborations and partnerships	or partners. Engaging with consumers and partners emphasizes control.	is shared with consumer partners.	for informed decision making and sharing of power	“own” mistakes. Leadership and staff model humility and transparency in building relationships	staff demonstrate a willingness to engage in difficult conversations that emphasize the value of relationships (vs. ensuring power or control).
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**Principle 2 GUIDANCE**

**Consider This.** . . . In an organization that is approaching mastery, there are no hidden agendas, no false choices and no one feels “volun-told” to comply. The workers in an organization know what’s going on (goals/desired outcomes, policies). Transparency lives beyond the physical, for example no one says “I am not mad” when they actually are. Between and among co- workers there is “permission” to engage in difficult conversations. Individuals practice disagreeing with ideas and not with one another personally.

*Core Concepts that are embedded within this principle are*

Collaboration - working within an organization and with external partners toward a common goal/outcome as equal partners

Perspective shift - seeing behaviors in a new light

- Testing— understanding that when somebody’s “testing you” it is not about you. People are not trying to give you a hard time but may be having a hard time
- Humility — being willing to admit when you are wrong

Openness and Authenticity

- Say what you are doing and why
- Explain why decisions are made when choices/options cannot be provided.

**EXAMPLES**

*Internal Indicators*

An organization adopts reflective supervision with all employees to support building trust across all roles and responsibilities. The implementation includes training and support for all staff so individuals know what to expect and how they can contribute to the culture of reflective practice in their organization.

Staff are provided with multiple ways of giving feedback to more senior levels of the organizational leadership. Managers are open to feedback in multiple ways.



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*Looking at service delivery, collaborations and partnerships*

Consumers (guests, partners) are provided with multiple ways of giving feedback to the organization without fear of reprisal.

Consumers are engaged in making decisions about their own care.

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**QUESTIONS** – when thinking about how to score this principle, ask...

- What choices are consumers offered?
- How are decisions explained to consumers when they cannot be included in the decision-making process?
- Is reflective practice supported in the work environment?
- How is collaboration approached when partnering with other organizations or divisions?
- In what ways are professional development opportunities provided? How is equity ensured in this process?

**ADDITIONAL RESOURCES**

- [Key Traits Young People Look for in Trusted Adults](#)
- [Trust in leaders and sense of belonging fosters the common good](#)
- [Building Trust Cuts Violence](#)
- [SAMHSA's Concept of Trauma and Guidance: Trustworthiness and Transparency on page 11](#)
- [SAMHSA's Trauma Informed Care in Behavioral Health: Page 74 describes trusted care-givers](#)



**Guiding Principle 3: Start each human interaction with curiosity**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal Indicators	There is no evidence that the core team and workforce understand the value of approaching coworkers “as if” they have experienced ACES	The core team leader and members have demonstrated an awareness of the prevalence of ACES and can explain why remaining curious is helpful in building partnerships with co-workers. This approach to respectful interactions may be limited to members of the core team.	The core team leaders, members and other individuals in the organization (e.g. teams providing direct services) are able to describe and tailor interactions with coworkers that respect how different people may be impacted by ACES	Most employees demonstrate an ability to tailor their interactions and build relationships that reflect an understanding that ACES are prevalent and impact people in multiple ways.  Policies and procedures in the organization reinforce and support the everyday interactions that create strong, stable enduring connections.	The core team, workforce, and leadership demonstrate knowledge of how that ACES can affect people differently and that they can be present within their own workforce as well as those they interact with or provide services to.  Policies, procedures and the language of the organizational mission statement reflects an awareness and value of reflective practices. The level of awareness and reflective practice is present in all facets of the organization.
Looking at service delivery – collaborations and partnerships	There is no evidence that the core team and workforce understand the value of approaching consumers/partners “as if” they have experienced ACES.	The core team leader and members have demonstrated an awareness of the prevalence of ACES and can explain why remaining curious is helpful in building relationships with consumers or partners. This approach to	The core team leaders, members and other individuals in the organization (e.g. teams providing direct services) are able to describe and tailor interactions with consumers and partners that respect how different people may be impacted by ACES.	Policies and procedures in the organization reinforce service delivery that is focused on support for everyday interactions that create strong, stable enduring connections between employees, consumers and partners.	Reflective practice is present in all facets of the organization and a driving force in services to clients and in forming external partnerships.



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		respectful interactions may be limited to members of the core team.			
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**Principle 3 GUIDANCE**

**Consider This.** . . . When we think of individuals building resilience and overcoming ACES, we must balance (at least 2) ideas – that it’s fairly likely we will encounter people who have experienced ACES and we cannot make assumptions about how those experiences impact their lives. As professionals (especially those in helping professions) we may be called on to be the vehicle to help another person regulate. Based on individual experiences it may require additional effort to be seen as a resource and not a threat.

The realities of historical trauma are becoming a more integrated part of training and professional development about ACEs and Trauma. Cultural humility plays an important role in understanding the unique ways historical trauma may impact the experiences of individuals we work with, partner with and provide services to.

Being mindful or aware of our power/impact in an interaction is an important tool for building healthy relationships. As professionals, we are called upon to hold this awareness no matter how we feel on a given day, showing compassion for one another and modeling this for individuals who may need additional support and practice with building healthy relationships. Be aware that ACES, trauma, overwhelming toxic stress will effect different people differently and that individuals will rely on the paths they are used to (comfortable with). Pain-based behavior requires our empathy – people have adapted in order to survive. When people’s reactions aren’t what we anticipate – it’s an invitation to be curious.

*Core concepts embedded in this principle are*

(Emotional) Self-Regulation – the ability to calm yourself down – or cheer yourself up. This ability is important to successful interactions. It’s important to understand that this may need to be taught/supported among consumers and colleagues who did not develop self-regulation capacities as children or youth. Self-regulation is intrinsic to a (positive) sense of self.

Cultural Humility – In our relationships with others – we are careful to allow them to define and share what is most important to their cultural identity.

Universal Precautions – demonstrating compassion and mindfulness. Holding an awareness of the prevalence of ACES and trauma. All encounters reflect a trauma-informed approach.

**EXAMPLES**



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### *Internal Indicators*

The language of the science of ACEs, resilience and trauma-informed approaches is evident and widely used within the workplace. Words staff use with peers and consumers are free from judgement

### *Looking at service delivery, collaborations and partnerships*

Ongoing training and professional development reflects the culture and current challenges (including any major changes) facing individuals in communities where services are provided.

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### **QUESTIONS** – when thinking about how to score this principle, ask...

- In the work environment, are individuals supported to remain calm in every encounter? What are the challenges to this? Is it expected in the workplace? Are there places and times where it's acceptable to express strong emotions?
- Do employees see their supervisors as a threat or a resource?
- Does training and ongoing professional development include information about ACEs and Resiliency?
- Are employees providing direct services aware of the language and culture of the individuals they serve?
  - Are services provided in the preferred language of the individuals being served?

### **ADDITIONAL RESOURCES**

- [How to turn 'What's wrong with you?' into 'What happened to you?'](#) Blog Post from Philadelphia Inquirer
- Dr. Christine Courtois book "[It's Not You, It's What happened to You: Complex Trauma and Treatment.](#)"
- [Motivational Interviewing Workbook](#)
- [Achieving patient-centered care across the spectrum](#)
- [Three Houses Tool](#) for child welfare and human services staff for interviewing children
- [Cultural Humility Video](#) and Definition with the authors of the concept, Dr. Jann Murray-Garcia and Dr. Melanie Tervalon
- Vast Prevalence of ACEs in [Wisconsin](#) (56% of Wisconsin adults experiencing at least 1 ACE according to 2010 BRFSS data) and [Nationally](#) (59% of people experiencing 1 or more ACE according to 2010 BRFSS data).
- [Universal Precautions](#) in SAMHSA's Trauma-Informed Approach on Page 10.



**Guiding Principle 4: Be aware that change is a parallel process**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal Indicators	Efforts to make changes in the organizational culture are limited to a specific group, team or role	Multiple teams or groups are engaged in change but it this may be limited to related job functions (such as only those roles where individuals provide direct services)	Multiple teams or groups of staff are engaged in the change process. They are able to relate changes to how services are delivered or organizational outcomes are achieved	<p>The organizational change process touches all teams, groups and job functions.</p> <p>Organizational leaders are able to explain the relationship between changes in the departments or teams they lead and their goals and desired outcomes</p> <p>Employees and consumers are equally engaged in the change process.</p>	<p>There is evidence that culture change (guided by the CT) is happening across all levels of the system /organization and impacts internal interactions, services and collaborations as well as those with outside partners and consumers.</p> <p>Leadership at all levels is able to describe how the parallel process increases system/organizational desired outcomes</p>
Looking at service delivery – collaborations and partnerships	The core team and organizational leadership do not have a vision for or understanding of relationship between changes in how the workforce is treated with how clients are served or partnerships are formed	Some members of teams engaged in the change process make connections between changes that improve the employee working conditions are desired outcomes	Clients and partners engaged with multiple teams or divisions of the organization are able to describe the impact of changes on their relationship to the organization and/or staff	Employees and consumers are equally engaged in the change process	Consumers and partners are able to describe the organizational changes and the impact on services and/or outcomes

**Principle 4 GUIDANCE**



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**Consider This...** each person in an organization is important and contributes to the overall work environment and the change process. The path and process of change includes not only people who are employed by the organization but others who are touched by it through services, partnerships and as visitors. As an organization moves toward becoming trauma informed, understanding the parallel process becomes increasingly important. Leadership in an organization will acknowledge and engage individuals at all levels to ensure progress toward the desired goals with an understanding of the value of everyone's contributions. Prioritizing the well-being of employees is seen as critical to successful trauma-informed work environments. This supports the productivity, effectiveness, collaborations in the work place, with others and through delivery of services.

*Core concepts associated with this principle*

Integrity – this is represented in transparency and honesty in communication (the absence of hypocrisy) with coworkers, supervisees, consumers and organizational partners.

Reciprocity – This is how we see the parallel process in work relationships. Leadership treatment of staff influences how staff treat each other as well as how they treat consumers and partners.

Culture Change – organizational change to becoming trauma informed is a culture change. The parallel process in action will show change that is integrated into all aspects of the work, policies, processes, relationships between co-workers and with consumers and organizational partners.

**EXAMPLES**

*Internal Indicators*

All agency staff are aware of their role in creating a trauma-informed environment.

A trauma-informed approach is incorporated in policies – including HR policies, interviewing protocols and position descriptions.

In organizations that provide direct services, and are engaged in supporting health and well-being, wellness plans are created for employees as well as consumers

*Looking at service delivery, collaborations and partnerships*

Partnerships and collaborations with external partners a guided by trauma-informed principles.

Agency mission statements, letter head and communication materials are viewed and modified (as needed) to include trauma-informed language.

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**QUESTIONS** - when thinking about how to score this principle, ask...

- How does organizational leadership describe the change process – who is changing and why?
- What supports does the workforce need to ensure their success?
- Can an organization be successful if the workforce is stressed?

**ADDITIONAL RESOURCES**

- [SAMHSA's work](#) on behavioral health programs and administrators pages 157-205.
- [SAMHSA's Ten Implementation steps](#) of Trauma Informed Approaches pages 12-17.
- [Getting feedback from youth and families](#)
- [Health Care Toolbox](#)



**Guiding Principle 5: Seek out strengths (in individuals, organizations and communities)**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal indicators	The is no evidence that in the organization’s workforce shows an understanding of how people (consumers or colleagues) with ACES may develop ways to cope that may be perceived as challenging – but that these individuals are not seeking to be difficult.	Evidence that consumers or colleagues coping strategies can be seen as strengths exists among specific teams or work groups.	At least half of the workforce is guided by policies and procedures that acknowledge strengths among peers and that may initially be perceived as challenges due to trauma histories or ACES.	Compassion for “what happened to you?” is routinely demonstrated by the majority of the workforce. Understanding for the strengths individuals bring is demonstrated in policies and practices that support and empower the workforce No policy or practice is developed without the voice of lived experience	Compassion for “what happened to you?” is routinely demonstrated in interactions, systems and efforts to support and understand individuals with ACES and trauma histories. Work with consumers focuses on informing and empowering them.
Looking at service delivery – collaborations and partnerships	Engaging consumers concentrates on fixing them or fixing problems for them – labels/language such as weak, vulnerable or needy are used to describe clients or consumers. There is an obvious power differential in relationships that focuses on the organization and its leadership as decision maker(s).	Some teams or individuals within the organization can explain that they understand how consumers may have developed ways to cope with ACES or trauma histories that could make it difficult to engage with them. They are able to acknowledge	There are some policies and practices that are developed with input from consumer voice  Among some teams and/or divisions, building relationships with clients and partners is	Relationships with consumers and partners begin with identifying strengths.  Service providers intentionally look for the strengths that clients/consumers bring  The majority of policies and practices are informed by engaging consumer voice	There is ongoing engagement with consumers to inform decision making in the organization. Building upon an understanding of the strengths that are represented in the consumer to create interactions, systems and efforts that support the consumers’ strengths.



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## Principle 5 GUIDANCE

**Consider This...** Seeking to understand ourselves and others involves acknowledging that strategies once used for coping with adversity may not apply well to safer situations – making the adjustment can be challenging and is not made without trust. When providing services, our idea of the best plan may differ from that of the individual(s) being served. Individuals are capable of identifying and connecting with sources of strength within themselves and their communities. This experience is unique – there is no “one size fits all” for strengths or coping skills.

### *Core concepts associated with this principle*

Reframing – in this case, the process of redefining “problems” as coping skills with the understanding that strategies individuals have used in times of trauma and toxic stress have served them and ensured their survival. The skills people develop for surviving in adverse times represent unique strengths to build on. Seeing that “people aren’t giving you a hard time, they are having a hard time.”

Empowering – acknowledge and engage individuals at all levels of the organization and those receiving services (if provided) as key decision makers. Sharing information and distribution of responsibility to those who are directly impacted by the outcomes also builds trust between co-workers and individuals who may be served by the organization.

## EXAMPLES

### *Internal Indicators*

Staff are offered opportunities to learn about resiliency. Staff at all levels of the organization have opportunities for professional grow and are engaged in setting their own goals and objectives

### *Looking at service delivery, collaborations and partnerships*

Review and revise language of policies, procedures and materials that to ensure language that promotes strengths (e.g. eliminating using words such as vulnerable, weak, high-needs).

Engage and provide consumers with knowledge of the biological process – for example, explain triggers in order to help individuals gain increasing control over their experience.

**QUESTIONS** - when thinking about how to score this principle, ask...

In what ways is the workforce informed about how people cope with adversity and toxic stress?

What can you “expect to see” in yourself and others?

How do you define individual strengths? Community or organizational strengths?

How are individuals engaged in understanding their own strengths?

#### **ADDITIONAL RESOURCES**

- Defining [Strengths-Based](#)
- SAMHSA's [Trauma Informed Approaches](#) tool on page 11
- [Strength and Resilience in children](#) who have experienced traumatic stress
- [In Their Own Words](#), written by Ann Jennings and Ruth Ralph, that discusses the strengths of consumers and workforce.
- [A strengths based approach to finding meaning and purpose in careers](#)
- [Job Crafting](#): capturing active changes in employees' job designs such that it brings about engagement, job satisfaction, resilience, and thriving.

**Guiding Principle 6: Engage Consumer and Workforce Voices**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal Indicators	There is no evidence that the work of the organization is informed by the people they employ and (or) serve	The workforce is engaged in shaping policies, procedures or other aspects of the work environment periodically and perhaps through (one) prescribed method	Organizations are able to demonstrate how they routinely engage members of the staff in key decisions that influence policies, procedures or services provided.	Information is gathered on a routine basis from employees representing multiple roles (authority) to ensure systems, policies and services meet the needs of consumers and create ease and efficiencies for those who provide services – or who are responsible for organizational outcomes.	Employees of all roles (levels/responsibilities) in the organization are engaged in shaping the culture to make it more trauma-informed.
Looking at service delivery – collaborations and partnerships	There is no evidence that the work of the organization is informed by the people they serve	Consumer input sought – though it is organized and/or controlled by staff/employees including determining which consumers contribute to shaping policies or procedures.  Consumer/partner engagement in shaping policies, procedures or other aspects the work are prescribed by the organization (leadership)	Consumers, or former consumers are paid a stipend for their time attending meetings and for contributing their ideas for organizational improvements.	Consumers, or former consumers are paid hourly for contributing ideas for organizational improvements hold staff positions in the organization.	The voice of consumers is integrated into creating a workplace culture in a meaningful way.  Consumers (or former consumers) hold key decision making roles and paid positions within the organization. Consumer voice is valued through training, leadership opportunities and paid positions in the organization.



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## Principle 6 GUIDANCE

**Consider This...** Organizations recognize the unique and valuable perspective of people who use or have used their services as experts. If an organization is struggling, the consumer voice is often the crucial missing link. People are the experts of their own lives so in organizations where direct services are provided, it is vital to seek out the advice of those being served. Individuals who receive services have the ability to inform practices that will enhance and strengthen the work's outcomes. Employees are also an ideal source for ensuring systems and procedures are maximized for impact and efficiency. Asking people what they need and want from services is a way to begin relationship building that is authentic and empowering. Asking employees what will make them most effective in their role – and taking appropriate action - will support the development of leadership from within and increase morale.

*Core concepts associated with this principle*

**Equity** – which is not the same as equal (everyone gets the same thing) – but respects and values the voice of lived experience as having comparable value to the change process as information provided by others (such as organizational employees or community partners). Each member of the core team is recognized and valued for their unique perspectives.

**Servant Leadership** – in particular the principles of listening and awareness to ensure all voices are heard in the change process. Engaging the workforce in organizational change involves staff at all levels (see principle 4 on the parallel process). Senior leaders are called on to remove barriers for core teams and ensure appropriate resources are available at the local level. For executives/organizational leaders it's important to acknowledge that increased power and responsibility can lead to the need for additional efforts to build trust with staff and consumers.

## EXAMPLES

### *Internal Indicators*

Staff are consulted in agency policy decision making. Staff suggestions are valued, heard, and implemented when possible. Agency transformation is led by an interdisciplinary team of staff. Workplace culture is not hierarchical in nature. Agency leadership has regular, scheduled touchpoints with staff (in all roles and responsibilities) to gain feedback. Staff bonding and culture-building activities are offered and considered part of their paid time.

### *Looking at service delivery, collaborations and partnerships*

Consumers are involved in core implementation team. Consumers are compensated for their contribution to the organization. Consumers are viewed equally as experts for their contributions



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**QUESTIONS** - when thinking about how to score this principle, ask...

How are consumers invited to inform the policies and procedures of the work environment?

How are complaints handled?

In what ways are staff invited to contribute ideas for how to ensure the work environment supports doing their best work?

Are staff at all levels of responsibility included?

Are consumers part of the workforce?

#### **ADDITIONAL RESOURCES**

- [Trauma 101](#) offered by Joann Stephens of Wisconsin Office of Children's Mental Health and a consumer partner.
- [DHS TIC Webcasts](#)
- General Information on TIC, ACEs and families by the [Department of Public Instruction](#).
- "Creating and Sustaining Meaningful Parent Involvement" webinar by Joann Stephens of OCMH.
- The materials for the webinar can be found here.
- Eilene Forlenza speaking at the 2016 [Fulfilling the Promise Conference](#).
- [Our Consumer Place](#): A resource site for consumers of mental health care services.
- [Peer Support and Social Inclusion](#) information from SAMHSA.
- [Pathways to Partnerships](#) with Youth and Families from NCTSN



**Guiding Principle 7: Use Data to help tell your story**

Rating	1 – not started	2 – some evidence	3 – moderate evidence	4 – strong evidence	5 – approaching mastery
I cannot rate this item <input type="checkbox"/>					
Internal Indicators	The organization does not collect data for continuous quality improvement	The organization collects some data but it is not directly related to quality improvement	The organization uses some data for making key decisions – it is limited to specific groups or teams or is driven by administrative or grant requirements.	<p>There is a comprehensive plan for regular data collection and analysis that is related to desired program/organizational outcomes</p> <p>Some input from the workforce is included in the data collection and analysis plans</p>	<p>The organizational culture includes “data-driven decision making” - collecting sound evidence for important changes or measuring outcomes. Data are collected and analyzed to inform a Trauma-Informed approach to the work and to support success stories.</p> <p>Qualitative and quantitative data are collected.</p> <p>The workforce at all levels (roles and responsibilities) have equal voice and provide insight into determining desired outcomes, how they are measured and how data are interpreted.</p>
Looking at service delivery – collaborations	The organization does not request feedback from external sources (consumers/clients or	Consumers and partners may be included to provide feedback on services or progress toward organizational	Consumers and partners are included in some decisions about program evaluation and data collection for quality	Consumers and partners have multiple ways of providing input and roles in deciding key features of the organizations quality	Consumers and partners have an equal voice and role in providing insight into how desired outcomes are



and partnerships	partners) regarding the quality of their work.	outcomes. Input does not represent the full range of partnerships or services the organization provides.	improvement efforts. This may be limited to specific areas of the work or prescribed types of engagement (e.g. focus groups or interviews only).	improvement or evaluation procedures. Consumers and partners that are engaged in providing feedback and insights that represent the full range of services and collaborations of the organization.	determined, measured and reported
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**Principle 7 GUIDANCE**

**Consider This...** A trusted advisor to Fostering Futures once said “no data without stories – no stories without data.” This illustrates how data are an important vehicle for telling the story of an organization. It can provide compelling evidence of success and lessons learned. Don’t shy away from negative feedback as a valuable tool for understanding where there is room to grow. Ideally, data collected is both qualitative and quantitative. If data can serve dual purposes such as meeting the requirements for grant reporting, and inform organizational effectiveness – the increased efficiencies are a “win, win.”

*Core concepts associated with this principle*

*Qualitative Data* – data that describes, is collected through methods such as observations, interviews or open ended questionnaires. Qualitative data capture the perspective of the informant(s) and can set the context for understanding other sources of data. For example, a focus group may reveal that parents do not feel welcomed at their child’s elementary school office.

*Quantitative Data* – data that quantifies or applies a numeric value to the variables being analyzed, is collected through methods such as survey responses. Quantitative data are often reported via charts and graphs that compile and represent numerically the answer to a given question. For example, a survey may indicate that 135 parents visited the elementary school office (the N) 25% of those parents visited to make a payment toward their child’s school lunch account, 50% were there to report an excused absence for their child, 25% for another purpose.

**EXAMPLES**

*Internal Indicators*

Teams consider what data can inform their process as they consider making changes/improvements – such as collecting data from visitors about changes to the lobby and reception area – or looking at attendance and turn over data as an indicator of secondary stress.



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*Looking at service delivery, collaborations and partnerships*

Using exit and/or satisfaction surveys to inform your team regarding organizational effectiveness.

Data about organizational effectiveness and progress toward objectives is a part of the public reporting - such as agency annual reporting.

Consumers and partners are integral members of the data collection, quality improvement or organizational effectiveness teams. They are involved in all aspects – helping to determine what data are collected and how, as well as interpreting results. Diversity of perspectives helps to reduce the likelihood of data manipulation.

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**QUESTIONS** - when thinking about how to score this principle, ask...

What role does data play in the organization at this time?

Who is responsible for data collection and analysis?

How are data analyzed and reports developed?

What guidelines exist to support this process long-term?

#### **ADDITIONAL RESOURCES**

- [Forbes' The Benefits of Leading Data-Driven Organizational Change](#)
- SAMHSA's data-driven decision framework: [Strategic Prevention Framework](#).
- [Program Evaluation: Methods and Case Studies](#)

## G. Fostering Futures Steering Committee and Evaluation Committee Members

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## Acknowledgements

The authors would like to thank the members of the Fostering Futures Evaluation Committee for their partnership and guidance, including Dr. Lynn K. Sheets (Co-Principal Investigator), Dr. Kelly Hodges (Co-Principal Investigator), Carol Howard, Andrea Spagnoli, Bonnie MacRitchie, Dr. Heather Paradis, Dr. Peter Pecora, Christine Norbut-Beyer, and Bill Stanton.

Special thanks is also extended to the Fostering Futures Steering Committee, the Coaches who provided information about the activities of the Core Teams, and the Fostering Futures participants who shared their perspective and feedback on two different surveys.

In addition, the authors would like to thank all who helped in the development of the Fostering Futures Organizational Self-Assessment, including Dr. Margaret Hargreaves and Dr. Michele Zimowski.

Wilder Research staff who contributed to this report include:

Barry Bloomgren, Jr.  
Jenny Bohlke  
Walker Bosch  
Jackie Campeau  
Jen Collins  
Marilyn Conrad  
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Thalia Hall  
Madeleine Hansen  
Bryan Lloyd  
Heather Loch  
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Wilder Research, a division of Amherst H. Wilder Foundation, is a nationally respected nonprofit research and evaluation group. For more than 100 years, Wilder Research has gathered and interpreted facts and trends to help families and communities thrive, get at the core of community concerns, and uncover issues that are overlooked or poorly understood.

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Fostering Futures was funded in part by the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin. Casey Family Programs supported the evaluation components of the Fostering Futures Initiative.

