Co-Sponsored by the New England Association of Child Welfare Commissioners and Directors and Casey Family Programs

Trauma-Informed Resilient Child Welfare Agencies: A New England Learning Community

Summary of the Work

April 2017

Acknowledgements

The participants from the six New England states have exhibited a sense of candor, openness, and trust that is not always seen (or possible) in public agencies. This report – and more importantly this work – would not be possible without their dedication, commitment, and continued engagement. We also are grateful for the leadership provided by the Commissioners and Directors of the public child welfare agencies in New England. Their continued focus has allowed the work to go both broad and deep.

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- Connecticut Department of Children and Families: Jodi Hill-Lilly, Kristina Stevens
- Maine Office of Child and Family Services: Teresa Barrows, Grace Brace, Jim Martin
- Massachusetts Department of Children and Families: Ruth Bodian, Kim Ferrechia-Rivas, Mary Gambon
- New Hampshire Division of Children, Youth, and Families: Marie Noonan, Cassie Yackley
- Rhode Island Department of Children, Youth, and Families: Janice DeFrances, Denis Riel, Stephanie Terry
- Vermont Department of Children and Families: Brenda Gooley, Beth Maurer, Karen Shea

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Trauma-Informed Resilient Child Welfare Agencies: A New England Learning Community

Executive Summary

Over the last three years, the public child welfare agencies of the six New England states, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, have come together to share their successes and lessons learned as they each strive to become a "trauma-informed resilient child welfare agency." Through the long-standing support of the New England Association of Child Welfare Commissioners and Directors and Casey Family Programs, the learning community formed by the six states focused on answering the question, *'what is needed at an organizational level to support the workforce in delivering high-quality, trauma-informed practice?*' Roughly ten staff from each state came together for three in-person meetings from 2014-2016 to address topics related to organizational health, recognizing that the organizations themselves were often traumatized, similar to the children and families being served.

Content-Related Lessons Learned

Seven key topics were explored by this learning community:

Through guest speakers, experienced facilitators, and multi-level state involvement, states were introduced to new concepts and frameworks; they tested programs, practices, and initiatives; and they shared their successes and lessons learned. The table that follows provides highlights that emerged from the states' collective work.

Key Topics	Highlights of Lessons Learned
Leadership	❖ ***Leadership at all Levels***: The needs of leaders at every level of the organization must be addressed, especially related to secondary traumatic stress. ❖ ***Leadership for Middle Managers***: Middle managers benefit from formal leadership training and mentoring systems.

Key Topics	Highlights of Lessons Learned
Safety Culture	❖ ***Measurement:*** Safety culture can be reliably and validly measured in child welfare. ❖ ***Value:*** Safety culture is generally associated with lower levels of employee emotional exhaustion. ❖ ***Three Elements to Creating a Safety Culture***: 1) psychological safety; 2) supervision model; and 3) teamwork and communication. ❖ ***Focus on Psychological Safety for Staff***: Clear policies related to threat assessments and violence in the workplace need to be in place.
Trauma-Informed Child Welfare Practice	❖ ***Trauma Screening***: Identifying children's (and other family members') exposure to trauma is essential. ❖ ***Placement***: Placement is inherently traumatic and placement disruptions must be minimized. ❖ ***Critical Incidents***: Agencies should respond to highly challenging (and often high profile) occurrences, such as child fatalities or serious injuries, with care and thoughtfulness.
Strategic Communications	❖ ***External Communications***: Agencies must consider the impact of external communications on staff morale, well-being, trust, psychological safety, and overall organizational health. ❖ ***Importance of Framing***: Frames shape interpretation of facts for both internal and external communications. ❖ ***Internal Communications Planning***: Communication plans that focus on internal communications as well as external should be developed.
Supervision	❖ ***Strengthening Supervisor Competencies and Skills***: Training and support are needed to help competent social workers become skilled, resilient, and healthy supervisors. ❖ ***Role of Supervisors in Critical Incidents***: Supports are needed for supervisors to appropriately support their staff.
Peer Support	❖ ***Key Aspects of Peer Support***: There are three key aspects of peer support models: 1) prevention/training; 2) intervention; and 3) "post-vention" (after an incident). ❖ ***Retirees as Peer Support Providers***: Support is often best provided by those who understand the trauma and stress both on and off the job. ❖ ***In-Office Peer Support / Coping Groups***: Trained facilitators and peers should be used after all critical incidents. ❖ ***Standing Peer Groups / Peer Support / Leadership Support:*** Support should be provided regularly about "chronic" secondary traumatic stress associated with the job. ❖ ***In-Office Trauma Specialists***: Specialists should be available for real time consultation and support on clinical cases.
Staff Wellness	❖ ***Leadership Reflection***: Leaders need dedicated time to reflect on their

Key Topics	Highlights of Lessons Learned
	own compassion satisfaction, compassion fatigue, and burnout. ❖ ***Health and Wellness Teams***: Teams can be located in every office and work proactively to address training, support, and wellness needs.

Process-Related Lessons Learned

In addition to the content-related lessons learned, we also learned a great deal about the processes needed to facilitate and support the cross-state work focused on organizational health and resilience. The aspects that mattered most to this learning community include the six themes shown below.

Recommendations and Next Steps

The planning team and state leads identified seven recommendations for continuing to address these complex topics, move this work forward, and perhaps most importantly, sustain it over time. These include:

- Broaden the frame for "trauma-informed" work to move it beyond training and clinical casework practice;
- Understand that worker safety is intimately connected to worker well-being;
- Connect strategic communications to organizational health;
- Ensure that worker support is provided at a variety of levels and in a variety of ways;
- Look beyond the field of child welfare for ideas and strategies;
- Focus on resilience and well-being at all levels of staff; and
- Maintain sustained attention to these issues at individual and organizational levels.

Section 1. Background and Overview

This document highlights the work done by the six public child welfare agencies in New England between 2014 and 2016 to create and support trauma-informed resilient agencies. It begins with a brief discussion of the long-standing commitment these agencies have to cross-state sharing and learning. With the support of the New England Association of Child Welfare Commissioners and Directors and Casey Family Programs, the six states have been engaged in a series of learning sessions or what may be considered progressive building blocks, with the content of each session using the former as a foundation.

The first section of this document includes detailed background about the sponsoring organizations and the evolution of this work in New England. The second section focuses on the highlights and lessons learned related to the content of trauma-informed resilient organizations. The third section shares lessons learned and reflections about how the process used over the course of this learning community impacted and supported states in their efforts. And the final section provides recommendations for next steps to continue to deepen and sustain the work.

Background of the Work in New England

The public child welfare agencies in the six New England states, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont, have a long-standing and unique relationship. Each of these agencies is state-administered and shares a common mandate. The states are in close proximity and many share common borders. To capitalize on these commonalities, the leaders from the six agencies created the New England Association of Child Welfare Commissioners and Directors (the Association) in an effort to develop and implement policies that promote competent child welfare practices. The Association believes that developing effective services for children and families benefits from creating a shared learning environment where participants have the opportunity to discuss mutual issues and concerns, as well as their successes and challenges with policy and practice implementation. Since its inception in 1984, Judge Baker Children's Center has served as home base for the Association, with its third Executive Director, Julie Springwater, remaining constant since 1994. Association members meet regularly to discuss issues including workforce recruitment and retention, staff development, systems change, safety and risk assessment, program planning and development, team building, service delivery methods, legal and judicial matters, and evaluation. The Association also assists members in developing their capacity for change and improvement by providing opportunities for leaders and staff of member agencies, and their community partners, to

enhance their skills in management, learning transfer, leadership development, continual quality improvement, strategic planning, and change management.

Casey Family Programs (Casey) is the nation's largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Casey's mission is to provide and improve — and ultimately prevent the need for — foster care. Casey works in all 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live – all at no cost to the jurisdictions. Casey Family Programs provides strategic consultation and support to each of the individual states in New England. Since 2008, Casey has also been a long-time partner with the Association, providing support, planning and leading many cross-state learning initiatives and opportunities.

Through strategic consulting, direct services, public policy, and research services, Casey strives to:

- **Safely reduce the need for foster care 50 percent by the year 2020**. Casey partners with child welfare systems, families, policymakers, courts and American Indian tribes to support practices and policies that safely reduce the need for foster care, increase the safety and success of children and strengthen the resilience of families.

- **Demonstrate how every child can have a safe and permanent family**. Casey provides direct services with the goal that no child in their care will age out of the foster care system without a safe, loving family of his or her own. Through this work, they seek to influence improvements in life outcomes, especially in the areas of education, mental health and employment.

- **Support more effective investments in children and families**. Casey contributes nonpartisan information, data and resources to help public officials make more effective investments — and reinvestments — in children and families.

- **Encourage a shared vision for success**. Casey encourages community leaders to think, plan and act collectively to improve the long-term safety and success of children and their families.

The Building Blocks and Foundation for Trauma-Informed, Resilient Agencies

Through the Association and Casey, the region has been engaged in many Breakthrough Series Collaboratives (BSCs), Convenings, and learning opportunities over the last eight years in particular. The table below highlights those that have been most instrumental in moving the states toward the work of trauma-informed, resilient agencies.

Initiative / Convening	Timeframe
Safety and Risk Assessment Breakthrough Series Collaborative	2008-2010
Safety Assessment Regional Convening	2011
New England Early Development, Brain Science, and Child Welfare Summit	2011
Fatherhood Engagement Convenings	2011 and 2012
Community Engagement Convening: Collective Impact to Build a Community of Hope	2012
Trauma-Informed Safety Planning for Young Children	2012
Permanency Convenings	2008-2012
Child Welfare-Juvenile Justice (with Georgetown) Convening	2013

While many states participate in various initiatives and projects, it is noteworthy that the Association and Casey planning team, together with representatives from the states themselves, have always reinforced the need to build off previous work. Rather than relying on a "flavor of the day" approach, which often results in lack of integration, initiative fatigue, and disjointed projects, the planning process sought to connect the dots and ensure the next phase of work truly built on the work that came before. Moreover, as demonstrated in the sequence of Convenings and initiatives above, the conversations and work have moved from discrete areas of child welfare practice to an explicit focus on organizational health, culture, and climate.

In addition to the Association and Casey-led regional Convenings and initiatives, several other factors have supported the move toward trauma-informed, resilient agencies in New England. First, four of the six states (CT, MA, NH, and RI) have had multi-year grants from the Administration for Children and Families (ACF) focused on trauma-informed practice in child welfare.[1] These have helped the participating states develop partnerships with behavioral health providers and services and have also raised awareness about trauma-informed care broadly in the agencies. Additionally, two of the six states (MA and NH) participated in the 2010-2012 national Breakthrough Series Collaborative sponsored by the National Center for Child Traumatic Stress focused on *Trauma-Informed Child Welfare*

[1] Administration for Children and Families, Children's Bureau. Discretionary Grant Awards. Retrieved online: http://www.acf.hhs.gov/cb/resource/cb-discretionary-grant-awards/.

Practice to Improve Placement Stability.[2] Last, one of the six states (RI) was chosen to be a "Super Community" with the Chadwick Center's Trauma-Informed Systems Project, taking a holistic and fully supported approach to trauma-informed care.[3]

Collectively, all of this work has highlighted the trauma present in daily child welfare practice and organizations, not only for the children and families being served but for child welfare staff, providers, and agencies as well. With the focus on trauma – both primary and secondary – the planning team began conversations with child welfare leaders to explore the organizational needs of child welfare agencies.

Brief Background on Trauma and Resilience in Child Welfare Nationally

The focus on trauma-informed, resilient work did not begin in New England. There has been something of a national movement over the last 15 years that has been reinforced through grants, demonstration projects, and capacity building.

Perhaps one of the most significant moves toward "trauma-informed care" in child services was the creation of the National Child Traumatic Stress Network (NCTSN). The NCTSN was authorized by the U.S. Congress in 2000 as part of the Children's Health Act and includes over 150 participating centers and affiliates. The broad mission of the NCTSN includes treatment, intervention development, training, data analysis, program evaluation, policy analysis, systems change, and the integration of trauma-informed and evidence-based practices in all child-serving systems.[4]

Creating trauma-informed service systems is a vital part of the work done by NCTSN members and is essential for NCTSN's mission. Members of the NCTSN Trauma-Informed Service Systems working group have collaborated on developing a definition of a trauma-informed child- and family-service system, shown below, which is intended to reflect its complexity and multifaceted nature.

[2] Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved online: http://www.nctsn.org/resources/topics/child-welfare-system.

[3] Chadwick Trauma-Informed Systems Dissemination and Implementation Project. Retrieved online: https://ctisp.org/trauma-informed-supercommunities/.

[4] Taken from website: http://www.nctsn.org/about-us/history-of-the-nctsn.

Trauma-Informed Child- and Family-Service System

A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.

A service system with a trauma-informed perspective is one in which programs, agencies, and service providers: (1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms; (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment; (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma; (5) address parent and caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration across child-service systems; and (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.[5]

The NCTSN has developed tools and materials for building skills and increasing knowledge about childhood trauma to help child welfare administrators, caseworkers, frontline staff, other mental health personnel, and caregivers understand and respond to the needs of traumatized children. These tools and materials include the Child Welfare Trauma Training Toolkit, the Resource Parent Curriculum, and Think Trauma for juvenile justice staff. And in 2008, the NCTSN sponsored a national Breakthrough Series Collaborative focused on *Implementing Trauma-Informed Child Welfare Practice to Improve Placement Stability.*

In March 2010, the Chadwick Center for Children and Families and the Child and Adolescent Services Research Center (CASRC) at Rady Children's Hospital-San Diego established the Chadwick Trauma-Informed Systems Project (CTISP) as a center within the NCTSN. The Chadwick Center and CASRC received additional funding from SAMHSA in 2012 to establish the Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI). This project built on the initial work of the center and focused on working strategically with five "Supercommunities" across the country, one of which is Rhode Island.

[5] Taken from website: http://www.nctsn.org/resources/topics/creating-trauma-informed-systems.

As noted earlier, the federal government also has provided support directly to child welfare agencies to develop trauma-informed, trauma-focused practice through their ACF trauma-informed grants. Both Massachusetts and Connecticut received five year grant awards in 2011 focused on integrating trauma-informed and trauma-focused practice in child welfare. In 2013, New Hampshire, Vermont, and Rhode Island were recipients of "promoting well-being and adoption after trauma" grants (also five year grants through ACF).

Development of This Convening Series

Having focused on shared learning opportunities centered primarily on best practice, the Association/Casey planning team raised the question 'what is needed *at an organizational level* to support the workforce in delivering high-quality, trauma-informed practice?' The Commissioners and Directors fully agreed that answering this question was a priority.

The original plan was for a series of events, rather than a single convening, recognizing the developmental nature of this work. It was envisioned to include three in-person meetings, periodic consultation and support for individual states, and a facilitated virtual learning community across New England. For each Convening, the project planning team worked closely with designated state leads to better understand the progress made and help determine individual state learning interests and needs. This information was then used to inform the agenda development for the in-person Convenings. It also identified possible resources, supports, and opportunities for collaboration, both within New England and beyond.

Much like the work itself, the topics, participants, and general flows of the Convenings evolved over time to meet the needs of the states. A summary of each of the Convenings can be found in Appendix A and a complete list of participants in each Convening can be found in Appendix B. Each Convening included a mix of didactic presentations from external partners, state-led sessions, cross-state discussions, facilitated resource sharing, and state-specific action planning time.

Over the course of this work, from the development of the initial plan in April 2014 through the most recent Convening in May 2016, many lessons were learned both about the content of trauma-informed, resilient work as it relates to organizational health and about the process of leading a cross-state, multi-level, multi-year effort on this topic.

Section 2. Themes and Lessons Learned Related to Content

Organizational Health

At the Commissioners and Directors meeting in April 2014, the discussion turned to several inter-related issues faced by all six of the child welfare agencies: the effects of trauma on social work practice; how to translate the knowledge around trauma and the ACF trauma grants into practice with children and families; how trauma within an organization impacts the staff and thus the work that gets done; how to support supervisors who constantly feel pushed and pulled experiencing their own trauma; and how all of these factors affect a system that feels under siege and traumatized at an organizational level. While there was unanimity in keeping trauma as the central focus, there was equal agreement that the issues that needed to be addressed were not just about social work practice; they were organizational, structural, and systemic.

Thus, as the work evolved in subsequent months, the overarching theme became organizational health. The Comprehensive Organizational Health Assessment (COHA) tool developed by the Butler Institute describes organizational health as a combination of workforce practices, organizational climate, and organizational culture.[6] This includes the way work is done, behavioral expectations, and staff's experiences. While the specific term "organizational health" was not explicitly brought into the series until the second Convening, several of the elements of organizational health, namely leadership and safety culture, were central at the first Convening and it was understood that these together with trauma-informed practice created the foundation.

At the second Convening, Charmaine Brittain of the Butler Institute for Families and the National Child Welfare Workforce Institute (NCWWI) shared a workforce development framework[7] that set the stage for deeper and more concrete discussions about the connections between organizational trauma, organizational resilience, and organizational health. To this end, plenary speakers addressed strategic communications and supervision. And the third Convening delved deeper into organizational culture with an emphasis on peer support and staff wellness.

The graphic that follows highlights the key areas that were addressed over the course of the three Convenings, all essential aspects of trauma-informed, resilient, healthy organizations.

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[6] NRCOI COHA Webinar. Butler Institute for Families. May 2012. Accessed online: http://muskie.usm.maine.edu/helpkids/telefiles/051712tele/NRCOI%20COHA%20webinar.pdf.

[7] National Child Welfare Workforce Institute. June 2015. Workforce Development Framework. Albany, NY: University at Albany. Accessed online: http://ncwwi.org/index.php/special-collections/workforce-development-framework.

Organizational Trauma, Organizational Resilience, and Organizational Health: Key Topics Addressed in Convenings

Following are lessons learned about each of these topics, based on a combination of plenary speakers and state team experiences, expertise, and practice. In addition to highlights from each state being shared in the tables within each of these topics, Appendix C includes more information about each state's specific work.

Leadership

Leadership takes many forms. At the first Convening, Jacqui Sensky, President of the JRS Group, Ltd. and former head of Ohio's Department of Human Services, reminded participants that authentic leadership is not simply relegated to positions of authority. People at every level could – and should – be leaders, especially in the context of healthy, strong, trauma-informed, resilient organizations.

*Why **leadership** is essential for trauma-informed, resilient organizational health*	NCWWI's Workforce Development Framework asserts that *"Leaders at all levels [must] reflect the vision, mission, values, and diversity of the agency, and model qualities and practices that support a healthy and inclusive agency climate and culture…."*[8]

[8] National Child Welfare Workforce Institute. (2015). *Workforce Development Framework (WDF)*. Albany, NY: University at Albany.

What we learned in this work	***Leadership at All Levels*** At the first Convening, one of the opening plenaries focused on what it meant to be a leader in an inherently traumatized system. Sensky described how organizational culture is built and sustained based on the actions and interactions of the people within the organization. She also described the connection between organizational culture and staff morale. As part of this discussion, she challenged participants to ponder how secondary traumatic stress might generate behaviors that look like – or support – negative morale. Moreover, she asked if staff's exposure to trauma and traumatic experiences could manifest as a "culture of victims." ***Leadership for Middle Managers*** Connecticut shared the program they've adapted and developed focused on leadership development for middle managers (LAMM). Recognizing that managers are often 'social workers who did a good job,' they have strived to create a comprehensive training and mentoring system to teach the skills and competencies associated with management.
Highlights from states	*Connecticut*: Not only does the Leadership Academy for Middle Managers provide much needed support for staff moving from clinical to management positions, but it also has allowed managers to nurture their own development related to staff wellness. *Massachusetts*: As part of the Massachusetts Child Trauma Project, area offices throughout the state created Trauma-Informed Leadership Teams (TILTs). TILTs brought together DCF staff, mental health providers, and other system partners and began by completing an assessment of trauma-informed practices. From the results of this assessment, TILTs developed innovations for shifts in practice that would enhance the trauma-informed work that was being done. Many offices focused their innovations on supporting the well-being and resilience of staff. The Central Office of DCF also created a TILT that focused on enhancing the well-being of Central Office staff.

Safety Culture

A safety culture, as described by Mike Cull, Deputy Commissioner of the Office of Child Health at the Tennessee Department of Children's Services, is one in which organizational values, attitudes, and behaviors support a safe, engaged workforce, and reliable service delivery. The leaders within a safety culture: 1) balance systems and individual accountability; and 2) value open communication, transparency, and continuous learning and improvement.

*Why **safety culture** is essential for trauma-informed, resilient organizational health*	"Safety culture is enabled by leader actions to prioritize safety (safety climate) and make it safe for employees to take an interpersonal risk (psychological safety)."[9] This is integrally connected to staff morale, staff wellness, organizational culture, and overall organizational health. Additionally, *maintain(ing) an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience* is one of the elements of the NCTSN trauma-informed system definition.
What we learned in this work	Cull shared his extensive research and work on safety culture in child welfare agencies, including the results of the safety culture survey he administered to TN DCS staff. The results demonstrated that components of safety culture can be reliably and validly measured in child welfare and that safety culture is generally associated with lower levels of employee emotional exhaustion. Cull then identified three key elements to creating a safety culture in child welfare: 1) psychological safety; 2) supervision model; and 3) teamwork and communication. All three of these elements were explicitly addressed in subsequent sessions during the Convening.
Highlights from states	*Connecticut*: One of Connecticut's strategies to create psychological safety for staff is through the development of clear policies related to threat assessments and violence in the workplace. Not only have they developed a policy and procedure manual to guide this work, but they have standardized reporting forms, checklists, and even an "aftercare" checklist. *Vermont:* Vermont created a comprehensive Staff Safety Policy, designed to help create and model a culture in which staff feel that it is expected and accepted to 'pause' before going out and putting themselves in harm's way. Not only do staff plan for their own safety, but this policy facilitates a true resiliency effort in that it reinforces the notion that it is okay to struggle or need support.

Trauma-Informed Child Welfare Practice

All six states had been doing considerable work on trauma-informed child welfare practice prior to 2014. They had done trainings and raised awareness. They brought in experts and clinicians. And they wanted these trainings and awareness-building efforts to translate into their day-to-day practice with children and families.

[9] Vogus, Timothy J., Cull, Michael J., Hengelbrok, Noel E., Modell, Scott J., Epstein, Richard A. Assessing safety culture in child welfare: Evidence from Tennessee. Children and Youth Services Review 65. (2016). 94-103.

*Why **trauma-informed child welfare practice** is essential for trauma-informed, resilient organizational health*	Early discussions of trauma-informed child welfare practice named child welfare involvement in families' lives as a traumatic experience in and of itself for most children and families. Thus, being "trauma-informed" meant child welfare staff needed to understand that their interactions should not only mitigate the traumas that brought the children and families to their attention, but should also minimize any further or additional traumatization.[10] Three main areas were addressed by states related to core child welfare practice: trauma screening, placement, and critical incidents.
What we learned in this work	***Trauma Screening*** As described in the NCTSN's *Child Welfare Trauma Training Toolkit*,[11] identifying children's exposure to trauma is critical for trauma-informed practice. Many states had already done considerable work in this area, especially those with ACF grants. But they still experienced some of the challenges that are faced across the country when screening for trauma in child welfare, such as training staff to use new tools, incorporating tools and practices into existing work, sharing screening results and findings with families and partners, and using screening results to inform planning with families.[12] ***Placement*** States also placed considerable emphasis on the traumatic impact of placement and the associated importance of placement stability. Minimizing placement disruptions became an area of focus to reflect trauma-informed casework practice. ***Critical Incidents*** While screening and placement may be thought of as "day-to-day casework," critical incidents are the less common, highly challenging (and often high profile) occurrences, such as child fatalities or serious injuries. These situations require care and thoughtfulness as they are typically very sensitive to all involved, including children, families, and staff.

[10] The Chadwick Trauma-Informed Systems Project. (2012). Trauma-Informed Child Welfare Practice Toolkit: Trauma Systems Readiness Tool. San Diego, CA: Chadwick Center for Children and Families. Accessed online: https://ctisp.org/trauma-informed-child-welfare-practice-toolkit/

[11] Child Welfare Collaborative Group, National Child Traumatic Stress Network, and The California Social Work Education Center. (2013). Child welfare trauma training toolkit: Trainer's guide (2nd ed.). Los Angeles, CA and Durham, NC: National Center for Child Traumatic Stress.

[12] Child Welfare League of America, *Improving Outcomes through Effective Screening and Assessment Processes* webinar, 3/12/15. Accessed online: http://www.nctsn.org/resources/topics/child-welfare-system

Highlights from states	***Trauma Screening*** Over the course of the three Convenings, states were able to share their various screening tools as well as other questions they used to help assess children's and families' exposure to trauma. They discussed how and when these tools and questions were used at different points of child welfare involvement, including during intake, when out-of-home placement was needed, and as part of health care visits. ***Placement*** The two New England states that participated in the NCTSN Breakthrough Series Collaborative on *Trauma-Informed Child Welfare Practice to Improve Placement Stability*, Massachusetts and New Hampshire, implemented various practices to minimize the inherent trauma of placement and placement disruptions for both children and parents, including open communication and information about resource families prior to placement; phone calls between birth parents and their children the first night of placement; partnerships and connections between birth parents and resource parents; outreach and support to resource parents to prevent disruptions; and placement disruption prevention meetings to stabilize placements when needed. ***Critical Incidents*** *Vermont* shared two policies they have in place to help staff review critical incidents in a systematic way. Most noteworthy about these policies is the supportive, non-punitive nature of each, focusing as much on the well-being and impact of the incident on the staff person as on gathering information about the incident itself.

Strategic Communications

Strategic communications refers to being proactive, planful, and intentional with all communications in the agency, both internally and externally. At the second Convening, Kathy Bonk, President and Executive Director of the Communications Consortium Media Center, led a plenary discussion describing what often happens in child welfare agencies when communications are neither planful nor strategic. Several Commissioners and Directors shared their own experiences, further highlighting the need for strategic communications in creating healthy, trauma-informed, resilient organizations.

*Why **strategic communications** are essential for trauma-informed, resilient organizational health*	Many child welfare agencies experience "trauma" at the organizational level as well as challenges with staff morale because of external media and the resulting pressures brought to bear on these jurisdictions because of case practice issues.

What we learned in this work	Strategic communications began as a discussion about external communications and how to survive when the agency seems as if it is constantly under siege. But it evolved into conversations about the impact this has internally on morale, staff well-being, trust, psychological safety, and overall organizational health. Bonk talked about how frames shape interpretation of facts, and thus how framing or reframing messaging for internal communications is a key factor in shaping organizational culture.
Highlights from states	Following this second Convening, most states began to create their own strategic communications plans and policies, recognizing how important this is for all other aspects of organizational health.

Supervision

Inadequate supervisory support and training has been associated with staff burnout and turnover. Traditional models of supervision, which tend to be administrative in nature rather than relational or reflective, are fundamentally inconsistent with trauma-informed practice.[13] At the second Convening, Michael Hoge and Joyce Lee Taylor, both faculty members of the Yale Program on Supervision, shared their experiences of working with CT DCF with the support of Casey to implement the Yale Program on Supervision at DCF.

*Why **supervision** is essential for trauma-informed, resilient organizational health*	The work of child welfare is inherently complex, stressful, and traumatic. In a trauma-informed organization, social workers cannot be expected to engage with families and make decisions on their own. Instead, supervisors are critical to help support and guide these relationships and decisions.[14]

[13] Van Berckelaer, Anje, MD. Using Reflective Supervision to Support Trauma-Informed Systems for Children: A White Paper Developed for the Multiplying Connections Initiative. Multiplying Connections: Health Federation of Philadelphia. Accessed online: http://www.multiplyingconnections.org/become-trauma-informed/using-reflective-supervision-support-trauma-informed-systems-children.

[14] National Association of Social Workers and The Association of Social Work Boards. Best Practice Standards in Social Work Supervision. 2013. Accessed online: http://www.naswdc.org/practice/naswstandards/supervisionstandards2013.pdf.

What we learned in this work	In his plenary presentation and in the breakout session that followed, Hoge discussed the nuts and bolts of the Yale Supervisory Model for strengthening supervisor competencies and shaping supervision practice. The model includes both supervisory competency development and organizational change in supervision practice. He talked about how the model is used to create a positive work environment; advocate for supervisees; emphasize supervisee and team strengths; provide routine support; promote self-care; and recognize and support supervisees in distress. Lee Taylor then spent time in her presentations and discussions focusing on critical incidents and the roles supervisors play during these times. These discussions included the supports needed in order to provide the appropriate levels and types of support to staff in these situations.
Highlights from states	The *Connecticut* Supervisory Model was developed with support from Casey Family Programs and faculty from the Yale Program on Supervision. The model is focused on strengthening supervisor competencies and shaping supervision practice in health and human service organizations. Early phases of the work occurred under a federally funded initiative that supported competency development and organizational change in supervision practice in a dozen child, youth, and adult serving organizations. The work was expanded to encompass multiple state agencies, hospitals, correctional facilities, and community organizations. The model is built around four core functions of supervision: quality of service, administration, professional development, and support, and it was implemented at all levels of the organization.

Peer Support

Finding ways to support staff, outside of traditional supervisory channels, is done in many fields. Child welfare agencies have been exploring opportunities for doing this in recent years, recognizing the power of collegial relationships and trust. Several New England states had been developing models for peer support, but at the third Convening, Nancy Carre-Lee and Cherie Castellano from New Jersey spoke at length about the comprehensive Worker2Worker model implemented there.

*Why **peer support models** are essential for trauma-informed, resilient organizational health*	The National Center for Trauma-Informed Care defines peer support as "a flexible approach to building healing relationships among equals, based on a core set of values & principles."[15] The practices are rooted in the research that shows people who share common experiences are best able to empathize with one another as well as offer each other the benefit of their own learning.
What we learned in this work	At the third Convening, Carre-Lee and Castellano described New Jersey's Worker2Worker model, which is grounded in the assumptions that staff are routinely exposed to stressful situations and that they constantly deal with trauma and stress both on and off the job. The model employs retired child protection staff and trains them in peer support. They then provide three key aspects of peer support: Peer Support Prevention/Training (including outreach, psycho-educational programs, resiliency training, new worker training, quality peer reviews); Peer Support Intervention (for crisis situations, including peer support counseling helpline); and Peer Support Post-Vention (post crisis, including crisis debriefing, Psychological First Aid, and peer support follow-up).
Highlights from states	*Massachusetts*: There are two mechanisms for peer support currently in Massachusetts: Coping Groups and Facilitated Peer Groups. The Coping Groups have trained facilitators that convene automatically after all critical incidents (serious injury, fatality, high-profile media situations). The Facilitated Peer Groups are led by trained peer facilitators and are intended to meet monthly about regular ("chronic") secondary traumatic stress associated with the job. *New Hampshire*: New Hampshire has developed a variety of models for peer support, including District Office Peer Support, Peer Support on Leadership Days, and in-office Trauma Specialists to provide real time consultation and support on clinical cases. They are continuing to refine these models. *Rhode Island*: Rhode Island has a Peer Support Team that is designed to support staff and assist with incidents that may result in high emotional impact; support the agency's goals of acknowledging the presence of trauma on staff in child welfare; provide both individual and incident-specific support, including defusing, debriefing, and follow-up; and provide recommendations to senior leadership on policy, practice, and training issues, including trends and patterns. *Vermont*: The H.O.P.E. (Helping Our Peers Excel) model concept began in a Trauma Course offered by the University of Vermont, in

[15] Harris, Leah; Penney, Darby. National Center for Trauma-Informed Care. National Association for State Mental Health Program Directors webinar series. *Trauma-Informed Peer Support webinar series Session 2: Peer Support Basics / Trauma-informed Practices*. September 16, 2014. Accessed online: http://www.nasmhpd.org/content/webinar-series-trauma-informed-peer-support.

	December of 2013, to experienced social workers, as the final presentation focused on Secondary Traumatic Stress. The model includes a team lead, two H.O.P.E. specialists, and 18 peer support members who promote worker well-being and retention by providing support for department staff that need support due to cumulative stress or situational events that occur.

Staff Wellness

Based on the trauma experienced by most children and families involved with child welfare agencies, the likelihood of workers experiencing vicarious trauma and/or secondary traumatic stress is high.[16] Ensuring that organizational health addresses staff well-being is essential for a positive climate.

*Why **conversations about staff wellness** are essential for trauma-informed, resilient organizational health*	Staff wellness and well-being has been linked to compassion satisfaction and compassion fatigue, often manifesting in morale, retention, and ultimately turnover.[17] And staff well-being is called out specifically as an element of a trauma-informed child- and family-serving system.
What we learned in this work	At the third Convening, participants were asked to complete the short version of the Professional Quality of Life scale[18] prior to attending. The opening session allowed participants an opportunity to reflect on their own individual compassion satisfaction, compassion fatigue, and burnout. This large group discussion then continued in a smaller breakout session as participants reflected on both their own professional quality of life as well as that of their staff.
Highlights from states	*Connecticut*: Connecticut has two models of focusing on staff wellness: their Health and Wellness teams and the newly created Office of Organizational Climate and Staff Support. The Health and Wellness teams are located in every office across the state (including at the Central Office level) and work to proactively address training, support, and staff wellness needs. The Office on Organizational Climate and Staff Support will be housed at Central Office to provide assessment and support to area offices, focused on maintaining a healthy organizational climate.

[16] NCTSN Child Welfare Trauma Training Toolkit

[17] Stamm, Beth Hudnall. The Concise ProQOL Manual, 2nd Edition. November 2010. Retrieved online: http://proqol.org/ProQOl_Test_Manuals.html.

[18] Stamm, ibid.

Section 3. Themes and Lessons Learned Related to Process

In addition to the themes and lessons that emerged related to the content of the work, we have also reflected on the process of the Convenings, including the planning process, the flow of the Convenings, selection of participants, and the sequencing of the content. In thinking about trauma-informed, resilient agencies, these reflections seem essential to guide the work going forward.

State-Driven Planning and Agenda Setting

Commissioners and Directors designated liaisons (state leads) who were in regular communication with the planning team. Every two to three months, the planning team reached out to the state leads. The planning team was especially mindful of state leads' busy schedules, thus calls were scheduled far in advance based on collective availability, and each call was guided by specific questions to help keep the agenda tight and purposeful.

Calls were used to get updates from states, as well as to explore ideas for the Convenings themselves. The state leads helped brainstorm the content for the agendas, potential presenters, and agenda structure and flow. These ideas were further tested during Association meetings and in-person meetings between the individual states and Casey strategic consultants.

In addition to the calls conducted with all six states together, the planning team also did one structured individual interview with each state prior to each Convening. The

purpose of these interviews was two-fold: 1) to hear more about specific successes, lessons learned, and challenges the state was experiencing; and 2) to ask specific questions about the state's current interests and areas of need.

Following the calls and interviews, the planning team developed written documents that highlighted the work of each state. For the first Convening, these took the form of State One-Pagers, giving a high-level overview of each state's work in the six areas that would be discussed at the Convening. For the third Convening the overview was updated and refined to focus on Peer Support and Wellness work. The goal of these handouts was to document the work already done and minimize the burden on each state to provide the same information to multiple groups.

Together, the components of this process were used to ensure that the Convenings would meet the needs of all six states, while minimizing the time any one state needed to invest in planning or organization.

Who's in the Room and Why It Matters

Each Convening was open to up to ten participants from each state. And while some participants remained constant from Convening to Convening (members of each state's executive leadership team, including many of the Commissioners and Directors themselves, attended all three Convenings), other members varied depending on the content. This attention to "audience" was intentionally infused into the agenda planning process.

The planning team and state leads worked to refine the Convening agendas based on states' progress and needs as well as who the audience would be. As states were in different places with the work and are organized differently, the planning team did not use rigid "rules" or requirements about attendance. Instead, the group developed guidance about the levels and functional roles of staff that might be included and states took this guidance under advisement to select their teams. Because of this, each state was able to have the "right" people there to hear, learn, and plan next steps. In fact, several states brought front-line staff and/or supervisors to better ensure that the work from the Convenings would translate quickly into the work with children and families.

Sequencing of Content

The content for each Convening, while ordered quite logically in retrospect, emerged organically throughout the planning processes. There was a natural sequencing that lent itself to the work happening in each state, as the content seemed to move from

concrete practices (highlighted in "round robin carousels[19]") at Convening 1 to explicit attention to organizational health and strategic communication at Convening 2 to key aspects related to organizational culture and climate (staff wellness and support) at Convening 3.

Convening 1 provided a broad survey of the work across the six states, finding similarities as well as differences, identifying strengths, and creating a common language around trauma, resilience, leadership, and safety culture. States also shared concrete tools, policies, and practices. As states continued to "steal shamelessly and share relentlessly" with one another, the need to dive more deeply into organizational health and what supervision needed to look like to support that organizational health became apparent. And as planful as that work needed to be, strategic communications needed to be equally planful in supporting a healthy organization. As states did their own work on implementing many of these tools and strategies, the ground was tilled for work related to staff wellness.

Cross-State Learning and Collaboration

As noted, the six New England states have a long history of collaborating and learning from one another. This learning community took collaboration and shared learning to another level through the in-person sessions, phone calls, individual outreach efforts, and facilitated peer matches.

The Convenings were intentionally designed with the help of the state leads to offer different variations of cross-state sharing. There were small state-led breakout sessions focused on a variety of topics; round robin carousels in which individual states shared specific tools or practices; and state-led in-depth plenary sessions. Even during dedicated state team meeting time, states were encouraged to invite colleagues from other states to join them and answer questions or provide specific consultation on tools or practices.

Stemming directly from these opportunities, states continued to rely on one another as coaches and peer consultants between the Convenings. On several occasions, a team from one state made a planned site visit to learn more about specific work going on. Planning team members often facilitated peer consultation calls on issues or linked participants from different states via email. And the Casey strategic consultants regularly played liaison and connector roles between the states to facilitate the cross-state sharing and learning opportunities.

[19] See Appendix D for index of "round robin carousel" topics and presentations.

Sustained Attention

Child welfare environments are renowned for being capricious – often shifting priorities based on state mandates, political pressures, funding opportunities, and leadership changes. But this work was unusual in that it held the sustained attention of all six states over a period of over two years, with the states expressing a desire to continue beyond. Not only does this sustained attention reflect resonance with the content of the work, but it is also a reflection of the process that was used to engage and support states.

The Association kept these topics and issues on the agenda for every Commissioners and Directors meeting, ensuring that agency leaders stayed connected to the work. Casey strategic consultants reinforced and supported the work within states in a variety of ways, through outside consultants, internal facilitation, and ongoing conversation. And the planning team reached out to the state leads at least quarterly to check in on progress, successes, lessons learned, and identified needs. These joint cross-state sharing opportunities increased a sense of collegial accountability, as each state wanted to have something to share in these various discussions.

Similarly, each in-person Convening had dedicated time for individual state action planning. Planning team members often joined the state teams to serve as outside facilitators as the states developed their own next steps on how they wanted to take what they heard back home. Prior to leaving each Convening, each state was invited to share highlights from their action plan, further adding to the collective accountability.

Importance of Culture and Climate in the Convenings Themselves

One of the most challenging aspects of "trauma-informed" work is creating spaces that feel psychologically safe for staff, especially those in leadership positions, to talk openly about their challenges, concerns, and worries. In order to have authentic conversations about staff wellness and organizational health, this was thought to be essential. Thus, at each Convening, the planning team and state leads explicitly talked about how to create space, time, and activities that would not only foster these environments but would also model how states could replicate them in their own settings.

To this end, the participants in the Convenings talked about what it meant to be a leader, to feel vulnerable, to be mindful, and what wellness meant at every level. One participant shared a story at the second Convening about what it was like to become a manager as her then-manager told her "Remember – no one has compassion when they look up." Heads around the room nodded in validation, as everyone was once again reminded that organizational resilience really does mean wellness at every level. No one is immune from the stresses and trauma of child welfare work.

Section 4. Next Steps and Recommendations for the Field

This project was initially planned for three in-person Convenings with a virtual learning community to support cross-state learning between those meetings. But participant evaluations from the final Convening along with follow-up conversations with state leads, Commissioners, and Directors have all indicated a strong desire for this work to continue. A fourth Convening is currently being planned for May 2017.

The themes that have emerged over the course of the first two years seem to have resonated with the leaders of the state child welfare agencies, as well as their staff and partners. While each state feels it has made some significant progress, they are now even more aware of all that remains to be done. As the planning team and state leads have reflected on this process, there are several recommendations and lessons learned to inform next steps and future work.

- ***Broaden Frame for "Trauma-Informed" Work***: The work of "trauma-informed care" must move beyond training and clinical casework practice. Trauma-informed care can only be provided to children and families when the workforce and organization are trauma-informed, resilient, and healthy.

- ***Understand Worker Safety as Connected to Worker Well-Being***: When workers do not feel safe, physically as well as psychologically, they cannot be expected to do their best work. This safety is an essential element of staff wellness.

- ***Connect Strategic Communications to Organizational Health***: Communications goes beyond having a PR person or a media director on staff. Internal and external communications must be planful, thoughtful, and connected to the overall vision and mission of the agency in order to support its organizational health.

- ***Provide a Variety of Levels of Worker Support***: Support for staff needs to happen at all levels, from administrative staff to direct service staff to supervisors to managers to agency leaders. Moreover, the support should be provided over the entire continuum of work – from day-to-day activities through to critical incidents, not just in response to crises.

- ***Look Beyond Child Welfare for Ideas and Strategies***: Fields beyond child welfare have also been paying attention to trauma-informed care, safety culture, reflective supervision, leadership, peer support, staff wellness, and a host of other issues related to organizational health. Learning from other fields will only serve to strengthen the work of child welfare.

- ***Focus on Resilience at All Levels***: Resilience is more than a worker's ability to "bounce back." In fact, organizational health is somewhat dependent on

organizational resilience. Thus, resilience at all levels must be addressed when striving to create and maintain a healthy organization.

- ***Maintain Sustained Attention***: A continuous focus is required to make this work sustainable at an organizational level. Agencies should ask if and how multiple initiatives are helping build resilience or alternatively, stressing organizations. Being cautious of initiative fatigue is critical, as is being purposeful with this work and braiding rather than layering initiatives to help staff make sense.

Appendices

Appendix A: Summary of Convenings

Convening 1: October 2014	
Summary of Convening Goals	**Summary of Topics Addressed / Lead Presenter**
• **Broadening the Frame of "Trauma-Informed" Work:** Recognize the roles of the agency leadership, culture, structures, and systems in creating, supporting, and sustaining a truly trauma-informed and resilient agency that creates the 'right' environments for this work and focuses on staff. • **Seeing the Full Continuum:** Understand how trauma-informed work, a safety culture, and resilience are essential and undeniable parts of our daily work with children, families, staff, communities, and partners (not just during times of crisis). • **Integrating with Existing Initiatives and Connecting the Dots**: Demonstrate that this work is a frame, foundation, and "through-line" for many other initiatives, projects, trainings, and practices already ongoing in the agency. • **Creating a Regional Shared Learning Community**: Develop relationships and connections across New England to provide resources, support, and a peer-to-peer shared learning community. • **Identifying Next Steps for Ongoing Learning:** Identify individual state "next steps" related to ongoing learning that will help guide this work over the coming year.	• The Role of Leadership in Changing Organizational Cultures (Jacqui Sensky) • Creating a Culture of Safety in Child Welfare (Mike Cull) • Carousels (light touch on several topics): ▪ Agency Culture / Climate ▪ Agency Leadership ▪ Critical Incidents ▪ Day-to-Day Casework ▪ Reflective Supervision ▪ Staff Self-Care

Convening 2: May 2015	
Summary of Convening Goals	**Summary of Topics Addressed / Leader Presenter**
• **Unpacking Trauma-Informed Resilient Organizational Health:** Recognize the relationships between supervision, communication, staff wellness, and organizational health, specifically in building and supporting trauma-informed resilient agencies. • **Deepening the Work:** Have in-depth conversations within states, across states, and with regional / national leaders about organizational health, frameworks for supervision, communication,	• The Impact of and Intersections Between Trauma, Resilience, and Organizational Health (Charmaine Brittain) • Promoting Organizational Health through Supervision: Making It Intentional, Meaningful, and Systematic (Michael Hoge; Joyce Lee

Convening 2: May 2015

Summary of Convening Goals	Summary of Topics Addressed / Leader Presenter
organizational culture, and staff wellness. • **Facilitating and Supporting the Regional Shared Learning Community:** Continue to facilitate and support relationships and connections across New England to provide resources, support, and a peer-to-peer shared learning community. • **Identifying Next Steps for Ongoing Learning:** Identify individual state "next steps" related to ongoing learning that will help guide this work over the coming year.	Taylor) • Strategic Communications: Promoting Organizational Health and Managing Public Perceptions (Kathy Bonk)

Convening 3: May 2016

Summary of Convening Goals	Summary of Topics Addressed / Leader Presenter
• **Discussing Frames and Strategies for Organizational Wellness:** Identify and discuss various frames for and strategies to support "organizational wellness" and how they are used to integrate work, align practices, and balance some of the tensions inherent in our work. • **Supporting Well-Being for Leaders and Staff**: Understand why and how to build structures and supports for agency leaders and staff in order to build and support trauma-informed resilient agencies. • **Deepening the Work**: Have in-depth conversations within states and across states about organizational well-being and support for leaders and staff. • **Facilitating and Supporting the Regional Shared Learning Community**: Continue to facilitate and support relationships and connections across New England to provide resources, support, and a peer-to-peer shared learning community. • **Identifying Next Steps for Ongoing Learning**: Identify individual state "next steps" related to ongoing learning that will help guide this work over the coming year.	• Where We Are in Our Own Well-Being - ProQOL (Jen Agosti) • Mindfulness (Jenifer Goldman Fraser) • Peer Support Teams (NJ: Nancy Carre-Lee; Cherie Castellano) • Finding the Balance: Staff Safety and Family Engagement – A Continuum of Responses (NJ: Nancy Carre-Lee; Cherie Castellano)

Appendix B: List of Convening Participants

Name	Email Address	Convening 1: Oct. 2014	Convening 2: May-15	Convening 3: Apr-16
Connecticut				
Vannessa Dorantes	Vannessa.Dorantes@ct.gov	X	X	
Lynnette Fuller	LYNNETTE.FULLER@ct.gov	X	X	X
Jayne Guckert	Jayne.Guckert@ct.gov		X	X
Evelyn Hannah	Evelyn.Hannah@ct.gov			X
Jodi Hill-Lilly	JODI.HILL-LILLY@ct.gov	X	X	X
Ronald Holmes	RONALD.HOLMES@ct.gov	X	X	
Tina Jefferson	tina.jefferson@ct.gov			X
Tracee Melendez	TRACEE.MELENDEZ@ct.gov	X	X	
Fernando Muniz	Fernando.muniz@ct.gov	X	X	X
Rita Pelaggi	Rita.Pelaggi@ct.gov	X		
Paul Shanley	PAUL.SHANLEY@ct.gov	X	X	
Charlotte Shea	CHARLOTTE.SHEA@ct.gov	X	X	
David Silva	david.silva@ct.gov		X	X
Kristina Stevens	Kristina.stevens@ct.gov		X	X
Sheree Thompson	SHEREE.THOMPSON@ct.gov	X	X	X
Colleen Webb	colleen.webb@ct.gov			X
Michael Williams	Michael.Williams@ct.gov	X		X
Jonathan Zane	Jonathan.Zane@ct.gov		X	
Maine				
Peter Alexander	Peter.Alexander@maine.gov	X		
Teresa Barrows	Teresa.Barrows@maine.gov	X		
Michelle Berard Descoteaux	Michelle.Descoteaux@maine.gov	X	X	X
Grace Brace	Grace.Brace@maine.gov		X	
Lisa Bulland	Lisa.M.Bullard@maine.gov			X
Ahmen Cabral	ahmen.cabral@maine.edu			X
Therese Cahill-Low	Therese.Cahill-Low@maine.gov	X		
Ilene Ford	Ilene.B.Ford@maine.gov	X		
Jessica Henderson	advocating.j@gmail.com			X
Bobbi Johnson	Bobbi.johnson@maine.gov	X		
Chelsea Katan				X
Marie Kelly	Marie.Kelly@maine.gov		X	
Dulcey Laberge	Dulcey.laberge@maine.gov			X
Paul Maheux	Paul.maheux@maine.gov			X
Jim Martin	James.martin@maine.gov		X	X

Name	Email Address	Convening 1:	Convening 2:	Convening 3:
Elaine Provencher	Elaine.provencher@maine.gov			X
Charles Shaffer	Charles.B.Shaffer@maine.gov	X		
Jenni Smith	Jenni.smith@maine.gov			X
Massachusetts				
Michelle Banks	michelle.banks@state.ma.us		X	X
Peter Barry	Peter.barry@state.ma.us			X
Erica Bedard	Erica.bedard@state.ma.us			X
Ruth Bodian	Ruth.Bodian@state.ma.us	X	X	X
Laura Brody	Laura.brody@state.ma.us	X	X	X
Rebecca D'Agostino	Rebecca.dagostino@state.ma.us		X	X
Erin Deveney	Erin.deveney@state.ma.us	X		
Beryl Domingo	Beryl.Domingo@state.ma.us	X	X	
Kim Ferrecchia-Rivas	kimberly.ferrecchia-rivas2@state.ma.us	X	X	X
Paul Fitzsimons	Paul.Fitzsimons@state.ma.us	X		
Mary Gambon	Mary.Gambon@state.ma.us	X		
Jenifer Goldman Fraser	jenifer.goldmanfraser@bmc.org	X	X	X
Kim Harris	Kimberly.harris@state.ma.us	X		
Susan Horrigan	susan.horrigan@state.ma.us		X	
Maureen Messender	Maureen.Messeder@state.ma.us	X		
Emmanuel Oppong	Emmanuel.oppong@state.ma.us			X
Pam Rheume	pamela.rheume@state.ma.us			X
Candace Saunders	saundec@simmons.edu			X
Linda Spears	Linda.spears@state.ma.us		X	X
Marcia Roddy	Marcia.roddy@state.ma.us	X		
Susan Spurlock	Susan.spurlock@state.ma.us	X	X	
New Hampshire				
Lorraine Bartlett	lbartlett@dhhs.state.nh.us	X	X	X
Maggie Bishop	mbishop@dhhs.state.nh.us	X		
Bob Boisvert	rboisvert@dhhs.state.nh.us	X	X	
Paula Booth	pbooth@dhhs.state.nh.us			X
Missy Duyon	Melissa.duyon@dhhs.state.nh.us			X
Jessica Heiple	Jessica.heiple@dhhs.state.nh.us			X
Jennifer Gerber	jgerber@dhhs.state.nh.us	X	X	
Al Kirker	Allan.Kirker@dhhs.state.nh.us		X	
Jessica Lewis	Jessica.b.lewis@dhhs.state.nh.us		X	
Lindsay Lyman	Lindsay.ab.lyman@dhhs.state.nh.us	X	X	
Kendra McCauley	Kendra.n.mccauley@dhhs.state.nh.us	X	X	X

Name	Email Address	Convening 1:	Convening 2:	Convening 3:
Catherine Meister	Catherine.l.meister@dhhs.state.nh.us	X	X	
Marie Noonan	mnoonan@dhhs.state.nh.us	X		X
Gail Snow	gsnow@dhhs.state.nh.us		X	X
Jodi Varney	jvarney@dhhs.state.nh.us	X	X	X
Charles Welch	Charles.welch@dhhs.state.nh.us	X		
Cassie Yackley	cathleen.r.yackley@dartmouth.edu	X	X	X
Heidi Young	hyoung@dhhs.state.nh.us	X	X	X
Rhode Island				
Darlene Allen	dallen@adoptionri.org	X		
Kevin Aucoin	Kevin.aucoin@dcyf.ri.gov		X	
Janice DeFrances	janice.defrances@dcyf.ri.gov	X		
Karen Deorsey Smith	Karen.deorseysmith@dcyf.ri.gov			X
Dorn Dougan	Dorn.Dougan@dcyf.ri.gov	X		X
Jody Eyre	jeyre@nccmhc.org	X		
Joan Harmon	joan.harmon@dcyf.ri.gov			X
Christopher Hebert	Christopher.hebert@dcyf.ri.gov			X
Lisa Holley	Lisa.holley@dcyf.ri.gov		X	
Laura Kiesler	Laura.Kiesler@dcyf.ri.gov			X
David Lauderbach	dlauterback@thekentcenter.org	X		
Jamia McDonald	Jamia.mcdonald@ohhs.ri.gov		X	
Sarah Kelly Palmer	kellysa@failyserviceri.org	X		
Denis Riel	Denis.j.riel@dcyf.ri.gov		X	X
Diane Savage	Diane.Savage@dcyf.ri.gov	X		
Staci Shepherd	Staci.sherpherd@dcyf.ri.gov			X
Sarah St. Jacques	Sarah.stjacques@dcyf.ri.gov			X
Thomas Tedeschi	Thomas.tedeschi@dcyf.ri.gov			X
Stephanie Terry	Stephanie.Terry@dcyf.ri.gov	X		
Vermont				
Juliette Anderson	Juliette.Anderson@vermont.gov	X	X	
Cheryle Bilodeau	cheryle.bilodeau@vermont.gov	X	X	
Jennifer Burkey	Jennifer.burkey@vermont.gov			X
Marc Carr	Marc.Carr@vermont.gov	X	X	
Deb Caruso	deb.caruso@vermontt.gov			X
Karen Crowley	Karen.Crowley@state.vt.us		X	
Melanie D'Amico	Melanie.D'Amico@vermont.gov	X		X
Brenda Gooley	Brenda.Gooley@vermont.gov	X	X	X
Monica Hutt	Monica.Hutt@vermont.gov	X		

Name	Email Address	Convening 1:	Convening 2:	Convening 3:
Christine Johnson	Christine.M.Johnson@vermont.gov			X
Doreen Marquis	Doreen.Marquis@vermont.gov	X	X	
Beth Maurer	Elizabeth.Relyea@vermont.gov	X	X	X
Ken Schatz	Ken.Schatz@vermont.gov		X	
Karen Shea Denniston	Karen.Shea@vermont.gov	X	X	X
Jessica Strolin	jstrolin@uvm.edu	X		
Anita Thomason	Anita.thomason@vermont.gov			X
Cindy Walcott	Cindy.Walcott@vermont.gov	X	X	X
Sarah Ward	Sarah.ward@uvm.edu		X	X
Priscilla White	Priscilla.Whire@vermont.gov	X		
Guests / Speakers				
Kathy Bonk	Kbonk@ccmc.org		X	
Chris Bory	cbory@jbcc.harvard.edu		X	
Charmaine Brittain	Charmaine.Brittain@du.edu		X	
Nancy Carre-Lee	nancy.carre-lee@dcf.state.nj.us			X
Cherie Castellano	castel@ubhc.rutgers.edu			X
Michael Cull	Michael.cull@tn.gov	X		
Michael Hoge	Michael.Hoge@yale.edu		X	
Jacqui Romer-Sensky	jrsensky@aol.com	X		
Joyce Lee Taylor	Jtaylor4@springfirldcollege.edu		X	
Casey Family Programs				
Dan Despard	ddespard@casey.org		X	X
Susan Reilly	sreilly@casey.org	X	X	X
Zeinab Chahine	zchahine@casey.org			X
Staff				
Jen Agosti	jen@jraconsultingltd.com	X	X	X
Grace Hilliard-Koshinksy	gkoshinsky@jbcc.harvard.edu	X	X	X
Gail Medeiros	gmedeiros@jbcc.harvard.edu	X	X	X
Julie Sweeney-Springwater	jspringwater@jbcc.harvard.edu	X	X	X

Appendix C: Individual State Highlights

Connecticut

Following are highlights described by Connecticut related to their work on building and supporting trauma-informed resilient organizations. For more specific details on each, please reach out to the state's designated key contact.

In 2011, Connecticut received an **ACF CONCEPT grant**, which gave a platform for this work and allowed them to maximize the work in a variety of ways. They came at the conversation from all angles and **avoided the narrow scope** that often rules grants and initiatives. This allowed a focus on the service system and workforce, while also working with consumers at exactly the same time. The simultaneousness of this work felt very important.

Connecticut wanted to shift from trauma-informed work that happened only "after-the-facts" to **get upstream** and look at preventive measures, healthy promotion, health and wellness, well-being, and strength-based approaches. They wanted to move to a comprehensive and multi-tiered approach.

They ensured they had **active engagement of the highest leaders** in the child welfare agencies and brought in **diverse people** across divisions, regions and positions, further enhancing their work.

Staff are now seen in a more clear and holistic manner, as they are seen not just as staff, but as members of a **robust workforce.** Connecticut has worked to emphasize and model the **parallel process** between the organization-staff and staff-families: joint decision-making; teaming; authentic engagement – all are reflected at multiple levels.

While they had various pieces of work related to trauma-informed practice that may have been complimentary, they weren't yet woven together intentionally. The last several years have allowed them to **braid several things together more intentionally,** as shown below.

Key Area	CONNECTICUT: Brief Description
Leadership	• **LAMM (Leadership Academy for Middle Managers)**: This DCF program, led by the Academy for Workforce Development, is designed as leadership development and capacity building specifically for middle managers. Recognizing that managers are often 'social workers who did a good job,' they have strived to create a comprehensive training and mentoring system to teach the skills and competencies associated with management. Not only does the LAMM provide much needed support for staff moving from clinical to management positions, but it also has allowed managers to nurture their own development related to staff wellness.

Key Area	CONNECTICUT: Brief Description
Safety Culture	• **Peer Reviews**: This peer learning process in which regions do multi-level round robins (similar to medical grand rounds) is no longer punitive nor focused exclusively on fatalities. It includes a comprehensive debrief that includes facilitated dialogue to hone in on key questions and transactions raised during the course of the Department's assessments and interventions with complex family and social systems. It is intended to foster a climate of support, wellness, and learning and includes senior leadership and multidisciplinary staff within and across Facilities, Offices and Regions. DCF sees these reviews as opportunities to expand learning, highlight best practices to enhance program and workforce development, and identify policies and practices that require further consideration. • **Threat Assessment Teams**: Each office has its own Threat Assessment Team (TAT), led by the Office Director (but can be delegated to other managers). Each team provides support to staff for internal and external threats. These are formalized in state policy and protocol and are designed to offer additional support to staff as needed. There is a Statewide Steering Committee to review short-term policies and protocols for consistency across sites in responses. • **Office of Organizational Climate and Staff Support**: This office was created in 2016 to help ensure that workforce wellness and enrichment is at the heart of the Agency's culture. It includes crises intervention; debriefing and support (individual, group, and organizational with EAP); conflict resolution and mediation (facilitated and structured); prevention and early intervention (consultation, education, training, local Wellness Teams, EAP); and organizational assessment and intervention (use of various tools and standardized evaluations). It is housed at Central Office to provide assessment and support to area offices.
Trauma-Informed Child Welfare Practice	• **Child Welfare Trauma Training Toolkit:** DCF has adopted the NCTSN's Child Welfare Trauma Training Toolkit (CWTTT) and delivered it across the agency. This has included cross-training with partners in other systems, having involved many of the outpatient clinicians who deliver TF-CBT. • **Practice Guide Core Team**: As new DCF policies are established or current policies revised, they are reviewed by a core team to ensure the lens of trauma is applied and embedded into the language. • **Screening and Identification**: DCF, in partnership with key stakeholders, developed the CT Trauma Screen (CTS). It is now being used across multiple systems and has been added to the multi-disciplinary evaluation completed for all children entering care. • **Treatment Capacity:** Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaboratives were conducted across the state to build the capacity of providers. A Learning Collaborative was also conducted to support the implementation of Child and Family Traumatic Stress Intervention (CFTSI).

Key Area	CONNECTICUT: Brief Description
Strategic Communications	• **Supervisory Communications**: Agency leaders have brought strategic communications to the supervisory level, encouraging supervisors to reflect on how they can improve their own communication. Support for this has gone up, down, and across the organization.
Supervision	• **Yale Supervisory Model:** This model was developed with support from Casey Family Programs and faculty from the Yale Program on Supervision. It is focused on strengthening supervisor competencies and shaping supervision practice in health and human service organizations. Early phases of the work occurred under a federally funded initiative that supported competency development and organizational change in supervision practice in a dozen child, youth, and adult serving organizations. The work was expanded to encompass multiple state agencies, hospitals, correctional facilities, and community organizations. The model is built around four core functions of supervision: quality of service, administration, professional development, and support. • **Staff Mentoring Program**: In 2001, DCF initiated a Staff Mentoring Program dedicated to social workers and social work supervisors. Its objective was to enhance the personal and professional development of a diverse group of front line staff by pairing them with leaders in the Department for one year to provide guidance and support around career development. As of March 2017, 450 staff had participated as either a mentor or mentee and the program has been recognized on both state and national levels for its innovation and outcomes related to staff retention.
Staff Wellness	• **Statewide and Area Office Based Health and Wellness Teams:** Every office has a Health and Wellness Team charged with focusing on health and wellness of the staff. Team leads sit on a statewide Health and Wellness Workgroup.

Connecticut Key Contacts:
Kristina Stevens (860-550-6542) Kristina.Stevens@ct.gov; Jodi Hill-Lilly: JODI.HILL-LILLY@ct.gov

Maine

Following are highlights described by Maine related to their work on building and supporting trauma-informed resilient organizations. For more specific details on each, please reach out to the state's designated key contact.

Maine has spent considerable time and energy focused on their **workforce development and retention.** As they think about agency well-being, they are measuring it through **vacancy and turnover rates**.

Additionally, they are striving to create **shared responsibility** for this work at the community level. They hope to build a community prevention system, recognizing that government is never the best parent. As such, they are trying to educate the broader systems, including school systems, mental health providers, and others about their responsibilities, networks across the state, and the responsibilities of child welfare.

Key Area	MAINE: Brief Description
Leadership	• **LAMM (Leadership Academy for Middle Managers)**: The agency recently completed their second cohort of training for select supervisors and managers.
Safety Culture	• **Workload Analysis:** This actuarial study is being done by an external firm. It includes a time study process, staff interviews, and focus groups. The agency is hoping to use it to get a true sense of where changes can be made to support an efficiency/workload balance, identify redundancies, and shift from being simply a crisis-oriented agency. • **Worker Safety**: The agency is working to standardize certain types of cases in which police will be joining caseworkers for support. Additionally, a buddy system among staff will allow for peer feedback on cases. • **Rapid Safety Feedback**: This is real time support in decision-making from Central Office directly to District Office staff, depending on risk level. • **Critical Incident Review Policy**: The agency, in consultation with a community mental health clinician, has revised the policy related to debriefing critical incidents for situations such as child deaths or serious injuries. The goal is to create a more trauma-informed process that supports staff and promotes a learning culture.
Trauma-Informed Child Welfare Practice	• **Trauma-Informed Practice Training**: The agency has provided training to all current staff related to trauma-informed practice with families and within the organization. This training has also been incorporated into the agency's Foundations training for new staff. • **Trauma-Informed Practice Training for Resource Families**: The agency has provided trauma-informed practice training to several resource families and has had a request for additional offerings which are currently being scheduled. Participants believed this to be a key training for resource families to best support both the children they are caring for and their families.

Key Area	MAINE: Brief Description
Strategic Communications	• **Quarterly District Visits:** Agency leadership visits each District Office quarterly to present updates, elicit feedback from staff, and respond to questions they may have. They also use this opportunity to recognize S.T.A.R award recipients. • **Community Outreach:** The Director of OCFS and Associate Director of Child Welfare Services have begun outreach to key partners, such as law enforcement, schools, and hospitals to increase collaboration, including a shared sense of responsibility for child safety; share information about current priorities; and provide general information about the child welfare process. • **Town Hall Calls:** The agency convenes calls for different groups: district quality circle representatives, resource families, and district management. These calls provide an additional opportunity to connect with staff closest to the frontline work with families, as well as provide updates and seek feedback. The agency is also convening a Caseworker Advisory Team with representatives from each District Office.
Supervision	• **Putting the Pieces Together:** The agency worked with the Butler Institute to focus on supportive supervision and management. This is an evidence-based outcomes-driven training for supervisors. • **LAS (Leadership Academy for Supervisors):** Modelled after the LAMM, this is geared toward supervisors to develop their supervisory and management skills in the context of leadership.
Staff Wellness	• **Recruitment and Retention Specialist**: The agency recently hired a position focused on staff recognition, building relationships, working at job fairs, and looking at exit surveys. This role is intended to look at the entire continuum of staffing across the agency.

Maine Key Contact: Bobbi Johnson, Associate Director for Child Welfare,
bobbi.johnson@maine.gov

Massachusetts

Following are highlights described by Massachusetts related to their work on building and supporting trauma-informed resilient organizations. For more specific details on each, please reach out to the state's designated key contacts.

Massachusetts used its ACF grant to create the **Massachusetts Child Trauma Project (MCTP)**. This project is a collaborative between MA DCF and a number of agencies and partners across the state designed to help develop a trauma-informed child welfare system that will ensure children impacted by trauma receive screening, assessment, and treatment to address traumatic stress reactions.

Key Area	MASSACHUSETTS: Brief Description
Leadership	• **Trauma-Informed Leadership Teams:** As part of the Massachusetts Child Trauma Project, area offices throughout the state created Trauma-Informed Leadership Teams (TILTs). TILTs brought together DCF staff, mental health providers, and other system partners and began by completing an assessment of trauma informed practices. From the results of this assessment, TILTs developed innovations for shifts in practice that would enhance the trauma-informed work that was being done. Many offices focused their innovations on supporting the well-being and resilience of staff. The Central Office of DCF also created a TILT and has focused on enhancing the well-being of Central Office staff.
Safety Culture	• **Statewide Safety Committee:** There is a statewide safety committee with representation from all offices along with someone from Senior Leadership that meets quarterly. The committee addresses safety concerns and, most recently, collaborated with state police to provide lockdown training for all staff.
Trauma-Informed Child Welfare Practice	• **Trauma-Specific EBTs**: Through the MCTP, providers in all four DCF regions have received training in CPP, TF-CBT, and ARC (application process from clinics). The UMass Child Trauma Training Center maintains a Centralized EBT Referral Line with a statewide list of providers trained in EBTs for trauma. • **Train Resource Parents**: The *NCTSN Resource Parent Curriculum (RPC) Training: Caring for Children who have Experienced Trauma* was provided to foster/adoptive/kinship providers across the state as part of DCF's ongoing / in-service training for resource parents. This training was offered in collaboration with KidsNet, an MSPCC program contracted with DCF to provide trainings and services for foster parents. • **Social Worker Training:** *NCTSN Child Welfare Trauma Training Toolkit (CWTTT)* was provided to all area offices for interested social workers, supervisors, and managers. The trainings were facilitated by a clinician with the MCTP along with a DCF staff person from that office, many of whom were graduates of the Simmons Trauma Certificate program.
Strategic Communications	• **Monthly All-Staff Emails:** Commissioner Linda Spears sends out monthly emails to all staff to communicate about policy roll outs and training, safety concerns, messages of support and communication, as well as other

Key Area	MASSACHUSETTS: Brief Description
	relevant information.
Supervision	• **New Supervision Policy:** In February 2016, DCF launched a new supervision policy with the intent to enhance professional development of all frontline staff and management. This new supervision policy helps staff support one another by building an environment that encourages all staff to seek assistance and reflect on the many factors that influence case direction.
Peer Support	• **Coping Groups**: Coping Groups exist within roughly eight Area Offices in the state and each has a trained facilitator who convenes the group after all critical incidents (serious injury, fatality, high-profile media situations). The teams are usually led by a Social Worker and Supervisor team or other DCF trained person such as a Mental Health Specialist. • **Facilitated Peer Groups:** Many offices are providing monthly Facilitated Peer Groups. They are led by trained peer facilitators and are intended to address regular ("chronic") secondary traumatic stress associated with the job.
Staff Wellness	• **Resiliency Summit**: This Summit was held in 2016 to support the resiliency and well-being of DCF staff. It was a one day internal statewide conference intended to emulate aspects of the final New England Convening and it included roughly 100 people from almost all area offices, regional offices, and Central Office. One goal of the Summit was for participants to become champions of well-being efforts within their respective offices. The Statewide Health and Well-Being Leadership Team that planned the Summit plans to follow up with participants, as well as plan another meeting in Spring 2017. • **Mindfulness and Self-Care Workshops** are being offered to all offices by EAP, The MA Child Welfare Institute, and MCTP. • **Critical Incident Debriefing** is taking place in the majority of offices across the state.

Massachusetts Key Contacts:

Ruth Bodian (617)748-2135 ruth.bodian@state.ma.us; Kim Ferrecchia-Rivas 508-929-2137 Kimberly.Ferrecchia-Rivas@State.ma.us

New Hampshire

Following are highlights described by New Hampshire related to their work on building and supporting trauma-informed resilient organizations. For more specific details on each, please reach out to the state's designated key contacts.

New Hampshire has had several trauma-informed practice related grants over the last several years, each of which has helped catalyze various aspects of their work.

Key Area	NEW HAMPSHIRE: Brief Description
Leadership	• **Monthly Leadership Meetings:** DCYF Supervisors from Child Protection and Juvenile Justice from across the state meet monthly to share and receive information about practice and policies impacting DCYF field staff. Trauma related activities remain a topic of discussion, including Secondary Trauma and how to support field staff and each other, the anticipated roll out of Peer Support Teams, the continued use of Trauma Screenings, and activities related to training mental health providers on Evidence Based Practices.
Safety Culture	• **DCYF On-Call Response System**: Beginning 2/27/2017, DCYF on-call child protection staff will be available to respond to reports that a child is in imminent danger after regular business hours and on weekends and holidays. To ensure the safety of field staff, no DCYF on-call child protection worker will be asked to respond to these reports without being accompanied by law enforcement.
Trauma-Informed Child Welfare Practice	• **Trauma Specialists**: These in-office specialist assignments emerged from the Partners in Change work. They are current CPS/JJS staff who have volunteered to take on this role in their offices. They support implementation and sustainability of all trauma-informed work in practice. Ongoing work continues with Trauma Specialists to sustain the practices of using screening tools, using trauma-informed language, and trauma informed case planning. • **Universal Trauma Screening**: Protocols and tools are used by all caseworkers to screen children and families for trauma exposure and symptoms. Information obtained through the screening tools is shared with the ongoing mental health provider with the goal of decreased trauma-related symptoms over time. • **New Hampshire Adoption Preparation and Preservation Project (NHAPP):** Training will complete in Summer 2017 for all child protection staff on permanency and adoption-related themes and research, the NHAPP Family Functioning Screening Tool, and best practices for improving the well-being of children pre-and post-adopt. Trust-Based Relational Intervention (TBRI) is a new model to DCYF and two staff have been trained to become practitioners in the model who can train more staff and partner agencies. • **Adoption Competency Training:** Training is being completed in 2017 to provide all Permanency CPSW's and interested mental health professionals with training regarding Adoption Competency. Additionally, mental health providers who participate will receive

Key Area	NEW HAMPSHIRE: Brief Description
	training on Complex Trauma. • **Evidenced-Based Practices:** Interested mental health providers have been trained in evidenced-based practices, including CPP, TF-CBT, adoption competency, complex trauma, and TCBI. Lists of trained providers are provided to field staff. Additionally, the mental health providers who participated in training also received a year of consultation to support their implementation of the model(s) they used. This consultation will conclude in Summer 2017.
Strategic Communications	• **Managing the Message Training**: Through Spring 2017, the DHHS Public Information Office is providing training to DCYF District Office staff regarding how to respond when contacted by the media and/or to questions asked by the community and other stakeholders.
Supervision	• **Supervisor Core Training:** This five-day training highlights the crucial role fulfilled by supervisors in bringing about and sustaining organizational change.
Peer Support	• **Peer Support Guide**: Released in February 2017, this formal guide includes details about the full structure of peer support teams in NH. It has a robust appendix that includes marketing flyers, brochures, the application process, and a self-assessment process to be part of the team. There is also a Secondary Trauma Workgroup that supports this work. • **Multiple Levels of Peer Support**: ▪ *Level 1-Day-to-day Events (e.g., overworked/overwhelmed; morale in office; staffing issues):* Use walk-bys (casual check-ins); offer debriefing (if it involves multiple people) ▪ *Level 2-Significant Events (e.g., out of the ordinary field experiences; difficult case decision; hard home visit)*: Same as Level 1 + require debrief meeting ▪ *Level 3-Major Events (e.g., serious injury/death of client; major issues impacting office (layoffs/budget); high media case; natural disasters)*: Same as Level 2 + invite administration to join • **Comprehensive and Systematic Approach**: There are roughly two to three staff per office who, after selection, will receive standard training on trauma and level identification (see above). These members are supported by members of the Statewide Workgroup, which will hold monthly meetings with representatives from each team to check in and see how things are going.
Staff Wellness	• **Workforce Development Committee**: A DCYF employee currently in an MSW program is focusing an internship on Staff Wellness and Retention. Through Spring 2017 she is participating in standing workgroups and staff meetings where she will solicit the input of employees regarding ways DCYF can better support and retain staff. All ideas will be shared with the agency's Workforce Development Committee for consideration for implementation.

Key Area	NEW HAMPSHIRE: Brief Description
	• **District Office Self- Assessments**: DCYF is partnering with a local agency to conduct self-assessments in each office to determine how trauma-informed offices believe they are. Additionally, offices will be asked what support would be needed to become a more trauma-informed office.

New Hampshire Key Contacts:

Marie Noonan (603-271-4319): Marie.Noonan@dhhs.nh.gov; Heidi Young (603-271-7217): Heidi.Young@dhhs.nh.gov; Jennifer Gerber (603-579-9436): Jennifer.Gerber@dhhs.nh.gov

Rhode Island

Following are highlights described by Rhode Island related to their work on building and supporting trauma-informed resilient organizations. For more specific details on each, please reach out to the state's designated key contact.

Rhode Island has been part of the Chadwick **Trauma-Informed Systems Project Super Community** for the last several years. As such, they have worked on trauma-informed practice and care along many levels. They have recently developed an **implementation plan** to guide their next steps, infused with the principles of **implementation science**.

Key Area	RHODE ISLAND: Brief Description
Leadership	• Newly appointed Director, Dr. Trista Piccola, has picked up the Trauma Responsive torch. She has demonstrated a desire to re-visit Trauma Informed Practice and how it is viewed/implemented within the agency. • Senior Leadership will attend a one-day presentation and associated workshop in May 2017 to discuss secondary trauma and its effects on the workforce.
Safety Culture	• The agency's **Peer Support Team (PST)** has been re-energized. They are collectively reviewing operating models and are specifically investigating a more resilience-based approach instead of the current response-based approach. • The new Director authorized phone for the PST and the emergency contact numbers have been distributed.
Trauma-Informed Child Welfare Practice	• **Training:** RI has had two major grants related to trauma, thus they have been able to do significant work in the provider community, raising awareness and creating partnerships. • **Trauma-Informed Screening Tool**: The agency has implemented a screening tool for trauma that is done with all children and families. • The state's new **Baby Court** introduced a trauma screening tool.
Strategic Communications	• Plans are in place to include a monthly Trauma Informed Care article in the re-initiated monthly newsletter.
Peer Support	• **Peer Support Team**: This team is designed to support staff and assist with incidents that may result in high emotional impact; support the agency's goals of acknowledging the presence of trauma on staff in child welfare; provide both individual and incident-specific support, including defusing, debriefing, and follow-up; and provide recommendations to Senior Leadership on policy, practice, and training issues, including trends and patterns.
Staff Wellness	• The new Director has articulated that staff wellness is one of her top three priorities. She has named a new Chief of Staff, Patricia Hesler, Esq, who will champion the Wellness Initiative.

Rhode Island Key Contact:
Denis Riel (401-528-3685): denis.j.riel@dcyf.ri.gov

Vermont

Following are highlights described by Vermont related to their work on building and supporting trauma-informed resilient organizations. For more specific details on each, please reach out to the state's designated key contacts.

Vermont has focused their work on various ways to impact the **overall culture** of the organization. Overall, they have tried to take large themes and drill them down into discrete pieces that when rolled up have cumulative impact. Much of their initial work was guided by their five year ACF grant.

Key Area	VERMONT: Brief Description
Safety Culture	• **Staff Safety Policy**: This policy was designed to help create and model a culture in which staff feel that it is expected and accepted to 'pause' before going out and putting themselves in harm's way. Not only do staff plan for their own safety, but this policy facilitates a true resiliency effort in that it reinforces the notion that it is okay to struggle or need support. Elements of this policy include: 1) safety policy; 2) standby / after-hours; and 3) the HOPE Team. • **After-Hours Coverage**: After-hours coverage is included in the staff safety policy. It includes language about how often workers are called in after hours and the impact on decision-making (fatigue factor). • **Pre-Caseload Training**: The agency has transitioned to providing roughly four months of pre-caseload training for all new staff. They have developed a checklist that includes shadowing experiences (including teaming and going to HOPE Team meetings), modelling the connections to other staff, and reaching out to others for help. This was implemented at a time when caseloads were particularly high, but has been well-received as it reinforces the culture of teamwork, partnership, and collaboration, and positions existing caseworkers as professionals, coaches, and teachers. • **Employee Engagement Survey**: Vermont added one of the scales from Michael Cull's Safety Culture Survey (Vanderbilt) to their annually-administrated employee engagement survey.
Trauma-Informed Child Welfare Practice	• **Critical Incident Reviews**: Vermont has two policies in place to help staff review critical incidents in a systematic way. Most noteworthy about these policies is the supportive, non-punitive nature of each, focusing as much on the well-being and impact of the incident on the staff person as on gathering information about the incident itself.
Strategic Communications	• **Open House**: Vermont held an open house in one of their district offices. This open house invited community partners and legislators as guests for them to learn more about – and see – the work of the agency first-hand.
Peer Support	• **The H.O.P.E. Team (Helping Our Peers Excel)**: This peer support model emerged from a combination of the first Convening and the tragic murder of a Vermont social worker. The model includes a team lead, two H.O.P.E. specialists, and 18 peer support members who promote worker well-being and retention by providing support for department staff that need support due to cumulative stress or situational events that occur.

Key Area	VERMONT: Brief Description
Staff Wellness	• **Balancing Hope and Concern:** The agency brought in Jeff Linkenbach, Director of the Montana Institute, to lead a session at the Division Conference on the "science of the positive" and balancing hope and concern, both personally and professionally.

Vermont Key Contacts: Karen Shea: Karen.Shea@vermont.gov; Brenda Gooley: Brenda.Gooley@vermont.gov

Appendix D: Round Robin Carousel Index

Trauma-Informed Resilient Agencies: A Carousel of Tools and Resources

This index includes all resources and tools that were reviewed or discussed in the Carousel of Tools and Resources activity at the first New England Convening (October 16-17, 2014).

Carousel Station #1: Agency Culture / Climate

1) ME: Trauma-informed assessment tool for behavioral health contracts (TIAA Guide)
    a. Frequently Asked Questions
    b. System of Care Trauma-Informed Agency Assessment
2) TN: DCS Safety Climate Survey
3) RI: Rhode Island Super Community Update #1 (Chadwick Trauma-Informed Systems Dissemination and Implementation Project)
4) VT: Butler Institute Comprehensive Organizational Health Assessment (2 documents)

Carousel Station #2: Agency Leadership

1) CT: DCF Leadership Academy for Middle Managers
2) MA: Trauma-Informed Leadership Team Update October 2014
3) RI: Summary of Agency Wellness Goal / Visual (2 documents)
4) NH: Rochester DO Peer-to-Peer Support
5) NH: Peer Support on Leadership Days

Carousel Station #3: Critical Incidents

1) VT: Policy for Responding to Incidents and Appendix (2 documents)
2) CT: Threat Assessment Teams and Violence in the Workplace Policy
    a. Violence in the Workplace Policy and Procedures Manual Overview
    b. Workplace Violence Incident Report Form
    c. Threat Assessment Checklist
    d. Employee Aftercare Checklist
3) RI: Peer Support Team

Carousel Station #4: Day-to-Day Casework

1) NH: Universal Trauma Screening Overview and Process
    a. Partners for Change Project – Graphic
    b. PFC Mental Health Screening Tool – Protocol
2) NH: Universal Trauma Screening Tools
    a. Young Child Version 0-6
    b. Older Children Ages 7+
3) NH: Post-Placement Meeting Report
4) VT: Professional Dangerousness – Nikki Weld Excerpt

Carousel Station #5: Reflective Supervision

1) NH: Partners for Change: Trauma Specialists
2) CT: CT DCF Supervision Practice Guide
3) CT: Strengthening Supervision Initiative
4) VT: Developing Reflective Practice

Carousel Station #6: Staff Self-Care

1) NH: Southern District Office Case Plan
2) CT: Building Your Bounce
    a. Workshop Overview
    b. Adult Resilience Survey
3) CT: Leadership Academy for Middle Managers
    a. Staff Wellness
    b. Staff Morale
4) RI: Compassion Fatigue Bibliography
5) University of Buffalo: Self-Care Toolkit Graphic
6) VT: Dealing with Secondary Traumatic Stress Common Ground Article