BECOMING A TRAUMA-INFORMED AGENCY:
THE WAUPACA STORY

WAUPACA COUNTY
Department Of Health and Human Services

WE HELP THE PEOPLE OF WAUPACA COUNTY TO BE SAFE AND CONNECTED

*"We help the people of Waupaca County
to be safe and connected."*
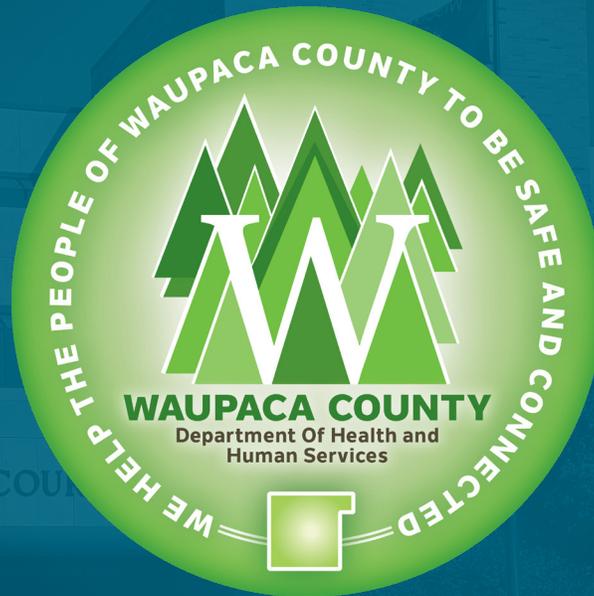
Alia
www.aliainnovations.org

casey family programs

A partnership between Alia, Casey Family Programs and Waupaca County, WI

INTRODUCTION

Christine Norbut-Beyer
Senior Director,
Casey Family Programs

On behalf of Casey Family Programs, I would like to offer praise and recognition to Waupaca County Human Services and Alia for their efforts to improve the lives of children and families in Waupaca County and to become leaders in a national movement of transforming child welfare services.

When I first met Chuck Price in 2013, he had recently been appointed as the Waupaca County Human Services Director. Our introduction that day began with Chuck showing me a picture of concentric circles that he had scribbled on a notepad that laid out his plans for improving Waupaca County child welfare services from the inside out. Little did I know that day of the dedication, commitment and drive that would soon propel Waupaca County to be both a state and national leader in the re-visioning and transformation of child welfare practice. Our paths would continue to cross for another full year before formalizing the Waupaca County/ Casey Family Programs partnership. Shortly thereafter, I introduced Chuck to Amelia Franck Meyer, a like-minded national expert, who committed to supporting Waupaca's transformation effort. With modest financial resources from Casey Family Programs, a collective desire to create real system change, and the persistent hard work of the full Waupaca Leadership team, the 3 agencies began a genuine attempt at system improvement. Through trial and error, and Amelia's continuous encouragement to "think bigger", we moved away from system improvement and landed on full system transformation. And it's that goal that persists in Waupaca County today.

I'm very honored and proud to be a part of this journey and look forward to sharing Waupaca County's story, and the many lessons learned, with other states and counties to improve the lives of children and families across the U.S.

Chuck Price
Director, Waupaca County
Health and Human Services

Thank you for your interest in the Waupaca journey. If you have this in hand, I will assume you have already started, or are contemplating your journey to becoming a trauma-informed agency. I can assure you that you are on the right track. Waupaca County is a medium-sized county located in the heart of central Wisconsin, and like many jurisdictions around the country, we shared the struggles and barriers related to budget constraints and resources, staff turnover, and overall outcomes. For us, the path was not always easy or well defined (or defined at all). Admittedly, there were times I wondered what I was doing, and how this was going to work out. It involves a multi-layered approach that relies heavily on strong leadership and the development of a healthy, compassionate workforce. I am extremely proud of our staff and their commitment to our vision, values and principles. I am here to tell you it can be done, and it's incredibly worth the journey!

Shannon Kelly
Deputy Director, Waupaca County Health and Human Services

I began my career working with hospitalized children as a child life specialist, so from a psychosocial standpoint it seemed natural to apply a trauma-informed philosophy to human services once I learned about the ACE (Adverse Childhood Experience) study. What seemed like simply a "good idea" has turned out to be more impactful, beneficial and positive than expected. Since becoming a trauma-informed agency we have seen decreases in undesired staff turnover, burnout and secondary traumatic stress, and an increase in compassion satisfaction. Just as important, a collaborative, person-centered, and strengths-based trauma-informed approach has supported us achieving better outcomes for those we serve. Finally, since becoming a trauma-informed agency we have reallocated 25% of the children and families budget – which includes child welfare – to prevention services. So why do I think you should become a trauma-informed agency? You can't afford not to.

Amelia Franck Meyer
CEO, Alia

In the spring of 2015, Christine Norbut of Casey Family Programs introduced me to Chuck Price and his team at Waupaca County. Christine told me that Waupaca was an innovative county, and she knew I was innovating in child welfare, too. She thought we should meet to see what we could achieve together. I'll never forget the first meeting where Chuck and his team thought I was there to sell them services. I remember saying to them, "I'm not here to sell you services, I'm here to see if you want to do something substantially different here at Waupaca County. I'm not interested in tweaking change, I'm looking for a partner who is willing to do things radically different." Chuck and his team convinced me they were ready for radical change, too!

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IMAGINE...

...YOUR AGENCY has no **CHILD OR YOUTH** placed in residential care institutions

...DECREASING the **NUMBER** of **CHILDREN** in out of home care by 17%

17%

...YOUR CHILD WELFARE AGENCY moves 25% of the budget to prevention services, because the **NEED FOR DEEP END CARE IS DECLINING**

...FAMILIES SERVED by your agency are treated by your employees at a level of compassion they would offer their own loved ones.

...A PARENT who has had their parental rights terminated calling and **THANKING YOU** for your support and guidance.

"THANK YOU"

...100% OF YOUR EMPLOYEES are trained in trauma-informed care, and your turnover rates are less than 6%.

100%

Sound unbelievable and unachievable? It's not. It's the true story of the journey of a mid-sized jurisdiction in Wisconsin – Waupaca County. Their story is one of delivering care in a trauma-informed way, one step at a time. This publication provides a behind-the-curtain account of how Waupaca County DHHS has and continues to achieve high quality service delivery that yields positive outcomes for the families they serve by courageously implementing and embodying innovative and boundary-pushing trauma effective services. Their permanence and wellbeing outcomes surpass historical records of their own and other similar jurisdictions across the country.

WHAT IS TRAUMA INFORMED CARE?

"Trauma-Informed Care (TIC) is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment." – the Trauma-Informed Care Project " [1]

Trauma-informed care (TIC) or trauma-informed practice is a movement within the field of child welfare. Many organizations offer TIC trainings or presentations, or may have adopted TIC principles. Perhaps your organization has expressed a desire to integrate TIC practices, because you are not seeing the desired results. You will see here there is a difference between a cognitive, cerebral, check-the-box approach, and the veil-lifting, heart-centered, parallel process of approaching your clients and your colleagues with profoundly different perspective – a perspective that demands a shift in behavior towards empathy, respect, understanding, and support.

Whether you are a child welfare director, manager, front line staff, advocate, administrative support, or a concerned community member, you will learn some practical and tactical ideas for shifting your approach. With some simple yet profound adjustments to your mindset, the effects are compelling: you and your team will become more balanced and effective; you will gain more meaning and enjoyment from your work and you will facilitate meaningful and lasting change in the lives of children and families.

You do not need an advanced degree or years of experience in a helping profession to comprehend what it takes to make the profound shift toward becoming a trauma effective agency. You must, however, remain open, tenacious, and person-centered. If you desire to embody a trauma-informed approach in your agency, we will offer guidance and inspiration needed for you to embark upon and stay the course.

Regardless of the size, budget, geography, or current culture of your organization, you will find the trauma-informed care interventions within this story accessible for you to start using now.

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[1] http://www.traumainformedcareproject.org/

WAUPACA COUNTY PRE-TIC

About Waupaca

Waupaca County is nestled in the heart of central rural Wisconsin and is home to 52,000 residents. The Waupaca County Department of Health and Human Services (DHHS) employs 125 staff within eight departments: Public Health, Family Community Services, Behavioral Health, Aging and Disability Resource Unit, Economic Support, Waupaca County Industries (vocational rehab), Business and Fiscal, and Children & Families (Child Protective Services and Youth Justice).

The TIC Conversation in WI

Workshops and trainings promoting trauma-informed care (TIC) principles occurred across the state of Wisconsin starting in mid-2000s. In 2009, Wisconsin received a federal Transformation Transfer Initiative Grant from SAMHSA (Substance Abuse and Mental Health Services Administration) through NASMHD (National Association of State Mental Health Program Directors)[2] which allowed it to convene a statewide summit around TIC attended by 500+ people. One of the recommendations for continued progress was to hire a state TIC consultant. As a result, trauma expert, consultant, and trainer, Elizabeth Hudson was hired for the position as the state's first TIC Coordinator. Years of initial dialogue around TIC created a climate open to concrete movement in the direction Waupaca County was about to proceed.

After conversations with a childhood friend, Laurie Lambach, CEO of SET Ministry, Inc., and pediatrician, Dr. Angela Carron about trauma-informed practice, Wisconsin's First Lady Tonette Walker experienced "a-ha" moments which inspired a series of state-wide Listening Sessions in 2012, hosted in partnership with Casey Family Programs.[3] Her goal was to raise awareness around the effects of trauma in the lives of children and families living in Wisconsin.

Elizabeth knew that a staff member in Waupaca County, soon-to-retire Family and Community Services Manager Vicki Gehrke, was interested in TIC principles and implementation. To encourage Vicki's efforts, Elizabeth requested the First Lady hold one of the Listening Sessions in Waupaca County, which occurred in Waupaca County in April 2012.

OF NOTE:

While this narrative is meant to highlight the distinct directional changes that were made starting in 2012, we want to recognize and affirm other committed Waupaca County employees and the skilled work they performed at an earlier time and under different circumstances.

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[2] http://www.samhsa.gov/nctic

[3] http://firstlady.wi.gov/media/in-the-news/first-lady-walker-touts-listening-sessions-trauma-informed-care

New Director

After two consecutive long-serving directors through the 90s and 2000s, Chuck Price began as Waupaca County Health and Human Services Director in March 2012.

Insights gained from the Listening Session – held just weeks into Chuck's directorship – in addition to alarming data gathered from a staff Professional Quality of Life Scale[4], inspired Chuck to collaborate with Elizabeth Hudson over the next 9 months on training and consultation in TIC. The data that were especially significant to the new Director focused on the newest staff: 90% of employees with 5 years of service or less self-reported medium to high burnout and 90% reported low to medium compassion satisfaction. In the 8 years leading up to 2012, the child protection and juvenile justice departments employed approximately 40 different social workers for 15 different positions.

From Chuck:

Stepping into the role of Director of Waupaca County DHHS was interesting from the start. Prior to starting, I had been 'warned' by colleagues and confidants to not take the position. I was told that the agency was "dysfunctional" and that turnover was high (especially in child protection and juvenile justice). Good thing I like a challenge, because I had already accepted the position. This is how the Waupaca journey started for me, knowing things may not be good in the hallways. Coming into the position I thought "I won't look to change things right away," thinking I needed to first observe the environment for myself. However, it was immediately evident that there were issues to address: including a fragmented, mistrusting management team, silos among units, a negativity that you could both see and feel, stakeholders voicing concerns with the department, staff turnover, and the end of a union environment. I saw that staff, including management staff, were not thriving; rather, were operating in survival mode.

I knew something had to change, but I wasn't completely sure how or when. There were immediate concerns, yet the ideas for direction didn't occur until about month into the position after the Listening Session on Trauma-Informed Care. As I heard the principles and fundamental concepts that day, I had the proverbial "a-ha" moment: What if we use the TIC approach as the platform for changing the Department?

So, without any guidebooks or manuals, without any additional funding, grants or pilots, I made the decision to venture the agency into TIC transformation full speed ahead. I believe that with implementation of any new philosophy, movement, or process in leadership, you will see three employee groups develop, and our TIC transformation was no exception: 1) the champion group – in it from the start, passionate and ready to go, no convincing needed; 2) the "tell me more" group – in need of some convincing, but willing to come along, and 3) the "no way" group – refusing to be open to the process. The "no way" group puts leadership in a position of needing to make the hard decisions, including parting ways. All staff know who this third group is and they will be watching what you do about them. These were often the cases where the hardest thing to do and the right thing to do, were the same thing.

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[4] http://www.proqol.org/ProQol_Test.html

Culture before TIC

Veteran county staff describe their experience at Waupaca County before Chuck became Director and began implementing TIC practice as ranging from positive yet disjointed, to a source of tremendous stress. Individuals and departments were reported as operating in isolation, each fulfilling their own personal missions, while not functioning as a unified agency. Staff report that decisions were made based on funding, not goals, outcomes, or mission. Budget constraints lead to reducing time spent on "cases" to save money. The training and onboarding process for new employees was informal and insufficient.

In 2011, less than 1% of the Waupaca County Children and Families budget was spent on preventative services and 28% of all placement costs were spent on deep end, restricted, undesirable placement options such as residential treatment, secure detention, shelter care, and group homes.

Due to change at the state level, the employee union at Waupaca County dissolved in 2012, leaving what staff describe as an "us vs. them" mentality. The management and staff often felt pitted against another and therefore communication between groups was strained and infrequent.

STEP BY STEP TIC IMPLEMENTATION
Starting TIC

Chuck immediately implemented several practical interventions, one of which was to initiate a Secondary Traumatic Stress (STS) group to begin addressing the poor results of the Professional Quality of Life Scale, which indicated staff were experiencing high burn out and STS and low compassion satisfaction. The STS group wrote what they called an "Unspoken Cultural Norms" survey and recorded responses anonymously, as staff were not comfortable expressing opinions directly to managers at that time. (See side bar)

Embarking on a major organizational shift and expecting difficult conversations to come, Chuck worked with the STS group to address some of the mistrust issues by focusing on ways to promote respectful communication practices among staff.

This group discovered and adopted the Tools of Civility[5] (Appendix 1) curriculum from a local community foundation called Speak Your Peace as a guide for improving communication. This was introduced at an all-staff meeting. Staff made pacts with each other to pay attention, listen, be inclusive, stop gossip, show respect, be agreeable, apologize, give constructive criticism, and take responsibility. Staff still often refer to the Tools and rely on these principles to guide their interactions.

Waupaca County began to understand the current culture and identify unspoken expectations by creating and assessing a simple survey:

UNSPOKEN CULTURAL NORMS are beliefs or perceptions of how the agency/workers/supervisors (should) operate that are not set forth by policies, statues or standards.

HERE IS AN EXAMPLE OF AN UNSPOKEN CULTURAL NORM THEY IDENTIFIED: There is an expectation to accumulate comp time and if you don't you're a slacker.

EVIDENCE OF NORM:

- Workers feel expected to work 40+ hours in a week.
- Workers often feel guilty leaving at 4:00, because there is always work to do.

WHAT COULD BE DONE TO EXTINGUISH/ REINFORCE:

- Offer clear expectations of job duties, and timeliness of paperwork.
- Meet with workers about balancing work and self-care.
- Identify appropriate reasons to work more than 40 hours / week.

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5 http://www.dsaspeakyourpeace.org/tools.html

Other "low hanging fruit" were identified – ways the department could make swift procedural changes to support their concerted efforts to encourage trust and wellbeing among the staff and toward the clients. Sixteen suggestions were offered including keeping cell phones off during meetings, cleaning up after yourself, eliminating overuse of acronyms and lingo that impede mutual understanding, creating an on-call schedule to allow time off to be rotated, no longer tolerating vulgar language among staff, and clearly posting agency open hours to the public. From June 2012 to March 2013, most of these were implemented with little to no resistance and no new funding.

The leadership team at Waupaca County now set the expectation for staff to view all decisions and practices through a TIC lens. Punishment as behavior modification falls outside of TIC principles and this shift in thinking contradicted the previous mode of operations which assumed people (clients) need to experience pain before they make positive changes in their lives. Responses like punishing clients who don't show up for appointments, or withholding lunch for a youth skipping school so as not to reward for her "bad behavior", no longer fit in their approach. This shift in mindset happens on a personal level, and some staff weren't able or willing to change with the organizational culture shift. Some felt it was too lenient, too "fluffy."

Departmental recruitment, hiring, and promotion practices were also assessed and found to offer priority to interns and those currently employed at Waupaca County. While this seemed to reward staff for their length of service, it didn't hold the organization to the standard of finding a person who could best fulfill the job requirements. DHHS changed their commitment to finding the right person who fit the new organizational culture, regardless of how long it took, and valued loyalty to the mission and the clients over history with the agency. This has been described as "hiring for character and training for skill."[6]

From 2012 into 2013, Chuck also created and chaired a TIC staff committee and Elizabeth provided TIC trainings for managers. Chuck created agendas for the TIC meetings, and eventually all staff were trained in trauma-informed care and adverse childhood experiences. Some employees self-selected out of the process by resigning, other new employees were hired, and realignment was completed within the departments.

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[6] Peter Schutz, former president and CEO of Porsche

All Staff are Trained in TIC

In April of 2013, Chuck scheduled an all-day, all-staff training. The concepts of trauma-informed care were presented and (for their own personal discovery) every staff completed the ACE (Adverse Childhood Experience)[7] survey calculator to identify their own traumatic experiences. Every staff learned about what an adverse childhood experience is, what a trauma response behavior may look like, and how the accumulations of ACEs correlates directly to high-risk behaviors and poor health outcomes in adults. An experienced consultant with the US Department of Justice, Jonathan Cloud, contributed to the all-staff meeting by presenting information on resilience and personal strengths.

The process of including all employees together in a training that incorporated identifying their own trauma experiences via the ACE assessment was a defining moment in their transformation. This turned out to be a critical point in time and the line between staff and those they serve began to blur. Many realized there isn't much difference between who they are and who they serve. And because staff and managers were together, everyone was aware of the significance of ACEs and it subsequently became the lens they used to see one another. This changed how they treated each another – with empathy and connection rather than judgment and distance.

Chuck continued to earn employee trust by envisioning with DHHS employees a workplace that provides excellent care to both employees and clients. He trusted the staff, and further built trusting relationships by following through on commitments, offering transparent communication, and demonstrating a personal commitment to wellbeing and excellence. Challenging status quo is theoretically simple; it isn't complicated work. Pushback to organizational culture, however, is intense, even if change is for the better. This is a normal response as people try to hold on to what they know.

As the months went by, Chuck was present at many meetings – managerial and direct service – to get a feel for the functioning of the teams within the department and to offer continued inspiration for infusing TIC practices into their culture. The new vision for the department was "becoming a center of excellence." This new vision of a welcoming, accepting agency that treated its employees and guests as individuals with inherent value, created intolerance for unprofessional behaviors that no longer coincided with the new vision. Tardiness, lack of focus, ill-preparedness, pervasive negative attitudes – these were recognized as behaviors misaligned with the vision and no longer fit the changing culture.

"Many realized there isn't much difference between who they are and who they serve."

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[7] https://acestoohigh.com/got_your-ace-score/

STOP-START-CONTINUE

To understand the extent to which current DHHS operations aligned with trauma-informed principles, peer feedback groups were formed using a simple Stop-Start-Continue framework (see below): As a team, department, or work group, what should we stop doing? What should we start doing? What do we currently do that we should continue doing? The nature of horizontal influence in these groups contributed to accountability and responsibility to the shift in culture.

A SNAPSHOT OF STOP–START–CONTINUE RESULTS

Stop: punishing colleagues for not agreeing with decisions that are made

Stop: disorganization between and during staff meetings

Start: using an accessible phone system so clients can reach them more easily

Start: becoming more united as managers by implementing policies consistently

Start: staff training for managers to improve understanding and improve supervision

Start: offering more consistent and thorough new staff orientation

Continue: training on ACEs

Continue: supporting each other in a trauma-informed way

New Deputy Director

In 2012, Shannon Kelly started at Waupaca County as Family and Community Services Manager. She demonstrated strong management and operational skills as well as an openness and commitment to the trauma-informed approach. Because her skillset was complementary to Chuck's, she was promoted to Deputy Director.

Chuck and Shannon decided to focus unit by unit to work on improving outcomes and ensure implementation of trauma-informed practices. They started with the Children and Families Unit and set goals to improve permanency. In 2013, they began by implementing the DAPIM™ (Define, Assess, Plan, Implement & Monitor) Organizational Effectiveness model adopted by the Wisconsin Child Welfare Professional Development System (WCWPDS) and developed by the American Public Human Services Association (APHSA).[8] They focused on tracking client data, improving relationships with legal partners, organizing work flow more effectively, and improving relationships between supervisors and staff. They learned that effective supervision played a significant role in decreasing Secondary Traumatic Stress, so in 2013 they hired another supervisor, as the current supervisor-staff ratio was 1:19. (Note: The Council on Accreditation recommends generally that supervisory staff ratios do not exceed 1:8 FTE.)[9]

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[8] http://wcwpds.wisc.edu/organizational-effectiveness.htm

[9] http://coanet.org/standard/ts/3/

Jonathan Cloud returned in 2014 to lead a training for all staff to help further internalize the TIC practices. He introduced Dr. Peter Benson's[10] definition of "sparks" as something that gives your life meaning and purpose, and that is an interest, passion, or gift. Jonathan introduced job crafting, guiding staff in identifying their sparks, focusing on how this can inform their time at work. Staff are encouraged to use their personal gifts, interests, and skills to craft their work. One staff responded by using her natural organizational skills to sort and straighten the office supplies in the storage closet – with pleasure! Other team members offered their natural skills and interest in photography, decorating, copy editing, and planning, to contribute to the department – and add joy to their work lives.

Staff stability increased throughout 2014 and into 2015 (there were zero resignations in the Child Welfare and Youth Justice Department in those two years), TIC changes gained traction, and trust among staff was reinforced. In the fall of 2014, a breakout style refresher workshop was provided to all staff and covered many of the TIC practices introduced in previous months and years. These workshops also served as onboarding for new staff, for maintaining momentum with TIC, and to demonstrate to current employees that TIC was here to stay; management was committed to the trauma-informed approach for the long term.

In preparation for the all-staff workshop, the management team developed a Leadership Charter. This Leadership Charter was shared and read during the Fall 2014 all staff meeting, which provided an opportunity for the management team to pledge their commitment to the entire staff (see below).

Staff turnover: During these months when they were in the trenches of changing organizational culture they saw a spike in resignations and turnover was 13%. In 2014 staff turnover reduced to 3%.

Major organizational change often follows this pattern: a percentage of staff cannot or will not adapt to the new organizational culture and are asked to leave or may self-select out.*

* as discussed in Good to Great (Collins, 2001)

Waupaca County DHHS Leadership Charter

As leaders in our organization, we believe our Core Values guide us in our work with colleagues, clients, and community members. We commit our passion and professionalism to incorporate the following principles in all that we do:

- » We will model a trauma-informed approach.

- » We will apply civility in each interaction.

- » We will inspire future Leaders and support all those who seek guidance.

- » We promote collaboration and the building of trusting relationships.

- » We seek to be the Center of Excellence in our community.

- » We promise to be strength-based, practice humility, promote equality, spark creativity, encourage and demonstrate compassion, and engage in civic duty as public servants.

- » We strive to deliver superior services, with distinctive lasting impact on the health of individuals, families, and our community.

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[10] http://www.search-institute.org/sparks

Intro to Casey Family Programs

Christine Norbut, Senior Director of Strategic Consulting in the Systems Improvement Division of Casey Family Programs, consulted with Waupaca County intermittently starting in 2013. She presented in Spring 2013 about organizational culture at a Wisconsin County Human Service Association (WCHSA) conference, which Chuck attended. They spoke at the conference and realized their vision for work was aligned and continued to connect in subsequent years. Casey and Waupaca County partnered on efforts to improve permanency outcomes and to increase the number of youth placed with kin. In 2015, Christine introduced Chuck at Waupaca to Amelia Franck Meyer.

Amelia, current CEO of Alia, then CEO of Anu Family Services (a treatment foster care organization), was successful in leading Anu through a TIC transformation in years prior. A TIC approach is now entrenched in their organizational culture and Amelia was offering consultative services to agencies committed to making the same transformation. There was now enough stability among staff at Waupaca County and a sufficient understanding of TIC principles to take their implementation to the next level.

Going Deeper with TIC

In 2015, Amelia began to lead conversations with Waupaca leadership to clearly define their big, broad goals as an agency. Jim Collins calls this defining your "BHAG" or "big, hairy, audacious goal." With leadership team meetings, and individual leadership coaching, Waupaca County DHHS leaders answered the question, "What change do we want to make in the world?" Clarifying the scope of the problem and the mission, they then completed a stakeholder assessment, identifying allies and possible opposition to moving forward.

A book club (Appendix 1) was formed by staff to be purposeful about making a paradigm shift toward trauma-informed care. The first book the group read was Good to Great: Why Some Companies Make the Leap…and Others Don't (Collins, 2001).

THE RIGHT SEAT ON THE BUS

One of the most challenging, yet crucial parts of transforming culture is getting the right people on the bus and in the right seats. In Good to Great: Why Some Companies Make the Leap…and Others Don't, Collins (2001) uses the metaphor of people on a bus to describe employees in an organization. The "right" people on your bus are those who align with the mission and vision of your organization. Ensuring those people are in the right seats is ensuring their role best suits their skills and abilities and sets them up to do well and add value to the team.

Chuck describes several difficult staffing decisions using the Good to Great bus metaphor – sometimes hiring from the outside instead of promoting senior staff from within, changing roles and responsibilities among staff, changing department hierarchy and structure, and at times opting to let staff go who did not practice in a TIC way or no longer fit with the new organizational culture.

Waupaca County already experienced internal anxiety and turbulence due to intentional change in organizational culture, and Amelia affirmed that, as a natural part of the change process, they could continue to expect this from the wider community. With this in mind, they developed the following vision and values.

The mission and BHAG for Waupaca County is to be a center of excellence: the model Health and Human Services agency.

WAUPACA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

VISION

We help the people of Waupaca County to be safe and connected.

We ensure people's safety by attending to their basic needs. We engage and build people's natural support networks in the helping process, because together we are stronger.

VALUES

The services and engagement we provide meet the standard of compassion we would want for our own families.

We understand many of the needs experienced by our community are the result of adversities people have experienced, and so we ask, "What happened to you?" not "What's wrong with you?"

We believe people who hurt others are in pain and need help, not punishment.

We meet the needs of those we serve in a way that is meaningful to each person, by responding in a trauma-informed way.

From Amelia

In one of my first meetings with Chuck, he walked me down a hallway that had been beautifully painted with an outdoor landscape of birch trees. He explained that they had received a grant to make the environment more trauma-informed, and that there were 17 painted ladybugs hidden in the artwork. That way, when a child walked down the hallway to a supervised visit with their parent, they could be distracted and calmed by the art and by finding ladybugs. My reply was, "This is beautiful and better than most child welfare agency's hallways, but I'm going to be interested in changes that make it so no child needs to come to a county building to see their parent because they are already living safely at home."

The process Alia engaged in with Waupaca County to move them closer to not needing that hallway full of ladybugs involved a monthly in-person visit for a four-hour meeting with the leadership team. These meetings flowed from clarifying roles and building trust, to identifying the problem, and then working to bring the whole staff along to give input into our collective work. By far, the part that took the most amount of time was identifying the problem. It seemed each meeting we would use different approaches to be sure we were solving the right problem, but it required more discussion, more input, and more effort than we predicted. We spent many sessions on this topic and we decided to bring in a reliability engineer who was expert in root cause analysis. We used the 5 Whys and cause mapping techniques to identify the problem at the root of the barrier to becoming a trauma-informed community. These exercises helped us to identify that the root cause was the disconnection of services, providers and stakeholders. Essentially, people weren't envisioning or working towards a common goal; everyone was doing their part, the way it should be done, but in silos.

Once we defined the problem, we developed a strategy of community outreach, including talking points and a communication plan. After formalizing the agency vision and values statements, becoming more clear on what we were trying to communicate, we crafted a plan to conduct 100 interviews with 100 key community stakeholders in 100 days. Each member of the Waupaca County leadership team identified their connection to key stakeholders in the community and volunteered to complete those interviews. Interviews were conducted in teams of two – one leader and one staff person – for staff development and to deepen the bench strength of who was available to connect with the community about Waupaca County's efforts in ACEs and TIC. Waupaca County leaders and staff reached out and met with community leaders, doctors, business owners, schools, police, elected officials, and many others. We learned there were more supporters than originally expected, people wanted to get engaged and help, and many people were interested in learning more.

Along the way, it was clear that not all stakeholders would be supportive of a new way of work. The team read summaries of Leadership on the Line[11] and had training in what to expect when they engaged in this type of disruptive innovation. We talked about ensuring that the pace of change didn't outpace the human capacity for change, and identified normal, natural responses to change that might be anticipated in the future. Sticking with a change effort can be very challenging when there is pressure to go back to the "old way", which is why many change efforts fail. The pain of not changing has not yet exceeded the pain of the effort needed to do things a "new way".

As the community became more trauma-informed, we then focused on creating a clearer vision of the "new way" from the perspective of clients, employees, the community, and related systems. We performed an analysis of what was working and what challenges still lay ahead. We noticed themes, harvested lessons learned and identified key activities for Waupaca in the change process.

The following months involved training and a community screening of the movie Paper Tigers,[12] about a community that integrated trauma-informed principles. Waupaca County leaders also followed-up with stakeholders with whom they interviewed. Additional outreach to other system leaders through meetings, video messages, trainings, and other attempts to build trust and relationships continue to occur. Casey Family Programs supported the initial change effort, while Alia and Waupaca County leaders continue to engage in coaching, consulting, and mutually supportive activities and communications. The journey continues!

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[11] Heifetz, R.A., & Linsky, M. (2002). Leadership on the Line: Staying alive through the dangers of leading. Boston, Mass: Harvard Business School Press.
[12] kpjrfilms.co/paper-tigers/

TIMELINE OF ALIA'S WORK WITH WAUPACA COUNTY

2015

May 2015: Co-creating project goals: What change are we trying to create in the world?

June 2015: Diagramming the influence base: Who will be champions, who will be distractors?

July 2015: Deep dive in the data on current outcomes

August 2015: Assessing gains in positive cultural change & the importance of self-care as a part of trauma-informed care

October 2015: Defining the problem: Root Cause Analysis using the 5 Why's, Cause Mapping (lessons from what sunk the titanic), and the speed-networking model. Guest: Reliability Engineer

November 2015: Defining the scope, potential solutions, goals & measures, and priorities for tackling the problem

2016

January 2016: All Staff Meeting: World Café Model to have the whole team define challenges and solutions. Guests: Be Strong Families

February 2016: Ready, Set, Go: Developing the community outreach plan to community champions, talking points, and communication plan

April 2016: What you do matters: Building mastery & evangelists internally & building community champions externally. Crafted the Vision and Values statements and the interview questions, script and protocol for community stakeholder meetings. Senior leadership only meeting

April 2016: Vetted and refined Vision and Values statements. Identified all potentially influential stakeholders in the community and assigned names to all leaders to achieve goal of 100 interviews in 100 days. Reviewed interview procedure. Leadership team meeting

May 2016: Prepared for the backlash of disruptive innovation, using the book Leadership on the Line, and explored workforce wellbeing challenges as part of the change process

June 2016: Created plan to engage community, including: interviews, follow-up communications, meetings with units, training on trauma, Paper Tigers Screening, and development of a Trauma Champions group in the community

July 2016: Defined "How will we know when we are there?" from the perspective of clients, employees, the community and related systems

August 2016: What's working, what's not working, how far do we have to go, and when will we know we will get there? Conducted future planning, identified themes, highlights, surprises, recommendations, and lessons learned

Summer 2016: Staff conducted 100 community interviews in 100 days

September 2016: All-staff: Grief, Loss and Trauma Training

October 2016: Workforce Wellbeing training

November 2016: Assessed learnings from community engagement & began to identify essential components of the Waupaca Story

December 2016: On-going consulting, individual staff & leadership coaching, team engagements

2017: Cultural and transformational change guidance, and writing of the Waupaca story

WHERE THEY ARE NOW: DATA AFTER TIC

Reduction in formal public complaints filed against Waupaca County Health and Human Services requiring investigation, follow up, and resolution. Prior to TIC implementation, Waupaca County averaged 10 per year. Decreasing steadily, in 2012 where there were 6, in 2015 there were 2, and in 2016: zero complaints.

From 2012 to 2015, the average time in months it took to reunify youth with their families dropped from 11.5 months to 7.7 months.

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

In 2013, 21% of youth were reunified within 12 months, and in 2015 67% were reunified within 12 months.

Between 2012 and 2016, annual Children in Need of Protection and Service (CHIPS) petitions dropped from 61 to 28.

61
28

Since 2012, overall out of home placement rate dropped 17% and at their lowest placement rate achieved a 24% decrease in out of home placements.

In 2016, there were NO children living in residential care placements. This allowed the department to move 25% of their budget to preventive care initiatives.

In 2012, 31% of youth re-entered foster care after being returned home from placement. In 2016, 13% of youth re-entered foster care after being placed at home.

In 2012, staff reported STS and burnout rates as higher, and compassion satisfaction below the national average. The Professional Quality of Life Scale from 2015 shows below average secondary traumatic stress and burnout, and higher than average compassion satisfaction scores, as compared to national rates.

100% of staff members have a version of the TIC Principles Guidelines posted in their office and has become the guide for everything they do.

TIC PRINCIPLES GUIDELINES
» Partner with clients
» Be Welcoming
» Respect Human Rights
» Be Strength Based
» Promote Safety
» Be Person Centered
» Earn Trust
» Offer a Helping Hand
» Share Power

TIC TIMELINE

2012

March 2012: Chuck Price is hired as Director of DHHS at Waupaca County

April 2012: Listening session with First Lady Tonette Walker about trauma, hosted in Waupaca County

April 2012: Staff wellbeing survey in Child Protection and Youth Justice

June 2012: Implemented internal Secondary Traumatic Stress work group, focusing on respectful communication practices among staff

June 2012 – March 2013: Tangible changes made in direct response to work group feedback

2013

March 2013: All staff training including Jonathan's resiliency and sparks training, everyone completes ACE calculator

April 2013: All staff training on ACEs and TIC, continued TIC implementation

May 2013: Dana Strohm hired as the second supervisor in the children and families unit

Spring 2013: Chuck meets Christine with Casey Family Programs

September 2013: Start-Stop-Continue group results shared with all staff

Fall 2013 – Jan 2014: Organizational Effectiveness work: Goal of Improved Permanency for children in Children and Families Unit through a contract with consultant Vicki Tylka

2014

April 2014: All staff training by Jonathan on job crafting

Fall 2014: All staff TIC refresher day-long training and leadership charter

2015

2015: Casey Family Programs contracts with Amelia Franck Meyer, on behalf of Waupaca County, with Alia for 2015 – includes BHAG, bigger goals, leadership coaching,

Spring 2015: Professional Quality of Life Scale given to all staff

REFLECTIONS AND LESSONS LEARNED

Feedback, reflections, and lessons learned from staff, leadership, and consultants were gathered during interviews about their TIC journey. Below are some of their candid thoughts and advice:

Answer: According to Waupaca leadership,

1) You have a commitment to making tough decisions and to following through the process with integrity. Despite negative feedback and undesirable behavior, you keep going because you know it's worth it, no matter the push back.

2) You understand that you set the standard of behavior and must hold yourself accountable to the same principles and integrity of practice alongside staff and management.

3) You are willing to practice openness and transparency, sharing your process and commitment to staff and board, and at times showing your vulnerability. It's okay to say you don't know how you're going to get where you want to be.

4) You have an unwavering commitment to excellence in practice.

5) You have a person or people in your closest management circle with equal commitment and complementary strengths and leadership style. If you are a strategic visionary, you need a passionate implementation and operations expert, and vice versa.

Waupaca staff were also asked, "What is NOT necessary to begin implementation of TIC practices?"

1) A dedicated TIC budget

2) Written mission or vision statements

3) Clear and updated financial statements

4) To be a certain age or have a certain length or type of experience

5) Access to an expensive staff wellbeing test

6) A clear place to start

7) A clear implementation plan, roadmap, or checklist

What changed from before TIC?

1) We provide better services – hands down – and we have the data to prove it.

2) We don't always hire interns anymore.

3) Sometimes people get fired. Nobody ever used to get fired.

4) We deal with issues head-on.

Reflections, surprises, and advice:

1) Would you want to ride in a car for 8 hours with your potential new hire? If not, don't hire that person!
2) Have faith! It will get worse before it gets better, but it will get better.
3) Be open with the board or oversight committee about the changes you are making and why. Describe your current situation and why you feel it is necessary. Use data from this report as your proof: it works!
4) Leaders; have a relationship with another leader outside your agency with whom you can process this journey, to offer guidance and support.
5) Shifts in mindset often occurred through pivotal moments when staff realized how the direct impact of their own trauma affected their work. This made the work feel real.
6) It was a surprise how quickly things changed, especially when staff were (mostly) aligned with the new TIC culture. It was also surprising how different it felt, realizing it was more toxic than initially thought.
7) TIC practice is not a formula or a model, it is a different lens in which you do the work grounded in compassion. It's a way of being and means much more than just being nice.
8) It's not just one committee's job to change culture in a department or agency; it relies on leadership. You can make subtle changes and make tweaks in practice, but if leadership is not fully committed to this process and able to face the naysayers, TIC transformation cannot occur.

One Waupaca County staff mentioned that Chuck is often heard quoting from a book recommended by Amelia and used in book club, Seth Godin's What to Do When It's Your Turn (and it's Always Your Turn): (Appendix 1)

"Fierceness takes honesty and commitment. Fierceness means telling yourself the truth about what's at stake and what's possible, without expending a drop of energy on trying to make everything okay. Because everything will never be okay. And everything is always okay. Fierce means living with the simultaneous certainty that this is vitally important and this might not work."

WHAT YOU CAN DO NOW

> "Creating a trauma-informed organization is a fluid, ongoing process; it has no completion date."
> – A Treatment Improvement Protocol, Trauma-Informed Care in Behavioral Health Services, TIP 57 SAMHSA

Regardless to what extent you, your organization, or community are aware of and implementing TIC practice, there are always low and no cost ways to achieve even better client outcomes and staff wellbeing by applying TIC principles.

While no organization will ever reach complete and perfect TIC practice and while specific interventions Waupaca County used may or may not work in your environment, there are dozens of other ways to begin. Try these simple activities.

Individuals

» Complete the ACEs assessment for yourself. Begin to understand how ACEs affect your approach and behavior.

» As a leader, recognize that people are your greatest resource. On your own, take time to assess your team members. Who brings positive energy? Who's aligned with the vision?

» Discuss in a small group. Get a few people together to periodically discuss trauma-informed care and what that might look like at your agency. Take the ACEs assessment together.

» Start a small book club. Choose a book from the reading list and read it together, discussing opportunities for application along the way. (Appendix 1)

» Focus on your own wellbeing. If you are not healthy and well, you can't sustain important change efforts. You can't give what you don't have yourself.

Organizations

» Focus on trust building in your culture. Take the time to share your whole-selves and get to know each other, what drives each other's passions and story, and communicate in frequent, transparent, and vulnerable ways.

» Value your employee's wellbeing in word and in deed. Consider all of the organizational barriers that make the work harder than it needs to be (e.g., unnecessary paperwork and forms, rigidity and inflexible policies that create burdens for employees, lack of reflective, supportive and regular supervision, etc.), and systematically work to root out any barriers to employees' ability to thrive in your agency. People can't take care of others when they themselves are suffering. What's on your "stop doing" list?

» Develop an organizational strategy. Clearly define your vision, values and goals regarding your journey to becoming more trauma-informed. It is very helpful to include an organizational strategy, a vision statement, guiding principles or values, leadership's verbal and written commitment, and develop baseline measures and a scorecard to assess progress.

» Identify opportunities for employee engagement. Consider establishing a "Champions" group of employees who are deeply committed to learning and doing more. Charge this group with identifying ways to maintain the sense of urgency, engage employees at all levels in efforts to meet the organizational goal, and integrate trauma-informed principles and practices throughout the culture.

Communities

» Actively build trust with other system leaders. Take deliberate actions to go to others, tell them what you are up to, why you believe it's important, and ask for their partnership, feedback and input. Do this with those who are supporters, and those who will place barriers in your path, too. Remember, leaders can be formal (e.g., principals, Chief of Police, business leaders, doctors, etc.) or informal (the person in the community who knows everyone and widely shares his/her opinion), you need all of them—supporters and detractors—to trust you, even if they don't agree with you.

» Share what you know with others. Trauma-informed care can be a new idea for some who are not in the human services field. Offer to do trainings at your partners' locations, invite the larger community into trainings, film screenings, youth panels, or other events to share more information about ACEs or trauma-informed care. Make sure everyone on your team is well-versed in these topics and can use every interaction to respond in a trauma-informed way, or to share more information about ACEs and TIC.

» Get clear on what you need from other system leaders to be successful, then ask for it. When you engage more deeply in practicing in a trauma-informed way, you will notice other system leaders becoming frustrated with what you are doing because things are "different". It's not possible to change one part of a system without other parts also feeling the effects. Your partners will realize that things are not the same, but they likely won't yet know how they are different. It's important to share your vision of what a trauma-informed community can look like, how it benefits them directly, and what their important new role is in achieving this vision of a healthier, happier, safer community…together!

» Keep on, keeping on. A journey to a trauma-informed agency is not easy or linear. Once you've trained everyone on your team, changes will happen which will require a retraining. Once you've built trust within your team or with a system leader, something will happen that will stretch that trust and require a reaffirmation. The biggest way to bring others along on your journey is to continue to advance your own knowledge, efforts and outcomes. People will notice that although it was comfortable at first, this "new way" is working. It takes time, but persisting through the challenges is what will bring you ever closer to meeting the goals you set to improve the lives of everyone on your team, in your agency, and in your community!

LIST OF WAUPACA INTERVENTIONS

List of all implementations: *many are low or no-cost*

- » Administer a staff wellness survey
- » Introduce a Secondary Traumatic Stress (STS) workgroup
- » Implement Tools of Civility (Appendix 2)
- » Administer Unspoken Cultural Norms survey (page 9)
- » Offer TIC training for staff and/or leadership
- » Form a TIC committee among staff
- » Offer ACEs training
- » Adjust recruitment process to focus on the "right" hires
- » Offer resiliency training
- » Initiate optional staff book club
- » Restructure department to optimize supervisor/supervisee ratio, putting employees in the "right seat" (a cost-*saver!*)
- » Lead Stop-Start-Continue initiative among staff (page 12)
- » Focus program-by-program on specific outcomes by improving relationships between and among supervisor and staff, streamlining data collection, improving relationships with legal partners, and organizing work flow
- » Implement job crafting
- » Identify your organization/department/work group's BHAG
- » Revise your organization/department/work group's vision and values, or implement a leadership charter
- » Develop an organizational cause map to ensure you are solving the right problem.
- » Conduct community interviews to gauge department effectiveness and perception among your stakeholders

ACKNOWLEDGEMENTS

Appendix 1
Waupaca County DHHS Book Club Reading List

1. Good to Great (Collins, 2001)
2. Good to Great and the Social Sectors (Collins, 2005)
3. Strengths Finder 2.0 (Rath, 2007)
4. The Tipping Point (Gladwell, 2000)
5. What to do When It's Your Turn (And It's Always Your Turn) (Godin, 2014)
6. The Advantage (Lencioni, 2012)
7. The Five Dysfunctions of a Team (Lencioni, 2002)
8. The Speed of Trust (Covey, 2006)
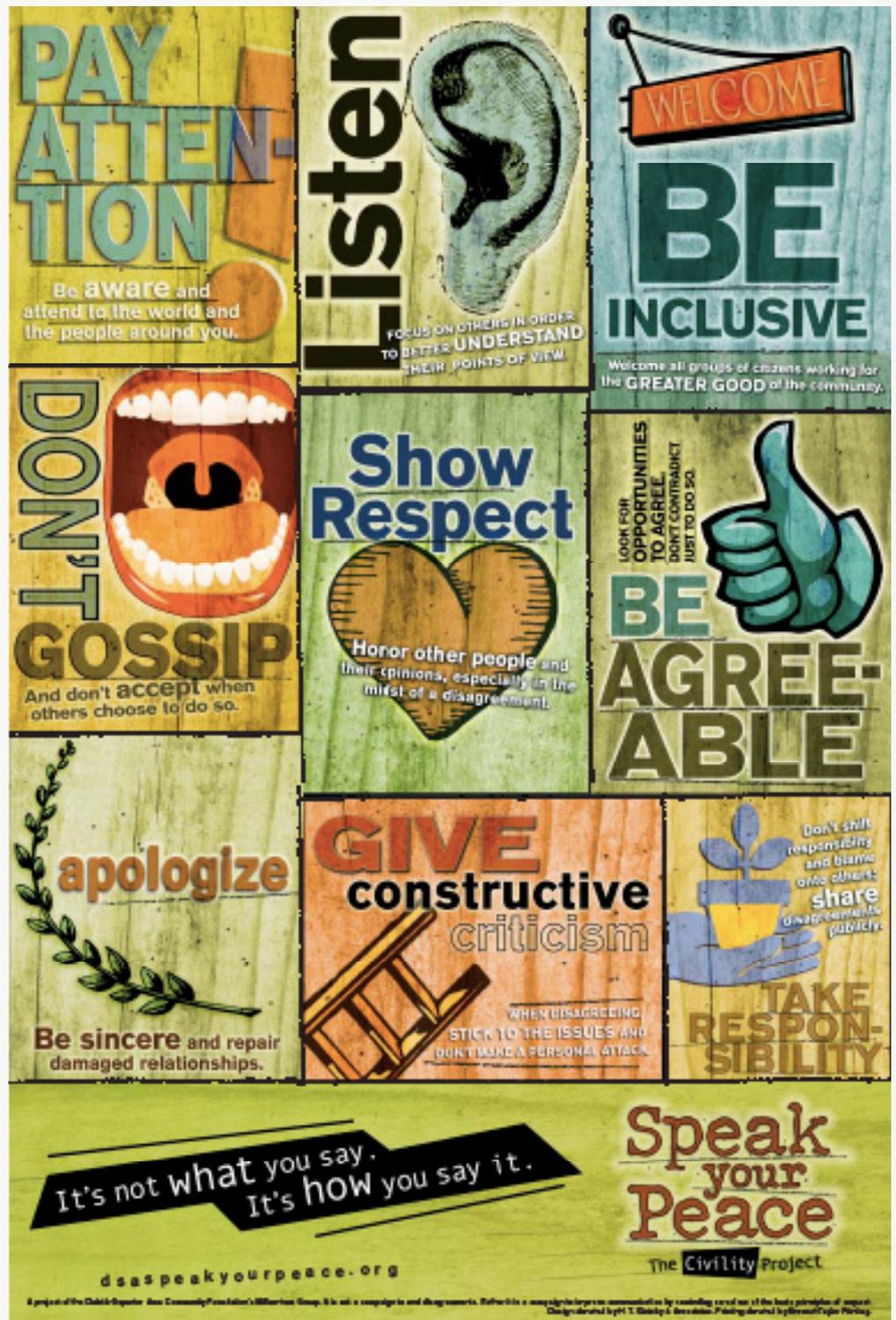
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