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

An Ongoing Summary of the Work to Date: Revised October 2018

October 2018

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, but has resulted from five years of working together on these issues. We are grateful to all of the participants as well as 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.

Because this work has evolved over five years, this report has been continually updated following each successive Convening. This October 2018 version is a credit to all six New England states, who have continued to guide, shape, and actively participate in this work.

Finally, the planning team would like to acknowledge the state leads who have added this work to their already full plates. It is because of them that the Convenings were relevant to participants and this report (as well as earlier versions of this report) were possible.

- Connecticut Department of Children and Families: Jodi Hill-Lilly, Kristina Stevens
- Maine Office of Child and Family Services: Bobbi Johnson, 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, Heidi Young
- Rhode Island Department of Children, Youth, and Families: Janice DeFrances, Denis Riel, Stephanie Terry, Kevin McKenna
- Vermont Department of Children and Families: Brenda Gooley, Beth Maurer, Karen Shea

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<u>Suggested Citation</u>

Agosti, J., Despard D., Medeiros, G., Reilly, S., Springwater, J. *Trauma-Informed Resilient Child Welfare Agencies: A New England Learning Community – Summary of the Work*. New England Association of Child Welfare Commissioners and Directors and Casey Family Programs. October 2018.

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

Executive Summary

Over the last five 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?'* From 2014 to 2018, teams of approximately ten staff from each state came together for five in-person meetings 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

Many key topics were explored by this learning community over the last five years. These include leadership, safety culture, trauma-informed child welfare practice, strategic communications, supervision, peer support, and staff wellness. The Convening in 2018 pulled these topics together under the framework of a "culture of safety". This serves as a meta-frame for the other six topics, recognizing a primary prevention public health paradigm for child welfare. It focused not only on the theory and concepts of a culture of safety, but also on the comprehensive strategies and practices that encompass trauma-informed, resilient, healthy organizations.

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
Culture of Safety	❖ ***Elements for Creating a Culture of Safety***: There are four key elements required to create a culture of safety in child welfare: 1) psychological and physical safety for staff; 2) supervision and support; 3) teamwork and communication; and 4) leadership investment. ❖ ***Focus on Psychological and Physical Safety for Staff***: Clear policies related to threat assessments and violence in the workplace need to be in place. Additionally, staff members need to feel "safe" being able to admit mistakes and requesting help. This includes during agency review processes, responses to critical incidents, and when the agency comes under public scrutiny. ❖ ***Measurement and Value:*** Safety culture can be reliably and validly measured in child welfare, and is generally associated with lower levels of employee emotional exhaustion. ❖ ***Concrete Practices and Tools***: There are concrete practices and tools to support a culture of safety in child welfare, including huddles, the red ball for enhanced team communication, spaced education, and Rapid Safety Feedback for staff coaching and support. ❖ ***Umbrella for Trauma-Informed Resilient Organizations:*** The culture of safety encompasses the key elements that are needed to develop and support trauma-informed resilient organizations, at the case practice level as well as with the workforce overall.
Leadership	❖ ***Leading Agencies in the Context of Broader Systems***: Child welfare agencies sit within a broader child welfare system. As such, child welfare leaders must constantly partner, advocate, and communicate with other systems, agencies, and organizations in myriad ways. ❖ ***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. ❖ ***Leadership Investment***: Supporting and developing leaders at all levels in child welfare must be an intentional investment. Moving from transactional leadership to transformational leadership is key to facilitating this work.
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

Key Topics	Highlights of Lessons Learned
	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. Additionally, as the overall paradigm of child welfare shifts from one of sole agency responsibility for child protection to one that envisions a comprehensive community support and response network, communication from the agency needs to be clear, consistent, and include the why, what, and how for the work. ❖ ***Importance of Framing***: Frames shape interpretation of facts for both internal and external communications. Leading with shared values is essential for drawing in partners. ❖ ***Internal Communications Planning***: Communication plans that focus on internal and external communications should be developed, as internal communications shape and maintain the agency climate.
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. ❖ ***Huddles***: Practices such as team huddles provide peer support in clinical decision-making as well as supporting psychological safety and staff wellness.
Staff Wellness	❖ ***Leadership Reflection***: Leaders need dedicated time to reflect on their own compassion satisfaction, compassion fatigue, and burnout. They also need concrete tools and strategies to support this. ❖ ***Health and Wellness Teams***: Teams can be located in every office and work proactively to address training, support, and wellness needs. ❖ ***System-Level Strategies and Tools***: Concrete strategies must be in

Key Topics	Highlights of Lessons Learned
	place to proactively support staff wellness. Wellness is not an issue that should be the sole responsibility of the individual, nor is it something that happens after work time. It needs to be part of the culture and fabric of the agency.

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.

State-Driven Planning and Agenda Setting

Who's in the Room and Why It Matters

Sequencing of Content

Cross-State Learning and Collaboration

Sustained Attention

Importance of Culture and Climate in the Convenings Themselves

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:

- Clearly articulate "trauma-informed" as moving beyond clinical casework practice and inclusive of a more comprehensive culture of safety; (Note: CT DCF has explicitly included the need to address racial justice as part of this culture of safety.)

- Understand that worker physical and psychological safety are intimately connected to worker well-being, which is ultimately connected to child and family outcomes;

- Connect consistent strategic communications to organizational health;

- Ensure that worker support is provided at a variety of levels and in a variety of system-level (rather than individually-driven) ways;

- Focus on resilience and well-being at all levels of staff, including leadership;

- Implement intentionally, recognizing that changing a culture and climate requires more than training;

- 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 2018 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. Likewise, this report is the most recent iteration of the documentation efforts, building on the previous two reports (2016 and 2017) that captured earlier work.

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 ten years. 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, climate, and a culture of safety.

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, five of the six states (CT, MA, NH, RI, and VT) 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*

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[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/.

Welfare 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), authorized by the U.S. Congress in 2000 as part of the Children's Health Act and including 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]

The NCTSN has developed many 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, including 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 which Massachusetts and New Hampshire took part.

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[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.

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 was Rhode Island.

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 striving to unpack and answer 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.

During this same period, the Tennessee Department of Children's Services was exploring what it would mean to implement a safety culture, as adapted from aviation, health care, and other high-reliability fields. Casey Family Programs and the Association were following their journey, as this work was incredibly complementary with the work going on in New England, both in timing and content. At the 2018 New England Convening, the concepts and values of Tennessee's "culture of safety" served as overarching themes for all other trauma-informed resilient organizational work, as described in more detail below.

Over the course of this initiative, from the development of the initial plan in April 2014 through the most recent Convening in May 2018, many lessons were learned both about the content of trauma-informed resilient work as it relates to a culture of safety, organizational health, and the process of leading a cross-state, multi-level, multi-year effort on this topic.

Section 2. Themes and Lessons Learned Related to Content

The Combined Umbrella of Organizational Health and a Culture of Safety

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 and child and family-level outcomes; they were also organizational, structural, and systemic, including staff-level experiences and outcomes.

Thus, as the work evolved in subsequent months, the overarching theme became building a culture of safety (both physical and psychological) and overall 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.[5] This includes the way work is done, behavioral expectations, and staff's experiences. While the specific term "organizational

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

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, Dr. Charmaine Brittain of the Butler Institute for Families and the National Child Welfare Workforce Institute (NCWWI) shared a workforce development framework[6] 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. The third Convening delved deeper into organizational culture with an emphasis on peer support and staff wellness. Finally, at the fourth Convening, several leaders of New England child welfare agencies extended this concept by framing child welfare agencies (and their organizational health) in the context of the broader child welfare system.

Similarly, the Safety Climate Survey developed by Vanderbilt University to use with the Tennessee Department of Children's Services in 2014 is a tool that focuses on the experience of the workforce. This survey, intended to be completed by all staff in a child welfare agency, has domains focused on workload demands, workgroup practices, workgroup communication, and management and supervision. The responses to this survey are then compiled into six scales: stress recognition, safety organizing, psychological safety, safety climate, perceived personal safety, and burnout. Taken together, these scales form the basis for what it means to apply principles and values from the world of "safety science" to child welfare.

Dr. Michael Cull from Tennessee DCS introduced the concepts and underlying values of "safety culture" at the first Convening. And as the work in Tennessee around safety culture developed and deepened, the New England Convenings continued to draw upon the successes and lessons learned, with Dr. Cull returning for the fourth Convening in May 2017. This New England-Tennessee partnership continued with the fifth Convening in May 2018. This Convening brought together the New England states with four Tennesseans (two from within DCS and two Vanderbilt partners) who were intimately involved in the work in various capacities. As they shared their experiences, the New England states realized that the language and values of a culture of safety were wholly consistent with the language and values they had been using for organizational health and trauma-informed resilient organizations.

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[6] 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.

The graphic that follows highlights the key areas that were addressed over the course of the five Convenings, all essential aspects of trauma-informed, resilient, healthy organizations. Although the culture of safety was elevated to a "meta-frame" for the overall work at the May 2018 Convening, it is included in this list because Convenings 1, 4, and 5 identified specific noteworthy tools and strategies.

Organizational Trauma, Organizational Resilience, Organizational Health, and a Culture of Safety: Key Topics Addressed in Convenings

Culture of Safety

Leadership

Trauma-Informed Child Welfare Practice

Strategic Communications

Supervision

Peer Support

Staff Wellness

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.

Culture of Safety

A safety culture, as described by Dr. Michael Cull at the first Convening (then 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. Additionally, the safety culture that needs to exist in child welfare recognizes that the organization is responsible for high-risk, high-consequence decision-making under trying conditions, requiring well-prepared

professionals who work in supportive, psychologically safe teams, as described on the Lead.Team.First website.

This was further framed and reinforced by Dr. Zeinab Chahine, Managing Director at Casey Family Programs, as she opened the fifth Convening with a plenary focused on a "new" paradigm for child protection. This paradigm was presented as a move from an individual-responsibility approach toward an ecological approach at both the family and workforce levels. As we begin to recognize that work with children and families requires a collective impact or public health response, we also recognize that the workforce approach requires a supportive, systemic focus that promotes proactive, team-based decision making.

*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)."[7] 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	**Measuring Safety Culture** In the first Convening, 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. When he returned three years later, he shared updated data that show promising improvements. Since this time, Vermont has integrated scales from the assessment in its own annual staff survey. **Key Elements of Safety Culture** Cull initially 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 over the course of the four Convenings and several states have done extensive work, especially related to staff psychological and physical safety issues. **Concrete Practices and Tools** At the fourth Convening, Cull returned to share more about the ways in which safety culture work has been implemented in TN DCS. He discussed the state's Breakthrough Series Collaborative effort focused on several tools and resources related to safety culture, while also talking about the state's newly created

[7] 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.

	confidential reporting system, revisions to the critical incident review process, and online "spaced education." At the fifth Convening, four Tennessee staff (Tiffany Goodpasture, DeShawn Harris, Kathy Gracey, and Jon Ebert) came and shared specific tools and strategies they have implemented, including safety specialists, culture coaches, huddles, in-office strategies, leadership investment, and working in teams. **Rapid Safety Feedback for Coaching and Support** Bryan Lindert from Eckerd Kids joined the fourth Convening to share experiences using Rapid Safety Feedback. Two states in New England (CT and ME) are in the process of implementation and they described this strategy as a practice to provide coaching and support to child welfare staff while increasing child safety. With a focus on high-risk cases, this approach facilitates a team approach to clinical discussion and decision-making, another critical aspect for safety culture.
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. Additionally, their consistent focus on addressing racial justice has further helped agency leaders create "safe and brave spaces" for challenging dialogue. *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. This policy includes a safety protocol flowchart, home and field visit planning checklist, and home and field visit safety checklist. In the spirit of this work, Vermont has also developed a comprehensive peer support model called the HOPE Teams (see Peer Support section below for details). *Connecticut and Maine:* Both states are currently in the process of implementing their own versions of Eckerd's Rapid Safety Feedback model. Their goals are similar in that they hope to use the strategy not only to identify high-risk cases and increase child safety, but also to increase the skill of and support provided to staff.

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. As a bookend to this opening, the fourth Convening featured two plenary sessions in which several New England leaders discussed their own experiences and perspectives on leading culture change in the broad context of community-based, collaborative child welfare systems. And a breakout session at the fifth Convening, led by Dr. Kathy Gracey of Vanderbilt University, focused on the need to develop and invest in leaders, highlighting the year-long leadership investment initiative being conducted by TN DCS.

*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]
What we learned in this work	***Leading Agencies in the Context of Broader Systems*** Although "child welfare" is often thought of as a single agency (e.g., DCF, DCYF, OCFS), the child welfare system is comprised of many partners, agencies, and organizations. Thus, because the single agency is often blamed publicly when things go wrong, the agency leaders must constantly strive to partner and collaborate with those that make up the broader system in order to advocate for and provide support to the agency's work and workforce. ***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. ***Leadership Investment*** Recognizing that leaders face enormous pressures and multiple expectations related to management and monitoring, TN DCS has

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

	developed a year-long initiative to focus on creating psychological safety for individual leaders as well as their teams. By investing in their professional development and growth in this way, the goal is for agency leaders to find renewed joy and meaning in their work, and also be better able to provide the same for their staff and teams. This initiative is addressing transformational leadership, leadership styles and skills, self-actualization and self-reflection, collaboration, communication, trust, and safety.
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.
	Vermont: Vermont leadership has worked closely with the legislature and other state partners to try to engage them differently and help them better understand the "real" work of the child welfare agency. They have focused on internal and external messaging and how it impacts the workforce. One example was inviting legislative representatives to an Area Office Open House in which real cases were showcased to illustrate the work, decisions, and realities for every family involved with the agency. Additionally, they have established a Child Protection Oversight Committee as a standing committee with the legislature, which has created a pathway for better understanding of the system by members of the House and Senate.

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.

*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.[9] 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*,[10] 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.[11] ***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.
Highlights from states	***Trauma Screening*** Over the course of the four 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

[9] 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/

[10] 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.

[11] 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

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. At the second Convening, 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. This conversation was deepened by New England child welfare leaders at the fourth Convening. They talked about the blurred line that typically exists between internal and external communications when considering their own agency's place in the broader child welfare context. Messages that are about child welfare, even when outside of their control (e.g., court decisions), still take a toll on agency staff. An example that resonated strongly with participants was the notion that firefighters never get blamed for a fire, yet the single child welfare agency almost always gets blamed when a child is harmed. The agency leaders used this as further reinforcement for why the internal-external partnerships and collaborations are absolutely essential.
Highlights from states	Following the 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.[12] At the second Convening, Drs. 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.[13]

[12] 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.

[13] 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."[14] 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

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[14] 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.[15] Ensuring that organizational health addresses staff well-being is essential for a positive climate. At the fourth Convening, Steven Koppel and Jenny Kaplan Schreiber from Expressive Digital Imagery (EDI) shared their work on using technology to reflect, express, and discuss reactions, responses, and feelings – presenting a concrete tool that agencies are now considering adopting in various ways.

*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.[16] 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[17] 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.
	At the fourth Convening, Expressive Digital Imagery (EDI) was highlighted as another tool and strategy to facilitate and support staff wellness. Steven Koppel and Jenny Kaplan Schreiber engaged all participants in a facilitated activity that invited them to reflect on how they were feeling about the change processes in their own organizations. They first created their own digital image and then discussed its meaning with others. A breakout session on the second day allowed participants to think further about how they might use this tool and strategy for clinical work with children and families as well as with staff to support mindfulness and reflection.

[15] NCTSN Child Welfare Trauma Training Toolkit

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

[17] Stamm, ibid.

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. *Massachusetts*: In Summer 2017, Massachusetts hosted two Regional Resiliency Summits to Support the Health and Well-Being of Staff. These Regional Summits included a total of 12 Area Offices and allowed for additional staff to be exposed to and participate in this work. Additionally, the team brought Laura Vandernoot Lipsky to Massachusetts for two days, offering one day to social work staff and the second to supervisors and managers. *Vermont:* Over the last several years, Vermont has developed a comprehensive policy (Policy 250) on staff safety, well-being, and resilience. This policy includes a flowchart on safety incidents, online tools and resources, mandatory training, planning and safety checklists for home and field visits, and a Staff Safety Specialist position to provide continuous support.

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
- Who's in the Room and Why It Matters
- Sequencing of Content
- Cross-State Learning and Collaboration
- Sustained Attention
- Importance of Culture and Climate in the Convenings Themselves

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. For the fourth Convening, states' work was organized based on the seven topic areas described in this report. (These final overviews are included in the appendix.) 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.

In planning the fifth Convening, the planning team wanted to ensure the work was being deepened and connected, without necessarily broadening the scope further. Several of the New England states had attended the 2018 Tennessee Safety Culture Summit and returned wanting to learn more of the "nuts and bolts" of what a safety culture in child welfare would entail. Through personal and professional connections, TN DCS recognized the mutual interest and work with the New England states and agreed to come and share their experiences creating a culture of safety. Thus, the TN DCS experience became the focus of this Convening.

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 four 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 people they thought were 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. However, this flexibility posed a bit of a challenge at the fifth Convening as there was a significant mix between first-time and returning participants. This mix, while enabling more staff to gain familiarity with the work, meant that new participants needed to be brought up to speed while former participants wanted to hit the ground continuing to run forward. As the work continues, we will need to consider effective ways to level-set with new participants without sacrificing the depth, breadth, pace, or momentum for returning participants. This is a parallel process to the experience that these agencies have related to sustaining momentum for initiatives while the team continues to change, particularly at the leadership level.

Sequencing of Content

The content for each Convening, while ordered quite logically in retrospect, emerged organically throughout the planning processes. 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.

Overall, the content moved from a broad array of discrete, concrete practices (highlighted in "round robin carousels[18]") at Convening 1 to explicit attention to organizational health and strategic communication at Convening 2. The context then addressed key aspects related to organizational culture and climate (staff wellness and support) at Convening 3 followed by a deeper dive into safety culture and staff wellness at Convening 4. The most recent Convening in May 2018 allowed states to bring together concrete strategies associated with a culture of safety and implementation science, as well as a first conversation in the learning community about the additional intersection with racial justice.

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. Following the May 2018 Convening, all states again expressed an interest in joint conference calls, site visits, and peer technical assistance as we consider the content of a sixth Convening in 2019.

Sustained Attention

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

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

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.

At the fourth Convening, the final plenary panel was focused on how different it is to sustain a "culture change" than to sustain programs, projects, or initiatives. The agency leaders participating on the panel shared their own experiences and insights using the five principles from an article published in the Harvard Business Review entitled "Cultural Change that Sticks." Those principles include: 1) match strategy and culture; 2) focus on a few critical shifts in behavior; 3) honor the strengths of your existing culture; 4) integrate formal and informal interventions; and 5) measure and monitor cultural evolution. One of the most compelling moments of this plenary was the reminder that it is okay for a leader to say "no" to a new idea when the staff is overwhelmed. Part of a trauma-informed resilient culture is one that recognizes "initiative fatigue" and doesn't continue to pile on more.

Further, the fifth Convening dedicated considerable time on the second day to putting this work into an implementation science framework. Using the National Implementation Research Network's (NIRN) implementation driver triangle, Jodi Hill-Lilly, Director of the Workforce Academy at the Connecticut Department of Children and Families, facilitated a large group session noting what it takes to implement and sustain (not simply "roll out") changes that ultimately are intended to shift organizational thinking and culture.

As noted above, one important lesson learned at the fifth Convening was around finding the balance between continuing to deepen the work among those participants who had been part of previous Convenings while simultaneously bringing new participants up to speed. This became clear in the day one evaluation responses and although day two was

adjusted to provide a brief recap and review of previous Convening content, some participants for whom this was their first Convening still struggled to keep up with the content. Looking forward, we may consider leading an "orientation" or "background" webinar prior to the Convening itself to do some level-setting. We might also provide additional guidance to states who are bringing new participants so they can provide state-specific background and context to ensure that all Convening participants can come to the Convening ready to fully engage in the dialogue and work. This need to continue moving work forward while simultaneously bringing new staff on board is a critical part of building resilient organizations. People will always come and go, but this cannot get in the way of efforts to implement and sustain initiatives.

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.

At the fourth Convening, a strategy and tool for open reflection and sharing was presented by Expressive Digital Imagery (EDI). Rather than simply describing or talking about the tool, participants were engaged in the actual activity on multiple occasions throughout the two days to model the culture and climate of openness, sharing, reflection, and psychological safety.

At the fifth Convening, this climate of openness, trust, candor, and psychological safety was underscored with the sharing of a video focused on racial justice developed by Tina Jefferson, a Regional Administrator from the Connecticut Department of Children and Families. This video, entitled *Perspectives Through a Racial Justice Lens*, features CT DCF staff of various races and cultures, as well as in various professional positions in the Department, sharing personal stories about mistakes and lessons learned about themselves and their work as they better understood the impact of race and bias on their decision-making. For some participants, this may have been the first time the

concepts of a culture of safety, trauma-informed resilient organizations, and racial justice were brought together in this way.

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 third Convening along with follow-up conversations with state leads, Commissioners, and Directors all indicated a strong desire for this work to continue, thus a fourth Convening was held in May 2017. The same thing happened at the conclusion of the fourth Convening, thus a fifth Convening was planned and held in May 2018. And a sixth Convening for 2019 is now in the planning stages.

The themes that have emerged over the course of these five 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.

- *Clearly Articulate the Scope of "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. Further, the entire child welfare system must be brought into this work as child welfare is not the responsibility of a single agency alone. As the idea of community-wide responsibility, deliberate partnership, and a public health primary prevention approach is adopted and embraced, agencies must wrestle with how to integrate and infuse these concepts into existing priorities. Consistent with the National Child Traumatic Stress Network's [Position Statement on Racial Injustice and Trauma: African Americans in the US](), CT DCF has further added racial justice as an essential aspect of their trauma-informed resilient work.

- *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 and ultimately impacts child and family outcomes. As Karen Shea, Deputy Commissioner of Vermont's Department of Children and Families – Family Services Division, wrote in a communication to staff, "*It's about taking care of the people who take care of the people understanding that their needs are inextricably intertwined and must always be at the center of our thinking and decision making.*"

- *Connect Consistent Strategic Communications to Organizational Health*: Communications go beyond having a public relations person or a media director on

staff. Internal and external communications must be thoughtfully planned, and connected to the overall vision and mission of the agency in order to support its organizational health. The messages communicated must be articulated in ways that are clear and consistent both internally and externally. And they must focus not only on "what it is," but also on "why it matters to you."

- ***Provide a Variety of Levels of Worker Support***: Support for staff should happen for all, 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 and should be built into systems, rather than left as add-ons or afterthoughts (e.g., EAPs alone). Support should be proactive as well as responsive, and should be part of standard operating procedures, rather than only provided at the request of the staff in need.

- ***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, including investing in leaders, must be addressed when striving to create and maintain a healthy organization.

- ***Implement Intentionally***: At its core, this work is about shifting the culture of the agency. Thus, the implementation process must be intentional. Moving to become a trauma-informed resilient child welfare agency in which staff work in the context of a culture of safety requires more than training. In fact, in implementation science training is only one piece of the competency driver. Moreover, competency alone is not sufficient for effective implementation. Addressing leadership drivers as well as organization drivers are essential as well.

- ***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. Braiding this with other ongoing initiatives, rather than layering one on top of another will be helpful as staff need to make sense of how they all fit together. There also needs to be a balance between bringing new staff into this work while maintaining continuity for those who have been in it for the long haul.

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,	• The Impact of and Intersections Between Trauma, Resilience, and Organizational Health (Charmaine Brittain) • Promoting Organizational Health through Supervision: Making It Intentional, Meaningful, and Systematic

Convening 2: May 2015

Summary of Convening Goals	Summary of Topics Addressed / Leader Presenter
frameworks for supervision, communication, 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.	(Michael Hoge; Joyce Lee 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)

Convening 4: May 2017	
Summary of Convening Goals	**Summary of Topics Addressed / Leader Presenter**
• **Deepening the Work**: Have in-depth conversations within states and across states about organizational well-being and infrastructure to support well-being 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.	• Panel Discussion - Child Welfare Agencies as Part of Broader Child Welfare Systems: What Does This Mean for Our Culture? (Zeinab Chahine, Casey Family Programs; Karen Shea, VT; Fernando Muniz, CT) • The Importance of Reflection and Awareness (Steve Koppel and Jenny Kaplan Schreiber, EDI) • Transforming into a Safety Culture with Positive Norms (Mike Cull, TN DCS) • Rapid Safety Feedback as a Structure and Process to Support a Trauma-Informed Resilient Culture (Bryan Lindert, Eckerd) • Panel Discussion - Sustaining the Work: Moving from Thinking to Owning "Our Culture" (Karen Shea, VT; Fernando Muniz, CT; Mike Cull, TN)

Convening 5: May 2018 – "From Theory to Practice"	
Summary of Convening Goals	**Summary of Topics Addressed / Leader Presenter**
• **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.	• Plenary Session: "Shifting the Paradigm" (Zeinab Chahine, Casey Family Programs) • Plenary Session: Unpacking the TN DCS Safety Culture Assessment (Jen Agosti) • Panel Discussion: Moving from Assessment to Action (Karen Shea, VT; Jon Ebert and Kathy Gracey, Vanderbilt University; Tiffany Goodpasture and DeShawn Harris, TN DCS)

Convening 5: May 2018 – "From Theory to Practice"	
Summary of Convening Goals	**Summary of Topics Addressed / Leader Presenter**
	• Breakout Sessions: Culture Coaches and Safety Specialists; Huddles and In-Office Strategies; Use of Teams; Leadership Investment; Worker Safety Hard Stops)
	• Panel Discussion: The Use of Implementation Science to Bring Safety Culture to All Levels (Jodi Hill-Lilly, CT; Elizabeth Duryea, CT; Karen Shea, VT; Jon Ebert and Kathy Gracey, Vanderbilt University; Tiffany Goodpasture and DeShawn Harris, TN DCS)
	• Racial Justice as an Essential Element for Trauma-Informed, Resilient Work and a Culture of Safety (Tina Jefferson, CT DCF)

Appendix B: List of Convening Participants

Name	Convening 1: Oct 2014	Convening 2: May 2015	Convening 3: Apr 2016	Convening 4: May 2017	Convening 5: May 2018
Connecticut					
Ken Cabral					X
Janice Currier-Ezepchick					X
Vannessa Dorantes	X	X		X	
Elizabeth Duryea				X	X
Lynnette Fuller	X	X	X		
Jayne Guckert		X	X		
Evelyn Hannah			X		
Jodi Hill-Lilly	X	X	X	X	X
Ronald Holmes	X	X			
Tina Jefferson			X		X
Allon Kalisher				X	
Chris Lau					X
Eileen Meehan				X	
Tracee Melendez	X	X			
Fernando Muniz	X	X	X	X	
Rita Pelaggi	X				
Jeanette Perez					X
Bill Rosenbeck					X
Michael Schultz				X	X
Paul Shanley	X	X			
Charlotte Shea	X	X			
David Silva		X	X		
Kristina Stevens		X	X	X	X
Sheree Thompson	X	X	X		
Colleen Webb			X		
Michael Williams	X		X		
Jonathan Zane		X			
Maine					
Peter Alexander	X				
Teresa Barrows	X				
Michelle Berard Descoteaux	X	X	X	X	
Leigh-Anne Bordas					X
Grace Brace		X			
Vickie Brayall					X
Lisa Bullard			X	X	
Ahmen Cabral			X		

Name	Convening 1: Oct 2014	Convening 2: May 2015	Convening 3: Apr 2016	Convening 4: May 2017	Convening 5: May 2018
Kristen Capeless					X
Therese Cahill-Low	X				
Katie Clifford					X
Amy Cobb					X
Manisha Donahue					X
Anna Edlund					X
Ilene Ford	X				
Gina Googins				X	X
Jessie Gould				X	
Brieanna Gutierrez				X	X
Jessica Henderson			X		
Bobbi Johnson	X			X	X
Jean Leonard					X
Chelsea Katan			X		
Marie Kelly		X			
Dulcey Laberge			X	X	
Paul Maheux			X		
Jim Martin		X	X		
Nickea Moss					X
Ellen Nelson				X	
Gretchen Ossenfort					X
Elaine Provencher			X		
Charles Shaffer	X				
Julia Simmons				X	
Jenni Smith			X		
Melissa Winchester					X
Massachusetts					
Leo Andrews					X
Michelle Banks		X	X		
Peter Barry			X	X	
Erica Bedard			X		X
Annemarie Bello					X
Ruth Bodian	X	X	X	X	
Laura Brody	X	X	X	X	X
Rebecca D'Agostino		X	X	X	X
Erin Deveney	X				
Beryl Domingo	X	X			
Robyn Ernst					X

Name	Convening 1: Oct 2014	Convening 2: May 2015	Convening 3: Apr 2016	Convening 4: May 2017	Convening 5: May 2018
Kim Ferrecchia-Rivas	X	X	X	X	X
Paul Fitzsimons	X				
Mary Gambon	X				
Jenifer Goldman Fraser	X	X	X	X	
Judy Han				X	
Kim Harris	X				
Susan Horrigan	X	X			
Andrea Mennino					X
Maureen Messender	X				
Emmanuel Oppong			X	X	X
Pam Rheume			X	X	X
Candace Saunders			X		
Linda Spears		X	X		X
Marcia Roddy	X				
Susan Spurlock	X	X			
New Hampshire					
Lorraine Bartlett	X	X	X		
Maggie Bishop	X				
Bob Boisvert	X	X			
Paula Booth			X	X	X
Michael Donati					X
Missy Duyon			X		
Jessica Heiple			X		X
Jennifer Gerber	X	X		X	
Al Kirker		X			
Jessica Lewis		X			
Lindsay Lyman	X	X		X	X
Kendra McCauley	X	X	X	X	
Catherine Meister	X	X			
Jeffrey Meyers				X	
Marie Noonan	X		X	X	X
Michael O'Connor					X
Rebecca Parton				X	X
Joe Ribsam					X
Justin Robinson					X
Maureen Ryan				X	
Gail Snow		X	X	X	
Christine Tappan					X

Name	Convening 1: Oct 2014	Convening 2: May 2015	Convening 3: Apr 2016	Convening 4: May 2017	Convening 5: May 2018
Jodi Varney	X	X	X	X	
James Weaver				X	X
Charles Welch	X				
Cassie Yackley	X	X	X		
Heidi Young	X	X	X	X	
Rhode Island					
Darlene Allen	X				
Betsy Aubin				X	X
Kevin Aucoin		X			
Andre Brown					X
Kim Burrows					X
Janice DeFrances	X				
Karen Deorsey Smith			X		
Dorn Dougan	X		X		
Lauren Dyer					X
Jody Eyre	X				
Denise Gallagher					X
Lori Geiselman				X	X
Joan Harmon			X		
Christopher Hebert			X	X	
Patricia Hessler				X	
Christine Jackson				X	
Laura Kiesler			X		
David Lauderbach	X				
Erin Marsella					X
Jamia McDonald		X			
Kevin McKenna					X
Jessica Nash				X	
Sarah Kelly Palmer	X				
Michelle Paulette				X	
Denis Riel		X	X		
Diane Savage	X			X	
Teddy Savas					X
Staci Shepherd			X		
Jan Smith				X	X
Sarah St. Jacques			X		
Thomas Tedeschi			X		

Name	Convening 1: Oct 2014	Convening 2: May 2015	Convening 3: Apr 2016	Convening 4: May 2017	Convening 5: May 2018
<u>Vermont</u>					
Juliette Anderson	X	X		X	
Lindsay Barron					X
Cheryle Bilodeau	X	X			
Jennifer Burkey			X		
Marc Carr	X	X			
Emily Carrier				X	
Deb Caruso			X		
Karen Crowley		X			
Melanie D'Amico	X		X		
Sheila Duranleau					X
Jim Forbes					X
Alix Gibson					X
Brenda Gooley	X	X	X	X	X
Andrea Grimm				X	
Monica Hutt	X				
Linda James					X
Christine Johnson			X		
Doreen Marquis	X	X			
Beth Maurer	X	X	X		
Nancy Miller				X	X
Shannon Morton				X	X
Jill Richard					X
Ken Schatz		X			
Karen Shea Denniston	X	X	X	X	X
Jessica Strolin	X				
Anita Thomason			X		
Cindy Walcott	X	X	X		
Sarah Ward		X	X	X	
Priscilla White	X			X	X
<u>Invited Guests / Presenters</u>					
Kathy Bonk		X			
Chris Bory		X			
Charmaine Brittain		X			
Nancy Carre-Lee			X		
Cherie Castellano			X		
Michael Cull	X			X	
Jon Ebert					X

Name	Convening 1: Oct 2014	Convening 2: May 2015	Convening 3: Apr 2016	Convening 4: May 2017	Convening 5: May 2018
Bob Franks	X				
Tiffany Goodpasture					X
Kathy Gracey					X
DeShawn Harris					X
Michael Hoge		X			
Jenny Kaplan Schreiber				X	
Steven Koppel				X	
Bryan Lindert				X	
Julie Monroe	X				
Jacqui Romer-Sensky	X				
Dennis Souza	X				
Joyce Lee Taylor		X			
Casey Family Programs					
Dan Despard		X	X	X	X
Susan Reilly	X	X	X	X	X
Fred Simmens				X	
Zeinab Chahine			X	X	X
Association / Project Staff					
Jen Agosti	X	X	X	X	X
Grace Hilliard-Koshinksy	X	X	X	X	
Gail Medeiros	X	X	X	X	X
Julie Sweeney-Springwater	X	X	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.
Racial Justice	• **Statewide Racial Justice Workgroup**: Established in 2013, this statewide workgroup has been instrumental in leading, guiding, and supporting the Department's racial justice charge across the agency. The SWRJWG has also been recognized nationally, having been selected to present at two webinars about DCF's racial justice work. It continues to meet quarterly and is organized around regional and program-level champions and leaders as well as around four key subcommittees: Policy & Practice; Workforce Development; Contracts and Procurement; and Community. • **Partnerships and Service Systems:** In furtherance of Connecticut behavioral health legislation (PA 13-178 and 15-27) and the CONNECT System of Care grant, DCF has been working with behavioral health providers to complete their own organizational Health Equity Plans focused on the implementation of the National Culturally and Linguistically Appropriate Standards (CLAS) and Progress in Achieving Racial Justice. • **Policy and Practice:** As part of the Department's vetting and approval process, all new and revised policy is reviewed for racial justice and cultural and linguistic competency implications and responsiveness. In addition, the Department began implementing Eckerd Rapid Safety

Key Area	CONNECTICUT: Brief Description
	Feedback (ERSF). The Department developed a values statement around its use of ERSF and any subsequent machine learning and predictive analytics tool, with the core tenets including the recognition that structural inequities and historical practices may have created disproportional, and over-representative data. Thus, part of DCF's charge is to ensure that the application of Predictive Analytics will neither contribute to nor result in profiling or disparate impact. • **Data and Accountability:** The Department has a deep quality assurance and continuous quality improvement commitment. In addition to ensuring that a racial justice lens is central to the assessment of its service array, the Department ensures that its key internal indicators focus on race and ethnicity to inform practice and policy. In particular, it has been expanding the breadth, depth and sophistication of data that is produced and used, consonant with being an accountable and learning organization. They have pushed to cultivate a data environment that looks beyond aggregated, numeric "success," but whether they are equitably achieving outcomes.
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).
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

Key Area	CONNECTICUT: Brief Description
	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 has been completed by an external firm. It included a time study process, staff interviews, and focus groups. Through this analysis, the agency learned that it is as important to focus on building efficiency and effectiveness in work processes as it is to have adequate staff resources. OCFS has been able to identify where changes can be made to support an efficiency/workload balance, reduce redundancies, and shift from being a crisis-oriented agency. • **Worker Safety**: The agency has created a new protocol related to threat reporting and added this information into the MACWIS system. They have standardized certain types of cases in which police will be joining caseworkers for support as well as established expectations for supervisors to develop a plan for safety whenever necessary. Additionally, a buddy system among staff for casework activities with families will help build increased safety and provide 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 staff related to trauma-informed practice with families and within the organization. This training has also been incorporated into the agency's Foundations Pre-service training for new staff. • **Trauma-Informed Practice Training for Resource Families**: The

Key Area	MAINE: Brief Description
	agency has provided trauma-informed practice training to several resource families and has had a request for additional offerings which are 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. Maine has also contracted for resource parent support through the development of Resource Parent Care Teams which places a liaison in each district office and the opportunity for clinical supports for licensed resource families.
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 to 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 has also convened a Caseworker Advisory Team with representatives from each District Office that have provided key feedback related to the development of a new OCFS Family Plan and template for monthly contacts.
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. There is a plan for all supervisory staff to participate in this training.
Staff Wellness	• **Recruitment and Retention Specialist**: The agency has an established position focused on staff recruitment, recognition and retention through such activities as building relationships with staff to understand their needs; participating in job fairs; and looking at exit surveys when staff leave the agency. 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 Summits**: 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. In Summer 2017, Massachusetts hosted two additional Regional Resiliency Summits, which included a total of 12 Area Offices and allowed for additional staff to be exposed to and participate in this work. The team also brought Laura Vandernoot Lipsky to Massachusetts for two days in 2017, offering one day to social work staff and the second to supervisors and managers. • **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 Contact: Kim Ferrecchia-Rivas 508-929-2137 Kimberly.Ferrecchia-Rivas@massmail.massmail.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 TBRI. 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:
Kevin McKenna: kevin.mckenna@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 (Family Services Policy 250) was designed to help create and support 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; 3) clear safety checklists and guidance and 4) 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

Key Area	VERMONT: Brief Description
	due to cumulative stress or situational events that occur.
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