

MARC Data Report, Phase II Wisconsin

I. Introduction and Background

The state of Wisconsin is one of 14 sites funded in October 2015 by the Robert Wood Johnson Foundation (RWJF) under the Mobilizing Action for Resilient Communities (MARC) initiative. MARC is a two-year initiative designed to assist communities to address Adverse Childhood Effects (ACEs) and become more trauma informed and resilient.

MARC communities were selected from a group of invited applicants on the basis of having an existing multi-sector network committed to building resilience and addressing early childhood adversity through an explicit application of the ACEs science, language, and local data. MARC sites participate in a learning collaborative in which technical assistance and peer-to-peer learning aim to help them strengthen networks, test innovative strategies, evaluate process and progress, and share findings. Wisconsin's network is called the Children's Mental Health Collective Impact (CMHCI).

Westat is conducting a multi-site evaluation of MARC to learn about the work of the networks and the changes that have taken place in their communities with respect to addressing ACEs and fostering resilience. This summary highlights the changes that have taken place in Wisconsin. We note that this report covers activity only through November 2017; we are aware that there may be significant changes and developments that have occurred since that time, and they are not incorporated into these findings.

Data presented in this report are based on four primary data sources and some additional sources as described: 1) an Evaluability Assessment report, based on site visits conducted within the first few months of MARC funding to provide information on the network structure, activities, and planned outcomes; 2) reports of activities conducted under MARC that were provided by the grantees to Westat each month between April 2016 and September 2017; 3) a survey of the CMHCI at two time points to understand the composition of and collaboration within the networks; and 4) document review and information collected through site visit interviews conducted in November 2017, using a methodology called outcome harvesting.

Mobilizing Action for Resilient Communities (MARC)

A two-year initiative funded by RWJF to:

- Foster changes in each of the 14 MARC communities towards becoming more trauma-informed and resilient,
- Elevate learning from the MARC cohort about the ways in which capacity- and movement-building can contribute to health and well-being in the United States.

Data Collection Methods
<p style="text-align: center;">Evaluability Assessment</p> <ul style="list-style-type: none"> • 3 day visits to each community • Individual and group interviews with key stakeholders • Observations of network and related activities
<p style="text-align: center;">Community Monthly Reporting</p> <ul style="list-style-type: none"> • Web-based tool • Administered April 2016 – September 2017 • Assessed: network activities; technical assistance; facilitators and challenges to work during the month
<p style="text-align: center;">Network Survey</p> <ul style="list-style-type: none"> • Administered to all members within each site • Assessed: collaborations between members; perceptions of the network generally and influence on own organization; member characteristics
<p style="text-align: center;">Outcome Harvesting</p> <ul style="list-style-type: none"> • Document review and phone calls with the site to assess changes that have occurred in the community • Site visit interviews to “harvest” the outcomes and assess the contribution of the Network
<p style="text-align: center;">Additional Sources</p> <ul style="list-style-type: none"> • Review of MARC Community Bi-Annual Progress Reports to HFP • Review of ACEs Connection website posts • Ongoing email and phone discussions with site

Outcome harvesting, as described in Section IV, begins by identifying changes that have taken place over a given time period and related to a specified area, and then works backward to identify the role that a known program or initiative has played in achieving these changes. This approach is especially well suited to understand social change results in complex situations where many actors and factors may play a role.

We begin this report with an overview of the Children’s Mental Health Collective Impact MARC initiative and description of network functioning and changes in the Network over the MARC period (Section II). We follow with a description of activities that occurred under the MARC grant (Section III), and a description of key changes and outcomes that have taken place that may be tied to the work under MARC (Section IV). We conclude with a discussion of lessons learned based on this information and possibilities for future work (Section V). This report is intended to highlight learning that has come through Children’s Mental Health Collective Impact (CMHCI) that will feed into the multi-site evaluation. Our work is not focused on a site level evaluation of the CMHCI initiative but rather the multisite initiative as a whole. We focus on the work of CMHCI during the MARC period, including how the initiative has operated and the outcomes it may have helped to bring about. Through our work, we attempted to identify all significant changes related to ACEs and

resilience that have occurred in the community, especially those involving the CMHCI. Despite a multi-pronged data collection effort, we acknowledge that we may have missed some changes that occurred over the past two years.

II. Description of the Network

The MARC work in Wisconsin has been led by the Wisconsin’s Office of Children’s Mental Health (OCMH). The OCMH was established by the Governor in October 2014, and was tasked with coordinating and aligning child and family serving initiatives in the state of Wisconsin. It has since broadened its focus by taking a public health approach to individual, family, and community wellness; the impact of toxic stress; and the importance of developing resilience. OCMH is staffed by a Director, an Associate Director, Research Analyst, and a Family Relations Coordinator. The office of OCMH reports directly to the Governor’s office. The OCMH Director is a recognized leader in trauma-informed care, and has been central to Wisconsin’s work on ACEs and resilience since 2008.

OCMH serves as the backbone of the ACEs and resilience-related statewide Collective Impact Coalition, the Wisconsin Children’s Mental Health Collective Impact (CMHCI). The CMHCI uses a collective impact approach to bring together other coalitions, organizations, and individuals to achieve the common goal of promoting optimal health and well-being of children in Wisconsin through the trauma-informed framework. The CMHCI is comprised of leadership from state agencies such as the Department of Health Services and the Department of Public Instruction, as well as higher education professionals, advocates, professional associations, and parent and youth partners who have experience navigating the social service systems.

Network Functioning and Strengthening

Many of the CMHCI network members are also members of other local and state initiatives that address trauma, resilience, and children’s mental health. They are involved in activities related to ACEs and resilience within their own organizations and initiatives, and bring a wealth of knowledge and ideas to the CMHCI meetings and workgroups. The CMHCI’s Executive Committee meets monthly to plan the agenda and discuss high-level strategic planning, make presentations, and share data. It provides guidance, vision, and oversight for the network while aligning activities within their agencies to the common network agenda and promoting the vision in the community. CMHCI has three child- and family focused work groups that have diverse representation of cross-disciplined content experts, focused on: (1) Increasing access to mental health services (Access workgroup), (2) Creating trauma-informed serving systems (Trauma Informed workgroup), and (3) Bolstering resilience (Resilience workgroup). Each workgroup is co-chaired by two members of the Executive Committee, one of whom is a parent partner.

The OCMH provides support to the Executive Committee as well as to the workgroups by providing data, tools, and research related to children’s involvement in the state’s service systems, mapping trauma-informed care activities across the state, and organizing and facilitating trauma-informed care policy workshops. OCMH’s family relations coordinator also provides training to parent and youth partners who participate in meetings and provide feedback on issues such as gaps in services, deficient programs, and unhelpful or cumbersome policies and practices. These parents and youth are individuals who have had “lived experience” and experience navigating the service systems. In addition, as a member of the Fostering Futures steering committee, OCMH also assists in national activities including training on trauma-informed care, and training policy makers on recognizing the importance and effectiveness of trauma-informed care. Fostering Futures is an initiative led by Wisconsin’s First Lady, Ms. Walker, which seeks to improve child and family well-being by integrating trauma-informed culture, policies and practices at the child, family, community and systems levels.

Network Changes

In each of the MARC communities, we have learned about the changes in the networks through a network survey administered at two points in time and tailored to the specifics of each site. The survey was designed with input from all 14 MARC communities to provide information about member perceptions of each network and about collaboration among members. In Wisconsin, the survey was administered in March 2016 (84% response rate) and again in August 2017 (82% response rate).

Network Size

In the baseline survey, the Network identified 8 individuals and 35 organizations to complete the survey; in the follow up, they identified 8 individuals and 30 organizations.

Network Composition

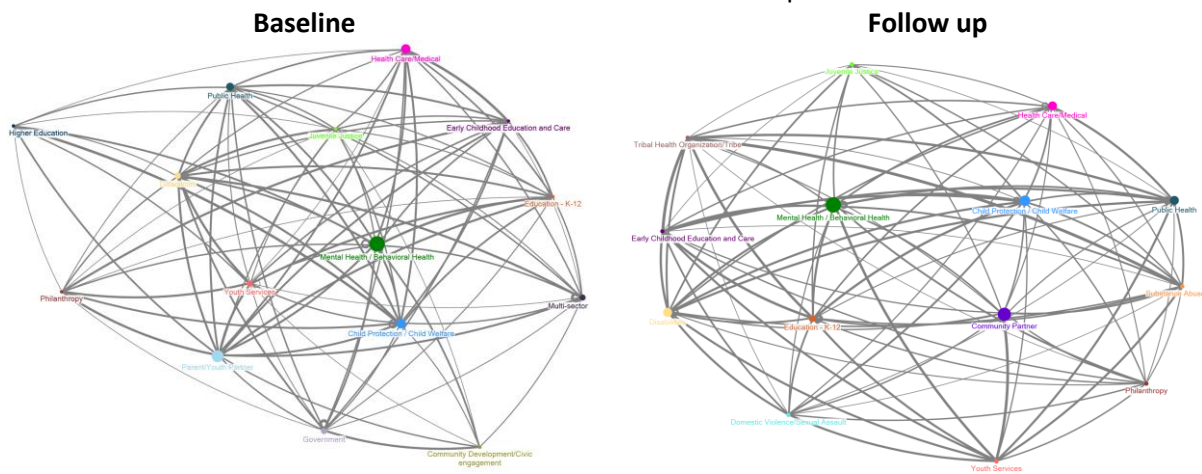
Both the size of the network and its composition remained somewhat the same over the two time periods. At both time periods, CMHCI had the largest number of members from the Mental Health/ Behavioral Health, with representation from Office of Children's Mental Health, Children's Hospital of WI, Mental Health America Wisconsin-Suicide Prevention, WI Association of Families and Children's Agencies and other organizations. Other sectors representing 10% or more of the participating organizations at both time periods were Child Protections/Child Welfare and Health Care/Medical. In the second survey, one organization each from two new sectors, domestic violence/ sexual assault and substance abuse/ addiction, participated.

Exhibit 1. Sector representation in CMHCI

Sector	Baseline	Follow up
Mental Health / Behavioral Health	28%	26%
Child Protection / Child Welfare	11%	13%
Health Care/Medical	11%	10%
Public Health	8%	10%
Disabilities	6%	10%
Youth Services	6%	3%
Other	6%	0%
Community Development	3%	0%
Early Childhood Education and Care	3%	3%
Education – K-12	3%	6%
Juvenile Justice	3%	3%
Philanthropy	3%	3%
Domestic Violence/Sexual Assault	0%	3%
Substance Abuse / Addiction	0%	3%

The use of social network analysis allows us to examine the relationships between organizations within sectors at both the baseline and follow-up time points. In the diagrams below, each color represents a different sector. The size of the circle is determined by the number of organizations represented in a given sector. Lines between circles represent the average level of collaboration between sectors, and greater thickness indicates higher collaboration among the pairs of organizations represented by the pairs of sectors. Lastly, sectors that have lines going in a circle to themselves demonstrate that there are connections among organizations of the same sector. In these diagrams, collaboration of all levels (from information exchange to high collaboration) is included. As the diagrams depict, the number of connections and strength of collaborations are similar at follow-up survey and baseline. The general structure of collaboration between sectors also is fairly similar at the two time points; in both cases, mental health/behavioral health and health care have a high number of connections to other sectors.

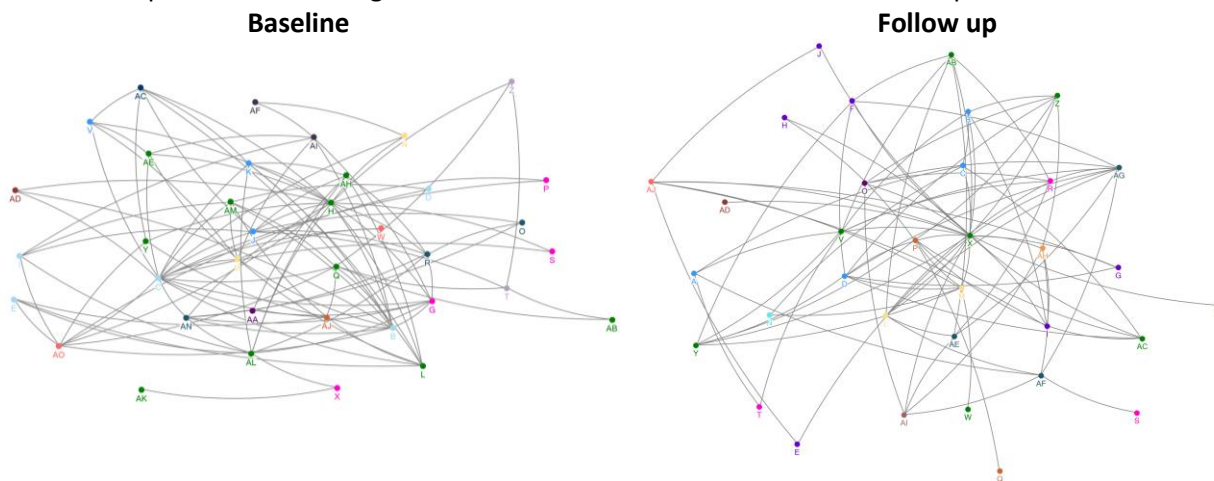
Exhibit 2. Collaboration between sectors at baseline and follow up



Network Collaboration

The Network Survey included a question about collaboration between organizations involved in the network. Each organization was asked to report its level of collaboration with each other organization, by indicating one of the following: “None,” “We share information only,” “We collaborate a little,” “We collaborate some,” or “We collaborate a lot.” Individuals who are part the network and responded to the survey were also asked to rate their collaboration with each organization, but individual names did not appear on the survey so collaboration with them was not rated. Exhibit 3 shows a marginal increase in the deeper collaborations across multiple organizations and individuals, and a larger “spread” of the collaborations. The new sectors, especially the community partners seem to have a central location and ‘hub-like’ connections to others in the network.

Exhibit 3. Respondents indicating “a lot” of collaboration at baseline and follow up



In addition to the images of the relationships between sectors and organizations, social network analysis also provides several metrics that can be used to describe the networks and changes that have taken place. Exhibit 4 displays these metrics along with an explanation of each. The data show that although the density increased marginally, the centrality metrics, both average degree centrality and average betweenness centrality, decreased at follow-up. This suggests that there was a decrease in the number of organizations that were “between” other organizations, in some sense, serving as hubs of connection.

Exhibit 4. Social Network Analysis metrics

	Baseline	Follow up	% change
Density <i>The percent of connections that exist in the network out of all possible connections</i>	0.71	0.73	+3%
Clustering Coefficient <i>The extent to which organizations “cluster” in small groups in the network</i>	0.79	0.79	0
Average degree centrality <i>The average number of connections per organization</i>	28.95	25.61	-11%
Average betweenness centrality <i>Betweenness measures the number of other organizations a given organization lies “between” in the network via the existing connections that are present. Average betweenness is the average across all organizations in the network.</i>	6.14	4.69	-24%

Network Progress toward Goals

In development of the baseline survey, CMHCI identified five goals (see Exhibit 5) that remained the same at the follow up period. Respondents were asked to rate the extent to which the Network had achieved these goals at each time frame, on a scale of 0 (not at all) to 4 (very much). The goal highest rated by respondents in the baseline was *to support parent and youth voice in all levels of systems innovation*. In the follow up, the highest rated goals were *to increase collaboration between children and youth serving agencies* and *to support parent and youth voice in all levels of systems innovation*. Over time, the average increased for all goals, and for three of these, the change was at least 10% (indicated below with a †). This is in line with OCMH activities during the MARC period, wherein they mapped trauma-informed care activities across the state, and provided data, tools, and research related to children’s involvement in the state’s service systems.

Exhibit 5. CMHCI member perception of progress toward collaborative goals

	Baseline average	Follow up average
a. To ensure that every child is safe, nurtured and supported to promote optimal health and well-being	1.59	1.93 [†]
b. To increase collaboration between children and youth serving agencies	2.50	3.00 [†]
c. To support parent and youth voice in all levels of systems innovation	2.85	3.00
d. To have a common agenda for systems change	2.50	2.64
e. To establish shared measures to track progress toward the common agenda	2.12	2.47 [†]

[†]Indicates a difference of greater than 10%

Network Impact on Work

Survey respondents were asked to identify the extent to which involvement with the CMHCI had impacted their work across a variety of domains, using scale from not at all (0) to very much (4). As shown in Exhibit 6, during the baseline period, the highest of the area identified was an influence on *How your organization fundamentally thinks about work*. In the follow up, the item for which respondents felt CMHCI had made the most progress was again *How your organization fundamentally thinks about work*. Of the seven areas that were assessed at both points, the average for all items increased by at least 10% over time. The increase was as high as 60% for the influence of CMHCI on

“how organizations train their staff”, probably reflective of the activities of the OCMH on training mental health administrators, care providers, educators and policy-makers—on how to integrate the voices of parents and youth.

Exhibit 6. CMHCI member perception of influence of the collaborative on different aspects of their work

	Baseline average	Follow up average
a. Your organization's approach to implementing services	2.00	2.23 [†]
b. How your organization communicates with families and children	1.68	2.17 [†]
c. How staff understand their own ACE backgrounds	1.58	2.34 [†]
d. How your organization plans treatment or interventions	1.52	2.26 [†]
e. How your organization trains staff	1.37	2.20 [†]
f. The type of messaging your organization uses to promote early intervention efforts	1.89	2.48 [†]
g. How your organization fundamentally thinks about work	2.18	2.73 [†]
h. The extent to which your organization is involved in local/state policy change	--	2.63
i. The visibility and extent to which your organization is known to others	--	2.34

[†]Indicates a difference of greater than 10%

III. Network Activities

Historically, Wisconsin, especially Madison, has been active in efforts related to increasing awareness of ACEs and resilience, and there continues to be a great deal of interest in and implementation of trauma informed practices and policies. The activities of CMHCI build on the success of prior work conducted by several agencies and initiatives, and the work of the OCMH director, in particular. Based on our interviews, CMHCI members are knowledgeable about ACEs, trauma, and resilience and committed to the collective impact approach. Most members work on other trauma and resilience initiatives in their own organizations and regions and bring substantial information and resources to share to CMHCI meetings. In the following section, we describe the activities conducted during the MARC period by the CMHCI, and the OCMH in particular.

Engaging the business sector

The specific goal of the OCMH under MARC was to engage the business sector in conversations on the science of ACEs and resilience, and learn how the business communities and their staff can be meaningfully engaged in the Network activities. In 2016-2017, OCMH piloted an ACEs and resilience tool called "Mobilizing Action for Resilient Workplaces" that included a presentation and smartphone-based mindfulness application named "Enliven". OCMH piloted the tool at a mid-size manufacturing firm in Waupaca County. It partnered with several organizations for this project: SaintA, a human services organization that conducts statewide training on ACEs and resilience, to tailor and present the information; Branch2, a technology company, to design the mobile app for delivering the mindfulness program; The Center for Investigating Healthy Minds at the University of Wisconsin, to design and deliver mindfulness and curricular content as well as design the assessment and outcome. The mindfulness app was marketed as a tool for workforce development at the pilot site.

Data analysis conducted by OCMH showed that the uptake and usage of the mindfulness mobile application was not as extensive as expected. Based on the data OCMH collected, it appears that only a “small portion” of users completed the 10-day application modules, scoring it an average of 65 out of 100 points (equivalent to 3 stars in the application store). Although the results and the uptake of Enliven was not as positive as expected, OCMH has modified the curriculum and its approach, and has continued to use it through other avenues.

In addition to the pilot site, the project partners held four workplace events in Waupaca County Health and Human Services (October 20, 2016), Collective Impact Resilience Workgroup (December 8, 2016), Brown County United Way (December 12, 2016) and Bellin Health Systems (February 16, 2017). A total of about 260 employees attended all four events, of which 189 completed ACEs surveys, and 42 attendees downloaded the mobile app. Subsequently, the mindfulness curriculum has been adapted for several shorter presentations and has been used by organizations such as the Madison Rotary Club. Several interviewees, both within the OCMH and Brown County United Way, described the presentations as having generated “a great deal of interest” among the participant organizations in the concept of ACEs, resilience, and wellness in the workplace.

In the 2nd year of the MARC grant period, OCMH focused less on the mobile app but continued to conduct outreach to businesses in different ways. It linked with businesses’ human resources and Employee Assistance Programs as a faster way to engage the businesses in the trauma-informed care “culture change movement”. OCMH continued to cultivate relationships with several Wisconsin businesses interested in learning about adverse childhood experiences and trauma-informed care, and hired the consultation services of a business liaison/facilitator in 2017 to seek out presentation opportunities. The consultant has approached a few organizations in Madison and has advocated the importance of addressing ACEs and increasing resilience in the workforce. He is currently linking with businesses’ human resources and Employee Assistance Programs to introduce ACEs to businesses.

Despite not bringing a business partner into the collective impact process through outreach and the mindfulness mobile app as hoped, OCMH’s goal was partially achieved in that one of the MARC partner organizations, Center for Healthy Minds, is now a member of the CMHCI, and brings many years of business experience in the for-profit sector. Additionally, the OCMH members and a few of the other CMHCI members who were familiar with the MARC project, feel that they now have a better understanding of elements necessary for building bridges with the for-profit sector.

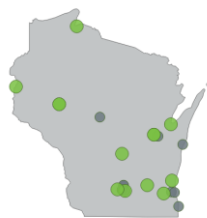
Integrating the voice of parents and youth in system-wide quality improvement

As part of the MARC project, OCMH’s Family Relations Coordinator hosts and facilitate trainings and skill-building sessions for the CMHCI parents and youth. The parents/caregivers and youth, referred to as the Collective Impact Parent and Youth partners, bring years of lived experience to their participation and leadership in the CMHCI meetings and workgroups. With their insights and guidance, state agencies and other collaborating partners are better able to recognize gaps in services, deficient programs, and unhelpful or cumbersome policies and practices. The Family Relations Coordinator works closely with fifteen parent and youth partners, providing training, support, and education. She also educates other coalition members—mental health administrators, care providers, educators and policy-makers—about how to integrate the voices of those who struggle with trauma into their work. Although the activities of the coordinator and the parent and youth partners began prior to MARC, the MARC grant helped to fund some of these activities, such as travel reimbursement and conference attendance for the parents and youth.

As corroborated in many of the site visit interviews, parent and youth partners are considered as valuable resources and are sought after by organizations and governmental agencies to provide expert consultation in many areas, including staffing workgroups, developing and reviewing policies and resources, and participating in hiring panels. Many of the interviewees commented on the benefits of having the parent and youth partners provide feedback and participate in network meetings and meetings within the member organizations. Specifically, the parents and youth partners have participated with the Wisconsin Departments of Health Services (DHS), Children and Families (DCF) and Public Instruction (DPI) to inform policy development and implementation. Their activities have included:

- Updating Administrative Rule 40 relating to mental health treatment services for children (DHS);
- Representing the parent voice on the advisory council for Children Come First, the Mental Health Council and the Governor’s Council on Children with Special Health Care needs (DHS);
- Joining the Parent Advisory to School Mental Health Initiative (DPI); and
- Reviewing child welfare initial assessment protective plans used (DCF).

The parents and youth partners have given presentations centered on suicide prevention at several of the “Kids in Crisis” town hall meetings sponsored by the USA Today Network of Wisconsin. They co-present trauma-informed care trainings around the state in order to increase public knowledge and awareness about trauma-informed care; participate and lead advocacy efforts related to ACEs and resilience within local communities they reside in (see map: locations of the CMHCI parent and youth partners); and will participate in the next round of Gannett Media listening sessions to promote the work of the CMHCI.



Providing data and measurement

Although the work began prior to MARC, in 2016 OCMH developed the 48 Child Well-Being indicator dashboard representing Wisconsin’s first attempt to capture and track measurements of cross-sector child and family well-being. The dashboard, updated in 2017, is a quick reference tool illustrating trends relating to mental health services, risks to well-being, and outcomes. Another activity that was heralded as “significant” by the interviewees is the mapping of the initiatives and agencies across the state implementing trauma-informed care by the CMHCI Trauma-informed Care Action Team. Based on the information provided by the agencies on a survey developed by the OCMH, it is a statewide mapping tool that has charted initiatives and agencies working on trauma-informed care across Wisconsin, and plans to roll out a new web application through ACESConnection.com in the near future. The map provides contact information for communities or sectors to facilitate connection and coordination of their efforts and to learn from each other.

Increasing awareness among lawmakers

The network as a whole has conducted several activities to increase awareness of trauma-informed care to lawmakers and policy personnel through presentations and targeted workshops. In particular, the Trauma-Informed Care (TIC) Action Team of the CMHCI has provided a series of workshops providing local and state lawmakers with the tools needed to become trauma-informed. The goal is to promote trauma-informed care transformation through policy changes. They conducted five workshops during the MARC period – Trauma-Informed Care 101 (Nov 2016), Introduction to trauma-informed care Policy (Dec 2016), Meaningful Consumer Involvement (March 2017), Meaningful Consumer Involvement Part 2 (May 2017), Human Resources (July 2017). The workgroup also hosted the first Trauma-Informed Care Policy Workshop with over forty people in attendance. The plan is to continue hosting bi-monthly Trauma-Informed Care policy workshops. The director of OCMH was credited with doing much of the work of raising awareness, either through presentations and trainings, or through making connections

between individuals/organizations interested in ACES, who regularly presented in the community. Interviewees involved in these activities remarked on the positive evaluations received about the quality of the presentations and the usefulness, but acknowledged that more time was needed for such information to result in concrete policy changes.

IV. Outcomes of the Network

Key outcomes were identified through the outcome harvesting process, including both those in which the network did and also did not play a clear role during the time of the MARC initiative.

Below, we first describe the changes identified as the most important by the OCMH, and most closely influenced by the funding provided through MARC. We then note additional changes that have been taking place in the state of Wisconsin during the same time that we identified through a range of interviews and documents, but which have a less direct tie or difficult-to-establish relationship with OCMH or CMHCI activities.

For these outcomes, we present a schematic to illustrate the way in which OCMH or the network as well as other factors played a role. In each schematic, the box shaded in green represents the OCMH/Network role, and the box shaded in blue states the outcome or change. We follow this section with a description of additional changes in behavior, relationships, and practices that have occurred.

Our Approach to Outcome Harvesting

1. Mined available documentation, such as reports prepared for HFP, monthly reporting to Westat, as well as information available online.
2. Examined documents for possible changes in relationships, practices, funding, and policy that have occurred in the community within the time period of the MARC initiative (since November 2015).
3. Conducted phone calls with the backbone team to obtain their input on what changes in these areas that they had observed.
4. Revised this list to include those that appeared to be both important changes and ones that may have involved some contribution of MARC funding (or the network)
5. Substantiated this set of outcomes through in person interviews, phone interviews, and/or documents
6. Conducted a follow up phone call with the backbone organization to review outcome, ensure accuracy, and identify those considered most important.
7. Conducted additional calls if needed.

In August 2017, DHS revised a statewide RFP to require training in trauma-informed care and resiliency for a statewide program referral line.

The RFP was issued in August 2017 by the State of Wisconsin, Department of Health Services, Division of Public Health to create a Wisconsin Public Health Referral and Access to Information Services and Resources program. The statewide system includes a toll free telephone numbers and a website that provides referral and access to information, services, and resources for a variety of DHS programs. Dr. Peggy Helm-Quest, a Maternal and Child Health physician at DHS, initiated effort to make the RFP more focused on ACEs and resilience, in July 2017.

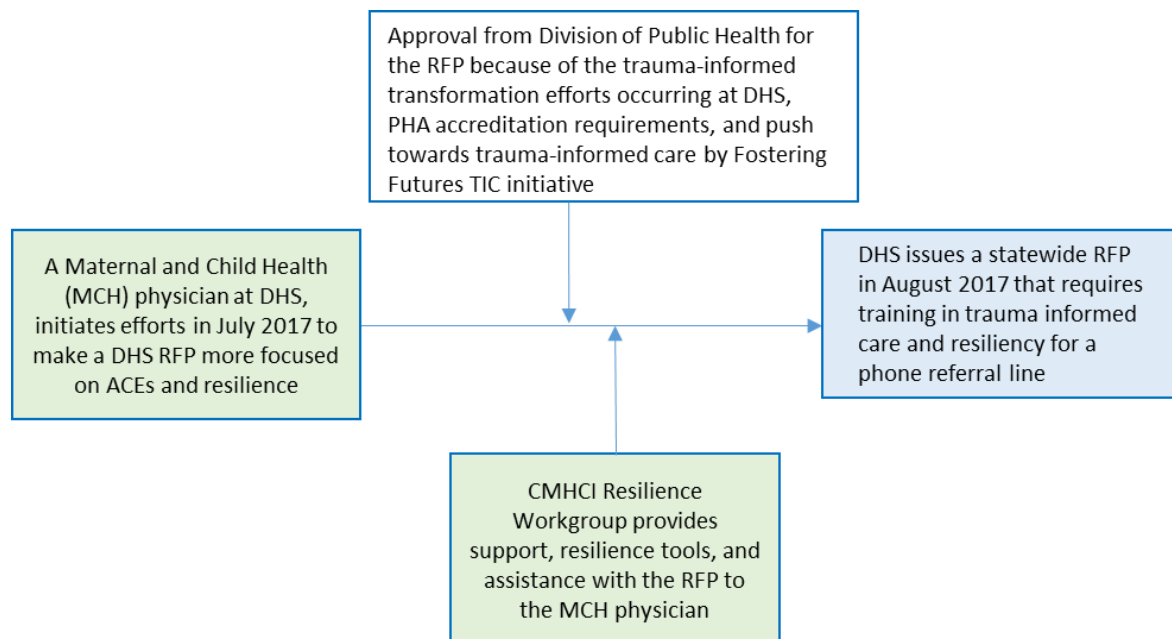
The RFP now specifically requires the applicant agency/organization to:

- Provide information and referral service delivery through a health equity framework of cultural competence, with a trauma and resiliency informed framework (RFP, 2017, page 4).
- Include any experience in “conducting webinars and trainings, and providing culturally competent, trauma and resiliency sensitive services including for those with disabilities” (RFP, 2017, page 14).
- Document experience “in implementing outreach strategies to reach disparate populations and individuals who have experienced trauma related to the social determinants of health, violence and injury” (RFP, 2017, page 18).
- Demonstrate competence in ACEs and “trauma informed care and application of Resiliency Principles” (RFP, 2017, page 21).

How the Changes Occurred and the Role of MARC/Network:

As the RFP was being developed by the Division of Public Health at the Department of Health Services (DHS), a Maternal and Child Health (MCH) physician at DHS initiated efforts in July 2017 to make the RFP more focused on ACEs and resilience. This was partially related to her participation in and commitment to the CMHCI Resiliency Workgroup to promote the consistent message of resilience throughout the work of the participating agencies. CMHCI supported her in writing the RFP language and provided the resiliency toolkit. Members of the CMCHI served as resources and collaborated to come up with ideas for the hotline, so they could reduce duplication of ideas. She was also supported by her division managers in this effort. Concurrently, the Wisconsin DHS Division of Public Health was undergoing an accreditation with the Public Health Accreditation Board. The impetus for training the staff to become more trauma informed was taking place in several departments within DHS. In addition, the Division of Public Health was also a project participant of the Trauma-Informed Care Transformation Initiative of the Fostering Futures, Phase II, which provided training to and support for the implementation of trauma-informed principles into the work of several child- and family-service systems. According to the respondents from DHS, both the accreditation process and the training and support from Fostering Futures provided the background and paved the way for the changes in the RFP.

Exhibit 6. Outcomes related to new RFP



Importance of the Changes:

The RFP was issued for the operation of a statewide system for enhanced information and referral services, access to information, services, and resources for the general public. Although it is a single RFP, several respondents opined that the requirements of the RFP would create a greater awareness of trauma and resilience among the applicant organizations, more trauma-informed services for the families, and a greater demand for staff to be trained in trauma-informed and resiliency. In addition, the RFP was shared with Department of Mental Health, which may result in a joint hotline for resources leading to more sustainability in the future.

In October 2017, Wisconsin governor approved increase in funding in the state budget for school-based mental health services.

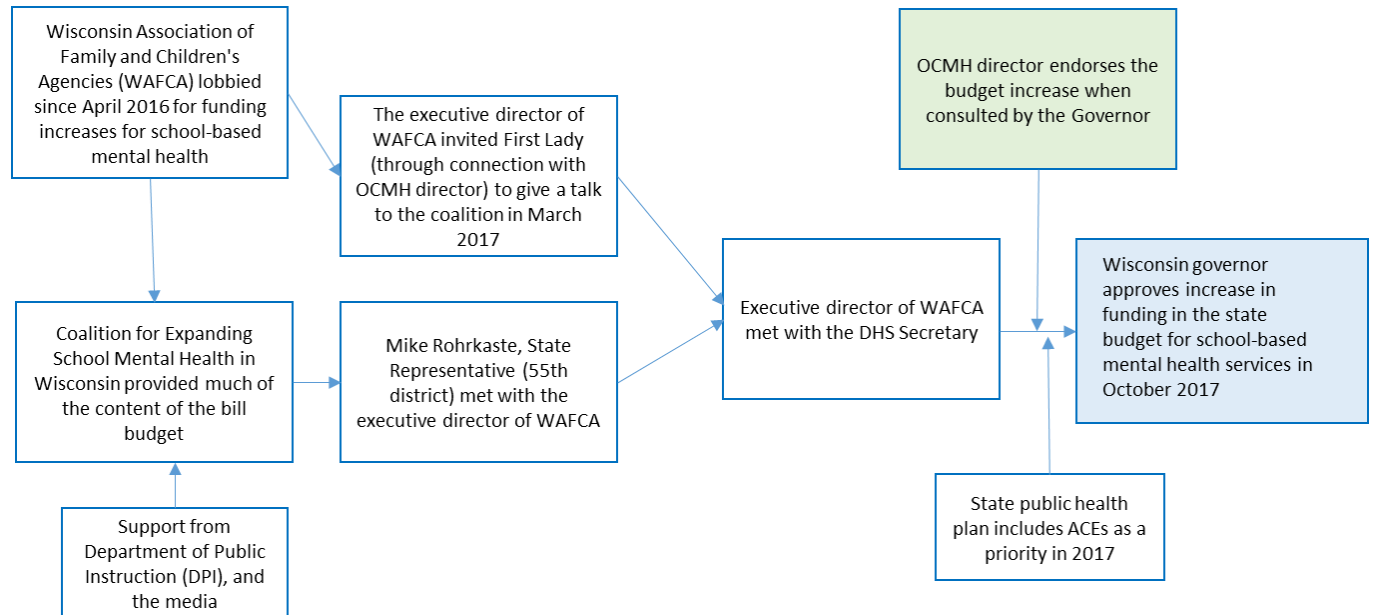
Governor Scott Walker (R) increased the 2017-19 state budget by \$636 million, bringing the total K-12 investment to \$11.5 billion. Included in the budget was an allocation of \$6.65 million to support students' mental health needs and vulnerable populations, among many other provisions. The budget also includes an increase in Medicaid reimbursement rates for outpatient behavioral health services to pay for clinical consultation related to mental health treatment for students.

How the Changes Occurred and the Role of MARC/Network:

Many coalitions have lobbied lawmakers for funding increases for school-based mental health, such as the Wisconsin Association of Family and Children's Agencies and the Coalition for Expanding School Mental Health in Wisconsin. A number of people in the leadership of these coalitions are also involved with the Wisconsin network, CMHCI, and its workgroups, including the Project Coordinator and Consultant from the Department of Public Instruction, who has been championing the statewide work on Trauma Sensitive Schools, and the Executive Director of the Wisconsin Association of Family and Children's Agencies. Through their involvement with the CMHCI network and the connection between the OCMH Director and the First Lady, the Executive Director of Wisconsin Association of Family and Children's Agencies invited the First Lady to give a talk to the coalition in March 2017 to raise the visibility of the school budget issues. The First Lady's involvement created high visibility, which enabled the Executive Director to meet Mike Rohrkaste (R), State Representative (55th district), in June 2017 to further the issue. Because of his involvement as a board member of a community-based mental health program in his district, which is now a WAFCA member, Rep. Rohrkaste was highly supportive of the issue. He helped the Executive Director of Wisconsin Association of Family and Children's Agencies meet with several prominent policymakers including the DHS Secretary. The meeting with the Secretary was critical because DHS oversees Medicaid in the state of Wisconsin. The final endorsement for the budget increase came from the OCMH director. Because of her work on ACEs, her leadership with the CMHCI network, and her support for First Lady's initiative, the director was consulted in Spring of 2016 by the Governor for her recommendations as to what to put on the budget, and she recommended the school budget increase.

In addition to the active lobbying, the issue of school budget received further support from the Secretary of Education for Public Instruction (also the State Superintendent and Head of Department of Public Instruction), partly due to Department of Public Instruction's involvement with the CMHCI network. Media also played a role in highlighting the budget deficiencies and lack of mental health workers in schools in print and online articles, spearheaded primarily by USA Today.

Exhibit 7. Outcomes related to increases in State budget



Importance of the Changes:

The budget increase represents the highest in state history in actual dollars and speaks to Wisconsin’s continued commitment to children’s mental health. Wisconsin increased Medicaid reimbursement rates for mental health professionals and substance abuse counselors with the goal of increasing the number of behavioral health providers serving people who are insured through Medicaid. This is the largest Medicaid increase in a decade. The increased budget funds the Department of Public Instruction, among other state agencies, to support mental health services and education for youth. The Department of Public Instruction will award grants to school districts and operators of independent charter schools to be used for the purpose of providing mental health services to students, in collaboration with community health agencies. The funding for training will also focus on programs such as Youth Mental Health First Aid and Screening Brief Intervention referral to Treatment (SBIRT).

Increased alignment between state departments in the form of joint trainings and braided funding

Several agencies have begun to implement braided funding and joint training, which have increased alignment of goals, resources, and activities between state departments. Respondents provided various examples of multiple funding streams that were used to support common activities. These sources were aligned to help support the total cost of services (see Other Changes). For example, the position of the Coordinator for the Safe Schools Healthy Students project in May 2016 used braided funding across three different state agencies – the Department of Public Instruction (DPI), DHS, and Department of Education. Through the joint funding efforts the person was housed in two of the organizations (DPI and DHS) which provided a platform for cross pollination of ideas and fostered more collaboration. This speaks to a broader phenomenon of “a different way of doing business than before”. Another example of the change is through the Project Aware grant and Safe Schools grant; instead of writing youth mental health in a single grant from a single state department, several state departments used internal braiding of funding to support the grant. In addition, the CMHCI workgroups represent members from different

organizations; the resources and tools the trauma-informed care and resilience workgroups create are being shared across organizations and sectors, and are helping to bring more collaborative work.

How the Changes Occurred and the Role of MARC/Network:

OCMH helped identify leaders and keep track of funding in the state. According to respondents, both within OCMH and CMHCI, through sharing of ideas at the CMHCI meetings, network members have been able to partner with other agencies and align the activities and reduce duplication of efforts.

Importance of the Changes:

The use of braided funding has opened up opportunities for departments to work together and develop new way practices in looking for and applying for funding opportunities. Respondents perceived collaboration between departments as essential to continue to have funding for trauma informed services and mental health awareness. By working together, they thought it had broken down silos and opened up communication of ideas through different departments.

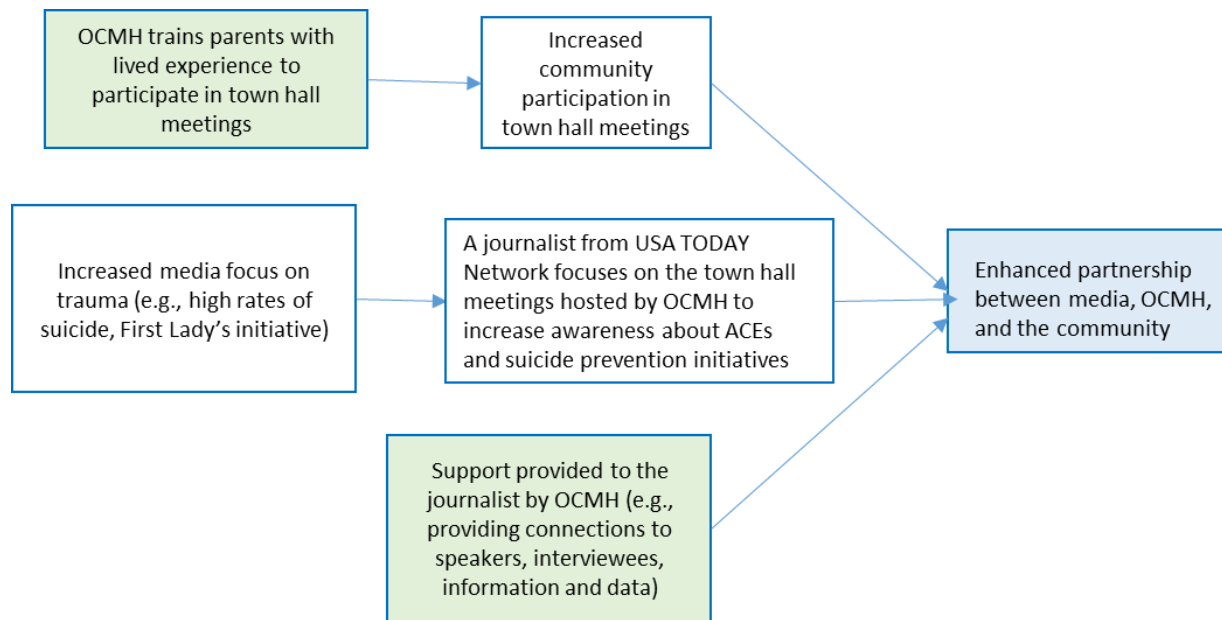
Enhanced partnership between media, OCMH, and the community since 2015

Since 2015, OCMH has developed a more trusting and positive partnership with the media. Because of the high rates of suicide in 2015, the media, particularly the state newspapers, started increasing their focus on this issue. A lead journalist from USA TODAY Network, who had a particular interest in ACEs related issues, was instrumental in featuring events such as the town hall meetings hosted by OCMH that highlighted awareness about ACEs and suicide prevention initiatives. She was the lead reporter for Wisconsin's Kids in Crisis series, which focused on youth mental health in Wisconsin. In 2017, OCMH was instrumental in hosting ten town hall meetings across the State, which were featured in the newspapers and online and attended by parents, the public, practitioners, and legislators. In addition to writing about the ACE related activities and issues online, the journalist reached out to OCMH, which supported her by providing information, helping interpret data in the OCMH's annual report to the legislature), providing connections to speakers for the town hall meetings, and providing suggestions for possible interviewees.

How the Changes Occurred and the Role of MARC/Network:

The director of OCMH was instrumental in cultivating the relationship with the media by providing information, sharing data, and facilitating interviews with other CMHCI members.

Exhibit 8. Outcomes related to enhanced partnership between media, OCMH, and the community



Importance of the Changes:

USA Today Network-Wisconsin includes daily publications in 10 cities; the individual news organizations cover community issues and activities locally but they also cooperate across the organization to do bigger projects with statewide implications. More than 90% of the interviewees mentioned that the involvement of media has contributed to increased awareness of statewide activities related to ACEs, trauma, and resilience trainings, practices, and policies. The media also highlights the work of First Lady, Ms. Walker. Two respondents outside of OCMH thought the media contributed significantly to the Governor's increased budget for schools that was released in October 2017. However, one respondent felt that there was “too much media presence” of the First Lady, and not enough of the people affected by ACEs, such as children and parents.

Increased representation of caregivers with lived experience in several policy consultations since 2014

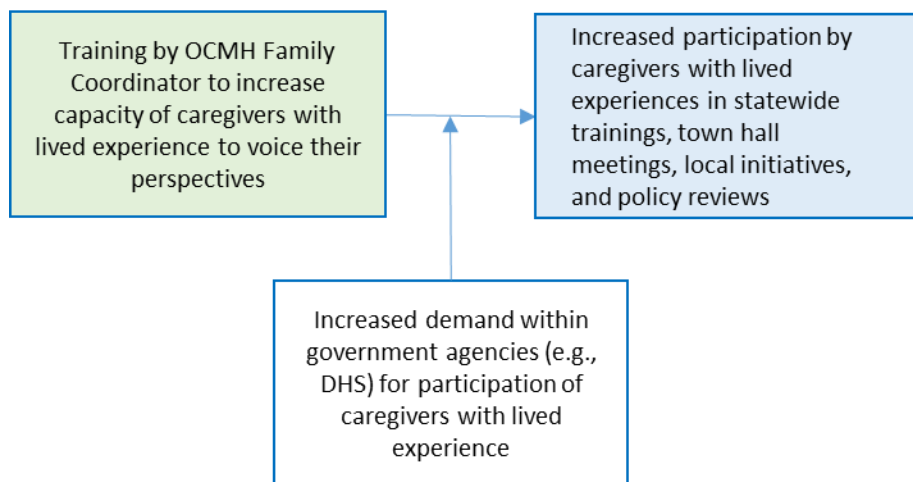
OCMH’s parent coordinator has been training caregivers with lived experiences since 2014, when OCMH was established. She encourages and advocates for caregivers to take on a more active role in advocating for ACEs and resilience. The caregivers, referred to as Collective Impact Partners, are now a part of the statewide trainings, town hall meetings, local initiatives, and policy work. In addition, they have put forth language guides for the practitioners and policy makers that emphasizes a change in language use, such as a change from “my child is autistic” to “my child has autism”. Respondents put forth several examples of how the parent partners have taken up influential positions in advisory councils and task forces. Parent partners are currently a part of the Governor appointed Mental Health Council that oversees the mental health grants] and hence influence decisions on how the federal dollars are spent. In June 2016, they comprised the committee that modified DHS Rule 40, which is a day treatment rule. A parent was appointed to the state superintendent's advisory council on children's special education called Children Come First. Another parent represented parent voice on the advisory council for Children Come First, the Wisconsin Council on Mental Health and the Governor’s Council on Children with Special Health Care needs (DHS) in 2017; joined the Secretary’s Special Education Advisory Council (DPI); and reviewed child welfare initial assessment protective plans used (DCF).

A few interviewees mentioned that the participation of parents in the CMHCI Executive Council meetings has not always been met with enthusiasm, given that the council is comprised predominantly of leadership and management, practitioners, and policy personnel. Despite this, overall, the CMHCI network members appreciated the feedback provided by the parents, and acknowledged their contribution.

How the Changes Occurred and the Role of MARC/Network:

OCMH has had a critical role in elevating the role of parent perspective across several initiatives, organizations, and trauma-informed work, and facilitating the participation of parents with lived experience in several areas of work and sectors. The MARC funding made it possible to provide some of the trainings to the parents through the OCMH family relations coordinator and partially reimburse their time and travel. The trainings include informational sessions about the family service systems, research related to child and family well-being, policies that influence child services, collective impact approach, and the availability of skills trainings in the community, and other topics that equip the parents and youth to voice their opinions in meetings and provide critical feedback. Several interviewees remarked that the OCMH staff have “done a good job” of facilitating parents’ participation at the CMHI meetings.

Exhibit 9. Outcomes related to the increased involvement of caregivers with lived experience



Importance of the Changes:

Integration of parent and youth voice in developing and implementing services is viewed by several organizations as critical in developing better practices and policies. Several interviews such program coordinators from DHS as well as non-governmental organizations mentioned that several organizations are now focusing on including parent perspective in meetings, developing materials, and organizational policies. Many of them were appreciative of parents who attend CMHCI executive council meetings and said that other than that avenue, s/he would not have opportunities to meet people with lived experience.

House Resolution 443, which supports trauma-informed care, was introduced to Congress on July 13, 2017

House Resolution 443 recognizes the importance and effectiveness of trauma-informed care. Congressman Gallagher (R) from Wisconsin (sponsor) and 14 other congressional representatives, including Congressman Davis (D) from Illinois (co-sponsor), submitted the bipartisan resolution to the House Committee on Energy and Commerce. The resolution 1) recognizes the importance, effectiveness, and need for trauma informed care within the Federal Government, its agencies, and the Congress; 2) encourages the practice of trauma informed care; and 3) supports the designation of “National Trauma Awareness Month” and the designation of a “National Trauma Informed Awareness Day” to highlight community resilience through trauma informed change. On February 26th, 2018, a motion to reconsider was laid on the table and was "agreed to without objection." The content of the resolution cites the trauma-informed work that Fostering Futures and the Menominee Tribe in Wisconsin.

How the Changes Occurred and the Role of MARC/Network:

The director of OCMH and the First Lady have long been working with Congressman Gallagher and other lawmakers to raise awareness about trauma and push implementation of trauma-informed care. They traveled to Washington D.C. in May 2017 to meet with members of President Trump’s Cabinet and spoke with members of Congress to ensure that they understand the importance of a trauma-informed culture change process.

Importance of the Changes:

This resolution marks the one nonpartisan health-related issue that policymakers agree on. The resolution aligns with CMHCI's and First Lady's efforts to make Wisconsin the “first trauma informed state.” The hope is that the resolution encourages federal agencies and programs to undergo training with Fostering Futures. Although there is no budget allocation or specific strategies mentioned, program directors and policy analysts from DHS and DPI articulated how the bill corroborated their work and lend further credibility to their efforts to influence policy related to ACEs.

Increased dissemination by United Way of Brown County about the science of ACEs and trauma-informed care to Wisconsin businesses since 2015

The Vice President of Community Investment & Strategic Impact and the manager of United Way, who are part of the Brown County Child Abuse & Neglect Initiative’s Community Trainings & Tools Team, are spearheading the trauma-informed care movement in Brown County. The initiative is a collaborative effort between Brown County United Way and Brown County Human Services. They hosted a Building a Resilient Workforce training through the MARC Project on December 12, 2016. More than 80 people attended the training from local community groups, schools, social service organizations, childcare organizations, business corporations, healthcare systems and community members. Bellin Health, one of Wisconsin’s leading healthcare systems, participated in the training event. After the event in December 2016, Bellin Health offered the training as part of the Strategic Partner Roundtable event on February 16, 2017. Forty employees, clients and partners attended the event. The MARC Project provided a platform for the Community Trainings & Tools Team to continue outreach efforts to the business community around ACEs. The Community Training & Tools Team produced brochures that highlights the correlation between childhood trauma, low productivity, high turnover, and rising health care costs. They are also creating a countywide trauma informed care implementation toolkit that outlines core and organization-specific implementation areas of trauma-informed principles for businesses to adopt. The toolkit is intended to be a guide for organizations looking at becoming trauma-informed, and was

intentionally created to be applicable to all community sectors (i.e., government, education, healthcare, corporate, faith-based, etc.).

How the Changes Occurred and the Role of MARC/Network:

The business outreach was planned and executed by OCMH as part of the MARC initiative. The MARC Project provided a platform for the Community Trainings & Tools Team (the action team of the Brown County Child Abuse & Neglect Initiative) to continue outreach efforts to the business community around ACEs and the correlation between childhood trauma, low productivity, high turnover, and rising health care costs. In addition, CMHCI’s Trauma Informed Care Action Team facilitates a trauma-informed care learning community focused on organizational trauma-informed care transformation and policy changes. In 2017, the Trauma Informed Care Action Team conducted four workshops to over 300 attendees with practical tips on consumer involvement and trauma-informed trainings, human resources from a trauma-informed care perspective, and organizational trauma-informed transformation.

Importance of the Changes:

The outreach and development of tools and brochures is a significant first step. Respondents mentioned that although engaging the business sector will take time, trauma-informed care activities and workplace wellness initiatives for staff might eventually result in a trauma-informed workplace environment leading to employee wellness and productivity, as well as increased knowledge and awareness about ACEs for the employees and their families. There seems to be great enthusiasm within Bellin Health and they are continuing to collaborate with local initiatives to incorporate mental health wellness for businesses and the community as a whole.

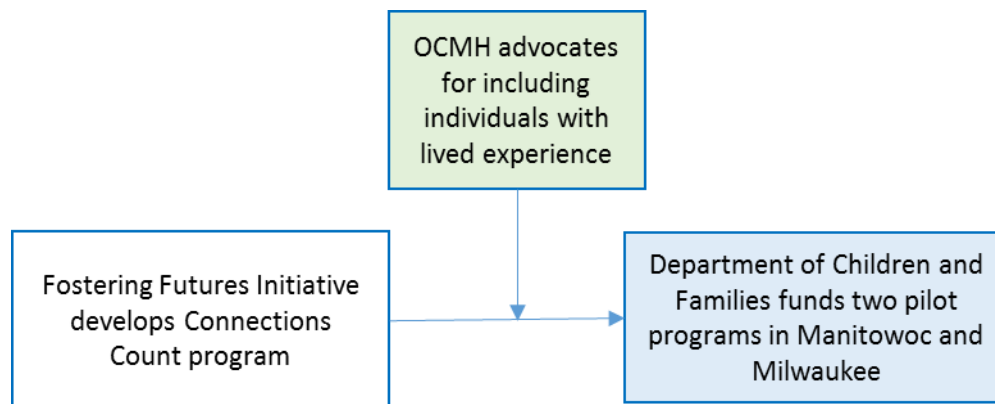
In 2016, the Department of Children and Families (DCF) awarded grants in two pilot sites to implement a new community-based program, Connections Count

In 2016, the Department of Children and Families awarded grants to Lakeshore CAP, Inc. in Manitowoc and Children's Hospital and Health System, Inc. in Milwaukee to pilot Connections Count program for children ages 0-5 from November 2016 through June 2018. The program hires community members and parents as connectors, and focuses on building capacity and resiliency within families in high need communities. The purpose is to engage children and their families with the different types of support within their community, help families get benefits and services that meet their needs, connect adults to leadership opportunities in their neighborhoods. Community Connectors themselves have been trained in trauma informed care, ACEs and motivational interviewing, and they participate in reflective supervision themselves. The contracts can be renewed as many as four times for additional 1-year periods.

How the Changes Occurred and the Role of MARC/Network:

The program was developed initially as part of the Fostering Futures initiative. The inclusion of parents with lived experience as Connectors in the program was attributed to OCMH’s involvement.

Exhibit 10. Outcomes related to Connections Count



Importance of the Changes:

The focus of the program is on vulnerable families and help them connect to formal and informal support networks. People with lived experience, and people who have had to navigate systems themselves can walk alongside the families that they're helping. Although the program is in its early years, educators involved with the program believe that if data substantiates the effects of the program it will be scaled up. One of the requirements of the Connections Count contract is that the Connectors practice trauma informed work and trauma informed principles in the work that they do.

Other Changes Within the Community During the MARC Period

Within the duration of the MARC project, between October 2015 and 2017, there have been a number of changes in Wisconsin related to ACEs, trauma, and resilience. The following are changes that were noted by respondents during the outcome harvesting process but have not been independently verified, due to limitations in resources. These changes, therefore, should be interpreted with greater caution.

Division of Public Health, DHS, created a new position of a trauma-informed coordinator, starting April 2017, to oversee internal policies and practices funded by different departments. Respondents mentioned that for a department of public health to create this position is indicative of ACEs moving to the public health realm. The creation of the position required a commitment by many units to move trauma-informed care/Resiliency transformation forward and required blended funding (indicative of departments collaborating). The trauma-informed coordinator provides several trainings within DHS, administers surveys, and provides TA support for trauma-informed practices. More broadly, the tasks within this position are to examine how ACEs and trauma are impacting public health, and to use this information to integrate trauma-informed practices and culture of resilience into the workplace. The trauma-informed coordinator has the responsibility of training DPH staff (about 500 staff) and evaluate the trainings to determine what they could do to be a more trauma informed workplace. The trauma-informed coordinator gets feedback from the staff and works with upper management on incorporating the feedback. She also does statewide training sporadically and has received requests from other state departments for the training and the toolkit. As a result of the work that the trauma-informed coordinator has done human resources has adopted new interview protocols, which have included soft skill questions to incorporate the trauma-informed care skills set into the hiring process. DHS has also developed internal website with resources with trauma and resiliency resources.

In 2017, the Healthy Wisconsin 2020, a state health assessment and improvement plan, was revised to include ACEs as one of the six priority areas. The priority areas of Healthy Wisconsin 2020 include

alcohol, nutrition and physical activity, opioids, suicide and tobacco. With the incorporation of ACEs in Healthy Wisconsin, trauma-informed practices were integrated into DPH's strategic plan. The WI Health Improvement Planning process was led by a Steering Committee that included the OCMH director.

State, county, and tribal agencies are continuing to implement trauma-informed care changes into their human resource practices, work policies, and trainings. Department of Corrections provided trauma-informed 101 training to more than 10,000 employees and has made a concerted effort to make trauma-informed practices more visible information in public places (e.g., cafeteria) for employees to think about trauma-informed practices. In 2016, state correction facility Lincoln Hills has shifted their culture to incentivize and reward positive progress by youths, rather than solely focus on correcting misbehavior. DHS division of Public Health has trained over 500 employees and institutionalized the training. The Menominee Tribe in Wisconsin improved educational and public health outcomes by increasing understanding of historical trauma and childhood adversity by developing culturally relevant, trauma-informed practices. Promotion of trauma-informed practices in different organizations (state, county, and tribal) will result in better system of care for children and families, and better access to services. The First Lady, Ms. Walker, also hosted in September 2017 the First Spouses convening in Milwaukee and welcomed First Spouses from across the nation to the two-day conference, which focused on Trauma-Informed Care.

V. Lessons Learned and Summary

Among MARC communities, Wisconsin is one of the few grantees that had not only a pre-existing network, but also had a history of being at the forefront of ACE and resiliency-related activities for the past decade. Many of the CMHCI network members are also members of other local and state initiatives that address trauma, resilience, and children's mental health and are involved in activities related to ACEs and resilience within their own organizations and initiatives. The MARC project was specifically carved out to address a specific issue – of conducting outreach to the business sector to increase awareness of ACEs and workplace wellness, as well as to engage the organizations with the network activities. Although the information about this project was shared with the CMHCI network, the work was primarily designed and implemented by OCMH and the partner organizations. It is possible that the MARC project was viewed as a short-term pilot, the results of which would inform the workings and strategy of the CMHCI. Eventually, engaging the business sector and integrating ACEs and resilience related activities and framework to workforce development may require a more collective and concerted efforts, something that the Network may not be ready to engage in.

Participation of businesses in ACE related work is rare. Wisconsin's MARC efforts have offered both challenges and opportunities as well as a better understanding of the necessary elements for connecting with the business sector. Despite not bringing a business partner into the network activities through Project ENLIVEN, this goal was partially achieved in that one of the MARC partner organizations. Center for Healthy Minds, is now a member of the CMHCI Executive Committee. Center for Healthy Minds brings many years of business experience in the for-profit sector. One of the lessons learned from the MARC project was that linking with businesses' human resources and Employee Assistance Programs might be more "natural connections" for ACE-related information, and might likely be the fastest entry to engender a more trauma-informed culture within businesses.

Another possibly unique aspect of the Wisconsin network is the "high profile" of some of its members and the people they are trying to influence, namely policymakers and head of public institutions. In particular, the connection of the backbone organization with the Governor, and the involvement of the

OCMH director with the First Lady's initiatives. Although this relationship seems to have been beneficial to the acceleration and scope of the ACEs work in Wisconsin, it seems to have "politicized" the issue as well. A few respondents commented on how some of the organization-wide trainings in DHS, DPI and other government agencies are more as a quick response to requests from Fostering Futures, an initiative led by the First Lady, than as a result of an internal endorsement for trauma-informed transformation. However, other interviewees that were in leadership roles within government agencies mentioned that there was "no push-back" in making the work culture more trauma-informed. A few respondents commented on the amount of media exposure given to the First Lady and OCMH director, and emphasized the need for consumers with lived-in experience to be featured in the media. The political nature of the ACEs work in Wisconsin presents many challenges as well as opportunities, something that needs to be taken into account for any network that prioritizes policy change as one of its primary goals.