Findings from the 2018 Health Department Environmental Scan

The Illinois ACEs Response Collaborative

Health & Medicine POLICY RESEARCH GROUP

Introduction

In June 2018, Health & Medicine Policy Research Group (Health & Medicine) and the Illinois ACEs Response Collaborative (the Collaborative) engaged Brenda Bannor of Millennia Consulting to conduct an environmental scan of health departments across the country that are undertaking a systems change approach towards trauma-informed care. The goal of the scan is to identify and analyze common themes across these health departments. Findings will be used to better support health departments across the state of Illinois that are beginning or advancing their journey towards becoming trauma-informed.

The Collaborative's leadership worked closely with Ms. Bannor to identify fourteen agencies and their partners who are engaged in trauma-informed practices and approaches. These agencies included public health departments, department of health and human services, departments of mental health, a state-certified health maintenance organization, and a community healthcare system (see Appendix for list of organizations included in the scan). Scan participants represented a mix of large and mid-size organizations that covered a range of geographic areas, urban and rural communities, and different governance structures. These fourteen organizations have taken varied approaches to this work and are at different points along their implementation journey.

All of the interviewees acknowledged that implementing systems of change within their own organizations is important but are at very different points in this process. Some have and continue to provide extensive trainings, have active interdepartmental teams in place, and have crafted values and principles for the organization. Some have embraced staff self-care as their primary focus of change, while others have robustly addressed community-centered change and are only beginning to look internally.

Millennia used a standard interview protocol developed with input from Collaborative members to conduct phone interviews which were between 45 minutes to an hour in length. Interviewees were asked to share the following: their organization's motivation for addressing trauma and their journey towards integrating a trauma-informed approach into their work; the specifics of their work as well as promising approaches they were using; how the work is being resourced and thoughts on sustainability; and ingredients needed for success as well as challenges and barriers they have encountered.

The intent of this report is to highlight common themes that emerged across these health department interviews and to share lessons learned. Findings will hopefully resonate with health departments in Illinois and beyond, affirming existing efforts being undertaken and encouraging others to begin engaging in this important work.

In this White Paper:

The Journey

Participants were asked to describe their organization's journey towards trauma-informed care and practices, specifically the motivation behind this work. In many instances the journey began with a passionate individual, a group of individuals, or a supportive boss who championed or "greenlighted" the work. Often the spark was a study, report, or conference workshop that "just made sense." For others the focus on trauma resulted from and was promoted through the results of a community health assessment or reaccreditation process. Some had grants or local government dollars such as a property tax levy to launch the work, while others found creative ways to support the work such as integrating it within other initiatives.

The type and focus of the trauma work described by interviewees was varied. For some, systems change was primarily externally focused. These organizations were spearheading or participating in cross-sector collaboratives that bring together a range of government departments and agencies, such as juvenile justice, education, mental health, local not for profits, hospitals, and federally qualified health centers. These collaboratives aim to collectively change how they do their work and impact their communities by adopting a trauma lens; implementing place-based and community initiatives that introduce non-traditional ways of accessing services and co-locating mental health and trauma services such as healing centers in libraries, therapy in park settings, extended evening hours, etc.; or raising awareness across the community.

For other agencies, the focus was primarily internal, exploring and implementing systems change within their own organizations. In some instances change is being promoted and implemented across the whole organization while in others the work is being implemented in and by specific divisions within the health departments, such as violence and injury protection, child, youth and family services, behavioral health, and a visiting nurses program. Some agencies reported balancing both internal and external trauma work. All interviewees acknowledged that addressing trauma within one's organization was important but how and when it was prioritized varied.

Though much is different in organizational structure and approach, there is a common theme behind all of the journeys. The issue of trauma, both individual and systemic, was seen as a key origin of health issues and disparities. As one participant shared, "We have wonderful clinical care and yet we still have high infant mortality. We have the best resources and yet we are not making an impact. Something had to change." According to another interviewee, "Our delivery system is traumatized, bureaucracy dehumanizes. Despite so much investment in evidence-based practices the people we are most concerned with are worse off." Yet another interviewee reflected, "In public health we are always looking upstream for root causes. We saw this as another upstream approach, helping people who have risk factors."

Ingredients for Success

Interviewees were asked to share what they felt were important elements for successfully engaging in trauma-informed practices and approaches—what helped them move forward. The following common themes emerged:

Leadership on board and part of process

The majority of interviewees shared that having the support of decision makers and leadership who are committed to the work was helpful and in some instances critical. As one interviewee shared, "We now have progressive leadership who is committed to this idea and our conversations are changing. She is advancing and pushing forward our trauma-informed community framework." As another reflected, "If you are a public agency or even nonprofit you have to have the support of decision makers. Without high level backing and a true understanding of how this is good for and affects your community at large I don't think you can do it well."

Interviewees also stressed that having executive champions was important but often not enough, in large part, because executives do not always stay at organizations long-term and that you need to "build a base in the organization as well."

Others discussed how important it is to have both internal and external champions. For example,

having local government and political support has been helpful to many organizations in moving this work forward. Examples of this type of support included: the development of a separate office of violence prevention; a resolution for a county to become trauma-informed; the recommendation that a position be created to look at whole systems change; and the development of a cross-county strategic plan around trauma. One interviewee stressed the importance of federal connections and shared, "We have a consultant working with us to keep the federal government aware of what is happening in our state and for us to keep an eye on federal efforts. This has proved very beneficial for us." Another interviewee did caution, however, "It's important to get political leadership on board. But politicians come and go so politics can't be a driver."

Increased urgency due to local and national issues

Many participants felt that, sadly, their trauma work was greatly accelerated due to external issues and crises. The national spotlight on gun violence was seen to "increase the urgency and the dedication of resources." The fires in California were "a culture shift for the entire community, where losing everything is the equalizer and showing that trauma affects all people the same. It brought to everyone's focus what it feels like to be raw and engendered increased empathy." One interviewee shared that their state's fiscal crisis "forced us to look at why and how we were doing things and to reevaluate our approaches."

Taking time to engage and accepting that change is a slow process

A common theme across most of the interviews was that "change takes a long time." As one participant shared, "We have to be iterative and continue learning as we go. We need to repeat, repeat, and repeat and we can't get frustrated with that." According to another interviewee, "We have been doing this work since 2002 and we are finally at a point where we have a consistent theme and discussions in our department. Getting to a place in which you are working more effectively takes time and an initial investment. " Words of advice included, "Don't try to get it all right at once or you might not do anything." One interviewee cautioned

Ingredients for Success at a Glance:

Identify internal and external champions: "Without high level backing and a true understanding of how this is good for and affects your community at large I don't think you can do it well."

Recognize that change takes time: "We have to be iterative and continue learning as we go. We need to repeat, repeat, and repeat and we can't get frustrated with that."

Integrate a trauma-approach into existing projects: "We made a case that trauma-informed principles [are] not a standalone initiative but rather a plate that all the initiatives could should sit on."

Connect with the community and embrace the community voice: Give the community "the freedom to learn and work towards finding their own solutions."

Pursue clear, targeted, and ongoing communication: Plant the seeds of trauma awareness and share you message in "all spaces, everywhere possible."

Invest in self-care: "This work has to affect you personally. It brings up a lot so you need to make sure you have supports in place."

Collaborate: "If we didn't have such a diverse group of stakeholders at the table we couldn't move forward with this work."

Invest in data collection and evaluation: "It is the small things that add up to something significant."

Pursue external support and funding: "Work in our program did not move forward until we had a bit of funding. It provided us with a catalyst and a structure, giving us a jump start and legitimacy."

Hold effective meetings: "Providing a welcoming atmosphere, having food, and providing trained facilitation makes our meetings."

Leverage and adapt existing frameworks—like Trauma-Informed Systems and SAMHSA guiding principles of trauma-informed care—to inform your work.

that "Many people don't understand what being trauma-informed is. They oversimplify it and if they do it and it doesn't work then they will dismiss it, not recognizing that it is a process not a practice."

Integrate a trauma approach into what is already being done

Interviewees talked about competing priorities within their organizations and also the limited time to focus on new initiatives. A successful strategy shared by many interviewees was to align trauma work with existing initiatives. If this work is seen as an "add-on" it will impede buy-in. As one participant shared, "We made every effort to not be seen as competitive but rather aligned to other existing initiatives. For example, we have embedded our work into our quality improvement process which was mechanist and without a heart. Trauma has given it a heart." According to another interviewee, "Our executive team was plagued with initiative fatigue, the county was always coming up with different initiatives and there was a lot of concern with bandwidth. We made a case that trauma-informed principles [are] not a standalone initiative but rather a plate that all the initiatives could should sit on." Others reflected that trauma, health equity, and social justice go hand in hand and coordinate well, which can be positively leveraged since equity and justice are more "widely accepted and have more money attached."

In addition to integrating this work into existing initiatives, several interviewees discussed the importance of being creative about diverting or using existing dollars to support trauma-related initiatives, that there are "millions of dollars floating around and we need to transform what we do to leverage those dollars." Another discussed how in their organization, "We redirect existing time and resources related to political and organizational will."

Involving community voice

A number of interviewees, particularly those involved in collaboratives and community impact projects, shared how critical it is to connect with the community and embrace the community voice. A number of the interviewees shared ways that they work closely with groups in the community. In one organization, "Work is done locally in our community to identify needs and resources and to find areas where we need to create policy changes and then is funneled up to our county advisory group." Other organizations held focus groups and summits both to gain community input but also to raise awareness. Some talked about successful campaigns they ran "using metaphors and visuals in the community and with public officials." One interviewee shared that their organization had a grant process by which anyone in the community who was working towards building resiliency could apply for a learning grant. "That was a way in which we enlisted trust-building activities in difficult to reach communities who have mega trauma all the time, by allowing them to have the freedom to learn and work towards finding their own solutions."

Other participants shared that they didn't begin with community involvement and realized later how key it is to have from the start, as evidenced by the comment, "What we have lacked are those most impacted in this process." One participant reflected that, "We came to an understanding that you can't do this in silos. We achieved a measure of success in our professional community but once we invited our community to tell us what they thought about our work, we realized we were not using the right language. We only went so far without involving them. We thought we were making a [difference only] to find out that we weren't reaching everyone."

Self-care

The importance of self-care for people involved in direct service and for those involved in the work of change management resonated across interviews. For some organizations self-care was put on the forefront because, "This work has to affect you personally. It brings up a lot so you need to make sure you have supports in place." Advice included "finding ways to celebrate successes, even small ones"; "don't overthink it - if you hit a barrier go another way"; "don't get stuck on not being successful but find other successes"; and "reach out to other people when you feel you are stalling." There was an overall recognition that this work can be very frustrating as evidenced in the following comment, "This can be a bumpy ride. For most of us

when you get passionate about a concept you want it to move forward quickly and this work doesn't."

Communication, repetition, and adapting the message

Interviewees stressed the value of clear, targeted, and ongoing communication. Many shared stories of "planting seeds of trauma awareness and delivering in all spaces, everywhere possible." One interviewee described how they talk about the impact of trauma whenever they are asked to speak, explaining that they weave it into all topics. Another spoke about starting communication before and after trainings, to set the tone and context and to identify cheerleaders who will keep in contact.

Interviewees also spoke about the importance of adapting communication specifically to one's audience, finding words and messages that will resonate with people. When discussing how they brought leadership on board, one participant shared, "Your leadership either has to come to this on their own or you have to figure out the issues they are passionate about and build awareness and support that way." Several interviewees talked about the fact that language matters. For example, according to one interviewee, community members shared that calling something trauma-informed was off-putting. They were more comfortable with a language that focused on resilience and strength. Another interviewee felt that this work can be very challenging to the cultural paradigm of America and needs to be communicated in ways that are not only understandable but that leave room for disagreement and open dialogue.

Collaboration

The importance of working collaboratively, "not working alone," was stressed across interviews. Many interviewees shared that this work is about building and leveraging relationships, both internally and externally. Having strong internal teams that have clear expectations, shared principles, regular meetings, and accountability can help promote organizational change. Interviewees shared that it is critical that at these meetings, "….we listen to one another, practice our principles, and model the type of behavior we are hoping to achieve." Garnering employee buy-in can be challenging, and it is realistic to assume that not everyone will be on board, but some of the interviewees shared approaches they have taken to engage staff. As one interviewee shared, "We have a mini-grant opportunity of $1,000 for any staff in our department to propose a project that will demonstrate a connection to our trauma-related guiding principles." Others talked about the importance of training and awareness building as an ongoing process, not as a one-time effort.

The important role of external collaboration was also stressed as a way to get support, more effectively reach the community, and more broadly impact outcomes. As one interviewee reflected, "Because of our consistent work in this space we have contact with external partners we can ask to advocate for our work." According to another participant, "If we didn't have such a diverse group of stakeholders at the table we couldn't move forward with this work." Several interviewees shared that the momentum generated from working with external partners increased accountability and "made it harder not to work on something."

Other interviewees talked about the importance of aligning efforts with other work in the state that your organization or your partners may not be directly connected to. As one participant shared, "Our theory of change is not just to expand our work but also to align all of the patches of good work being done elsewhere, so we don't leave any gaps or cracks."

Though collaboration was identified as an ingredient for success it was with the caveat that there are many endemic challenges. Organizations and agencies need to overcome competition and develop a "group think" mentality instead of doing individual branding and promotion. Overcoming this can be time consuming but successful. According to one interviewee, "Initially we did have a few community groups that had organized by themselves. Some people were so passionate and were already on their own path that it was hard to infiltrate. But with time, trust, and relationships we are no longer a competing group." Another participant reflected that, "Collaboration always slows down the process but it is worth it in the end."

Data collection and documentation

Some interviewees report promising trends relative to the impact of their work. Types of indicators being used include number of people trained in trauma, employees who utilized employee assistance programs (EAP), decreased number of incidents between patients and staff, attendance and discipline data and number of restorative justice programs for schools, use of ACE questionnaires by field nurses, and employee satisfaction. Though most recognize the power of data, there is a recognition that there remains a place for a story, picture, or anecdote. Interviewees discussed how they are seeing the implementation of guiding principles and reframing of how work is being done but that it is hard to codify as illustrated by the following comment, "We are seeing a shift. There is language around trauma and a collective understanding that wasn't there before from the front line to the back office. Unfortunately it is a difficult thing to evaluate." As another interviewee reflected, "It is the small things that add up to something significant."

In addition to collecting data, interviewees felt strongly that when possible, "embedding the trajectory of change in institutional documents and public talking points" was critical to credibility, sustainability, and to those that follow.

Grant support

Many interviewees shared that grant support allowed them to move forward more quickly and robustly. As one interviewee shared, "Work in our program did not move forward until we had a bit of funding. It provided us with a catalyst and a structure, giving us a jump start and legitimacy." Interviewees most frequently referred to SAMHSA (Substance Abuse and Mental Health Services Administration) and also MARC (Mobilizing Action for Resilient Communities supported by the Robert Wood Johnson Foundation, The California Endowment, and the Health Federation of Philadelphia) grants. Two interviewees shared how support from the Kresge Foundation's Emerging Leaders in Public Health has been extremely helpful in their transformation work.

Effective meetings

Participants, particularly those involved in collaborative work, shared the importance of meeting content, facilitation, and overall tenor. According to one interviewee, "Providing a welcoming atmosphere, having food, and providing trained facilitation makes our meetings effective and is evident in how decisions are made differently from other meetings I go to." Others talked about how even small things have helped maintain momentum, interest, and collegiality, like taking time to do a check in at the beginning of the meeting, being flexible to change agendas mid-stream, listening to each other, practicing principles, modeling the type of behavior you want to promote, and making room for emotions. A common theme across interviews was that this work is "all about the relationships you create." Well-crafted meetings are a way to build and maintain relationships.

Organizing principles and frameworks

Many of the interviewees have developed, are being trained in, or have adapted existing frameworks to guide their trauma transformation work. Some examples most frequently cited include:

- The Missouri Model: A Developmental Framework for Trauma-Informed, developed by a group of Missouri organizations that make up the MO State Trauma Roundtable and have been active champions in addressing the impact of trauma and working towards becoming trauma-informed organizations.
- Trauma-Informed Systems (TIS), developed by Dr. Ken Epstein at the San Francisco Department of Public Health, is a multi-pronged approach to developing sustaining change in organizational and workforce functioning.
- The SAMHSA guiding principles of trauma-informed care.
- UCSF HEARTS Program: Healthy Environments and Response to Trauma in Schools.
- Joy in Work, Institute for Healthcare Improvement.

Challenges

Interviewees were asked to share any challenges or barriers they experienced or continue to experience when doing this work. The following common themes emerged:

Dedicated position to move work forward

Most of the organizations interviewed did not have a position dedicated to this work and people had responsibilities either threaded into existing job descriptions or as an add-on to existing work. As one participant reflected, "I am 1.75 FTE." It was generally agreed that having a dedicated person to lead the effort, especially if there is cross-sector work involved, was important. As one interviewee reflected, "I have come to understand that having some dedicated focus through a paid position is key and paramount to keeping the work moving forward." Another talked about the need to have someone who is entrepreneurial and "….free to look across and move in multiple streams, to be opportunistic. This is slow and steady work but you still need a hare that can take advantage and leverage opportunities." Several interviewees did caution that it would be ideal to have this work be someone's job but it is critical to remember that "you still need a team to make it part of the culture."

Several interviewees referred to many examples of the important role that consultants have played in moving this work forward. One interviewee did share that training people internally to do the work is important, particularly in regard to sustainability. Adopting a train the trainer model, where no one has to be hired from outside, makes the work "uncuttable."

Maintaining this as a priority

The concern about "maintaining the commitment as we build the knowledge" was expressed often in the interviews. Reasons for concern included turnover, burnout, and as one interviewee mused, "The reality is that we are a small dot on a big map. We are making a big splash but it takes a lot of effort and [it's] also hard to keep up with it." Turnover was noted as a challenge in terms of staff, leadership, and government officials. Staff turnover raised the challenge of keeping new people trained, while leadership and government official turnover posed the issue of ongoing support. Everyone acknowledged that this is hard work and needs a lot of energy behind it, both to execute and also to supervise and support. Several people talked about how easy it is to slip into "an old place" or get distracted when frustrated or tired. As one interviewee suggested, "As we are moving along the transformation arc we will be constantly taking the temperature. Everyone is vulnerable to the next shiny thing."

Change is hard, particularly in the public sector

Some interviewees shared that their governance structures put constraints or barriers on moving forward as quickly as they would like. Constraints included commissioners who were late adapters and having a hard time understanding why trauma work is needed, fitting into a broader government structure that is wedded to the "old school way of dealing with HR," or dealing with local control which sometimes means "everyone is in charge and no one is in charge."

Several interviewees described how within the public sector it is sometimes hard for employees to "imagine how to do their work differently." As one interviewee shared, "Some of our staff feel that this is how I have always run my program so why do I have to change? Re-imagining change is easier at a more abstract level but the challenge is often at the implementation level." One participant noted that they were having to "shift how we do leadership and build leadership capacity in our organization. We are no longer defining leadership as a management function focused on programs and accountable to the state. Now we are becoming accountable to the people of our county. We are changing how we do programs. We have changed our organizational structure." Finding appropriate leaders was seen as the challenge, existing leaders may have difficulty making the shift and younger people may not have the leadership skills yet.

A challenge for those organizations involved in large cross-system collaborative efforts was identified as how to seamlessly move from the theoretical level to actual on-the-ground implementation. As one interviewee reflected, "We have a clear framework and many conversations about what a trauma-informed system looks like. But what does that look like when you look at different systems like law enforcement, schools, etc. We are still figuring out how to institutionalize it and then how to fund it."

Evaluation and data

Across all interviews there was agreement that data and evaluation were critical, particularly for sustainability, but that there were many challenges in this arena. In addition to lack of resources, challenges included the difficulty getting certain data points because of competing data systems across organizations, lack of evaluation experts on staff, the reliance on people with other job duties to collect and analyze data, and the prevailing desire for immediate results. Several interviewees were concerned that the need for getting data and the rush for results could be their downfall. According to one participant, "We need to allow new data to have time to percolate. We need at a minimum a good two years to show our data." As another remarked, "We can point to short term successes before we have any data that can show we have actually moved the needle."

Sustainability

Interviewees were asked to reflect on the sustainability of their organization's trauma-related work. Many were highly optimistic that their work would continue. There was a sense among some participants that trauma work does not need to have a tremendous cost to it. As one interviewee shared, "What we have learned is that we need to change the way we do business and that doesn't have to carry a large cost. It's not always about providing a trauma specific service but changing environments and relationships and helping people understand behavior and make decisions in different ways." Others feel future funding is fairly secure because it is "baked into" budgets and because trauma has been formally embraced by government officials and the community. As one participant shared, "Funding a person for this work is not really a problem. We were able to draw attention to ACEs and our elected officials and community have an understanding of the effects of trauma. It was not a hard sell. We just have to assure our public officials that we are good stewards of our tax dollars." According to another interviewee the board of supervisors created a position to oversee a systems level approach in the county, which will certainly positively impact sustainability.

Many other organizations are hopeful but not secure that their work will be sustained and are actively engaged in crafting plans and strategies. As one interviewee shared, "We really have built energy and a structure. This certainly doesn't ensure our sustainability but it does gives us a foundation to work from." As one participant mused, "If we build it into the DNA of our organization and with our work with our community and our partners, it will be hard to stop us. There would be peer pressure if we abandon it." Others felt that celebrating and promoting their successes is critical for sustainability as is finding ways to evaluate their work. As one interviewee noted, "We need to move the needle, to show value in the community. If no one is noticing a change, then we have a problem."

Some interviewees acknowledged that sustainability is always a concern and cannot be guaranteed, especially in the public sector. As one participant shared, "Every time an election cycle comes around we have to convince a new set of folks." Another interviewee commented, "We can't ever guarantee sustainability. What if a new health director comes in and says why are we wasting our time? We have to ask if we have gotten deep enough to resist the whims of a director."

Challenges and Barriers at a Glance:

Lack of dedicated position: "I have come to understand that having some dedicated focus through a paid position is key and paramount to keeping the work moving forward."

Competing and evolving priorities: "As we are moving along the transformation arc we will be constantly taking the temperature. Everyone is vulnerable to the next shiny thing."

Barriers to change and transformation: "Re-imagining change is easier at a more abstract level but the challenge is often at the implementation level."

Lack of resources for data and evaluation: "We need to allow new data to have time to percolate. We need at a minimum a good two years to show our data."

Conclusion

This scan is designed to serve as a snapshot of health departments and their partners who are involved in systems change approaches towards trauma. Efforts were made to make the sample as representative as possible, with the knowledge that there are many more health departments across the country that are involved in this work than were interviewed. As the findings of the scan illustrate, while health departments and their partners are often very different in size, organizational and governmental structures, and in the approaches they are taking towards addressing trauma, many common themes emerged.

The impetus for launching trauma-informed transformation may have been different for many of the organizations participating in the scan but the underlying motivation was similar—an acknowledgement that something had to change, that the effects of trauma and the social determinants of health were foundational to public health work. The passion and commitment to this work also was evident during each of the interviews.

In early 2018, the Collaborative conducted an environmental scan of 27 Chicago-area organizations that were addressing trauma and resilience, many of which were nonprofits or hospitals. When comparing that earlier scan with this current health department one, there are many similar findings. Both scans highlighted the value of buy-in across the spectrum, the importance of ongoing communication and adapting messages to fit different audiences, and the need for "perseverance" because this work takes time. They both also stressed the challenges presented by data collection and evaluation, maintaining this work as a priority in the face of competing initiatives, staff and leadership turn-over, and the lack of a dedicated point person for the work.

Interestingly, one of the challenges posed by the earlier scan, lack of resources and funding, was not as seriously echoed in the health department scan. Though interviewees did discuss resources, most did not categorize this as one of the major challenges. Additionally, the participants involved in the health department scan were, for the most part, much more involved in spearheading or joining collaborative and inter-agency efforts and, as such, many of their common themes revolved more around working collectively, communication, community voice, etc. This point also speaks to the critical role that health departments play in the general wellbeing of their communities. Finally, being part of the public sector was described by some interviewees as a barrier to moving forward, such as being accountable to elected officials or being part of a larger bureaucracy makes it harder to impact all aspects of change.

As with the earlier environmental scan, one of the most powerful themes that resonated across all interviews was the overriding commitment and passion to addressing trauma and building resilience, notwithstanding the challenges. There was also a palpable interest in what was happening in other health departments. When asked if there were any additional questions, every interviewee said the same thing, "Can we have a copy of your findings?" It is our hope that this can be a step towards ongoing efforts to learn from others.

Appendix 1 - Organizations Interviewed

San Francisco Department of Public Heath
King County Department of Public Health
Santa Clara County Mental Health Department
Northern Counties Health Care
LA County Department of Public Health
Hennepin Health
Colorado Department of Human Services and SAMHSA
Missouri Department of Mental Health
Saint Louis County Department of Public Health
Winnebago County Department of Public Health
Berrien County Health Department
Chicago Department of Public Health
Sonoma County Health Department
Buncombe County Health Department, NC
Santa Clara County Mental Health Department

Appendix 2 – Interview Protocols

1. Can you describe the journey your organization has taken towards integrating trauma into your work
    - When did you start and how long have you been at it?
    - What was the motivation?
2. Can you share with me how you are addressing the following domains within your organization?
    - Direct service - working with your clients and stakeholders
    - Staff - training, self-care, etc. - all staff or just those involved in direct work with clients
    - Organizational structure - fully integrating knowledge of trauma into policies, procedures, environment
3. How is this worked being resourced?
    a. Is there a designated person in charge - who is that?
    b. Are you doing it alone or part of a coalition?
4. How do you intend to sustain the work?
5. What do you see as key ingredients for success in this work? What has helped you move forward?
6. What are the challenges or barriers?
7. What impacts/outcome have you noticed since you have been addressing trauma? For your workers, administration, clients?
8. What advice do you have for people who are starting out or stuck in the middle of this work?
9. Is there anything else you'd like to share?

About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine's mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region's "honest broker" on healthcare policy matters. Learn more at www.hmprg.org.

About the Illinois ACEs Response Collaborative

Established in 2011, the Illinois ACEs Response Collaborative (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

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