

Trauma-Informed PA Plan Dan Jurman, MAR – Executive Director

Gov. Wolf Acts to Reform Services and Systems to Protect and Advocate for Vulnerable Pennsylvanians July 31, 2019



OAR

OAR Mission

Advocating for all vulnerable people in our Commonwealth across all state government agencies, convenings, and communities to continuously reform our policies and procedures to achieve excellence in our outcomes and theirs.

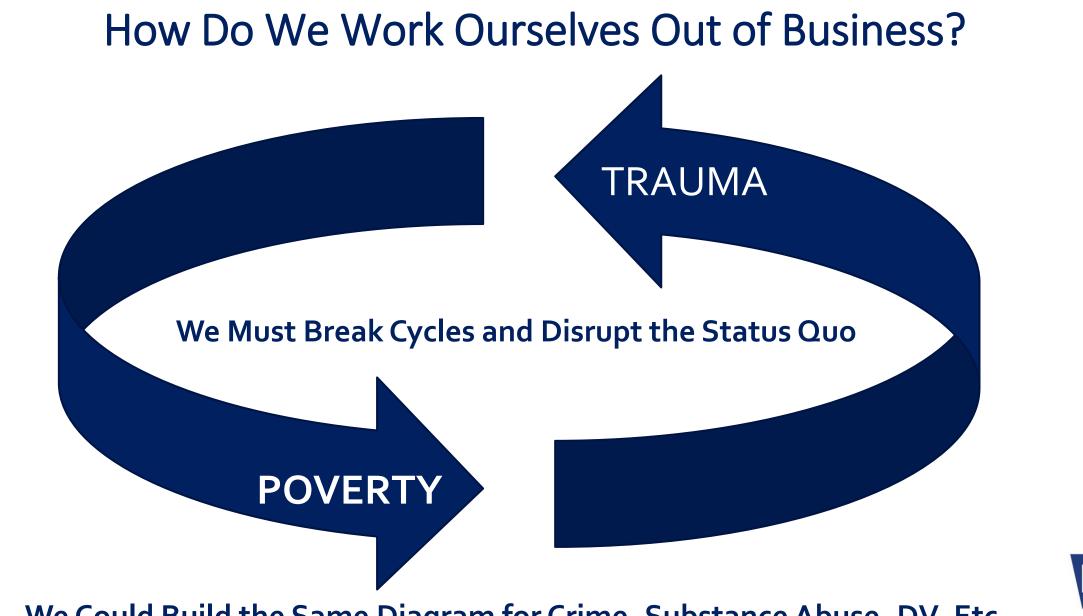


Why Trauma-Informed PA?

The prevalence of trauma is intertwined with some of our largest community challenges.

Poverty Racism **Poor Physical Health Poor Mental health Barriers to Workforce Development** Crime Substance Abuse **Child Abuse/Domestic Violence Community/Economic Development** Covid-19





We Could Build the Same Diagram for Crime, Substance Abuse, DV, Etc.

PA OAR

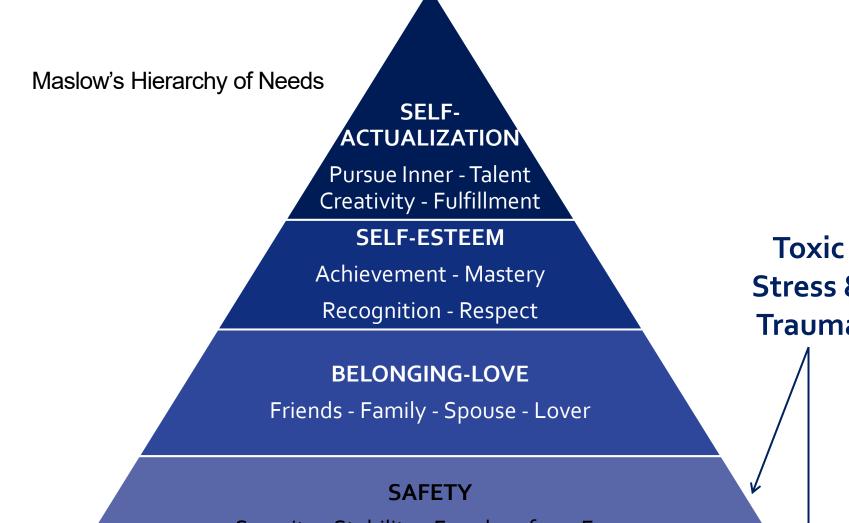
The Current Situation

According to estimates from a recent Department of Health study:

- Half of all Pennsylvanians have had at least one Adverse Childhood Experience.
- Over 19% have experienced three or more.
- 38% of all Pennsylvanians have experienced either emotional or physical abuse as a child.
- 3 out of 4 of us experience at least 1 potentially traumatic event.

Additionally, while we experience the current pandemic in different ways, each according to our own resources and levels of resilience, <u>every</u> Pennsylvanian is at least experiencing chronic stress if not trauma.





Stress & Trauma

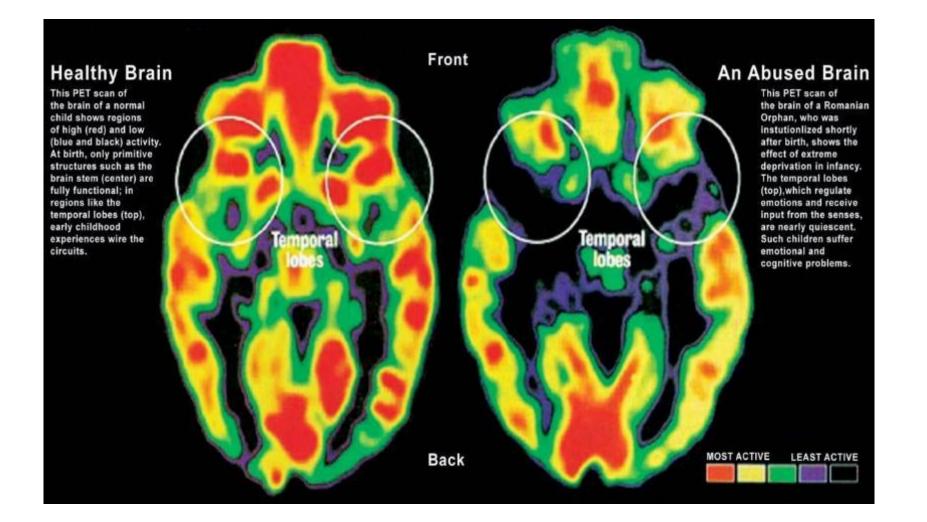
Security - Stability - Freedom from Fear

PHYSIOLOGICAL

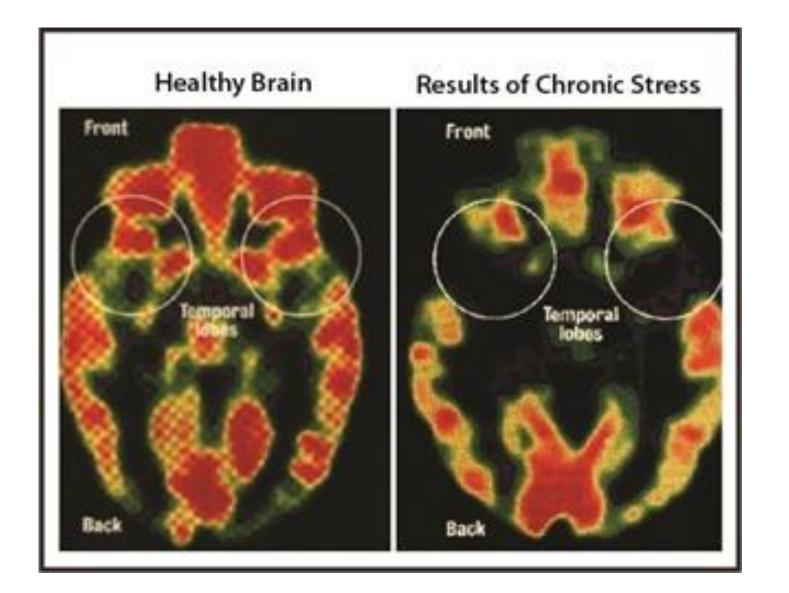
Food - Water - Shelter - Warmth



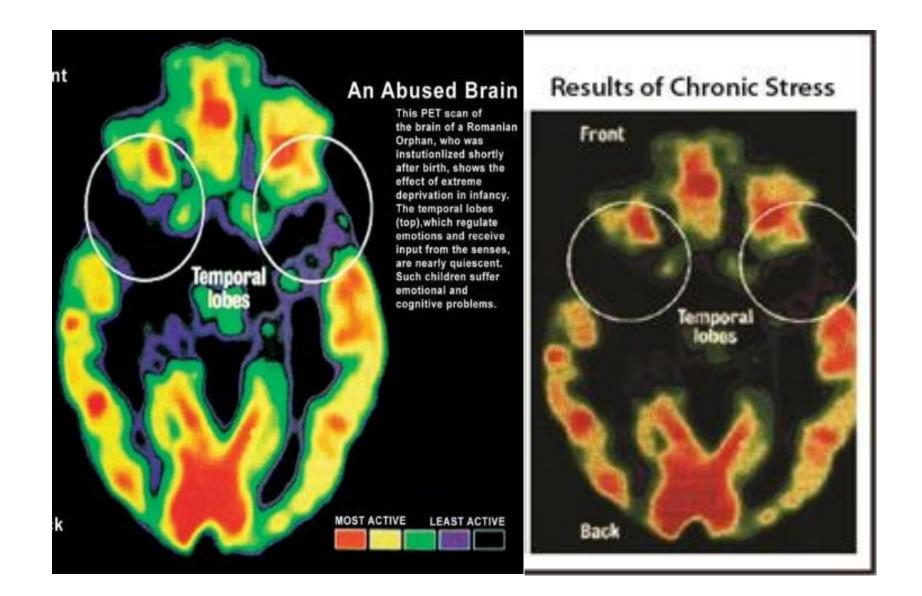
How is Trauma Feeding These Cycles?



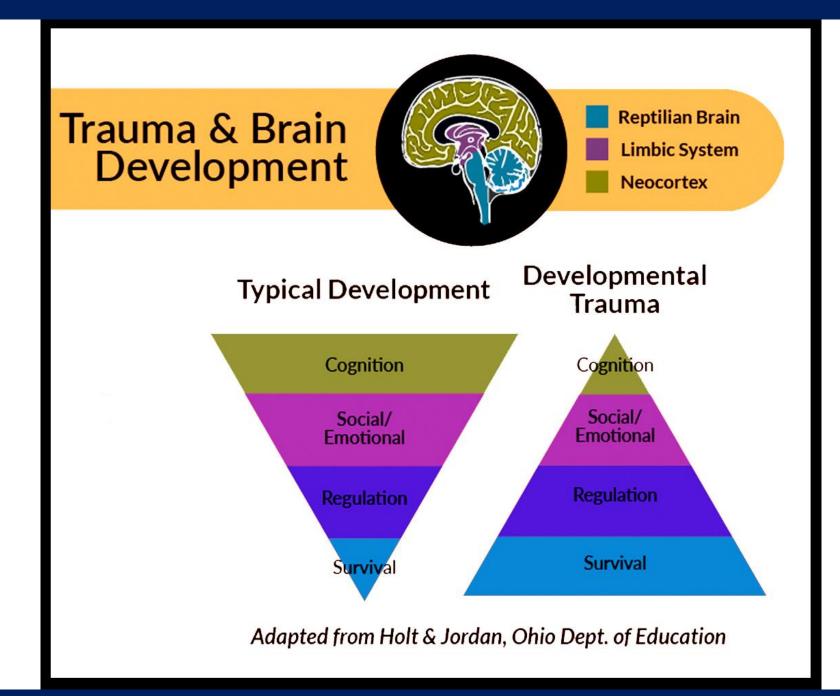














Snakes and Sticks





Brain Plasticity

Harvard Study on Building Adult Capacity

We can't prevent trauma for children without healing the adults in their lives



Our Approach

Formation of Trauma-Informed PA Think Tank

An Outside Perspective from Experts in the Field

68 Applicants – 25 Selected Members

Virtual meetings from March through June focused on:

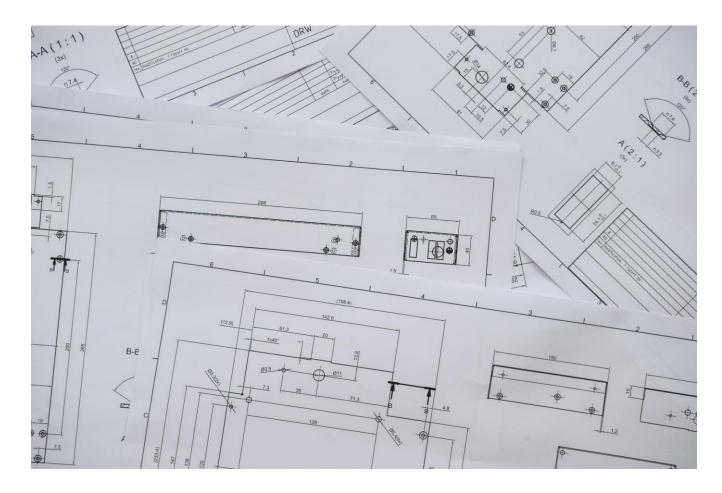
- Defining the terms we would be using as a commonwealth to ensure we were all speaking the same language.
- Setting mission, vision, and values for the effort.
- Building a network to connect and support community-based, grassroots movements across the commonwealth.
- Prioritizing changes at the state level to affect culture, policy, and practice.
- Healing from the trauma of a major disaster like the Covid-19 pandemic.
- Healing the damage of racism, communal, and historical trauma.

State agency staff from DHS, OMHSAS, PDE, and DOH helped to edit the plan.

Phase One was putting these concepts into a plan that is both aspirational and actionable.



The Plan





Core Principles for Action and Planning:

Accountability Data driven/Science-based Evidence-informed Open Communication Person-centered



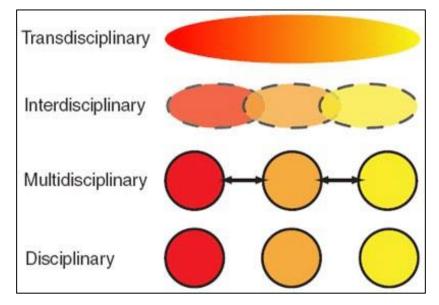
Social Ecological Model

	Short Term	Medium Term	LongTerm
Individual			
Interpersonal			
Organizational			
Community			
Policy			



Key Tenet - Transdisciplinary Approach

Approaches conducted by professionals from different disciplines working jointly to create new conceptual, theoretical, methodological, and translational innovations that integrate and move beyond discipline-specific approaches to address common problems. A transdisciplinary team begins to focus on the common problem through the lens of each partner, and how it intersects with each discipline involved, not just through the lens of their individual silos (see the illustration below).





Trauma-Informed State

A Trauma-Informed State recognizes that some behaviors and outcomes that have been seen as negative are symptoms of underlying and unhealed trauma. Working through that lens, it transforms its policies and internal systems, as well as assists all external public and private organizations across the state, to recognize, understand, and address the effects of trauma on the lives of individuals, families, and communities.

It promotes transdisciplinary collaboration across both public and private sectors to establish trauma-informed approaches as the norm in an effort to minimize trauma and help people who have experienced trauma access resiliency building supports and services to improve the physical, social, and emotional health and wellness of all Pennsylvanians.

It brings together representatives from all systems serving the public including, but not limited to, education, health, human services, criminal justice, law enforcement, community development, workforce development, and others, to provide education and resources to understand, treat, and heal individuals and communities impacted by trauma. It is inclusive, ensuring individuals who are served by those systems have a voice in the development and delivery of the resources that affect them.



Instead of emotionally and financially expensive, siloed systems of crisis care, chronic illness care, punitive action, stigma, and punishment, a trauma-informed state builds person-centered, transdisciplinary, holistic, and sustainable systems of prevention and early intervention founded on:

- teaching, promoting and providing wellness and resilience opportunities for individuals, families, and communities of all types,
- advancing equity in physical and mental health,
- fostering inclusion, and
- promoting thriving, safe, stable, nurturing relationships and communities for all.



Recommendations Structure

A. State Government

1. Culture a) Training b) Job Descriptions 2. Policy a) Retraumatization b) Prevention c) Healing **3. Licensing** a) Continuum b) Retraumatization c) Prevention

d) Healing

- B. Community-Based, Grass Roots Movement
 - **1. ACEs Connection**
 - 2. Community-Based Coalitions
 - 3. Free Training and Technical Support
 - 4. Annual Summit
- C. Communal Trauma
 - 1. Racism, Discrimination, and Disproportionate Minority Contact a) Core Causes b) Creating Safe Spaces c) Incentivize People Who Have Experienced Racism and Discrimination to Become Healers

d) Eliminate Policies and **Practices that** Retraumatize e) Shifting from Unnecessary Levels of **Policing to Social** Work, Therapy, and Healing **2.** Natural Disasters, Crisis, and Public Health **Emergencies** (Learning from Covid-19) a) Understanding Where We Are During Crisis b) Healing What We've Been Through c) Building on Empathy



Recommendation Highlights



Actions Already Underway

Insurance Parity Telehealth Coverage Resource and Referral Tool Living Minimum Wage Broadband Access Anti-Stigma Campaign for Mental Health



Training to Change Our Culture

We recommend that all state employees and the employees of all licensed, contracted, and funded entities be required to at a minimum successfully complete a Trauma-Informed Care introductory training.

We likewise have recommendations for training for police officers, judges, parole officers, social workers, etc.



Licensure Based on People

We recommend that we reimagine how we license and review facilities through the lens of building trauma-informed cultures based on the latest scientific knowledge, as opposed to cultures focused on compliance and liability. This would include licensing based on customer feedback, measures of quality of care, positive relationships, access to treatment, physical safety, and positive outcomes.

3800 Regulations and 3700 Regulations



Expanding Our ACEs Definition

We recommend expanding the list of Adverse Childhood Experiences the commonwealth recognizes to include the list of expanded ACEs laid out in *Adverse Childhood Experiences: Expanding the Concept of Adversity* as well as one ACE recommended through our work. They include:

- Witnessed violence
- Felt discrimination and bigotry
- Lived in an unsafe neighborhood
- Experienced bullying
- Lived in foster care or another youth congregate care setting
- Experienced poverty for an extended period of time



Trauma Training in Teacher Certification

We support revisions to Chapter 49 of the PA Code on the certification of professional personnel and recommend traumainformed care and healing-centered practices be included in educator preparation programs, and that these practices be mandatory professional education for current educators certified by PDE.

We would like to see similar requirements for all helping professions with licensure: social workers, physicians, etc.



Child Abuse as a Public Health Crisis

We recommend the Governor and the Secretary of the Department of Health declare child abuse and neglect a public health crisis.

How much worse will this problem be when we emerge from Covid-19?



Child Abuse Prevention Campaign

We recommend a public health education campaign to highlight the impacts of child abuse and neglect and interpersonal violence on the commonwealth: the lifelong relationship, educational, vocational and economic costs to children and adults, the immediate financial costs in public services, and the long-term projected costs the lost potential of children has on our workforce.



Requiring the Evolution to Trauma-Informed and Beyond We recommend the PA continuum from **Trauma-Aware**, to **Trauma-Sensitive**, to **Trauma-Informed**, to **Healing-Centered** be employed to guide all state agencies, offices, licensed, contracted, and funded entities in the steps and requirements to become trauma-informed and healing-centered.

This was already in development by DHS (OMHSAS & OCYF)



Connecting the Dots and Sharing Ideas Across Sectors We recommend the creation of the Pennsylvania Trauma-Informed Network page on the ACEs Connection network. This would bring together and connect to community-based coalitions and movements across the commonwealth and share resources and best practices. As these networks would be run at the local level, they would be more likely to be culturally competent and reflect the differences in approaches and ideas from urban, suburban, and rural localities.

Rob Reed from the AG's Office has been working on this for some time. This is now ready to launch.



Getting to the Heart of Racism

We recommend that each community identify safe spaces to have conversations about racism, reconciliation, and healing led by entities that are run by African Americans, Latinos, LGBTQ+ individuals, and other ethnic and religious groups that have experienced hate and discrimination.



Reducing Disproportionate Impact on Minorities We recommend a deeper investigation into the disproportionate amount of contact between children and youth services and African American families, and the development of prevention strategies focused on the identification of client-specific, culturally appropriate, evidence-informed and community-based programs.

Similar work will be likely from the Juvenile Justice Task Force based on the data examined so far.



Develop Trauma-Informed Policing

We recommend that police departments partner with human service agencies and social work associations and departments in universities to begin the conversation about when situations merit police intervention and when they merit social work intervention and build models to address both more safely and successfully.



Connect People to Each Other and Healers During Crisis We recommend the creation of targeted, temporary support groups in communities that have experienced trauma as well as chronic and toxic stress due to natural disasters, crisis, and public health emergencies.



What's Next? Phase One - Create the plan

Phase Two - Build diverse Action Teams to set and achieve shortterm goals and metrics

Phase Three - Implement the plan and turn early successes into momentum (Several recommendations are already underway by multiple agencies, OAR, and even some think tank members)

NOTE: Phases two and three will be engaged at the same time



What is Required to Succeed?

Funding

Persuasion

Trust

Partnerships

Change

Legislation

Hope

Belief that It's Possible



Questions?

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https://www.governor.pa.gov/about/officeof-advocacy-and-reform/

