



OFFICE OF THE GOVERNOR

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Office of Advocacy & Reform

# Trauma-Informed PA:

A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State

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# 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

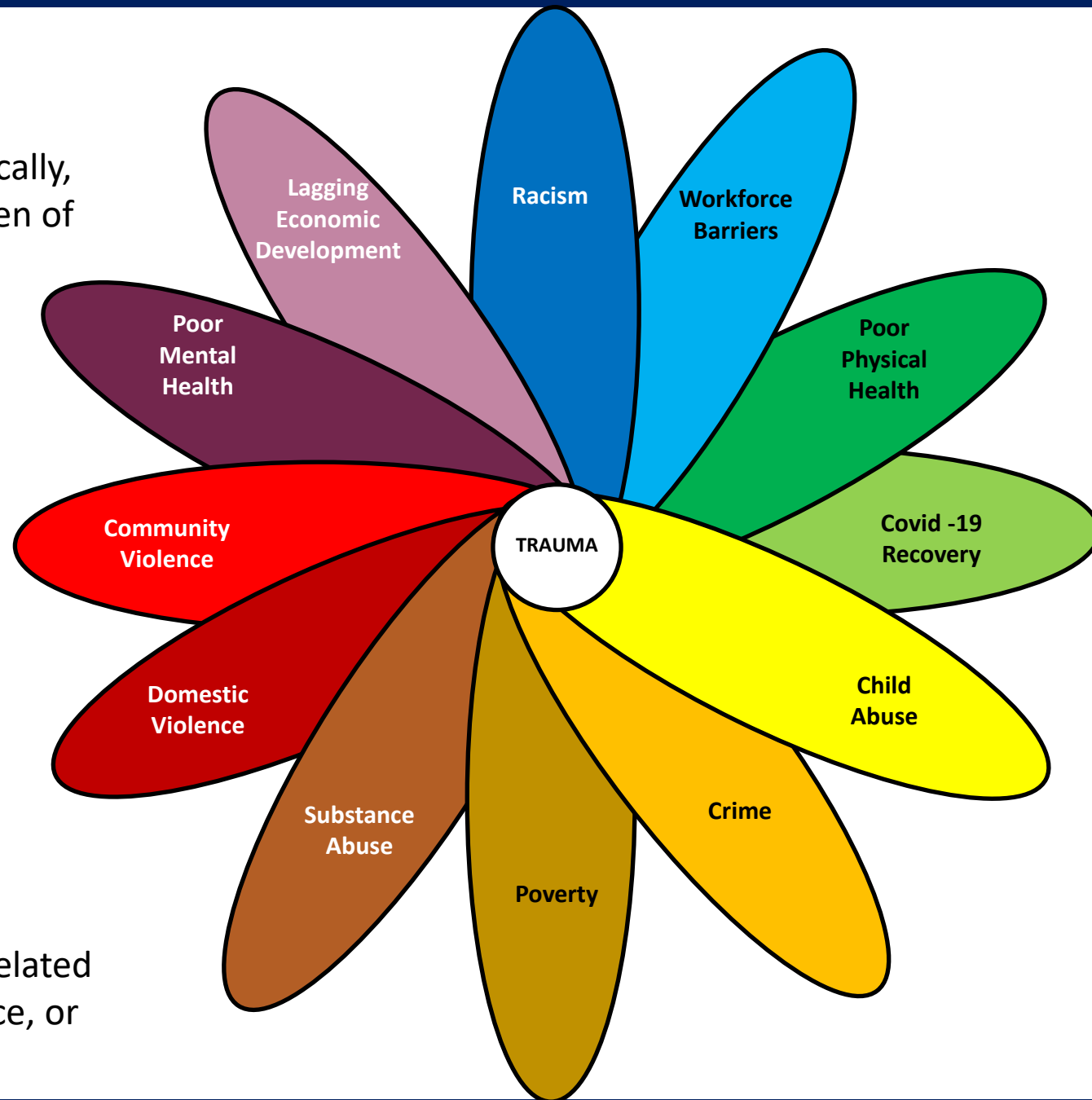
Substance Abuse

Child Abuse/Domestic Violence

Community/Economic Development

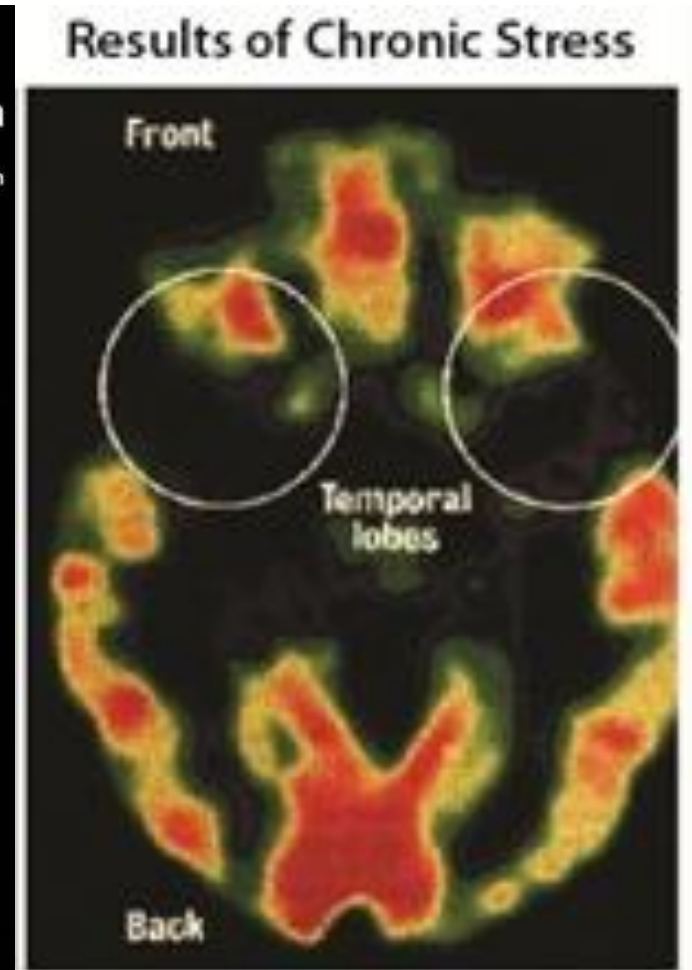
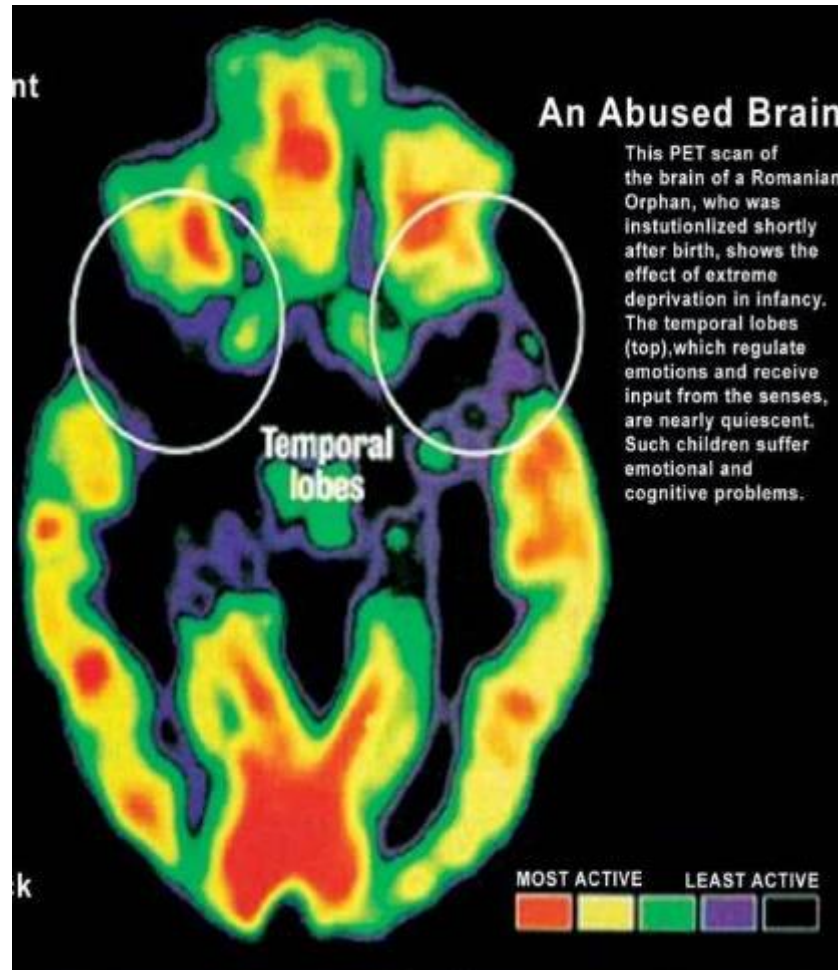
Covid-19

**Syndemic:** A set of linked health problems involving two or more afflictions, interacting synergistically, and contributing to excess burden of disease in a population.



**Syndemics** occur when health-related problems cluster by person, place, or time.

# The Brain Treats Chronic Stress, Scarcity, and Abuse / Dangers in Similar Ways



# 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:

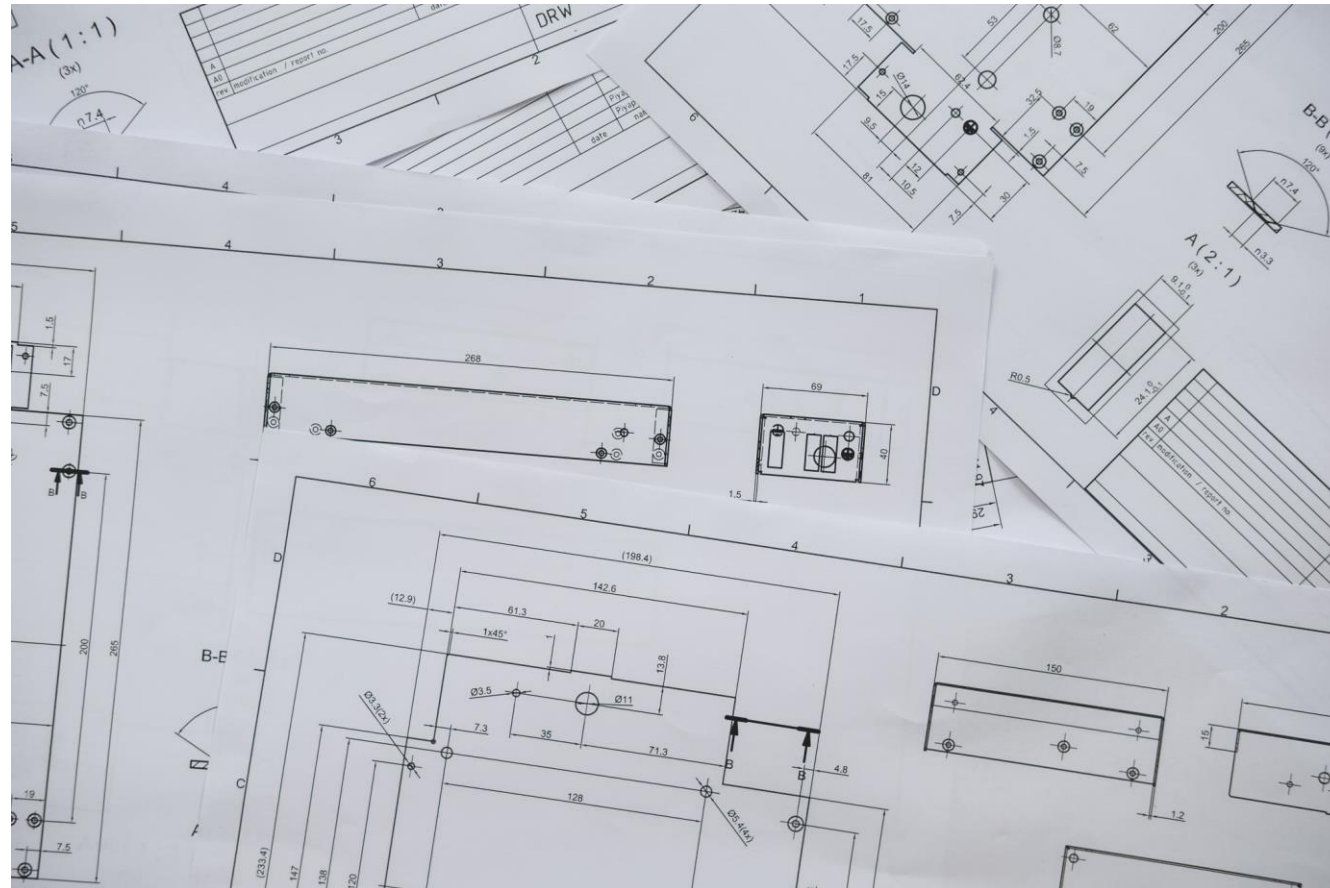
- Defining the terms we would be using as a commonwealth to ensure we were all speaking the same language.
- Setting mission, vision, and values for the effort.
- Building a network to connect and support community-based, grassroots movements across the commonwealth.
- Prioritizing changes at the state 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



# 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

## **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?

## **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)

## **Getting to the Heart of Racism and Discrimination**

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 short-term 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



**HEAL PA**



**RESILIENT PA**  
GROWING AND FLOURISHING TOGETHER





## HEAL PA

### Healing-Empowerment-Advocacy-Learning-Prevention-Action

#### Leadership Team

The Leadership Team will meet quarterly for the first year and will determine if that frequency is sufficient after that (whether that be more or less frequency). It will be made up of former think tank members and representatives of multiple state agencies. The Leadership Team will be responsible for bringing the work of the action teams together across all issues and recommendations, and for ensuring that the plan continues to improve and evolve with science, data, and each new success over time.

## HEAL PA Action Teams

Action Teams will meet monthly and will need to elect co-chairs annually or as needed. Co-chairs must also serve on the Leadership Team in order to make sure there is close coordination of efforts with no duplication or silos. These teams will be made up of former think tank members, think tank candidates, state agency representatives, and other community members with knowledge or expertise that helps each team reach its goals. Co-chairs will also be responsible for working to find ways to involve practitioners and regular citizens affected by each team's purview in membership as appropriate.

# Universal Teams -

**Community Outreach and Communication Action Team** - creating clear communications and facilitating outreach opportunities in communities across the commonwealth. Serves as a support to all other action teams for their communication and outreach needs and should be composed of at least two to three communications professionals.



**Policy and Legislation Action Team** - advocating for policy changes and legislative changes to support the plan. Serves as a support to all other action teams for their legislative advocacy needs and should be composed of at least two to three advocacy professionals.

**Development Action Team** - taking advantage of opportunities to apply for grants or engage major donors who can move strategies in the plan forward. Serves as a support to all other action teams for their grant writing needs and should be composed of at least two to three development/grant writing professionals.

**Data and Evaluation Action Team** - helping to gather pertinent data and stats on trauma/ACEs for distribution, evaluate the success of any intervention through use of data, and serve as consultants to orgs that want to evaluate programs and initiatives.

# Targeted Teams -

**Training Action Team** - assisting with training strategies and vetting training partners as well creating a pool of volunteer trainers to help us keep training free for agencies and communities without resources.

**Education Action Team** - focusing on our education-based recommendations and supporting our early education settings, K-12 schools, and colleges to become trauma-informed and healing centered.

**Racial and Communal Trauma Prevention Action Team -**  
focus on not only on healing the trauma of racism and  
discrimination, but also getting to the heart of what  
causes this behavior and working to prevent it.

**Criminal Justice Action Team** - work to improve criminal justice outcomes through trauma-informed and healing-centered practices as well as supporting re-entry and prevention activities.



**Poverty Reduction Action Team** - work to break the cycle of trauma and poverty by supporting upstream solutions to eliminate poverty and advocating to eliminate structural policies and practices that criminalize poverty.

**Business Involvement Action Team** - working with chambers of commerce, workforce development, and businesses to understand the impact of trauma on recruitment, retention, and productivity and what role the private sector can play in improving these outcomes.

**Child Abuse Prevention Action Team** - helping to coordinate the child abuse prevention campaign laid out in the plan and planning out the response that would/should follow child abuse being declared a public health crisis.

**Organizational Support Action Team** - providing technical assistance to organizations attempting to move along the continuum from trauma-aware to healing-centered.

**Physical and Behavioral Health Action Team** - working to educate providers and bring more trauma-informed screening, healing, and prevention practices into primary care and hospitals.

# Early Wins -

- **OMHSAS/OCYF - Working on TIC Licensing with TIPA continuum**
- **OAR - First recorded training tested (working to make public)**
- **PID - Working on parity and telehealth (NGA)**
- **DHS - R&R Tool in procurement**
- **Governor Wolf - \$368.7 million for broadband access**
- **PDE - ACEs related questions will be in YRBS survey**
- **Universal Healing strategy coming out of NGA collaborative**
- **AG/OAR - PATIN page on ACEs Connection with partners**
- **Governor Wolf - Dismantling Systemic Racism Task Force**
- **Legislature - TI training for law enforcement Title 53, Sec 2164, (18)**
- **Legislature - Enhanced de-escalation training Title 53, Sec 2164, (6)**
- **Community Conversations starting in fall**
- **OAR - Actively advocating for funding and policies based on TIPA**

# Questions?

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<https://www.governor.pa.gov/about/office-of-advocacy-and-reform/>