Commission on Trauma-Informed Care: Findings and Recommendations 2022 Annual Report

Human Services Article § 8-1309(a)(2); Senate Bill 299/Chapter 723, 2021; House Bill 548/Chapter 722, 2021

Submitted by:
Governor's Office of Crime Prevention, Youth, and Victim Services on behalf of the Commission on Trauma Informed Care

Contact: Christine Fogle
410-697-9245 | Christine.Fogle1@Maryland.gov

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Acknowledgements

This *Commission on Trauma-Informed Care: Findings and Recommendations 2022 Annual Report* is the result of hard work, valuable input, and dedication from numerous stakeholders, to include: government officials, law enforcement, legislators, health clinicians, researchers, community representatives, child and victim representatives, and municipal government representatives. Everyone was generous with their time and supportive feedback. Their participation in the Commission on Trauma-Informed Care, as well as their feedback, suggestions, and recommendations were invaluable for the final report. The completion, timeliness, and comprehensiveness of this report would not have been possible without their active participation and support.

Roster of Members

The Commission on Trauma-Informed Care is composed of various members, and a Chair appointed by Governor Hogan.

Jessica Wheeler
Chair, Governor's Office of Crime Prevention, Youth, and Victim Services

Senator Malcolm Augustine
Member of the Senate of Maryland

Senator Jill Carter
Member of the Senate of Maryland

Delegate Robby Lewis
Member of the House of Delegates

Delegate Teresa Reilly
Member of the House of Delegates

Secretary David Brinkley
Department of Budget and Management

Secretary Carol Beatty
Department of Disabilities

D'Lisa Worthy
Maryland Department of Health

Secretary Lourdes Padilla
Department of Human Services

Secretary Sam Abed
Department of Juvenile Services

Superintendent Colonel Woodrow W. Jones III
Maryland State Police

State Superintendent Mohammed Chaudhury
Maryland State Department of Education

Claudia Remington
Executive Director, State Council on Child Abuse and Neglect (SCANN)

Dr. Tara Doaty, Ph.D.
Licensed mental health clinician with expertise in trauma, including demonstrated experience and training in child and adolescent care and family care

Dr. Joyce Harrison, M.D.
Licensed mental health clinician with expertise in trauma, including demonstrated experience and training in child and adolescent care and family care

Dr. Frederick Strieder, Ph.D.
Licensed geriatric mental health clinician with expertise in trauma

Christina Bethell, Ph.D.
Member of the research community with expertise in trauma

Katie O'Mailey, LCSW-C, RYT
Member of the research community with expertise in trauma

Heather Chapman
Representative from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma

Frank Kros
Representative from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma

Matila Sackor-Jones II
Representative from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma

Ulysses Archie
Representative from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma

Jessica Lertora
Representative from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma

Debbie Badawi
Representative from community organizations, nonprofit organizations, or youth organizations with an expertise in trauma

Christina Peusch
Representative of the Office of Child Care Advisory Council

Dr. Inga James, Ph.D.
Representative of the Maryland Network Against Domestic Violence

Councilmember Zeke Cohen
Representative of an urban municipal government with expertise in trauma

Councilmember Elizabeth Guroff
Representative of a rural municipal government with expertise in trauma

Councilmember Doncella Wilson
Representative of a suburban municipal government with expertise in trauma

Executive Summary

In accordance with Chapters 722 and 723 of 2021 (House Bill 548/Senate Bill 299), the Commission on Trauma-Informed Care (Commission) is charged to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults; and to report its findings and recommendations to the Governor and the General Assembly.[1] Through its charge, and under the leadership of Chairwoman Jessica Wheeler, Deputy Director of the Governor's Office of Crime Prevention, Youth, and Victim Services, and staff from the Governor's Office of Crime Prevention, Youth, and Victim Services, the Commission began developing a statewide strategy toward an organizational culture shift into a trauma-responsive state government, and a process and framework to implement an Adverse Childhood Experiences (ACEs) Aware Program in the State.

In addition, and to address its charge, the Commission formed several workgroups to address specific focus areas, to include:

- **Metrics & Assessment**: Chaired by Kay Connors and Margo Candelaria, this workgroup focuses on developing metrics to be utilized to evaluate the progress of the statewide trauma-informed care initiative.
- **Training**: Chaired by Amie Myrick and Janie Goldwater, this workgroup focuses on the design and implementation of a statewide trauma-informed training to be provided to State agencies in coordination with the Maryland Department of Health.
- **ACEs Aware**: Chaired by Carrie Freshour, this workgroup focuses on studying the ACEs Aware California program and evaluating it as a potential model to be replicated in whole or in part in Maryland. The workgroup will research other states that implemented an ACEs Aware program and the budgetary requirements needed to establish and implement an ACEs Aware program in Maryland.
- **Operational Implementation & Technical Assistance**: Chaired by Elizabeth Guroff, Inga James, and Dr. Michael Sinclair, this workgroup focuses on developing recommendations on trauma-informed policies and procedures for State agencies. In collaboration with the Maryland Department of Health, the workgroup will provide technical assistance and guidance on implementing trauma-informed training and operational policy and procedure review.
- **Public Awareness**: Chaired by Ulysses Archie, Jr., the focus of the Public Awareness Workgroup is to develop recommendations regarding a cross-agency and

[1] Maryland General Assembly. (2021). *Chapters 722 and 723 (House Bill 548/Senate Bill 299), Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act)*.

evidence-informed communications strategy that will support Maryland's statewide strategy toward an organizational culture shift into a trauma-responsive state government.

- **Definitions & Core Values**: This workgroup focuses on developing standardized definitions so that the State, across agencies, is using consistent language in legislation, policies, public awareness campaigns, grant applications, training, etc. The group also identified equity as a core value that needs to be present throughout the work of the Commission and its workgroups.

Pursuant to this Act, under § 8-1309(a)(2), this *Commission on Trauma-Informed Care: Findings and Recommendations 2022 Annual Report* includes information on the findings and recommendations of the Commission as it relates to the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults. It also provides recommendations to improve existing laws relating to children, youth, families, and older adults in the State.

Background

Chapters 722 and 723 of 2021 established the Commission as an independent commission in the Department of Human Services to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults. Specifically, and in accordance with § 8-1309(a)(1) of the Human Services Act, the Commission must:

> (I) Assist in the identification of any State program or service that impacts children, youth, families, and older adults;
> (II) Assist in the development of a statewide strategy toward an organizational culture shift into a trauma-responsive State government;
> (III) Establish metrics, in collaboration with the Maryland Department of Health, to evaluate and assess the progress of the statewide trauma-informed care initiative;
> (IV) Coordinate and develop with the Maryland Department of Health any formal or informal trauma-informed care training;
> (V) Disseminate information among agencies regarding best practice for preventing and mitigating the impact of trauma on children, youth, families, and older adults;
> (VI) Advise and assist the Governor in providing oversight and accountability in implementing the requirements of this subtitle;
> (VII) Submit a report using the Commission's established evaluation and assessment metrics, as described in item (III) of this subsection, that includes an assessment of:
>
> 1. The implementation of trauma-informed care policies within each agency; and
> 2. The trauma-responsiveness of each agency; and

(VIII) Make recommendations regarding improvements to existing laws relating to children, youth, families, and older adults in the State.

Furthermore, and in accordance with § 8-1309(a)(2) of the Human Services Act, the Commission must submit a report to the Governor and the General Assembly by June 30 each year, as it relates to its findings and recommendations.

Commission on Trauma-Informed Care

I. State Program or Service

The Commission's main purpose is to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families and older adults. Maryland had begun this work prior to the formation of the Commission thereby giving the Commission a base upon which to build.

Beginning in November 2020, the State of Maryland joined teams from Delaware, Pennsylvania, Virginia, and Wyoming in the Improving Well-being and Success of Children and Families – Addressing Adverse Childhood Experiences (ACEs) Learning Collaborative through the National Governors Association Center for Best Practices (NGA-CBP). In partnership with the Duke-Margolis Center for Health Policy and the National Academy for State Health Policy, the NGA-CBP provided Maryland with access to 10 months of technical assistance, engagement with trauma-informed mentor states, and information about innovative and evidence-based policies and practices for responding to adverse childhood experiences.

Maryland's interagency team was composed of representatives from the Office, the Behavioral Health Administration of the Maryland Department of Health (MDH/BHA), the Department of Human Services (DHS), the Department of Juvenile Services (DJS), the State Council on Child Abuse and Neglect (SCCAN), and the Opioid Operational Command Center (OOCC).

The vision statement for Maryland's ACE's Learning Collaborative Action Plan is, "*Maryland will become a trauma-responsive state that will promote and support resilience for all residents across the lifespan. State government, together with businesses, youth and families, the faith-based community, philanthropic organizations, and the nonprofit sector, will support local communities in facilitating and supporting efforts to improve community health, well-being and safety by preventing and mitigating exposure to childhood trauma, through both policy and cultural change.*"

The goals of Maryland's ACE's Learning Collaborative Action Plan were:

- **Goal #1:** Develop a statewide ACEs strategic action plan with measurable, time-bound, and relevant goals.
- **Goal #2:** Create an integrated system to identify and track ACE exposure in Maryland, including the development and implementation of a statewide data dashboard tool on ACEs.
- **Goal #3:** Increase adoption and implementation of evidence-based approaches for preventing childhood traumas.

As a result of Maryland's participation, several outcomes were achieved:

1. On May 6, 2021, Governor Larry Hogan signed an executive order directing state agencies to consider their policies and programs that could reduce ACEs, share necessary data to study and monitor ACEs, and implement care models informed by ACEs. In addition, the executive order declared May 6th as Maryland's annual ACEs Awareness Day and directed all state units to coordinate to reduce ACEs across the State. The Executive Order 01.01.2021.06 is attached in **Appendix 1**.

   The Governor concurrently announced $25 million from the CARES Act (Coronavirus Aid, Relief, and Economic Security Act) as a part of the Coronavirus Emergency Supplemental Funding program for Project Bounce Back to help Maryland youth recover from the COVID-19 pandemic. Project Bounce Back included public-private partnerships to expand regional mental health crisis services, evidence-informed youth development programs and mentoring, and data sharing capabilities to better serve youth and families. The Governor's Press Release is attached in **Appendix 2**.

2. Maryland developed a cross-agency ACEs data workgroup with the goal of creating an integrated system to identify and track ACEs exposure, culminating in a statewide data dashboard. The workgroup has created an ACEs data inventory and needs assessment, met individually with all child and family-serving agencies to determine what data is currently available, determined indicators to be included in a public dashboard, and is currently in the process of creating the dashboard. The ACEs data workgroup is collaborating with the Commission's Metrics and Assessment workgroup to support and expand this data project. Additional information is included in section III. Metrics and Assessment.

3. Maryland initiated a preliminary landscape analysis of ACEs initiatives in Maryland. The analysis formulated a list of initiatives, identifying the led agency/organization, initiative description, and funding sources. The analysis also identified which programs were evidence-based, what year the program was initiated, and if the program was a training program, what curricula was utilized. While this landscape analysis was incomplete, it

did provide a starting point to begin to identify what Maryland is already doing to address ACEs so it can be built upon.

While the Learning Collaborative concluded in August 2021, Maryland continues to participate in the National Governors Association and the National Association for State Health Policy's (NASHP) State Trauma and Resilience Network - a multi-state collaborative group that meets monthly to share best practices and learn from one another.

Beginning in November 2021, the Commission has met seven times and each meeting has had vibrant discussions about what Maryland's strategy should entail. The Commission has invited speakers from national and local organizations with successful trauma-informed care programs and strategies and continues to gather information about additional successful programs. The Commission has created workgroups, which include membership from local communities, to accomplish the goals of the Commission. The Commission will hold a full-day retreat to allow time for the group to identify a mission, vision, and overall strategies to guide the work forward.

II. Statewide Strategy

The Commission's main purpose is to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that impact children, youth, families, and older adults. The first step to creating a statewide initiative is to create a mission, vision, goals, and overall strategic plan for the State. The Commission continues to define these elements of the strategic plan through monthly Commission and workgroup meetings. The Commission held its first meeting on November 18, 2021 and continues to meet on a monthly basis to identify workgroups and processes to meet the goals of the Commission. Brief descriptions of each Commission meeting are below with the full meeting minutes included in **Appendix 3**.

Commission and Workgroup Meetings

November 18, 2021: The Commission met for the first time with 21 members in attendance. The Chair opened the meeting with introductions of all members present and provided an overview of the purpose of the Commission and the commitment of the Office to creating a trauma-informed State. The Office's Legislative Liaison provided an overview of House Bill 548 to the Commission. Mr. Frank Kros, President of Kros Learning Group, provided an overview of trauma and trauma-informed care for the Commission.

Members also discussed the direction of the work and identified the following for continued discussion: (1) including resilience/protective factors; (2) studying what's been done locally and nationally; (3) expanding upon SAMHSAs principles to include historical, intergenerational,

cultural, and ethnic disparities; (4) including individuals with lived experiences; and (5) providing technical assistance to support the implementation of trauma-informed care practices.

December 16, 2021: The Commission met for the second time with 25 members in attendance. The Commission hosted two speakers at this meeting. Mary Rolando, Health Advocacy Director for the Tennessee Department of Children's Services presented on the Building Strong Brains Tennessee program and highlighted the FrameWorks Institute and the communication science utilized in Tennessee. Councilmember Zeke Cohen, representing the First District on the Baltimore City Council, presented on the Elijah Cummings Healing City Act in Baltimore City and the work being done to make Baltimore a trauma-informed city.

January 20, 2022: With 23 members in attendance, the January meeting began with staff reviewing the goals and draft timeline for the group. The Commission was then led in a visioning discussion with the goal of developing a statewide strategy toward an "organizational culture shift into a trauma-responsive state government."

Members were asked to identify core values related to trauma-responsive practices. Several members recommended the adoption of the six pillars of trauma-informed practices as defined by SAMHSA with minor changes in wording. Members also discussed utilizing a healing-centered and strength-based approach with an emphasis on prevention; incorporating performance measurement; establishing shared definitions across State agencies; identifying what the public presence for the trauma-informed initiative might look like; and assuring the utilization of psychoeducational principles. The other areas discussed are addressing historical trauma, secondary, and vicarious trauma; the brain science of trauma; multi-generational approach; empowering and educating Maryland communities; and a trauma-informed practice as being something that occurs before a trauma even occurs.

Members were asked to discuss what they wanted to see more (or less) of in the culture of state government. Members shared the need for greater accessibility to information and services so that services are more equitable to the community. Members also expressed a need to move away from the deficit mindset, and to move towards partnering with people and not working for them. The group felt there needs to be an emphasis on community and assuring the public voice is heard by State agencies. Finally, members wanted to assure cross-agency communication and collaboration.

When asked what changes were necessary to put Maryland on track to meet its goals, the members stated that the State needed to allocate financial resources to the initiative and assure that agencies are committed to genuine culture change.

The Commission created six workgroups: Metrics & Assessment; Training; ACEs Aware; Definitions & Core Values; Public Awareness; and Organizational Implementation & Technical

Assistance. Commission staff shared an online form for Commissioners and members of the community to sign up for workgroups, resulting in 107 individuals joining one or more workgroups.

February 17, 2022: The February meeting opened with 19 members present. Commission staff announced the workgroup co-chairs and outlined general roles and expectations for the workgroup chairs. The Definitions & Core Values workgroup provided an update and proposed that Maryland stay in alignment with the SAMHSA's Six Key Principles of a Trauma-Informed Approach with changes in language. The workgroup also proposed utilizing SAMHSA's Four R's: Key Assumptions in a Trauma-Informed Approach.[2] The Commission agreed with a proposal with the addition of a fifth "R" to add Reflect. The workgroup also shared a list of terms to be defined by the Commission, to include additional terms provided by members.

Commission staff reminded members that the agency reports are due March 31, 2022, as required by § 8-1310(e) of the Human Services Act. Members suggested including discussions on the identification of the required two agency designees and identifying barriers and/or challenges to implementing Commission recommendations and training. These additions were made to the agency report requests on February 28, 2022. This agency report request as well as the responses are outlined in section VII. Agency Assessment. The Full 2022 Maryland Agency Report Submissions are included in **Appendix 4**.

March 17, 2022: The Commission met in March with 25 members in attendance. The chairs of each workgroup provided a report-out to the Commission. Commission staff reported on behalf of the Definitions & Core Values workgroup, as the workgroup is without a chair. The group started collecting national definitions with sources. Once the gathered materials are reviewed and a list completed, the workgroup will provide recommendations for approval. Ms. Conners and Ms. Calendaria provided a report for the Metrics & Assessment workgroup. This group will identify what is already happening across the State. The workgroup also made an initial proposal to create a toolkit for different departments to utilize. Ms. Myrick and Ms. Goldwater provided a report for the Training workgroup. This group will review existing training materials and those that are submitted in the agency reports. The group also discussed potential training outcomes. Commission staff reported for the ACEs Aware workgroup, on behalf of Ms. Freshour who was unable to attend. This group provided an overview of the ACEs Aware California program. The workgroup also described its intent to research other states that participate to anticipate budgetary requirements needed to implement in Maryland. The co-chairs of the Operational Implementation & Technical Assistance workgroup reported that this group has had difficulty finding a mutually available time for the meeting. Mr. Archie provided a report for the Public

[2] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.

Awareness workgroup. He has created a webpage for the workgroup with all meeting notes and information.

April 21, 2022: The April meeting had 20 members in attendance. Commission staff reviewed the Commission's timeline with members, specifying the need for the Commission to vote on the legislatively required report, under § 8-1309(a)(2) of the Human Services Act, at the May Commission meeting.

The Commission originated a vote but instead chose to begin to review, improve, and expand upon the principles set out by SAMHSA in 2012.[3] Members also identified important overarching themes that should be emphasized in every principle (*as illustrated below*). These are inclusive of the voice of lived experience, equity, accessibility, and anti-racism.

- The principle of *Safety* was approved with the addition of "Physical, Psychological, Emotional, Social, Moral, and Cultural Safety" in the explanation of the principle. All were in favor and this principle was adopted.
- The principle of *Trustworthiness and Transparency* was approved with the addition of "Community" in the principle explanation. All were in favor and this principle was adopted.
- The remaining principles of *Peer Support*; *Collaboration and Mutuality*; *Empowerment, Voice, and Choice*; and *Cultural, Historical, and Gender Issues* were tabled for further discussion at a future meeting. After further discussion, the members decided they were not ready to vote on the implementation domains and would table that discussion and vote for a future meeting as well.

Commission staff provided a brief summary of the agency reports to members, highlighting the dichotomy between agencies that are well-versed in trauma-informed care principles and are implementing strategies, and agencies that need foundational information and training prior to implementing trauma-informed principles and initiatives.

Visioning and Strategizing Retreat: The Commission will host a full-day retreat to allow time for the group to identify a mission, vision, and overall principles for Maryland's strategy. The retreat is in the planning stages of the open meeting which will be held at the Governor's Coordinating Offices, located in Crownsville.

ACEs Aware Workgroup: The ACEs Aware workgroup has met three times and has refined its purpose statement to be: *"The purpose of this workgroup is to study the ACEs Aware California program and evaluate it as a potential model to be replicated (in whole or part) in Maryland.*

[3] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.

Ensuring the recommended model includes resources, treatment, and support that are both evidence-based and cost-effective, supporting individual and family health in Maryland."

To achieve this, the workgroup will:

1. Review the original ACE study for context and history;
2. Research other states that participate in ACEs-Aware;
3. Research Seek and other evidence-based practices and models that meet the intended purpose; and
4. Assess the budgetary requirements needed to establish and implement a program model that meets the intended needs by screening for ACEs and other toxic stress.

The ACEs Aware workgroup will submit a report of its findings and recommendations to the Governor and the General Assembly by October 1, 2022.

Definitions & Core Values Workgroup: The Definitions & Core Values workgroup has met four times and has gathered definitions of national organizations for specific terms identified by the Commission and the workgroup. The workgroup has also reviewed the definitions submitted within the agency reports. Following the visioning and strategizing retreat, the workgroup will develop a set of unified definitions to be reviewed by the Commission and recommended for use across state agencies to the Commission for adoption. The workgroup is also researching developmental models used in Missouri, Delaware, and Pennsylvania to determine what parts may be beneficial for Maryland state agencies to use. The workgroup will further develop a developmental model to be reviewed and adopted by the Commission and recommended for use across state agencies.

III. Metrics and Assessment

The Commission must establish metrics, in collaboration with MDH to evaluate and assess the progress of the statewide trauma-informed care initiative. As with the overall work of the Commission, MDH, the Office, and other state agencies participated in a collaborative - the National Governors Association Preventing Adverse Childhood Experiences Learning Collaborative - that initiated this work and created a potential foundation for the Commission moving forward.

MDH/BHA led the development and implementation of an action plan relating to ACEs and ACEs-related data surveillance and performance measurement (Goal #2). A cross-agency ACEs data workgroup was established with the goal of creating an integrated system to identify and track ACEs exposure, including the development of key ACEs and trauma-informed care metrics and eventually the design and implementation of a statewide data dashboard tool. Through the

work with the NGA Learning Collaborative, the following ACEs data-focused activities were completed:

- Established and convened a State ACEs Monthly Data Committee. The Committee, led by MDH/BHA, includes membership from DHS, OOCC, the Office, the Maryland Department of Health's Medicaid, Prevention and Health-Promotion Administration (MDH-PHPA), and SCCAN. The Committee was established to coordinate ACEs data surveillance, reporting, and data to address these efforts across the State.
- MDH/BHA, in collaboration with the ACEs Data Committee, designed and conducted a landscape analysis of ACEs and ACEs-related data sources and indicators. This ACEs data inventory was an initial effort to collect information on ACEs and ACEs-related indicators, resources, and information across the State in order to identify indicators that are feasible, accessible, and useful to all stakeholders and agency partners. The work involved research and identification of a comprehensive list of ACEs and ACE-related indicators; and group interviews with state agencies to review the inventory and discuss ACEs data elements and data sources, how ACEs data is used by the agency to inform program planning, policy development, and identify ACEs and trauma-informed programs and initiatives planned or implemented by each agency. Interviews were conducted between March 2021 and May 2021. Based on this work, a report summarizing the ACEs data inventory and its results was completed and is currently being used to inform current work to identify/select a core set of ACEs data elements and performance metrics for use in a statewide ACEs and trauma-informed dashboard tool.
- A subcommittee of the State ACEs Data Committee was established and convened in January 2022, to review and identify core ACEs and ACEs-related data elements/metrics and develop specifications for the development of a statewide ACEs data dashboard tool. The subcommittee is led by MDH/BHA and includes representatives from the Office, SCCAN, BHA, the Child, Adolescent, and Young Adult Services (CAYAS), and the Prevention and Health Promotion Administration.

Metrics & Assessment Workgroup: The Commission created a Metrics & Assessment workgroup which meets monthly. James Yoe, Ph.D., Director of Applied Research and Evaluation, Behavioral Health Administration, and members of the State ACEs Data Committee attend these meetings and share the work that has been/is being done. The Co-Chairs of the workgroup are working collaboratively with Dr. Yoe to assure that the two groups align in their goals and outcomes.

IV. Trauma-Informed Care Training

The Commission must coordinate and develop with MDH any formal or informal

trauma-informed care training.

Training Workgroup: This workgroup, chaired by Ms. Amie Myrick and Ms. Janice Goldwater, has met several times to discuss training curricula and topics to be included in trauma-informed care training. The group will review the curricula and training information submitted with the agency reports, and to learn what MDH is already doing around trauma-informed care training.

Maryland Department of Health: MDH has a history of conducting training across the State on trauma, trauma-informed care, and ACEs-related metrics and data. This training was expanded after the work of the NGA Learning Collaborative and MDH anticipates building upon it further through this partnership with the Commission. MDH is beginning the "Behavioral Health ACES Data To Action, Training and Technical Assistance Initiative." The purpose of this initiative is to enhance awareness of ACEs and the adoption of trauma-informed practices in the State with a focus on the Maryland Public Behavioral Health System (PBHS). This work is explained in more detail in section VII. Agency Assessment.

Maryland State Agencies: In the agency reports to the Commission, training plans and curricula occurring within each State agency were clearly outlined. This baseline assessment will provide the Commission with a starting point when planning future training for State agencies. The Commission will be able to clearly identify strengths within each agency and make recommendations toward more trauma-responsive training standards across agencies.

V. Dissemination of Information

The Commission must disseminate information among State agencies about best practices for preventing trauma on children, youth, families, and older adults. The Commission is beginning the process of identifying vision, goals, and strategies. Members are studying other state programs to identify what aspects are most suitable for Maryland. Members are also looking at best practices for training, implementation, metrics and assessment, and other aspects of national programs. The Commission will identify those best practices/evidence-based practices and programs that will be most effective in Maryland, and develop a plan for the dissemination of information to agency representatives and staff.

Public Awareness Workgroup: This workgroup has met nine times virtually via https:hello.freeconference.com/ with an average attendance of 8-10 workgroup members representing academic, governmental, healthcare, early childhood agencies, and community stakeholders to discuss components of an effective communications strategy to support an organizational culture shift into a trauma-responsive government. This workgroup has identified and begun to examine jurisdictional examples of the use of a two-science approach, applying communication science to the science underlying trauma (neurobiology, epigenetics, ACEs/trauma, resilience). Additionally, the workgroup has begun to examine what messages

might be. A two-science approach supports the translation of scientific knowledge into metaphors that are easy for non-scientists to understand, and disseminates that knowledge broadly in a common unified language through public announcements, speeches, events, training curricula, tools, policies, practices, contracts, notices of funding and across a range of media. This process of making the scientific information underlying trauma broadly accessible is called knowledge mobilization, and its goal is to shift conversations, catalyze change, support strong brain architecture, good mental health for children and families, and prevention and mitigation of trauma. The group is awaiting direction from the Commission's visioning and strategizing retreat to further their discussion and make recommendations to the Commission.

In addition to these substantive discussions, the Workgroup has been intentional about inclusion, embodying the SAMHSA principles of collaboration and mutuality, as well as empowerment, voice and choice. The members of the Workgroup have considered who's at the table and who's not to ensure a broad cross-section of voices are included in the Workgroup's efforts. Processes have also been established to allow Workgroup members to talk openly.

VI. Oversight and Accountability

The Commission must advise the Governor in providing oversight in implementing the requirements of the legislation. The Commission is identifying the direction, values, goals, and strategies to meet its goals. The group made recommendations for the agency report requests to be provided on February 28, 2022. This request as well as the responses are outlined in section VII. Agency Assessment. The Full 2022 Maryland Agency Report Submissions are included in **Appendix 4**.

The Commission created the Operational Implementation & Technical Assistance workgroup to begin conversations around implementation and technical assistance as well as oversight and accountability. Once the Commission has created a training program for agencies to implement, this workgroup will propose measures for oversight and accountability to the Commission.

Operational Implementation & Technical Assistance Workgroup: This workgroup has met two times; whereas, the three co-chairs have met several times to discuss workgroup processes and meeting content. The workgroup reviewed various implementation models, including the 10 Implementation Domains offered by SAMHSA.[4] Since the Commission is utilizing SAMHSA's definition of trauma as well as the six principles to undergird its work, the workgroup will provide language amendments for the Commission's adoption.

[4] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. Retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf.

The workgroup has established a regular meeting date and time, but faces continued challenges to engage committee members. While the group has 21 members, only eight attended the first two meetings.

VII. Agency Assessment

On February 28, 2022, an official request for information was sent to the Secretary of each State agency listed in the legislation that is required to provide a report to the Commission. The Commission requested specific information designed to serve as a baseline to then be compared to future agency reports which will detail the agency's progress and compliance in carrying out the legislation's requirements by March 31 of each year.

The Commission's request included the following information:

1. **Definitions and Terms**: The agency will provide the following definitions of terms and corresponding notation or reference in current law, regulation, policies, or agency-approved training materials.
    a. Trauma
    b. Trauma-Informed
    c. Trauma-Responsive
    d. Secondary Trauma/Stress
    e. Protective Factors
    f. Resiliency
    g. Equity
    h. Racial Equity
    i. Culturally Responsive
2. **Training Curriculum and Implementation**: The agency will provide current training curriculum related to trauma; trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI). The agency will also describe when training on these topics are delivered, who receives the training, and who provides the training.
3. **Trauma-Informed Initiatives and Framework Implementation**: The agency will provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding. The agency will also provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.
4. **Designated Agency Staff and Implementation**: The agency will provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services. The agency will also identify barriers and

challenges to implementing new training, technical assistance, policy review, and policy change relating to trauma-informed approaches recommended by the Commission.

Agency Reports

Agency reports were to be submitted by March 31, 2022. Agency reports were submitted by the following agencies (*a brief summary of the submissions are listed below*). The Full 2022 Maryland Agency Report Submissions are included in **Appendix 4**.

Maryland Department of Disabilities (MDOD): MDOD submitted a report that stated that the agency did not currently have language that reflects the terms related to trauma and is awaiting guidance from the Commission on how to incorporate this language and themes into future iterations of their State plan. MDOD provided a detailed definition for the term equity as it is a theme that is rooted in the mission of the agency which is to change Maryland for the better by promoting equality of opportunity, access, and choice for Marylanders with disabilities. The report also detailed the guiding principles by which MDOD achieves that mission.

MDOD submitted several training presentations. Two were conducted by Ms. Jade Gingerich, Director of Employment Policy, on a national level. The first was Trauma-Informed Policy Considerations with the Center for Advancing Policy on Employment and the other was Trauma and Well-Being Resources for Educators, a presentation of the National Center for School Mental Health. Ms. Chelsea Hayman, Director of Housing Policy, provided online training for property and housing managers for the HUD 811 and Weinberg Housing Programs. The training was on trauma-informed practices as it relates to the Violence Against Women Act. MDOD often does training for staff on emergency preparedness and accommodations for people with disabilities as well as workshops on technology and electronic media accessibility for individuals with disabilities for staff and the general public.

MDOD does not currently have any trauma-informed frameworks or initiatives but awaits guidance from the Commission on how to incorporate and establish trauma-informed framework within the department.

MDOD designated two individuals to attend training and support a cultural shift within the department moving forward. Those two individuals are Ms. Kirsten Robb-McGrath, Director of Health and Behavioral Health Policy, and Ms. Kimberly McKay, Communications Director.

Maryland Department of Health (MDH): MDH submitted a report which included definitions for each of the identified terms citing the national sources. MDH described current training offerings as well as the data inventory and metrics and assessment originated with the NGA Learning Collaborative. MDH provided a snapshot of the programming conducted by the department. Finally, MDH discussed the partnership with the Commission in the Training,

Assessment, and Technical Assistance required by the legislation and the challenges MDH expects to experience.

MDH delivers training to local behavioral health authorities, community service agencies, other State and local agencies as well as community based organizations. MDH/BHA provides training through the University of Maryland and BHA's Office of Workforce Development and Technology Transfer. MDH/BHA has staff that are ACE Interface Master Trainers that deliver training on trauma and trauma-informed care as well as secondary trauma and self-care. MDH/BHA staff also provide presentations on data and outcomes related to trauma in Maryland's young people.

As a result of the work originated with Maryland's participation in the NGA Learning Collaborative, MDH has established and convened a State ACEs Monthly Data Committee led by MDH/BHA staff with membership from DHS, OOCC, the Office, MDH, Medicaid, BHA, PHPA, and SCCAN. The committee was established to coordinate ACEs data surveillance reporting and data to address these efforts across the State. More detailed information about this initiative is described in section III. Metrics and Assessment.

MDH incorporates trauma-informed care practices and initiatives throughout its various divisions. While the list of all programming and initiatives was too extensive for inclusion in this report, MDH provided one program as an example of its work.

The Trauma, Addiction, Mental Health, and Recovery (TAMAR) Project is a voluntary, trauma education program for adults incarcerated in one of eight detention centers in the State of Maryland. MDH/BHA provides funding for TAMAR in Anne Arundel County, Baltimore County, Caroline County, Carroll County, Dorchester County, Frederick County, Prince George's County, and Washington County detention centers. TAMAR is a 10-week, 20 session structured program offered to individuals 18 and older who are detained in a participating detention center and have a history of adversity as indicated by the Adverse Childhood Experiences Survey (ACEs) with a recent treatment history for mental health as well as an alcohol and/or drug use issues.

MDH is now beginning the "Behavioral Health ACEs Data To Action, Training and Technical Assistance Initiative." The purpose of this initiative is to enhance awareness of ACEs and adoption of trauma-informed practices in the State with a focus on the Maryland PBHS. Supported by American Rescue Plan Act (ARPA) funding, the proposed work is intended to align with and support the deliverables outlined in the Governor's executive order on ACEs and the Governor's Commission on Trauma-Informed Care. The program of work will provide essential ACEs data surveillance, training, technical assistance, and quality monitoring services to support the adoption of trauma-informed policies and practices and the transition of the PBHS to a fully trauma-informed system of care. MDH/BHA issued an IA RFP in January 2022, to

solicit proposals and has reviewed and selected a vendor to perform the work. The anticipated start date for the project is June 1, 2022.

The proposed work includes three core activity areas:

1. ACEs data collection, analysis, and data to action activities to increase awareness of ACEs and trauma informed approaches to service delivery among State and local behavioral health partners;
2. Identification and implementation of a trauma-informed organizational assessment tool and continuous improvement/technical assistance process for use with BHA, local behavioral health partners and providers in the Public Behavioral Health System; and
3. Selection, adaptation, and implementation of a trauma-informed training curriculum targeted to PBHS behavioral health partners and providers and implemented statewide.

Selection and Implementation of Standardized Crisis Assessment Tool for Use in the Statewide Behavioral Health Crisis System

As part of the statewide behavioral health crisis response system design, MDH/BHA in collaboration with system stakeholders has selected the Crisis Assessment Tool (CAT) for statewide use. The CAT is derived from the Child and Adolescent Needs and Strengths Assessment (CANS) developed by John Lyons and the John Praed Foundation. The CAT is designed as a multi purpose information integration tool that is designed to be the output of an assessment process and is used to inform and guide the development of individualized service plans, enhance communication among individuals, families and the broader system of care, and inform clinical decisions regarding the appropriate level and intensity of services and supports needed.

The purpose of the CAT is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CAT is accomplished to allow for the effective communication of this shared vision for use at all levels of the system and inform the development of individual crisis plans and resource needs. The CAT includes a comprehensive adjustment to trauma module that captures exposure to adverse childhood experiences and traumatic events, and the extent to which the trauma exposure has adverse impact on the individual.

Training and implementation of the CAT was initiated with children's mobile response and stabilization services in Harford County and five counties in the Maryland Midshore Region in March 2022, and will be expanded to other jurisdictions over the next year. Work is also underway to develop an adult version of the CAT for use across the behavioral health crisis system with implementation anticipated in August-September of 2022. The implementation of

the CAT will enable MDH to capture individual level data on ACEs and trauma exposure on all individuals accessing mobile crisis and stabilization services across the State.

At this time, the department has not appointed agency staff to lead the MDH transition to trauma responsive and trauma-informed service delivery. Dr. Maria Rodowski-Stanco, Director, Child, Adolescent, and Young Adult Services at MDH/BHA and James Yoe, Ph.D., Director of Applied Research and Evaluation at MDH/BHA, will serve as interim leads for the initiative until permanent staff are selected. MDH expects multiple challenges in implementing an agency-wide transformation effort in a large complex agency, including creating a common vision for the change effort and coordination of planned activities across divisions. While funding to sustain a large change effort is a major challenge, MDH/BHA, as noted above, has secured substantial funding to perform ACEs data surveillance and data to action work, trauma-informed training and technical assistance to support the MDH transition to a fully trauma-informed organization and support the goals of the Commission.

Department of Human Services (DHS): DHS/Social Service Administration (SSA) submitted a report which included definitions for each of the identified terms stating the national sources from which each definition was drawn. DHS/SSA also provided links to their "Integrated Practice Model for Child Welfare and Adult Services: A Framework for Maryland's Human Services Workforce," which outlines how the agency utilizes a trauma-responsive and strengths-based approach to their work. The DHS/SSA report detailed how the agency incorporated trauma-informed care into every facet of their work with clients, families, and staff. The report provides names of two designated individuals that will work collaboratively to prioritize trauma-responsive and trauma-informed service delivery.

The department has maintained a long-standing partnership with the University of Maryland, School of Social Work for workforce training through its Child Welfare Academy (CWA) which includes: Pre-service training, Foundation Track Training, and on-going In-service training. Training is developed and implemented by the CWA in partnership with DHS/SSA. Trauma-informed care and practice are addressed at all levels of training for all staff at DHS/SSA, as well as addressing secondary traumatic stress. Additionally, race, equity, and inclusion are interwoven into all levels of training for staff.

The department has a cadre of training staff that completed a 10-day train-the-trainer facilitator training provided by the Human Rights Campaign (HRC) in order to provide "Basic LGBTQ Competecy Training." All DHS/SSA staff must complete this training within their first year of employment.

The department also partners with various community partners to provide additional training for staff, transition age youth, families, and kinship providers. Some of these training collaborators are local health departments, Local Management Boards, Court Appointed Special Advocates

(CASA), The Family Tree, Center for Adoption Support and Education (CASE), Maryland Network Against Domestic Violence (MNADV), etc.

In addition to the training for staff and the community, DHS/SSA has focused on moving their system toward a "Safety Culture" - a core element of this work is recognizing and responding to the impact of secondary traumatic stress on the workforce. DHS/SSA receives technical assistance from Chapin Hall of the University of Chicago and the University of Kentucky Center for Innovation in Population Health to accomplish this goal.

The department incorporates trauma-informed care into the agency's policies and practices in several ways. First, DHS/SSA has incorporated locally-selected evidence-based and promising practices and increased the use of meaningful assessment through the Title IV-E Waiver Demonstration Project in 2014, known as Families Blossom. The department selected the following five evidence-based programs which have demonstrated efficacy with trauma: Functional Family Therapy; Healthy Families America; Multisystemic Therapy; Nurse Family Partnership; and Parent-Child Interaction Therapy. These programs are conducted through local departments of social services.

Through the Integrated Practice Model (IPM), DHS/SSA's vision is to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that children, youth, families, and vulnerable adults they serve and support are: safe and free from maltreatment; living in safe, supportive, and stable families where they can grow and thrive; healthy and resilient with lasting family connections; able to access a full array of high-quality services and supports that are designed to meet their needs; and partnered with safe, engaged, and well-prepared professional that effectively collaborate with individuals and families to achieve positive and lasting results.

The department has designated Kimberley Parks-Bourn, Director of Protection, Preservation, and Prevention Services and Don Downing, Program Manager for Workforce Development to attend training and lead the agency in creating and supporting the work of the Commission.

Department of Juvenile Services (DJS): DJS submitted a report which included definitions for each of the identified terms citing national sources from which each definition was drawn. The report included a detailed list of training provided to staff in various positions and at various facilities and programs, and how trauma-informed care is woven into the agency's operations. The report provided names of the two designated staff assigned to help facilitate and support DJS become a more trauma-informed system of care and it described the challenges DJS expects to experience.

DJS assesses the needs of youth and provides services in detention facilities, treatment programs, and community. All new hires participate in an orientation which includes a training on

trauma-informed care using a curriculum developed by the National Association of State Mental Health Program Directors (NASMHPD) for DJS which is delivered by the DJS Training Unit. Additionally, as a part of that orientation, new hires attend a training on diversity, equity, and inclusion provided by the Office of Equity and Inclusion.

DJS has also provided trauma training to staff that is based on the curricula, "Think Trauma," created by the National Child Traumatic Stress Network, and all staff are expected to participate. DJS staff have been required to attend some training modules and are encouraged to attend others. Additionally, DJS staff are expected to attend Youth Mental Health First Aid (YMHFA), and all staff are invited to participate in Adult Mental Health First Aid (AMHFA). Staff are provided with training in human trafficking, and all direct care staff in facilities attend trainings on verbal de-escalation strategies. Finally, the following diversity, equity, and inclusion training are offered to all staff: the "Language of Equity," "Journeys," "Restorative Justice," and "Lens of Equity." The goal of these training sessions is to increase the level to which DJS staff are culturally competent and responsive to the needs of the young people DJS serves.

Specific DJS staff in detention facilities and treatment facilities are trained to screen youth for trauma histories, and behavioral health clinicians in detention facilities and treatment programs are trained to assess youth for trauma histories and symptoms. DJS has trained all treatment facility staff in Positive Behavioral Interventions and Supports (PBIS), an evidence-based framework focused on improving youth behavior, staff-youth interactions, and facility climate. DJS has integrated trauma-informed care into PBIS. All behavioral health clinicians in DJS treatment programs have been trained in Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), and they provide this evidence-based intervention to youth with trauma symptoms in this setting. Behavioral health clinicians in treatment programs are also trained in "Trauma, Addictions, Mental Health and Recovery for Youth (TAMAR-Y)," a psychoeducational trauma intervention that is provided to all youth in this setting. Finally, DJS has partnered with Roca to train many of its community-based staff in "ReWire by Roca - CBT Skills for Living (ReWire CBT)" which is a brief cognitive behavioral intervention provided to youth in the community.

DJS has woven trauma-informed practices into many aspects of its operations and programming, whether it's screening and assessment of youth entering its facilities, providing treatment to youth in its treatment programs, or organizing activities or events to support and enhance staff well-being.

DJS has designated Jessica Dickerson, Victim Services Coordinator for the Office of Equity and Inclusion, and Melanie Graves, Program Specialist in the Professional Training and Education Unit, to help facilitate and support DJS to become a more trauma-informed system of care and it continues to develop ways of overcoming these challenges using technology, and collaborating with experts in the field. These challenges include: continuing to prioritize trauma-informed care

in a changing system; training a large number of staff who work in different settings across the state; and teaching staff to translate trauma-informed care principles into practice.

Department of Natural Resources (DNR): DNR submitted a report which did not include definitions for the identified terms. DNR included a list of the trainings related to trauma; trauma-informed care/practices; adverse childhood experiences (ACEs); and Diversity, Equity, and Inclusion (DEI) provided to the Natural Resources Police (NRP) and the Maryland Park Service (MPS) as a part of their required annual in-service training. NRP and MPS employees receive these trainings on an annual or 3-year cycle.

DNR police and park personnel are educated on trauma incidents and the handling of individuals during those incidents. DNR has a Critical Incident Stress Management team and the state Employee Assistance Program (EAP) for employees that are impacted by trauma. DNR has policies in place for employees requesting trauma care.

The department has designated two staff members to attend training and support a cultural shift within DNR. Those two individuals are Captain Melissa Scarborough, Safety Education, Recruitment, and Hiring and Lora McCoy Reservation System Manager, CISM Team. These individuals will work with human resources within the department to institute additional training as directed by the Commission.

DNR's mission does not directly relate itself to trauma-informed care as it does not directly provide services for a targeted population. For this reason, the department is unable to identify barriers or challenges beyond requiring clarity as to how to utilize this information within DNR.

Department of Planning: The Department of Planning submitted a report which stated that the agency does not currently provide any services covered by this bill and therefore is awaiting further guidance from the Commission moving forward. The department has not provided definitions for any of the terms identified.

The Department of Planning did not designate two staff to attend trauma-informed care training or support the work of the Commission moving forward as it is awaiting further guidance on selection from the Commission.

Department of Public Works: There is uncertainty whether the "Department of Public Works" referenced in Chapter 722 of 2021 (House Bill 548) is in fact this three-member administrative body or was instead intended to reference a traditional, public-facing Department of Public Works providing services in local communities such as public infrastructure construction and maintenance.

The Board of Public Works submitted a report that stated: *"Board of Public Works is the highest administrative body in the Maryland state government, consisting of the Governor, the*

Comptroller, and the Treasurer. The State services delivered to the public by the Board of Public Works consist of holding public meetings of the Board, the dissemination of meeting agenda materials originating (in most cases) as requests from various units of state government, and the issuance of State Tidal Wetlands Licenses (licenses to performing dredging or filling work in Maryland's state-owned tidal wetlands.)"

Maryland Department of State Police (MDSP): MDSP submitted a report which stated that the agency is committed to the Commission and is represented in all Commission meetings. The department does not currently have definitions for the terms identified but awaits direction from the Commission. MDSP is currently investigating the level of training that is already occurring to ascertain if it addresses the goals of the Commission. The department is also working with the Office to determine the feasibility of initiating the Handle With Care program.

The Superintendent has designated Mr. James Hock, Chief of Staff, and Major Rosemary Chappell, Personnel Command as MDSP's designees. Once the Commission provides further guidance about the roles and responsibilities of the designees, these individuals may be substituted.

State Department of Education (MSDE): MSDE submitted a report which provided definitions for each of the terms identified. The MSDE report detailed the grant-funded ACEs professional development activities initiated in 2018, as well as the 2020 SAMHSA funded ACEs program which includes both professional development and programmatic elements. The MSDE report also describes additional training opportunities made available through a partnership with University of Maryland, Baltimore. Finally, the report outlines the department's response to § 7-427.1 of the Education Article.

MSDE received a grant in 2018 from the Bureau of Justice, STOP Violence grant which enabled the agency to successfully implement evidence-based professional development ACEs education and resilience programs. This has been continued by a 5-year grant that the department received from SAMHSA entitled Maryland Advancing Wellness and Resilience in Education (Project Aware II). These grants have allowed MSDE to partner with The Family Tree to deliver and provide statewide, regionalized, sustainable train-the-trainer models for local school system staff to build capacity throughout the State. Through this partnership, The Family Tree provides ACE Interface Master Presenter training in a customized two-fold initiative designed to: (1) create a cadre of highly-skilled, well-informed presenters to train others on ACEs and resilience throughout Maryland school systems, and (2) promote widespread awareness of the negative effects of toxic stress, ACEs, and childhood adversity to mental health of Maryland school district staff and communities. Upon completion of the certification training, presenters are prepared to deliver and facilitate ACEs presentations to their schools and communities.

As a part of the Project Aware II grant activities, MSDE provides Youth Mental Health First Aid as well. Individuals receiving training within these grant activities include administrators, teachers, counselors, school psychologists, social workers, pupil personnel workers, clinicians, resource officers, parents, community mental health providers, bus drivers, janitorial staff, etc.

Additionally, MSDE has a partnership with the University of Maryland, Baltimore | National Center for School Mental Health (NCSMH) to provide additional training to school personnel. The topics of these trainings include: Culturally Responsiveness, Anti-Racist, and Equity (CARE) and Fostering Cultural Humility & Self-Awareness; Cognitive Behavioral Intervention for Trauma in Schools (CBITS); Teacher WISE; and Classroom WISE.

MSDE, through the Project Aware II funding, is providing intensified services in three jurisdictions: Baltimore City, Caroline County, and Talbot County. MSDE partnered with MDH/BHA, universities, and nonprofit organizations in the training, implementation, and evaluation of the initiative. The project expands the capacity to increase awareness of mental health issues among school-aged youth, provide training for school personnel, and other adults that interact with the school population to detect and respond to mental health issues, and connect students and families with behavioral health issues with appropriate services.

MSDE has also developed the Maryland Mental Health Response Program which is designed to provide timely consultation and support to school systems to address student and family mental health concerns.

In June 2020, in response to § 7-427.1 of the Education Article, MSDE established a trauma-informed approach workgroup to accomplish the tasks outlined in the aforementioned legislation. The workgroup consisted of representatives from various agencies, including but not limited to, MDH and DHS, with a range of expertise in the areas of trauma, trauma-informed practices, ACEs, multi-tiered systems of support, resilience, and childhood development. The goal of the workgroup was to establish a shared vision and definition for a trauma-informed approach for local departments of social services in Maryland. The workgroup created guidelines titled, "A Trauma Informed Approach for Maryland Schools" for trauma-informed approaches to assist school systems with:

1. Implementing a comprehensive trauma-informed policy at school;
2. The identification of a student, teacher, or staff member who has experienced trauma;
3. For schools participating with the Handle with Care program, the appropriate manner for responding to a student who is identified as a Handle with Care student; and
4. Becoming a Trauma-Informed School that promotes healing.

MSDE designated Sylvia A. Lawson, Ph.D., Deputy State Superintendent for School Effectiveness and Chief Performance Officer, and Mary Gable, Assistant State Superintendent,

Division of Student Support, Academic Enrichment, and Educational Policy at MSDE, to attend the trauma-informed care training and assist in further prioritizing trauma-responsive and trauma-informed delivery of services.

Maryland Department of Transportation (MDOT): MDOT submitted a report which stated the agency does not currently have in place trauma-informed care training, practices or policy. MDOT has not created definitions for the terms identified and, with the exception of the work of its Office of Diversity and Equity, MDOT does not have the organizational structure to support the trauma-informed care as required by law.

MDOT identified a lack of available resources to implement training, technical capabilities, and policy analysis as potential barriers at this time. The department has identified the following two staff persons to attend trauma-informed care training to support the work of the Commission moving forward. Those two individuals are Mr. Jeffrey Hirsch, Assistant Secretary for Transportation Policy Analysis & Planning, and Mr. Martin Lee, Jr., Risk Manager & Safety Officer.

Department of Aging: The Department of Aging submitted a report which stated that the agency does not currently provide any services covered by this bill, and therefore is awaiting further guidance from the Commission moving forward. The department has not provided definitions for any of the terms identified.

The department designated Alexandra Baldi, Legislative Liaison, Department of Aging to attend trauma-informed care training to support the work of the Commission moving forward as it is awaiting further guidance on selection from the Commission as well.

Governor's Office of Crime Prevention, Youth and Victim Services (Office): The Office provided definitions for each of the identified words citing their national sources. The report describes the training provided by the Office as well as how trauma-informed principles are incorporated into policy, funding, and performance measure data. The Office identified two designated staff to prioritize the work of the Commission.

The Office provides multiple trainings designed to increase knowledge and skills related to ACEs and racial and ethnic equity including: Racial and Ethnic Disparities in Juvenile Justice Systems; and Understanding Adverse Childhood Experiences (ACEs): Implicit Bias Training. The Office also partners with Clear Impact to deliver training entitled "Advancing Equitable Outcomes Using Results-Based Accountability." These trainings are provided across the State for Local Management Boards, State agencies, and the community.

The Children's Cabinet is supportive of interventions that increase awareness of ACEs among State and community-level prevention professionals; emphasize the relevance of ACEs to behavioral health disciplines; engage in prevention planning efforts that include ACEs among the

primary risk and protective factors; and are designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs. In 2019, the Children's Cabinet added Trauma-Informed Care and Reducing Adverse Childhood Experiences (ACEs) as priorities for Local Management Boards that receive Children's Cabinet Interagency Funding to be responsive to prevailing cross-agency needs.

The Children's Cabinet has adopted three overall themes that support this work for Children's Cabinet Interagency Funding, to include: Racial and Ethnic Disparities (R/ED); Adverse Childhood Experiences (ACEs); Trauma-Informed Practices (TIPs); and research-based practices. These themes or "lenses" are to be applied to all programs/strategies proposed for the FY 2023 Children's Cabinet Interagency Fund by Local Management Boards. For the Children's Cabinet Interagency Fund, all programs/strategies must incorporate intentional efforts to reduce ACEs and increase TIPs. Successful adoption of this ACEs/trauma-informed lens includes: increasing awareness of ACEs and TIPs among State- and community-level prevention professionals, and emphasizing the relevance of ACEs and TIPs to behavioral health disciplines; including ACEs and TIPs among the primary risk and protective factors, if engaging in prevention planning efforts; addressing ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and using ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conducting targeted prevention efforts.

The federal Title II Juvenile Justice Delinquency Prevention Formula (JJAC) Grant Program provides funding to the State of Maryland to address juvenile delinquency through technical assistance, training, and effective programs for improving the juvenile justice system. The program encourages the use of a developmentally appropriate and trauma-informed framework to inform and connect youth justice work to the development of individual and multi-agency comprehensive state plans that support the well-being of all youth and seek to prevent ACEs and trauma. The grant program is administered by the Office. For JJAC funding, grantees are required to track and measure program outputs and outcome based performance measures that directly support the Office's objectives, which includes addressing and preventing ACEs and the impact of childhood trauma.

The Office also houses the Victim Services Division, which administers the Regional Navigator Grant Program. The grant program, launched in FY 2020, provides comprehensive services for child victims of sex trafficking in Maryland. The division director meets with the navigators regularly to discuss best practices, which often includes trauma-informed care.

The designated staff are identified as Christina Drushel Williams, Chief of Community Initiatives, and Kelly Gorman, Statewide Handle with Care Coordinator. William Jernigan,

Director of Prevention Strategies and Maryland's Statewide Racial and Ethnic Disparities (R/ED) Coordinator provides training and technical assistance as a master ACEs trainer.

Other Reports: At time of writing, a report has not been received from the following agencies: the Office of the Attorney General, the Department of Budget and Management, and the Department of Housing and Community Development.

VIII. Recommendations

Pursuant to § 8-1309(a)(1)(VIII) of the Human Services Act, the Commission identified the following recommendations regarding improvements to existing laws relating to children, youth, families, and older adults in the State (*as illustrated below*).

Recommendation #1: The Commission recommends that resources be allocated for trauma-informed initiatives in Maryland. States that have successfully implemented statewide trauma-informed care initiatives yielding measurable outcomes have had funding allocated to accomplish the goals of the program.

Each Maryland agency is required to designate two staff to create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services. While each agency has designated staff, if additional funding is not provided to agencies to support training and technical assistance, the likelihood of any real substantial change occurring is limited. Funding will support the creation of new positions with State PINs that report directly to the agency Secretary and be included in their executive staff.

Recommendation #2: The Commission recommends that a Learning Collaborative be formed with the two agency designees from each State agency. Once these individuals have received the training developed by the Commission, they would work in collaboration with the appropriate workgroups to create a plan to make change within their agencies to make them more trauma-responsive. Once each agency has created a plan, MDH representatives along with Commission members will review the plans and make recommendations.

This Learning Collaborative will also give agency representatives the opportunity to collaborate and share best practices, and evidence-based practices that have been effective in their respective agencies. Members of the Learning Collaborative can receive specified technical assistance from MDH, as outlined in the bill, as well as from members of the Commission with specific areas of expertise. Trainers and speakers can be brought in to meet specific needs identified by the members of the Learning Collaborative.

Recommendation #3: The Commission recommends that each State agency director include information regarding the trauma-informed efforts within each Administration and program within each agency, including the absence of efforts. The reports should also include a

description of the role of each Administration and program and the types of services, policies, programs, practices, and any technical assistance and oversight they provide to local agencies and the public.

Recommendation #4: The Commission recommends that the General Assembly amend the statute to include the Department of Public Safety and Correctional Services and the Department of Labor under § 8-1304(a) as both departments serve significant populations of youth and older adults as defined by the statute.

Recommendation #5: The Commission recommends that the General Assembly amend the language of the statute "children, youth, families, and older adults" to read "children, youth, older adults, families and communities".

Recommendation #6: The Commission recommends that the resources be allocated for the development of a knowledge mobilization campaign, employing both the science underlying trauma (neurobiology of stress, epigenetics, ACEs/trauma, resilience) and communication science strategies (knowledge translation and mobilization), that incorporates a common unified language and methods of communication when communicating about trauma, adverse childhood experiences (ACEs), healthy social, emotional, and physical development, and resilience across state agencies.

Recommendation #7: The Commission recommends that resources be allocated for the state to partner with the Frameworks Institute to learn and effectively use research-tested communication strategies to develop an in-depth communications plan that can be implemented by state agencies and local communities across the state to mobilize knowledge aimed to support Maryland's statewide strategy toward organizational culture shift into a trauma-responsive state government.

Conclusion

In accordance with Chapters 722 and 723 of 2021, the Commission will continue to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of State services that affect children, youth, families, and older adults; and report its findings and recommendations to the Governor and the General Assembly.

Appendix 1: Executive Order 01.01.2021.06

The State of Maryland
Executive Department

EXECUTIVE ORDER
01.01.2021.06

Adverse Childhood Experiences

WHEREAS, all of Maryland's children and youth should have the opportunity to grow in a safe and healthy environment;

WHEREAS, it is the State's responsibility to address Marylanders' health and safety in its laws, regulations, and executive policy;

WHEREAS, the COVID-19 pandemic has negatively impacted the health, emotions, education, and development of Maryland's children and youth;

WHEREAS, the Kaiser Permanente and Centers for Disease Control and Prevention Adverse Childhood Experiences ("ACEs") Study concluded that childhood exposure to traumatic experiences — including physical, emotional, or sexual abuse, physical or emotional neglect, household dysfunction such as substance abuse, untreated mental illness, or incarceration of a household member, domestic violence, and separation or divorce of household members — increases the likelihood of physical and psychological illness later in life;

WHEREAS, it is the State's policy to promote understanding of the impacts of adversity, toxic stress, and trauma on early childhood brain development, and to promote resilience through protective factors and programing; and

WHEREAS, a multidisciplinary collaboration between those working in crime prevention and enforcement, victim services, and child welfare, education, and protection makes Maryland a safer place to live, work, raise a family, and retire;

NOW, THEREFORE, I, LAWRENCE J. HOGAN. JR., GOVERNOR OF THE STATE OF MARYLAND, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY THE CONSTITUTION

1

Appendix 1: Executive Order 01.01.2021.06

AND LAWS OF MARYLAND, HEREBY PROCLAIM THE FOLLOWING EXECUTIVE ORDER, EFFECTIVE IMMEDIATELY:

I. All State units subject to the control and direction of the Governor shall:

   A. Consider how the implementation of State policies and programming could reduce adverse childhood experiences;

   B. Cooperate with, and provide such data and other information as may be allowed by law to, the Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services to enable study and monitoring of State policies and programming that prevent and mitigate adverse childhood experiences; and

   C. If they serve children and families:

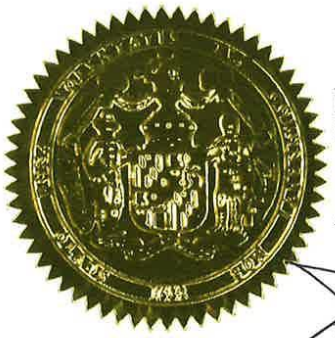
      i. Incorporate an understanding of adverse childhood experiences into treatment and other similar interactions; and

      ii. Implement care models informed by adverse childhood experiences and the impact they have on development.

II. The Governor shall, to coincide with Mental Health Awareness Month, proclaim May 6 of each year to be Adverse Childhood Experiences Awareness Day.

III. This Executive Order shall not be construed as altering the designation of, or granting authority to, any unit of State or local government for the purposes of federal law.

GIVEN Under My Hand and the Great Seal of the State of Maryland, in the City of Annapolis, this 6th Day of May, 2021.



Lawrence J. Hogan, Jr.
Governor

ATTEST:

John C. Wobensmith
Secretary of State

2

Appendix 2: Governor's Press Release

May 6, 2021

FROM THE OFFICE OF
GOVERNOR LARRY HOGAN
@GovLarryHogan

For immediate release:
May 6, 2021
Permalink

Contact:
Shareese Churchill
410-974-2316

Governor Hogan Announces Project Bounce Back, $25 Million Public-Private Partnership to Support Youth Recovery From COVID-19

Expands Reach of Boys & Girls Clubs to Every County in Maryland
State Department of Education Launches Regional Mental Health Crisis Teams
Executive Order to Make Maryland National Leader in Addressing 'Adverse Childhood Experiences'

ANNAPOLIS, MD—Governor Larry Hogan today announced the launch of Project Bounce Back, a $25 million first-in-the-nation public-private partnership to help Maryland youth recover from the devastating impacts of the COVID-19 pandemic. This series of initiatives will provide strategic mental health services, expand the footprint of youth development programs, and develop an innovative, data-driven digital solution to build post-COVID resilience among Maryland's youth, families, and communities.

The partnership includes the Maryland State Department of Education, the Governor's Office of Crime Prevention, Youth, and Victim Services, the Boys and Girls Clubs of America, Microsoft, LinkedIn Learning, KPMG, Discourse Analytics, and eCare Vault.

The governor also signed an executive order to make Maryland a national leader in working to address "Adverse Childhood Experiences" or ACEs. Read the executive order here.

"As the governor, but also as a father and a grandfather, nothing breaks my heart more than to see what our children have suffered through over the past year, especially those kids who are growing up in underserved communities, and I refuse to just sit back and accept this as the status quo," said Governor Hogan. "The mission of this new initiative is to provide critical services to young people in need and to build post-COVID resilience among Maryland youth, families, and communities."

Appendix 2: Governor's Press Release

Watch today's press conference.

Today's announcement was made in the gymnasium of the Webster Kendrick Boys & Girls Club in Baltimore City. The governor was joined by Lt. Governor Boyd K. Rutherford, Maryland State Superintendent of Schools, Dr. Karen Salmon, Glenn Fueston, Executive Director of the Governor's Office of Crime Prevention, Youth, and Victim Services, Lorraine Orr, COO for the Boys & Girls Clubs of America, and Lockerman-Bundy Elementary School Principal Kimberly Hill-Miller.

PROJECT BOUNCE BACK:

Expansion of Maryland Alliance of Boys & Girls Clubs. Through Project Bounce Back, the Maryland Alliance of Boys & Girls Clubs will expand to every county in Maryland, prioritizing Title 1 school districts and rural communities, to reach 45,000 children across all jurisdictions with youth development programs and positive mentorship.

As part of this expansion, the state is launching a new partnership between the Maryland State Police and the Maryland Alliance of Boys & Girls Clubs to promote positive mentorships and grow community and police relationships.

State Mental Health Crisis Teams. Project Bounce Back includes the launch of six regional mental health crisis teams through the Maryland State Department of Education. Each team will be composed of counselors, psychologists, and experts to collaborate with local school systems in order to provide on-the-ground crisis and technical assistance.

Appendix 2: Governor's Press Release

"Students in Maryland and across the country have been impacted by the pandemic academically, physically, socially, and emotionally," said Dr. Salmon. "MSDE's new regional mental health crisis teams will work closely with local school systems to connect students to needed emotional and social supports. We are pleased to be part of this exciting overall state partnership to prevent and address adverse childhood experiences. The effectiveness of our regional task force efforts will be bolstered by these evidence-based after school and summer programs and customized technology—all focused and working hand-in-hand to support the well-being and resilience of our youth across the state."

New Technology Platform. Private sector partners, including Microsoft, LinkedIn Learning, KPMG, Discourse Analytics, and eCare Vault, are providing an innovative new technology platform that will enable nonprofits, like Boys & Girls Clubs, to provide better services and job development skills to local youth.

Data shows that unmitigated ACEs can have long-lasting impacts and lead to negative health and social outcomes for young people as they grow up. According to the Centers for Disease Control and Prevention, ACEs are potentially traumatic events that occur in childhood before the age of 18 such as abuse, neglect, witnessing violence, or having a family member attempt or die by suicide. A national survey on Children's Exposure to Violence found that ACEs are common, with 60% of Americans exposed to violence in the prior year, and the Maryland Department of Health found that 47% of adults reported encountering at least one adverse childhood experience before they reached 18-years-old.

Funding for Project Bounce Back was made possible through CARES Act funding as a part of the Coronavirus Emergency Supplemental Funding program.

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Commission on Trauma-Informed Care Meeting

November 18, 2021
10:00 – 11:30am
Meeting held Virtually

MEETING MINUTES

Members in Attendance:

Glenn Fueston, Chairperson
Secretary Sam Abed
Ulysses Archie
Debbie Badawi
Secretary Carol Beatty
Christina Bethell
Heather Chapman
Councilman Zeke Cohen
Mike Demidenko (Secretary Padilla designee)
Tara Doaty
Elizabeth Guroff
Joyce Harrision
Inga James
Colonel Woodrow Jones
Frank Kros
Sylvia Lawson (Superintendent Chaudury designee)
Jessica Lertora
Delegate Teresa Reilly
Claudia Remington
Matila Sackor-Jones
Fred Stieder
D'Lisa Worthy

Commission Staff:
Christina Drushel Williams
Kelly Gorman
Jessica Wheeler

I. Welcoming Remarks and Introductions

Mr. Fueston opened the first Trauma-Informed Care Commission meeting and provided welcoming remarks. Mrs. Drushel-Williams provided group considerations.

II. Overview: HB 548 / Chapter 722 - Cameron Edsall

Mr. Cameron Edsall provided an overview of HB 548 and a summary will be shared with the Commission.

III. Presentation on Trauma and Trauma-Informed Response: Frank Kros

Mr. Kros gave a presentation on the definition of trauma, adverse childhood experiences (ACEs) and why trauma matters, and the opportunity of this Commission to really make a difference through trauma-responsive approaches. The presentation will be shared with the Commission.

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

IV. Discussion of Commission Goals

The Office proposes three committees based on the requirements of the legislation. These include:

1. Strategy
2. Metrics and Assessment
3. Training

Members of the Commission suggested several other topics for committees and focus areas. These include:

1. Initial Advisory Committee
    a. Identify goals and vision of the Commission
2. Research and Data Aggregation
3. Thinking beyond the original ten ACEs to include historical and intergenerational trauma and racial and ethnic disparities
4. Reviewing existing training utilized in State agencies and organizations for possible best practice replication and expansion.
5. Technical Assistance
    a. Support the implementation of training and best practices
6. Lived Experience and Community Engagement
    a. Ensure that individuals with lived experience have the opportunity to share needs and recommendations

V. Discussion of Timeline and Meeting Dates

The future meeting schedule was shared with Commission members. Meetings will be held virtually on the third Thursday of every month from 10:00 a.m. - 11:30 a.m. through June 2022:

- December 16, 2021
- January 20, 2022
- February 17, 2022
- March 17, 2022
- April 21, 2022
- May 19, 2022
- June 16, 2022

Commission staff will send calendar appointments to all Commission members.

VI. Next Steps

Next steps of the Commission include:

1. Committee sign-ups and committee chair nominations

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

2. Identifying future presenters and information/learning opportunities for Commission members

Staff will share information with Commission members on how to sign-up for committees and share presenter information.

Commission on Trauma-Informed Care Meeting

December 16, 2021
10:00 – 11:30am
Meeting held Virtually

MEETING MINUTES

Members in Attendance:
Glenn Fueston, Chairperson
Secretary Sam Abed
Beatrice Amoateng (Senator Carter designee)
Ulysses Archie
Senator Malcolm Augustine
Debbie Badawi
Secretary Carol Beatty
Christina Bethell
Heather Chapman
Councilman Zeke Cohen
Mike Demidenko (Secretary Padilla designee)
Tara Doaty
Elizabeth Guroff
Joyce Harrision
James Hock (Colonel Woodrow Jones designee)
Inga James
Frank Kros
Sylvia Lawson (Superintendent Chaudury designee)
Jessica Lertora
Jennifer Nizer
Claudia Remington
Matila Sackor-Jones
Fred Stieder
Betsy Vigna (Senator Carter designee)
Councilmember Doncella Wilson
D'Lisa Worthy

Commission Staff:
Christina Drushel Williams
Kelly Gorman
Jessica Wheeler

I. Welcoming Remarks and Introductions

Mr. Fueston opened the Trauma-Informed Care Commission meeting and welcomed members and guests. Ms. Gorman took attendance and confirmed that a quorum was present.

II. Approval of Minutes

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Mr. Kros made a motion to approve the November 18, 2021 meeting minutes. All were in favor and the minutes were approved.

III. Presentation: Lesson Learned from Tennessee - Mary Rolando

Ms. Rolando gave a presentation to the Commission on the Building Strong Brains Tennessee program. This presentation will be shared with the Commission.

IV. Presentation: Lesson Learned from Baltimore City - Councilman Zeke Cohen

Councilman Zeke Cohen provided a presentation to the Commission on the Elijah Cummings Healing City Act in Baltimore City. This presentation will be shared with the Commission.

V. Next Steps

The next Trauma-Informed Care Commission meeting is on Thursday, January 20, 2022 at 10:00am. The focus of January's meeting is to identify Commission goals and strategies for goal achievement.

Financial Disclosure Forms (Form 2) must be submitted to the Ethics Commission by Friday, December 17, 2021. If you have any questions, please contact Kelly Gorman at kelly.gorman@maryland.gov.

Appointed members of the Commission do not need to complete the Eventbrite registration for future Commission meetings. Eventbrite registration should be utilized by members of the public.

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Commission on Trauma-Informed Care Meeting

January 20, 2022
10:00 – 11:30am
Meeting held Virtually

MEETING MINUTES

Members in Attendance:
Glenn Fueston, Chairperson
Secretary Sam Abed
Beatrice Amoateng (Senator Carter's designee)
Ulysses Archie
Senator Malcolm Augustine
Debbie Badawi
Secretary Carol Beatty
Christina Bethell
Heather Chapman
Councilman Zeke Cohen
Mike Demidenko (Secretary Padilla's designee)
Elizabeth Guroff
Joyce Harrision
Inga James
Colonel Woodrow Jones
Frank Kros
Sylvia Lawson (Superintendent Chaudury's designee)
Jessica Lertora
Katie O'Mailey
Claudia Remington
Fred Strieder
Councilmember Doncella Wilson
D'Lisa Worthy

Commission Staff:
Christina Drushel Williams
Kelly Gorman
Jessica Wheeler

I. Welcoming Remarks

Mr. Fueston opened the Trauma-Informed Care Commission meeting and welcomed members and guests.

II. Roll Call/Introductions

Ms. Gorman took attendance and confirmed that a quorum was present. Ms. Gorman announced that the last two seats of the Commission had been appointed.

III. Approval of Minutes

Ms. James made a motion to approve the December 16, 2021 meeting minutes. Secretary Beatty seconded the motion. All were in favor and the minutes were approved.

IV. Review Commission Goals and Timeline

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Ms. Drushel-Williams shared the goals of the Commission. These include:

- Assist in identifying state programs/services that impact children, youth, families, older adults
- Assist in the development of a statewide strategy toward an "organizational culture shift into a trauma-responsive state government"
- Establish metrics with MDH to evaluate the progress of the statewide trauma care initiative
- Coordinate and develop with MDH any formal or informal Trauma-Informed Care training
- Disseminate info among agencies about best practices for preventing trauma on children, youth, families, older adults
- Study developing a process and framework for implementation of an ACES Aware Program in the state and implement the program.

Ms. Drushel-Williams also shared a timeline of due dates for the Commission's work. This timeline will be shared with Commission members.

V. Visioning Discussion: ***Developing a statewide strategy toward an "organizational culture shift into a trauma-responsive state government"***

Members began to develop a framework for how the work of the Commission will be accomplished. Members began by thinking about what the Commission's core values related to trauma-responsive practices will be. Several members recommended the adoption of the six pillars of trauma informed practices as defined by SAMHSA:

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment Voice & Choice
- Cultural, Historical, & Gender Issues
    - Commissioners would like to change this language from "issues" because there is an implication that these topics are an issue or problem and should be viewed as considerations and context.

Members also discussed:

- Healing-centered and strength-based approach with an emphasis on prevention
    - Addressing historical trauma, secondary, and vicarious trauma
    - Referring to the brain science of trauma
    - Multi-generational approach
    - Empowering and educating Maryland communities
    - A trauma-informed practice as something that occurs before a trauma even occurs
- Performance measurement

    - Measurable aspects, learning, and feedback
    - Positive outcomes (resilience and self-regulation)
    - Annual Maryland data to formulate a "report card"
        - Accessible to everyone
- Shared definitions across state agencies
    - Shared language and definitions must be established
    - Developmental models of how agencies become trauma-informed
- Public presence
    - Communication - single message from all state agencies
- Psychoeducation
    - Recognizing trauma in user friendly ways
    - Combating victim blaming

Next, members brainstormed what we want to see more (or less) of in the culture of state government?

- State government needs to address trauma because not addressing trauma creates barriers to access to services for children and families
- More accessibility to information and services
    - Including racially just and culturally competent policies and practices
    - Targeting individuals experiencing homelessness and individuals experiencing housing instability.
- Move away from a deficit mindset
    - Working *with* people not *for* them, treating people with dignity
- Emphasis on community and public voice and these voices being heard by state government
- Cross-agency communication

Lastly, members discussed what changes are necessary to put Maryland on track to meet its goals?

- Funding
- Culture changes

VI. Next Steps

Ms. Drushel-Williams presented proposed Workgroups that include:

- Metrics and Assessment
- Training
- ACE Aware

The Commission discussed other possible workgroup focus areas. These include:

- Definitions & Core Values
- Public Awareness (prevention outreach, promotion, and awareness marketing and messaging)
- Organizational Implementation & Technical Assistance (policies and procedures)

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Commission staff will share an online form for Commissioners and members of the public to sign-up for a workgroup. The form will also include a request for nominations for members to serve as a workgroup Chair.

Mr. Fueston proposed the creation of a Gantt Chart to keep the Commission and workgroups on schedule and to note progress. Staff will develop this and disseminate it to the Commission prior to the next meeting.

VII. Closing Remarks

Mr. Fueston informed the Commission that the Governor's Office of Crime Prevention, Youth, and Victim Services is seeking to hire a Trauma Informed Care Program Manager. The job posting and description can be found on Indeed.

The next Trauma-Informed Care Commission meeting is on Thursday, February 17, 2022 at 10:00 am. The focus of February's meeting is to review and discuss draft definitions, the online form for identifying state programs/services, Commission Gantt chart, and workgroup updates.

VIII. Resources & Links

- CDC & SAMHSA's 6 Guiding Principles to a Trauma-Informed Approach
- Recommendations Roadmap for California Prop 64 Expenditures: Advancing Healing-Centered and Trauma-Informed Approaches to Foster Individual, Family, and Community Resilience

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Commission on Trauma-Informed Care Meeting
February 17, 2022
10:00 – 11:30am
Meeting held Virtually

MEETING MINUTES

Members in Attendance:
Glenn Fueston, Chairperson
Secretary Sam Abed
Beatrice Amoateng (Senator Carter's designee)
Ulysses Archie
Secretary Carol Beatty
Christina Bethell
Heather Chapman
Mike Demidenko (Secretary Padilla's designee)
Elizabeth Guroff
Rayshan Hampton (Senator Augustine's designee)
Joyce Harrision
Inga James
Colonel Woodrow Jones
Frank Kros
Sylvia Lawson (Superintendent Chaudury's designee)
Jessica Lertora
Katie O'Mailey
Claudia Remington
Iris Schauerman (Councilmember Cohen's designee)
D'Lisa Worthy

Commission Staff:
Christina Drushel Williams
Kelly Gorman
Jessica Wheeler

I. Welcoming Remarks

Mr. Fueston opened the Trauma-Informed Care Commission meeting and welcomed members and guests.

Mr. Fueston announced his resignation from the Governor's Office of Crime Prevention, Youth, and Victim Services. Ms. Wheeler will serve as the Acting Commission Chair until further notice.

II. Roll Call/Introductions

Ms. Gorman took attendance and confirmed that a quorum was present.

III. Approval of Minutes

Ms. Remington proposed an amendment to the January meeting minutes to include "Definitions & Core Values" as a Commission workgroup. Secretary Beatty made a motion to approve the January 20, 2022 meeting minutes with the amendment. Secretary Abed seconded the motion. All were in favor and the minutes were approved.

IV. Workgroup Announcements and Updates

Ms. Gorman announced workgroup co-chairs to the Commission and outlined the general roles and expectations of the workgroup chairs. The ACE Aware workgroup is still looking for a chair or co-chairs. If anyone is interested in serving as chair of this group, please contact Ms. Gorman at kelly.gorman@maryland.gov.

Workgroup Chairs:

- *Metrics & Assessment* - Kay Connors & Margo Candelaria
- *Training* - Amie Myrick & Janice Goldwater
- *ACE Aware* - VACANT
- *Operational Implementation & Technical Assistance* - Elizabeth Guroff, Inga James, & Dr. Michael Sinclair
- *Public Awareness* - Ulysses Archie & Nana Ama Adom-Boakye

V. Definitions and Core Values Workgroup Reports to Commission

Ms. Drushel-Williams provided an update of the progress of the Definitions & Core Values workgroup. The workgroup proposes the Commission stay in alignment with SAMHSA's Six Key Principles of a Trauma-Informed Approach. These are:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support*
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues**

*The Commission proposed adding "Mental Self-Help" with Peer Support.
**Intent to change language from "Issues" to something without a negative connotation.

The workgroup also proposed working off of SAMHSA's Four R's: Key Assumptions in a Trauma-Informed Approach:

1. Realize widespread impact of trauma
2. Recognize the signs and symptoms of trauma
3. Respond to trauma
4. Resist re-traumatization

There is a discussion to add "Reflect" as a fifth "R".

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

The workgroup also shared the list of terms to be defined with Commission members. Members proposed adding these terms to the workgroup's list:

Sharing power
Intergenerational transmission of trauma
Vicarious trauma
Respect
Relate
Relationship
Substance Use Disorder
Family level trauma
Parent/caregiver experience of trauma
Trauma over the course of the lifespan
Risk factors
Epigenetics
Individual level
System level

VI. March 31st Agency Reports to Commission

Ms. Drushel-Williams reminded Commission members of the March 31st deadline of Agency reports to the Commission. State agencies are to include:

- Definitions and terms
- Current training curriculum and implementation
- Current trauma-informed initiatives framework implementation efforts

It was suggested to include in the agency report a discussion of the identification of the required two agency staff designees and identifying barriers or challenges to implementing Commission recommendations and training.

A formal request will be sent to state agencies outlining the requirements of the report.

VII. Next Steps

Workgroup chairs should begin reaching out to their workgroup members and scheduling their first meeting prior to the next Commission meeting in March.

A formal request will be sent to state agencies outlining the requirements of the agency reports to the Commission. These reports are due March 31, 2022.

VIII. Closing Remarks

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

The next Trauma-Informed Care Commission meeting is on Thursday, March 17, 2022 at 10:00 am. The focus of March's meeting is for workgroup chairs to provide updates on workgroup progress.

IX. Resources & Links

- https://www.nctsn.org/resources/whats-sharing-power-got-do-trauma-informed-practice

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Commission on Trauma-Informed Care Meeting

March 17, 2022
10:00 – 11:30am
Meeting held Virtually

MEETING MINUTES

Members in Attendance:

Jessica Wheeler, Chairperson
Beatrice Amoateng (Senator Carter's designee)
Ulysses Archie
Debbie Badawi
Secretary Carol Beatty
Christina Bethell
Heather Chapman
Councilmember Zeke Cohen
Mike Demidenko (Secretary Padilla's designee)
Tara Doaty
Elizabeth Guroff
Rayshan Hampton (Senator Augustine's designee)
Joyce Harrision
Inga James
James Hock (Colonel Jones's designee)
Frank Kros
Miles Lawrence (Secretary Abed's designee)
Sylvia Lawson (Superintendent Choudhury's designee)
Jessica Lertora
Katie O'Mailey
Christina Peusch
Claudia Remington
Matila Sackor-Jones
Frederick Strieder
Councilmember Doncella Wilson
D'Lisa Worthy

Commission Staff:

Christina Drushel Williams
Kelly Gorman

I. Welcoming Remarks

Ms. Wheeler opened the Trauma-Informed Care Commission meeting and welcomed members and guests. Ms. Wheeler informed members that she will be serving as chair of the Commission until further notice.

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

II. Roll Call/Introductions

Ms. Gorman took attendance and confirmed that a quorum was present.

III. Approval of Minutes

Mr. Archie made a motion to approve the February 17, 2022 meeting minutes. Mr. Kros seconded the motion. All were in favor and the minutes were approved.

IV. Workgroup Report Outs and Updates

Definitions & Core Values - Chair Position is Vacant
Ms. Drushel Williams reported that the definitions & core values workgroup has begun collecting definitions of the terms identified. Once agency reporting is available, the workgroup will review and recommend standard definitions for approval by the Commission.

The group also discussed the importance of incorporating equity throughout the work of the Commission and its workgroups.

Metrics & Assessment - Kay Conners & Margo Calendria
The metrics and assessment workgroup is looking to identify what is already happening across the state and had an initial proposal to create a toolkit for different departments to utilize. The group placed an emphasis on making sure the tools utilized for data collection lead to meaningful and useful metrics.

Training - Amie Myrick & Janice Goldwater
The Training workgroup will review existing training materials, including those provided in the Agency reporting. The workgroup discussed potential training outcomes including attitudes towards trauma-informed approaches and the implementation of trauma-informed and culturally appropriate policies

ACE Aware - Carrie Freshour
Ms. Drushel Williams reported on behalf of Ms. Freshour. During the first ACE Aware workgroup meeting, the group identified what the ACE Aware California program is. The workgroup will research other states that participate in ACE Aware and the budgetary requirements needed to establish and implement an ACE Aware program in Maryland.

Operational Implementation & Technical Assistance - Elizabeth Guroff, Inga James, & Dr. Michael Sinclair

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

It has been difficult for the organizational implementation and technical assistance workgroup to pull together everyone for a meeting. Work will continue through email and virtual means.

Public Awareness - Ulysses Archie
The public awareness workgroup has held three meetings. Mr. Archie created a webpage for the workgroup that has all workgroup meeting notes and information. Commissioners will explore replicating this format for maintaining documents, membership, and work products of the workgroups.

V. March 31st Agency Reports to Commission

A formal request was sent to state agencies outlining the requirements of the report. These include:

- Definitions and terms
- Current training curriculum and implementation
- Current trauma-informed initiatives framework implementation efforts
- Identified agency points of contact and anticipate barriers and challenges

Commission staff will provide an overview and summary of the agency report submission to the Commission at the next meeting.

It was asked if the Department of Public Safety and Correctional Services was included as a reporting agency to the Commission. Staff confirmed that the Department was not listed in the bill as an agency required to report to the Commission.

VI. Next Steps

Commission members proposed having a larger meeting to discuss visioning and strategies for Maryland becoming a trauma-informed state and how to accomplish that.

At the next Commission meeting, a vote will be held on whether or not to adopt the SAMHSA guidance on Trauma-Informed Approaches.

- Commissioners are to review the Six Principles of a Trauma-Informed Approach and the Ten Implementation Domains.
- Commissioners are to submit any recommendation language amendments to Commission staff by April 13, 2022 for inclusion in meeting materials prior to the April Commission meeting.

Workgroups will continue to meet in between Commission meetings.

- Workgroup Chairs are to submit a written update to Commission staff by April 13, 2022 for inclusion in meeting minutes prior to the April Commission meeting.

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

VII. Closing Remarks

The next Trauma-Informed Care Commission meeting is on Thursday, April 21, 2022 at 10:00 am. The focus of April's meeting is to have a discussion on the agency reports and for workgroup chairs to provide updates on workgroup progress.

VIII. Resources & Links

- Public Awareness Workgroup Website

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

Commission on Trauma-Informed Care Meeting

April 21, 2022
10:00 – 11:30am
Meeting held Virtually

MEETING MINUTES

Members in Attendance:
Jessica Wheeler, Chairperson
Ulysses Archie
Debbie Badawi
Councilmember Zeke Cohen
Mike Demidenko (Secretary Padilla's designee)
Tara Doaty
Elizabeth Guroff
Joyce Harrision
Inga James
Colonel Woodrow Jones
Frank Kros
Miles Lawrence (Secretary Abed's designee)
Jessica Lertora
Katie O'Mailey
Christina Peusch
Claudia Remington
Kristen Robb-McGrath (Secretary Beatty's designee)
Matila Sackor-Jones
Walt Salee (Superintendent Choudhury's designee)
Frederick Strieder
D'Lisa Worthy (Secretary Schrader's designee)

Commission Staff:
Christina Drushel Williams
Christine Fogle
Kelly Gorman

I. Welcoming Remarks

Ms. Wheeler opened the Commission on Trauma-Informed Care meeting and welcomed members and guests. Ms. Wheeler introduced Christine (Christi) Fogle who is the lead staff member for the Commission.

II. Roll Call/Introductions

Ms. Gorman took attendance and confirmed that a quorum was present.

III. Approval of Minutes

Ms. Remington suggested an edit to the March meeting minutes to include the Commission's discussion on a larger visioning meeting. Mr. Strieder made a motion to

approve the March 17, 2022 meeting minutes with the edit. Mr. Archie seconded the motion. All were in favor and the minutes were approved.

IV. Review of Commission on Trauma-Informed Care Timeline

Ms. Fogle reviewed the Commission's timeline with members. Ms. Fogle will begin drafting the Commission's report and a draft will be shared with Commissioners prior to the next meeting to submit any edits and/or feedback. The Commission will vote on the final draft of the report during the meeting on May 19, 2022.

V. Vote on SAMHSA guidance on Trauma Informed Approaches

The Commission discussed whether to adopt the 6 Principles and 10 Implementation Domains of the SAMHSA Guidance on Trauma Informed Approaches to serve as a framework for the rest of the work of the Commission. The Commission identified important themes that need to be emphasized in every principle. These are:

- Inclusion of the voice of lived experiences
    - "Nothing about us without us"
- Equity, accessibility, and anti-racism

The Commission decided to discuss each principle and its description separately:

<u>Principles:</u>

1. **Safety**
   Ms. Peush made a motion to approve the Safety principle with the addition of "Physical, Psychological, Emotional, Social, Moral and Cultural Safety" in the principle explanation. Mr. Archie seconded the motion. All were in favor and this principle was adopted.
2. **Trustworthiness and Transparency**
   Mr. Archie made a motion to approve the "Trustworthiness and Transparency" principle with the addition of "Community" in the principle explanation. Ms. Robb-McGrath seconded the motion. All were in favor and this principle was adopted.
3. **Peer Support** - A motion to adopt this principle was made by Ms. Badawi and seconded by Ms. Guroff. During discussion, members agreed to table this vote until a future meeting.
4. **Collaboration and Mutuality** - A motion was made by Ms. Guroff to adopt this principle and seconded by Ms. Sackor-Jones. During discussion, members agreed to table this vote until a future meeting.
5. **Empowerment, Voice, and Choice** - A motion made by Ms. Guroff to adopt this principle and seconded by Mr. Kros. During discussion, members agreed to table this vote until a future meeting.

6. **Cultural, Historical, and Gender Issues** - A motion made by Mr. Kros to adopt this principle and was seconded by Ms. Worthy. During discussion, members agreed to table this vote until a future meeting.

Implementation Domains:

After further discussion, the Commission decided they are not ready to vote on the implementation domains. The Commission requested more time to review the implementation domains and take a vote at a future meeting. Ms. Badawi made a motion to table this vote until the May 19th Commission meeting. Ms. Guroff seconded the motion. All were in favor and the vote was postponed.

Commission members felt strongly that establishing a mission and vision statement is needed to inform proposed framework amendments and Commission work moving forward. In the interim, Commission members are to take an in depth review of the SAMHSA Guidance and submit specific language edits and feedback to Commission staff by May 9, 2022.

VI. Agency Reports to Commission

Ms. Fogle provided a summary of the agency reports to the Commission:

1. Definitions and Terms
    - Six N/A or awaiting direction
    - Four no response
    - Five provided wide range of definitions
2. Training Curriculum and Implementation -
    - Five of 15 agencies provided curricula
    - Implementation is varied
3. Trauma-Informed Initiatives and Framework Implementation
    - Five of 15 agencies have initiatives
    - Wide array of initiatives
4. Designated Agency Staff
    - Each agency selected their two designated staff
    - Many will require more guidance

Members of the Commission requested access to the agency reports for review. Commission staff will share the agency reports with Commission members.

VII. Workgroup Report Outs and Updates

Due to time constraints, workgroups were unable to provide updates during the meeting. Below is what was submitted prior to the meeting:

Appendix 3: Commission on Trauma-Informed Care Meeting Minutes

a. *Definitions & Core Values* - Chair Position is Vacant
Ms. Fogle reported that the Definitions & Core Values workgroup has created a spreadsheet of terms and proposed definitions.

The workgroup began review of the definitions provided by the agency reports. The workgroup determined a need for a systems-level definition of basic terminology as a starting point to be followed by more specific terms and definitions.

Action Step: The workgroup members will review the agency definitions more closely before the next meeting for discussion at the next meeting.

The workgroup also discussed proposing a developmental framework to become a trauma-informed state agency or organization, similar to those developed by Missouri, Delaware, and Pennsylvania. which will be investigated by workgroup members before the next workgroup meeting and discussed in more depth at that time. The Palm Beach County Public Health Approach to Fighting ACEs and Resilient Wisconsin were suggested as helpful plans for state and local governments becoming trauma-informed.

Action Step: The workgroup members plan to review the proposed models, and others that may be identified.

The next meeting of the Definitions and Core Values Workgroup will be held Monday, May 2nd at 11am. This workgroup Chair position is still open.

b. *Metrics & Assessment* - Kay Conners & Margo Calendria
No update was provided.

c. *Training* - Amie Myrick & Janice Goldwater
The workgroup discussed utilizing the Brave Heart exercise to check in with members about different trauma-informed principles. The workgroup plans to try this, as well as a grounding exercise, at their next meeting. The workgroup will send out more information on The Brave Heart exercise.

Action Step: The group agreed to share this activity as a recommendation to the larger Commision for its monthly meeting.

The workgroup utilizes Jamboard as a place to put ideas, questions, and any other information before, during, or after meetings. The workgroup discussed potential training outcomes including attitudes towards trauma-informed approaches and the implementation of trauma-informed and culturally appropriate policies. The

group discussed the need to better understand its role and the Commission's expectations as well as:

- the need for agreed upon language - trauma-informed, trauma-sensitive, etc?
- a needs assessment
- whether trainers will be from Maryland (and the importance of this)
- whether there is a need for a new curriculum, or more of a need for the development of partnerships and a technical assistance model

The group agreed that cross-agency training will be an important piece of the training program, as not all agencies will need the same thing nor will it be appropriate to approach trauma-informed care the same way.

Action Step: The group agreed on visioning and will make a recommendation for the larger Commission to do the same. The GAINS Center was recommended as a program to review.

d. *ACE Aware* - Carrie Freshour
Ms. Freshour has accepted the role of Chair for the ACE Aware Workgroup. She met with Commission staff to discuss the purpose of the workgroup, the role of the chair and the direction for the workgroup. The committee will be having their second meeting on April 18, 2022 at 10 am. In preparation, the Chair has sent out a brief questionnaire to workgroup members with the goals of assuring all pertinent players are at the table and to create direction for the first meeting.

e. *Operational Implementation & Technical Assistance* - Elizabeth Guroff, Inga James, & Dr. Michael Sinclair
No update was provided.

f. *Public Awareness* - Ulysses Archie
No update was provided.

VIII. Next Steps

Commission members are to review the SAMHSA guidance on trauma-informed approaches and submit any language edits or feedback to Commission staff by May 9, 2022.

Commission members proposed a one-day in person meeting to serve as a visioning and strategizing session to guide the rest of the work of the Commission. Commission staff will begin looking at potential dates.

Workgroups will continue to meet in between Commission meetings.

- Submit workgroup findings and recommendations for inclusion in the final report by May 9, 2022.
- Workgroup Chairs are to submit a written update to Commission staff by May 9, 2022 for inclusion in meeting minutes prior to the May Commission meeting.

The draft legislative report will be sent to the Commissioners along with the SAMHSA suggested comments and other meeting materials on or before May 16, 2022.

Commissioner comments must be submitted to Commission staff by May 18, 2022.

IX. Closing Remarks

The next Commission on Trauma-Informed Care meeting is on Thursday, May 19, 2022 at 10:00 am. The focus of May's meeting is to review any report edits and feedback to the Commission report draft for submission in June.

X. Adjournment

The meeting was adjourned at 11:30 a.m.

Resources & Links

- Link to the Training Workgroup Jamboard
- Link to Public Awareness Workgroup Webpage
- Link to Commission on Trauma-Informed Care

Appendix 4: Full 2022 Maryland State Agency Report Submissions

Full 2022 Maryland State Agency Report Submissions

Released March 31, 2022

Human Services Article § 8-1309(a)(2); Senate Bill 299/Chapter 723, 2021; House Bill 548/Chapter 722, 2021

Appendix 4: Full 2022 Maryland State Agency Report Submissions

Introduction

In accordance with § 8-1309(a)(1) of the Human Services Act, the Trauma-Informed Care Commission created a request for specific information designed to serve as a baseline assessment of: 1) The implementation of trauma-informed care policies within each agency; and 2) the trauma-responsiveness of each agency.

On February 28, 2022, an official request for information was sent to the Secretary of each State agency listed in the bill that is required to provide a report to the Commission. This baseline assessment will then be compared to future agency reports which will detail the agencies' progress and compliance in carrying out the bill's requirements by March 31 of each year.

The Commission's request included the following information:

1. **Definitions and Terms**: The agency will provide the following definitions of terms and corresponding notation or reference in current law, regulation, policies, or agency-approved training materials.
    a. Trauma
    b. Trauma-Informed
    c. Trauma-Responsive
    d. Secondary Trauma/Stress
    e. Protective Factors
    f. Resiliency
    g. Equity
    h. Racial Equity
    i. Culturally Responsive
2. **Training Curriculum and Implementation**: The agency will provide current training curriculum related to trauma; trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI). The agency will also describe when training on these topics are delivered, who receives the training, and who provides the training.
3. **Trauma-Informed Initiatives and Framework Implementation**: The agency will provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding. The agency will also provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.
4. **Designated Agency Staff and Implementation**: The agency will provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the

agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services. The agency will also identify barriers and challenges to implementing new training, technical assistance, policy review, and policy change relating to trauma-informed approaches recommended by the Commission.

Agency Reports

Agency reports were to be submitted by March 31, 2022.

I. Office of the Attorney General

The Office of the Attorney General has not submitted a report as of the time this report was submitted.

II. Department of Budget and Management

The Department of Budget and Management has not submitted a report as of the time this report was submitted.

III. Department of Disabilities

1.) Definitions and Terms -

- **Trauma** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Trauma-Informed** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Trauma-Responsive** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Secondary Trauma/Stress** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Protective Factors** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Resiliency** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Equity** ~ Rooted in Diversity, Equity, and Inclusion the mission of the Department of Disabilities is changing Maryland for the better by promoting equality of opportunity, access, and choice for Marylanders with disabilities. Our state plan outlines the following guiding principles:

  i. Individuals with disabilities will determine how they wish to live. This Guiding Principle focuses on ensuring that people have a choice in their support services and housing, and maintaining the ability to travel in their community – all foundations for leading a self-directed, independent life.
  ii. Individuals with disabilities will have equal opportunity to improve their financial well-being. This Guiding Principle focuses on common paths to financial independence, including education, employment, and sound financial management.
  iii. Individuals with disabilities will have access to resources and services that promote health and wellness. This Guiding Principle focuses on developing resources and building capacity in health, behavioral health care, family and peer supports, and improving access to recreational/wellness activities.
  iv. Maryland state agencies and key stakeholders will maximize resources effectively. This Guiding Principle focuses on organizational capacity building and infrastructure development between state and non-state partners to better serve people with disabilities and their families.
  v. Maryland state agencies will be accessible, and communicate information effectively, equitably, and in an accessible format. This Guiding Principle focuses on ensuring all government communications are accessible, promoting quality service delivery, and acquiring accessible communication services and products for individuals with disabilities.

- **Racial Equity** ~ Currently the Department of Disabilities does not have any language that reflects this term in our state plan or statute, we look forward to guidance from this committee on how to incorporate this language in future iterations of our state plan.

- **Culturally Responsive** ~ Under the Health and Wellness guiding principle of our state plan we have an outcome that states the Department of Disabilities will, “Improve

accessibility to culturally competent, accessible wellness and preventive health care services." Our office will track this outcome by collecting annually qualitative and quantitative data and report on improvement in competent, accessible wellness and preventive health care services.

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"CAPE Youth ~ Trauma Informed Policy for Youth"
"NCSMH ~ Trauma and Well-Being Resources for Educators"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

- Jade Gingerich, Director of Employment Policy- In conjunction with the Department of Labor on October 7, 2021, Mrs. Gingerich presented nationally on Trauma-Informed Policy Considerations with the Center for Advancing Policy on Employment – Youth (CAPE-Youth). A briefing of the work can be found here: https://capeyouth.org/wp-content/uploads/sites/9/2021/10/CAPE_Youth_TraumaInformedPolicyforYouth.pdf
- Jade Gingerich, Director of Employment Policy – Mrs. Gingerich represents the Department on State Agencies Transition Collaborative, under the National Technical Assistance Center on Transition which support efforts in improving the state-level coordination of transition services leading to an increase in employment and postsecondary education outcomes for all students and youth with disabilities in Maryland. Maryland's SATC purpose is to assist Maryland's State Education Agency, Local Education Agencies, State Vocational Rehabilitation (VR), and VR service providers to implement evidence-based and promising practices ensuring Maryland students with disabilities, including those with significant disabilities, graduate prepared for success in postsecondary education and employment. Through her work with the SATC in September of 2021 Mrs. Gingerich participated in the National Center for School Mental Health presentation on Trauma and Well-Being Resources for Educators.
- Chelsea Hayman, Director of Housing Policy - through the Maryland Partnership for Affordable Housing Ms. Hayman hosted an online training for property and housing case managers for the HUD 811 and Weinberg Housing programs on trauma-informed practices as it relates to the Violence Against Women Act. The youtube for this training can be found here: https://www.youtube.com/watch?v=EG9RWRmQZIA
- Cecilia Warren- Director of Emergency Preparedness - In partnership with the Department of Human Services, Ms. Warren has presented a number of trainings on the provision of accommodations for people with disabilities in housing and emergency

shelters. She has also done a number of webinars and sessions focused on making electronic and social media, including Word, PowerPoints, Facebook, Twitter, etc. accessible to people with disabilities.

- Andrew Drummond, Statewide IT Accessibility Director - Mr. Drummond and his team have provided a number of workshops on electronic media (Word, PowerPoint, Excel) and website accessibility for people with disabilities. These workshops are for both state employees and the general public.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

Currently the Department of Disabilities does not have any trauma-informed frameworks or initiatives. We look forward to guidance from the committee on how to incorporate and establish trauma informed framework and initiatives within our department.

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

The Department of Disabilities is eager to implement a trauma-informed lens into the policy and practices we oversee. We look forward to the opportunity to train our policy directors and staff in trauma-responsive and trauma-informed practices, ACEs, and continuing our efforts in Diversity, Equity, and Inclusion. Our Department has a strong focus on ensuring that information is accessible for all Marylanders regardless of their disability, we will want to ensure the training curriculum or framework we use in the future is in a format that individuals with disabilities are able to obtain the information in a format that best suits their needs.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

Kirsten Robb-McGrath, Director of Health and Behavioral Health Policy, Department of Disabilities – Kirsten.Robb-McGrath@maryland.gov

Kimberly McKay, Communications Director, Department of Disabilities – Kimberly.Mckay1@maryland.gov

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

Appendix 4: Full 2022 Maryland State Agency Report Submissions

Our Department has a strong focus on ensuring that information is accessible for all Marylanders regardless of their disability, we will want to ensure the training curriculum or framework we use in the future is in a format that individuals with disabilities are able to obtain the information in a format that best suits their needs.

IV. Maryland Department of Health

1.) Definitions and Terms -

- **Trauma** ~ Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as overwhelming or life-changing and that has profound effects on the individual's psychological development or well-being, often involving a physiological, social, and/or spiritual impact. Trauma-Informed Care and Self Care Training - BHA

- **Trauma-Informed** ~ a trauma informed child and family system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregiver and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational culture, practices and policies. They act in collaboration with all those who are involved with the child, using the best available science to maximize physical and psychological safety, facilitate the recovery of the child and family and support their ability to thrive. Taken from *Child Traumatic Stress Network*

- **Trauma-Responsive** ~ Organizations are trauma responsive when they begin to change the culture to highlight the importance of trauma and resilience. All levels of staff begin rethinking routines and the infrastructure of the organization. Discussion among staff and leadership takes place to consider improved routines and how to implement them. Ongoing training is provided for staff and the agency considers engaging those with lived experiences of trauma to participate in the change process to gain a survivor perspective. Taken from *Building Better Brains Trauma Informed System of Care Toolkit*

- **Secondary Trauma/Stress** ~ is the emotional duress that results when an individual hears about the first hand trauma experiences of another. Taken from *National Child Traumatic Stress Network*

- **Protective Factors** ~ Are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. Taken from *SAMHSA definitions*

- **Resiliency** ~is the innate capacity to rebound from adversity and change through a process of positive adaptation. I youth, resilience is a fluid, dynamic process that is

influenced over time by life events, temperament, insight, skill sets, and the primary ability of caregivers and the social environment to nurture and provide them a sense of safety, competency and secure *Mind Resilience website*

- **Equity** ~ Health Equity is the right to quality health care for people regardless of their race, ethnicity, gender, socioeconomic status, or sexual orientation. *BHA Health Equity Statement*

- **Racial Equity** ~ Equal rights and access regardless of your race.

- **Culturally Responsive** ~ Culturally Responsive- Cultural Competence - Cultural and linguistic competency refers to the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs presented by the client within the health care encounter. SAMHSA defines cultural competence as being respectful and responsive to the health beliefs and practices and the cultural and linguistic needs of diverse population groups. *BHA Cultural and Linguistic Competency Strategic Plan*

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"Trauma Informed Care for Behavioral Health Professionals"
"Trauma, Trauma-Informed Care, and Self-Care"
"Trauma-Informed Care and Personal Preservation"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

Providers of the training include ACE Interface Master Trainers who deliver training to LBHA's and CSA's, MSDE, and other jurisdictional agencies and state agencies. BHA provides training through the University of Maryland and BHA Office of Workforce Development and Technology Transfer.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

Trauma-Informed Initiatives and Framework Implementation - The agency will provide a

discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding. The agency will also provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.

National Governor Association Preventing Adverse Childhood Experiences Learning Collaborative:

MDH representatives from the Behavioral Health Administration participated in a leadership role in the NGA ACEs Learning Collaborative. In addition to MDH, the State leadership team included representatives from the Department of Human Services, the Opioid Operations Command Center, the Governor's Office on Crime Prevention, Youth and Victim Services, and the State Council on Child Abuse and Neglect. Maryland was one of five States (Pennsylvania, Delaware, Virginia, and Wyoming) selected to participate in this initiative. The Maryland leadership team worked with the NGA to establish a vision statement, goals and an action plan to advance ACEs and Trauma Informed Care in the State. Three goals were established, including:

> Goal #1: Develop a statewide ACEs strategic action plan with measurable, time-bound and relevant goals.
>
> Goal #2: Create an integrated system to identify and track ACE exposure in Maryland, including development of a statewide data dashboard tool on ACEs.
>
> Goal #3: Increase adoption and implementation of evidence-based approaches for preventing childhood traumas.

MDH/BHA led the development and implementation of an action plan relating to ACEs and ACEs related data surveillance and performance measurement (Goal 2). Through this work, the following activities were completed:

Established and convened a State ACEs Monthly Data Committee – The Committee, is led by MDH BHA and includes membership from DHS, OOCC, GOCPYVS, MDH Medicaid, BHA, MDH PHPA and SCCAN. The Committee was established to coordinate ACES Data surveillance, reporting and data to action work across the State.

MDH BHA in collaboration with the ACEs Data Committee, designed and conducted a landscape analysis of ACEs and ACEs related data sources and indicators. This ACEs data inventory was a beginning effort to collect information on ACEs and ACEs related indicators, resources and information that is available across that state in order to identify indicators that are feasible, accessible and useful to all stakeholders and agency partners. The work involved research and identification of a comprehensive list of ACES and ACE related indicators and group interviews with state agencies to review the inventory and discuss ACEs data elements and data sources, how ACEs data is used by the agency to inform program planning, policy development, and identify ACEs and Trauma Informed programs and initiatives planned or

implemented by each agency. Interviews were conducted between March and May 2021. Based on this work, a report summarizing the ACEs data inventory and results was completed and is currently being used to inform current work to identify/select a core set of ACEs data elements and performance metrics for use in a Statewide ACEs and Trauma Informed dashboard tool. A subcommittee of the State ACEs Data Committee was established and convened in January 2022 to review and identify core ACEs and ACEs related data elements/metrics and develop design specifications for the development of a statewide ACEs Data Dashboard tool. The subcommittee is led by MDH BHA and includes representatives from the GOCPYVS, SCCAN, BHA CAYAS, and the Prevention and Health Promotion Administration.

ACES and Trauma Informed Care Presentations

Over the past year MDH BHA in collaboration with the ACEs Data Committee and colleagues at MDH PHPA have performed a number of ACEs related data studies and have presented results to multiple behavioral health and public health stakeholder groups. These presentations have included:

MDH BHA coordinated and hosted an ACES related panel presentation to the BHA Monthly Data Meeting on August 30, 2021 that included three presentations: Nikardi Jallah from PHPA presented on ACES and Youth Risk Behaviors; Dr. Renee Johnson from Johns Hopkins University presented on research on ACEs and the Youth Risk Behavior Survey and Dr. Sabriya Dennis from BHA ARE presented on ACEs, Health Risks and Quality of Life

Dr. Yoe and Sabriya Dennis from the BHA ARE presented to the Maryland NAMI Conference on an analysis of the Behavioral Risk Factor Surveillance Survey (BRFSS). Examining Adverse Childhood Experiences, Health and Quality of Life Outcomes Among MD Adults on October 15, 2021.

Dr. Yoe presented an overview of ACEs and the impact of ACEs on health risks and behavioral health quality of life and a summary of the National Governors Association ACES Learning Collaborative work to the BHA Executive Committee in January 2021

Dr. Yoe presented to the Governor’s Children’s Cabinet in September 2021 on the Impact of ACEs and overview of Trauma Informed Care principles and practices

Darren McGregor, from the Office of Crisis and Criminal Justice Services, presented on trauma and self preservation to Baltimore's Mayor’s Office of Homeless Services on March 15. Approximately, 40 people attended the 90 minute, virtual workshop.

Nikardi Jallah from MDH PHPA presented on the results of the Youth Pandemic Survey to the BHA Monthly Data Meeting on March 30, 2022

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D'Lisa Worthy and Chalarra Sessoms from BHA CAYAS and State ACES Master Trainers presented ACE Interface to Club FEAR in Kent County, January, 2022.

D'Lisa Worthy and Chalarra Sessoms, ACE Interface Master Trainers from BHA CAYAS Unit presented ACES Interface Training to Howard County in March, 2022

D'Lisa Worthy and Chalarra Sessoms, ACE Interface Master Trainers, BHA CAYAS Unit presented ACES Interface Training to Wicomico County in February, 2022.

D'Lisa Worthy and Chalarra Sessoms, ACE Interface Master Trainers presented ACE Interface Training to Montgomery County LCT in February 2022

The Trauma Addictions Mental Health and Recovery (TAMAR).

The Trauma, Addiction, Mental Health, and Recovery (TAMAR) Project is a voluntary, trauma education program for adults incarcerated in one of eight detention centers in the state of Maryland. MDH BHA provides funding for TAMAR in Anne Arundel, Baltimore County, Caroline, Carroll, Dorchester, Frederick, Prince Georges and Washington County detention centers. TAMAR is a 10-week, 20 session structured program offered to individuals 18 and older who are detained in a participating detention center and have a history of adversity as indicated by the Adverse Childhood Experiences Survey (ACEs) with a recent treatment history for mental health as well as an alcohol and/or drug use issues.

Behavioral Health ACES Data To Action, Training and Technical Assistance Initiative

The purpose of this initiative is to enhance awareness of ACES and adoption of trauma informed practices in the State with a focus on the Maryland Public Behavioral Health System (PBHS). Supported by American Rescue Plan Act (ARPA) funding, the proposed work is intended to align with and support the deliverables outlined in the Governor's Executive Order on Adverse Childhood Experiences and the Governor's Commission on Trauma Informed Care. The program of work will provide essential ACEs data surveillance, training, technical assistance and quality monitoring services to support the adoption of trauma informed policies and practices and the transition of the Public Behavioral Health System to a fully trauma informed system of care. The proposed work includes three core activity areas:

Adverse Childhood Experiences (ACEs) data collection, analysis and data to action activities to increase awareness of ACEs and trauma informed approaches to service delivery among State and Local Behavioral health partners;

Identification and implementation of a trauma informed organizational assessment tool and continuous improvement/technical assistance process for use with the Behavioral Health Administration, local behavioral health partners and providers in the Public Behavioral Health System;

Selection, adaptation and implementation of a Trauma Informed training curriculum targeted to PBHS behavioral health partners and providers and implemented statewide.

MDH-BHA issued an IA RFP in January 2022 to solicit proposals and has reviewed and selected a vendor to perform the work. The anticipated start date for the project is June 1, 2022.

Selection and Implementation of Standardized Crisis Assessment Tool for Use in the Statewide Behavioral Health Crisis System

As part of the Statewide Behavioral Health Crisis Response system design, MDH-BHA in collaboration with system stakeholders has selected the Crisis Assessment Tool (CAT) for statewide use. The CAT is derived from the Child and Adolescent Needs and Strengths Assessment (CANS) developed by John Lyons and the John Praed Foundation. The CAT is designed as a multiple purpose information integration tool that is designed to be the output of an assessment process. The purpose of the CAT is to accurately represent the shared vision of the child/youth serving system—children, youth, and families. As such, completion of the CAT is accomplished to allow for the effective communication of this shared vision for use at all levels of the system and inform the development of individual crisis plans and resource needs. The CAT includes a comprehensive adjustment to trauma module that captures exposure to adverse childhood experiences and traumatic events and the extent to which the trauma exposure has adverse impact on the individual. Training and implementation of the MD CAT was initiated with children's mobile response and stabilization services in Harford County and five counties in the Maryland Midshore Region in March 2022 and will be expanded to other jurisdictions over the next year. Work is also underway to develop an adult version of the CAT for use across the behavioral health crisis system with implementation anticipated in August -September of 2022. The implementation of the CAT will enable MDH to capture individual level data on ACES and Trauma exposure on all individuals accessing mobile crisis and stabilization services across the state.

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

MDH does not currently have a formal continuous improvement process to ensure that ACES science and trauma-informed best/promising practices are used to inform program planning and policy direction. However, this will be a key component of the MDH plan going forward.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

MDH has not appointed agency staff to lead the MDH transition to trauma responsive and trauma-informed service delivery. Dr. Maria Rodowski-Stanco, Director, Child, Adolescent and Young Adult Services, BHA and Dr. James Yoe, Director of Applied Research and Evaluation, BHA will serve as interim leads for the initiative until permanent staff are selected.

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

There are multiple challenges in implementing an agency-wide transformation effort in a large complex agency including creating a common vision for the change effort and coordination of planned activities across divisions . While funding to sustain a large change effort is a major challenge, MDH-BHA, as noted above, has secured substantial funding to perform ACES data surveillance and data to action work, Trauma Informed Training and Technical assistance to support the MDH transition to a fully trauma informed organization and support the goals of the Trauma Informed Care Commission.

V. Department of Housing and Community Development

The Department of Housing and Community Development has not submitted a report as of the time this report was submitted.

VI. Department of Human Services

1.) Definitions and Terms -

- **Trauma** ~ Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place.

- **Trauma-Informed** ~ DHS/SSA has operationally defined this as Trauma-Responsive.

- **Trauma-Responsive** ~ Assessing for trauma experiences and providing interventions that build strengths. Creating a helping environment that promotes healing, resiliency, and prevents further trauma for individuals, families and our frontline staff.

See excerpt from page 27 of the DHS/SSA Integrated Practice Model Handbook which addresses our trauma-responsive approach to service delivery. The Google Form created

to support the Department's response submission will allow an upload of supporting documents. The IPM Handbook referenced in the footnote below would be uploaded.

- **Secondary Trauma/Stress ~** STS is defined in SSA Trainings as the emotional duress workers experience through working up close with children and families experiencing their own trauma. STS is manifested in many forms including but not limited to worker: fatigue, illness, sadness, apathy, agitation, reduced productivity and burnout.

- **Protective Factors ~** Through Policy Directive #15-21, DHS/SSA has established that Maryland's Safety Assessment for Every Child (SAFE-C) and Safety Plan must consider the following Protective Capacities:
    - If a child has the cognitive, physical and emotional capacity to participate in safety interventions;
    - If the caregiver is able and willing to participate in creating and carrying out safety interventions to protect the child;
    - If the caregiver is able and willing to use resources that are necessary to protect the child;
    - If the caregiver has a supportive relationship with one or more persons who may be willing to participate in safety planning AND if the caregiver is willing and able to accept this assistance;
    - If the caregiver has the ability to recognize and prioritize a child's needs ahead of his/her own needs or wants;
    - If the caregiver has an emotional bond with the child that is expressed or evidenced in their interaction, and which suggests a willingness to protect the child;
    - If the caregiver has demonstrated effective problem solving skills; and
    - Whether there are relevant community services or resources immediately available to the child and/or family.

As noted in the Policy Directive, the caseworker will assess the child's ability to participate in safety interventions, the caregiver's ability to make or keep a child in his or her care safe, as well as, assess the availability of community resources. Caseworkers are to consider Protective Capacities when designing a Safety Plan.

The Children's Bureau has promoted a definition of Protective Factors as "conditions or attributes that, when present in families and communities, increase the well-being of children and families and reduce the likelihood of maltreatment. There are 6 protective factors:

- Nurturing and attachment,
- Knowledge of parenting and of child and youth development,
- Parental resilience,
- Social connections,
- Concrete supports for parents, and

- Social and emotional competence of children."

Policy Directive #15-21 addresses each of the Protective Factors noted above and Maryland's Safety Plan provides an opportunity for the caseworker to identify the use of family resources, neighbors or individuals in the community as safety resources (Protective Factors).

- **Resiliency** ~DHS/SSA training materials identify that resilience is the ability to adapt to or cope with adversity (including trauma, tragedy, threats, and significant stress) in a positive way. It involves behaviors, thoughts, and actions that can be learned over time and nurtured through positive relationships with parents, caregivers, and other adults. Resilience in children, youth, and adults who have adverse childhood experiences (ACEs) enables them to thrive despite these experiences. This definition was offered by the American Psychological Association and shared with states through the Children's Bureau.

- **Equity** ~ ACYF-CB-PI-22-01: On January 20, 2021, President Biden signed Executive Order 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government." This Executive Order defined the term "equity" as the consistent and systematic fair, just, and impartial treatment of all individuals, including those who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American, Asian Americans and Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

- **Racial Equity** ~ DHS held a series of Race Equity and Visioning sessions in 2020 designed to:
  - Meaningfully reflect on race and equity in the U.S. historically and equity in child welfare.
  - Build shared understanding of the importance of incorporating race equity and inclusion lens into MD's strategies for child welfare transformation.
  - Build shared understanding of equities and inequities in Maryland's system.
  - Explore how integrating race equity and inclusion into Maryland's strategies will meaningfully address the personal, organizational, cross sector, and societal factors contributing to inequities within the child welfare system.
  - Develop common language and understanding of key terms foundational to this work.

Following these Race Equity and Visioning sessions three workgroups were established: Workforce, Policy, and Data. These three groups have been guided over the last 18 months through a racial justice coaching plan with a national consultant. Through this partnership DHS is developing an understanding of racial justice practice and

organizational capacity through guided consultation, group facilitation, planning, and data mapping. Most recently these three groups have merged into a Unified Race Equity Workgroup that is meeting monthly over the next 4 - 5 months to continue to build relationships needed to support true racial justice transformation in child welfare, identify and adopt principles to guide transformation efforts, develop a theory of change, and establish and begin implementation of goals and a strategic plan that includes individual commitments as well as concrete tasks and timelines.

- **Culturally Responsive** ~ Affirming individual and family identity, culture and traditions in our daily practice and interactions.

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"Secondary Traumatic Stress ~ Trainer Guide"
"Overview of Pre-service training"
"In-service trainings on trauma"
"LGBTQ Competency Curriculum"
"2020 Training Plan"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

DHS/SSA has maintained a long-standing partnership with the University of Maryland School of Social Work for workforce training through its Child Welfare Academy (CWA) which includes: Pre-service training, Foundations Track Training and on-going In-service training. Training is developed and implemented by the CWA in partnership with DHS/SSA.

Pre-service and Foundations Track trainings are required and offered in sequence to newly hired child welfare staff. Upon completion of pre-service training, staff are required to take and pass a comprehensive exam established under Maryland Law. Trauma Responsive Casework is introduced to all new child welfare staff in Module II of pre-service training. An Overview of Pre-service training is included as a reference resource. Trauma is also addressed for child welfare staff in a full day of Foundations Training which follows pre-service training. Additionally, several In-service trainings on trauma are available to staff to broaden their knowledge and skills in public child welfare practice.

STS Revised Curriculum

The DHS Learning Office also supports workforce development through various training

initiatives designed to develop and update targeted employee competencies consistent with identified training needs and the Department's strategic goals. Instructor-led training is delivered virtually and at locations throughout the State on a regular and ongoing basis.

In building a knowledgeable and competent workforce, it is essential that staff receive training in various areas of equity and inclusion to better serve youth and families. In addition to race, equity and inclusion, SSA is also committed to best practice and affirming services for the LGBTQ population. All child welfare staff are required to complete Basic LGBTQ Comptency Training within their first year of employment. A cadre of facilitators (including SSA staff) comepleted the 10 day LGBTQ Facilitator Training sponsored the Human Rights Campaign (HRC) and participated in state-wide training rollout. Included as a reference resource is the HRC's LGBTQ Competency Curriculum.

Please see the 2020 Training Plan submitted to the Children's Bureau as part of the Annual Performance Service Review (APSR). The 2021 plan is due June 2022. It should be noted that on Page 6 of the Training Plan, "The ABC's of ACEs: An Overview of the Adverse Childhood Experience" in-service training course is identified. This session, available to child welfare caseworkers and Supervisors, focuses on understanding the ACES and utilizing it as a screening tool to help identify risk factors in order to team with individuals to identify services to mitigate those risks.

Lastly, the Local Departments of Social Services all collaborate with a variety of partners, stakeholders and vendors to deliver periodic in-service training to staff, Transition Age Youth, resource families and kinship caregivers. These training collaborations include: local Health Departments, Local Management Boards and Local Care Teams, myriad service providers such as the Court Appointed Special Advocates (CASA) program, The Family Tree, Center for Adoption Support and Education (CASE), Maryland Network Against Domestic Violence (MNADV), local hospitals and behavioral health services providers, etc.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

The focus on trauma is threaded throughout SSA's training system including pre-service training, Foundations Track Training and on-going in-service training. Training is developed and implemented by the University of Maryland Child Welfare Academy (CWA) in partnership with DHS/SSA. Pre-service and Foundations Track trainings are required and offered in sequence to newly hired child welfare staff. The concept of trauma is introduced to all new child welfare staff in Module II of Pre-service training which addresses Trauma Responsive Casework. Trauma and Secondary Traumatic Stress (STS) are addressed more thoroughly and distinctly in Foundations Training to help staff better understand STS and its symptoms. Several trainings on trauma and STS are offered as part of the CWA In-service training catalog.

In addition, DHS/SSA receives technical assistance from Chapin Hall of the University of Chicago and the University of Kentucky Center for Innovation in Population Health. This technical assistance has been largely focused on moving our system toward a Safety Culture and is grounded in Safety Science. A core element of our Safety Culture work has been recognizing the impact of STS on the workforce. As cited by the University of Kentucky in its "Resilience Reconsidered" research, the impact of STS on child welfare professionals has shown:
50% report relatively high levels of secondary traumatic stress (Rienkes, 2020),
30% report severe levels of secondary traumatic stress (Rienkes, 2020), and
62% exhibit signs of emotional exhaustion (Anderson, 2000).

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

While the Department's work toward a Safety Culture is still underway, DHS/SSA has long-recognized the impact of trauma and STS on its workforce. This has led DHS/SSA to offer Local Departments of Social Services financial resources to support the acquisition of Critical Incident Debriefing services for impacted staff. Contingent upon the circumstances, DHS/SSA leadership have occasionally conducted meetings and debriefing sessions with Local Department staff to not only acknowledge the impacts of STS, but to offer supportive services. Some Local Departments of Social Services have developed internal capacity or partnered with sister agencies for the delivery of supportive services when needed. The Department has also reinforced the availability of the Employee Assistance Program and Maryland has implemented MyMDCARES to provide a full range of supportive services including short-term counseling and support, mental health wellbeing coaching, and assistance to locate treatment.

Building on previous successful improvement efforts, the Department implemented the Title IV-E Waiver Demonstration Project in 2014, known as Families Blossom|Place Matters. Leveraging the work of Families Blossom|Place Matters has supported the implementation of locally-selected evidence-based and promising practices and increased use of meaningful assessments. In 2020, the Children's Bureau approved the following allowable programs and services under the Title IV-E Prevention Program:

- Functional Family Therapy
- Healthy Families America
- Multisystemic Therapy
- Nurse Family Partnership
- Parent-Child Interaction Therapy

All of these programs were selected because they were established as "well-supported" by the Title IV-E Prevention Services Clearinghouse and three of the five programs have demonstrated efficacy with trauma. DHS/SSA continues its work with Local Departments of Social Services to develop the contracts and business partnerships needed to access these programs.

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Through the Integrated Practice Model, DHS/SSA's vision is to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that the children, youth, families, and vulnerable adults we serve and support are:

- Safe and free from maltreatment;
- Living in safe, supportive, and stable families where they can grow and thrive;
- Healthy and resilient with lasting family connections;
- Able to access a full array of high-quality services and supports that are designed to meet their needs; and
- Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

DHS/SSA's ongoing strategies for accomplishing these goals are to:

1. Promote safe, reliable, and effective practice through a strength-based, **trauma-responsive practice model for child welfare and adult services**.
2. Engage in a collaborative assessment process that is **trauma-informed**, **culturally responsive**, and **inclusive** of formal and informal family and community partners.
3. Expand and align the array of services, resources, and **evidence-based interventions** available across child welfare and adult services based upon the assessed needs of children, families, and vulnerable adults, to include additional resources aimed at **preventing maltreatment and unnecessary out-of-home placements**.
4. Invest in a safe, engaged and well-prepared professional workforce through training and other professional development including strong supervision and coaching.
5. Modernize DHS/SSA's information technology to ensure timely access to data and greater focus on agency, individual, and family outcomes.
6. Strengthen the State and local continuous quality improvement processes by creating useful data resources to monitor performance, using evidence to develop performance improvement strategies, and meaningfully engaging internal and external stakeholders.

This vision and strategies outlined in the IPM are a central part of the Department's five-year strategic Child and Family Services Plan (CFSP) which is revisited annually to highlight our progress. The Maryland Child and Family Services Program Improvement Plan identifies two goals with specific strategies tied to developing trauma-responsive services and addressing STS. These goals include:

- PIP Goal 1, Strategy 2:
    - Ensure families of origin and youth are prepared and engaged in **trauma-responsive** ways during legal and court experiences.
- PIP Goal 2, Strategy 4:
    - Provide coaching to guide and reinforce applications of the Integrated Practice Model (IPM) in day to day work and reduce worker stress and discomfort associated with **secondary traumatic stress**.

In January of 2022, in keeping with the progressive implementation of the IPM, DHS/SSA initiated a formal review of its existing child welfare policies with the goal of aligning those to

our practice model. This will ensure that as these policies are revised and reissued, they will articulate our values, principles, and core practices while also establishing clear expectations for how the Department's staff will work with children, youth, families, and vulnerable adults, as well as how we will work with our partners. DHS/SSA's Policy Network Group is at the center of this initiative meeting on a weekly basis to organize and planfully approach the process of policy development, revision, issuance and sunsetting policies and guidance which are no longer applicable. In support of this work, the Department is relying on core leadership from Local Departments of Social Services, its Technical Assistance partners and has contracted the services of an experienced policy writer.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

Staff designees from the Social Services Administration and the Workforce Development Unit will work collaboratively to prioritize trauma-responsive and trauma-informed service delivery. The Department will engage staff from the Local Departments of Social Services (LDSS) across the State and a diverse set of partners and stakeholders to offer input and feedback as DHS progresses through its system transformation. LDSS staff and partners routinely collaborate with SSA's Workforce Development Network (WDN) to identify barriers and solutions for implementing new training initiatives. Training will be developed in partnership with the Department's technical assistance providers and the Child Welfare Academy and will be reviewed and vetted by SSA's executive leadership team, Outcomes Improvement Steering Committee (OISC) and Policy Network. DHS will continue to make training recommendations on a quarterly basis in keeping with its strategic goals and federal and State mandates.

DHS/SSA's Adult Services and Child Welfare system have been committed over the past few years to a system transformation that includes implementing a practice model that promotes trauma responsive, family-centered, individualized and strengths-based, community-focused, culturally and linguistically responsive, and outcomes driven practice. This "Integrated Practice Model" (IPM) promotes a safe, engaged and well-prepared professional workforce through implementation of the safety culture model which promotes psychological safety through a set of cultural habits and activities. Coupled to the IPM are other core building blocks such as: comprehensive assessment, service array expansion with Evidence-based Programs, modernized technology and Continuous Quality Improvement. The IPM and these core building blocks serve as the foundation upon which the Department's transformation of Adult Services and Child Welfare is built. In support of the IPM's implementation, DHS/SSA has developed 12 Practice Guides for caseworkers and Supervisors which have been offered as resources to directly connect aspects of the model to their daily work.

The DHS staff designated as required by Chapter 722 (HB 548) include:

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Kimberley Parks-Bourn, Acting Director of CPS & Family Preservation and Program Manager for Practice Innovation, kimberly.bourn@maryland.gov

Don Downing, Program Manager for Workforce Development, don.downing@maryland.gov

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

N/A

VII. Department of Juvenile Services

1.) Definitions and Terms -

- **Trauma ~** Individual trauma results from an event, series of events, or set of circumstances that are experienced by an individual as physically or emotionally harmful or life threatening and that have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being (S*ubstance Abuse and Mental Health Services Administration, 2014).*

- **Trauma-Informed** ~ A service delivery approach that takes into account past trauma and the resulting coping mechanisms when attempting to understand behaviors and provide services. Trauma-informed care is a framework or a lens through which we recognize the prevalence of early adversity in the lives of youth, view presenting problems as symptoms of maladaptive coping, and understand how early trauma shapes a youth's fundamental beliefs about the world and affects his or her behavior. In trauma-informed counseling, clinicians apply the principles of trauma-informed care by identifying youth's strengths and positive coping strategies in order to assist the youth in managing stress *(MD DJS Data Resource Guide, 2020).*

- **Trauma-Responsive** ~ Understanding the impact of trauma on the individual and using this understanding to direct every action, policy, intervention, and approach *(The National Child and Traumatic Stress Network, 2020).*

- **Secondary Trauma/Stress** ~ Discussed in Think Trauma curriculum (The National Child and Traumatic Stress Network, 2020) under self-care, but a definition is not provided.

- **Protective Factors** ~ Something that decreases the chances of a person being adversely affected by a circumstance or disorder *(Youth Mental Health First Aid, 2001).*

- **Resiliency** ~ A person's ability to bounce back or overcome challenging experiences *(Youth Mental Health First Aid, 2001)*.

- **Equity** ~ The reality in which a person is no more or less likely to experience society's benefits or burden due to his or her "identifying demographic" *(MD DJS Office of Equity & Inclusion, 2021).*

- **Racial Equity** ~ The reality in which a person is no more or less likely to experience society's benefits or burdens due to his or her race or ethnicity. Works to achieve racial equity meaningfully involve persons most impacted by structural racial inequities in the creation and implementation of institutional policies and practices that impact their lives *(MD DJS Office of Equity & Inclusion, 2021).*

- **Culturally Responsive** ~ Willingness and ability to learn from and relate respectfully with people of one's own culture as well as those from other cultures *(MD DJS Office of Equity & Inclusion, 2021).*

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"Trauma Informed Care"
"Think Trauma"
"Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)"
"Trauma, Addictions, Mental Health, and Recovery for Youth (TAMAR-Y)"
"Youth Mental Health First Aid (YMHFA)"
"Adult Mental Health First Aid (AMHFA)"
"ReWire by Roca – CBT Skills for Living (ReWire CBT)"
"Equity and Inclusion"
"Language of Equity"
"Journeys"
"Restorative Justice"
"Lens of Equity"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

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Trauma Training

TITLE OF TRAINING	WHEN OFFERED	AUDIENCE	FACILITATORS	MATERIALS
Trauma Informed Care	Approximately every 7 weeks	All new hires	Training Unit staff, Behavioral Health staff	See attachment (PowerPoint)
Think Trauma	2021-2022	All staff	Training Unit staff, Behavioral Health staff	https://www.nctsn.org/resources/think-trauma-training-working-justice-involved-youth-2nd-edition
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Once a year	Newly hired licensed behavioral health clinicians in treatment facilities	External TF-CBT trainer	https://tfcbt.org/ https://tfcbt2.musc.edu/ See attachment (outline)
Trauma, Addictions, Mental Health, and Recovery for Youth (TAMAR-Y)	Several times a year - when new behavioral health staff in treatment facilities are hired	Newly hired behavioral health staff in treatment facilities	Behavioral health staff in treatment facilities trained in TAMAR-Y	See attachment (outline)

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Other Trainings Related to Trauma Informed Care

TITLE OF TRAINING	WHEN OFFERED	AUDIENCE	FACILITATORS	MATERIALS
Youth Mental Health First Aid (YMHFA)	Multiple times a year	All staff	Training Unit staff, Behavioral Health staff, and other DJS staff	https://www.mentalhealthfirstaid.org/population-focused-modules/youth/ See attachment (outline)
Adult Mental Health First Aid (AMHFA)	Multiple times a year	Any interested staff	Training Unit staff, Behavioral Health staff, and other DJS staff	https://www.mentalhealthfirstaid.org/population-focused-modules/adults/ See attachment (outline)
ReWire by Roca – CBT Skills for Living (ReWire CBT)	Ongoing	300 DJS staff	ROCA Impact Institute	See attachment (press release)

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All staff and new hires - individuals from various disciplines, including direct care staff, administrators, supervisors, case managers, and behavioral health clinicians.

Diversity and Equity Training

TITLE OF TRAINING	WHEN OFFERED	AUDIENCE	FACILITATORS	MATERIALS
Equity and Inclusion	Approximately every 7 weeks	All new hires	Executive Director of Office of Equity and Inclusion; Director of Family Engagement; Director of Detention Reform; Equity Specialist; Victim Services Coordinator; Community Services Coordinator	See attachment (outline)
Language of Equity	Multiple times a year	All staff	Executive Director of Office of Equity and Inclusion; Director of Detention Reform	See attachment (outline)
Journeys	Multiple times a year	All staff	Equity Specialist	See attachment (outline)

Restorative Justice	Multiple times a year	All staff	Equity Specialist; Community Services Coordinator; Victim Services Coordinator	See attachment (outline)
Lens of Equity	Multiple times a year	Pre-Adjudication, Community Supervision and Operations staff	Executive Director of Office of Equity and Inclusion; Director of Family Engagement; Community Service Coordinator; Equity Specialist	See attachment (outline)

All staff and new hires - individuals from various disciplines including direct care staff, administrators, supervisors, case managers, and behavioral health clinicians.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

DJS' trauma-informed initiatives focus on training staff to: educate them about the impact of trauma on youth, identify the signs and symptoms of trauma, prevent trauma, and treat trauma.

Training – DJS has invested a significant amount of time and money to train its staff. DJS has trained staff in trauma informed care using a curriculum that was developed by the National Association of State Mental Health Program Directors (NASMHPD). NASMHPD initially trained DJS staff as well as a select group of DJS trainers who deliver the training to all new hires during their Entry Level Training (ELT). DJS has also trained staff in Think Trauma, which was developed by The National Child Traumatic Stress Network (NCTSN). Other related staff trainings focus on Human Trafficking, Youth Mental Health First Aid (YMHFA), and Adult Mental Health First Aid (AMHFA). These trainings are designed to help staff identify the signs and symptoms of trauma and mental health issues, better understand youth's experience, and

work more collaboratively and effectively with youth. Additional trainings also teach staff specific verbal de-escalation strategies to minimize the likelihood of (re)traumatizing youth.

DJS has trained all treatment facility staff in Positive Behavioral Interventions and Supports (PBIS), which is an evidence-based framework that focuses on improving youth behavior, staff-youth interactions, and facility climate. In addition, DJS has trained behavioral health clinicians in its treatment facilities to provide Trauma, Addictions, Mental Health, and Recovery for Youth (TAMAR-Y), which is a psychoeducational trauma intervention, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT is an evidence-based cognitive-behavioral intervention for children and adolescents with trauma symptoms. DJS is also training many of its staff in Re-Wire by Roca – CBT Skills for Living (Re-Wire CBT), which is a brief cognitive-behavioral intervention that is provided to youth in the community. This is part of the Department's diversion initiative and goal of providing evidence-based interventions to youth in the least restrictive environment.

DJS' primary metric for evaluating its trauma-informed care initiatives is the number of staff trained (see table below).

Funding – DJS' focus on trauma informed care, diversity, equity, and inclusion is represented, in part, by its funding for an Office of Equity and Inclusion, which has several staff, including a Victim Services Coordinator who oversees human trafficking services.

Given DJS' emphasis on workforce development, the Department has devoted significant financial resources to training its staff. DJS has funded the development and implementation of a trauma informed care and Trauma, Addictions, Mental Health, and Recovery for Youth (TAMAR-Y) curriculum, as well as the training of DJS staff to be trainers of Youth Mental Health First Aid (YMHFA) and Adult Mental Health First Aid (AMHFA). DJS has funded the training of behavioral health staff in treatment facilities on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and other staff in Re-Wire by Roca – CBT Skills for Living (Re-Wire CBT), which is a brief cognitive behavioral intervention for youth in the community. DJS has also funded PBIS training and consultation. DJS devotes financial resources for psychological testing materials, as well as PREA audits.

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

Screening and Assessment – Youth admitted to DJS facilities are screened for trauma histories using the Massachusetts Youth Screening Instrument (MAYSI). Youth are also evaluated for trauma histories during a behavioral health assessment conducted by a behavioral health clinician. As part of this assessment, youth develop a trauma informed care self-help plan that identifies trauma triggers and strategies youth can apply when stressed or experiencing trauma reactions.

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Many youth in DJS' detention facilities receive a comprehensive behavioral health assessment, which involves evaluating youth for trauma histories and symptoms using any number of trauma measures. These include: the UCLA Child/Adolescent PTSD Reaction Index for DSM-5 (UCLA PTSD-RI-5), Child PTSD Symptom Scale for DSM-5 (CPSS-5), Childhood Trauma Questionnaire (CTQ), Child Trauma Screen (CTS), Trauma Symptom Checklist for Children (TSCC), and Trauma Symptom Inventory-2 (TSI-2). As part of the admission process, vulnerable youth are also identified, and steps are taken to minimize their risk of being victimized. Since some DJS youth may also be victims of human trafficking, DJS screens for human trafficking and connects youth who have been victimized with specialized services.

Treatment - All youth in detention and treatment facilities receive behavioral health counseling. Youth in treatment facilities receive integrated treatment that combines mental health, substance use, and trauma interventions, given the recognition that trauma, mental health issues, and substance use are often related. Behavioral health services are a major focus of programming in treatment facilities, with youth receiving several hours of treatment each week. All youth in treatment facilities participate in a psychoeducational trauma intervention – Trauma, Addictions, Mental Health, and Recovery for Youth (TAMAR-Y) - and individuals with trauma symptoms receive Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is an evidence-based cognitive-behavioral intervention.

Policies, Procedures, and Practices – Policies, procedures, and practices are revised and developed with the goal of creating a safe environment for staff and youth, one that minimizes the likelihood that individuals will (re)experience trauma. Policies, procedures, and practices are also designed to provide youth with services and programming that maximize their success. In order to better address the needs of staff, youth, and families, DJS has increased its focus on empowering staff, youth, and families by soliciting their feedback through surveys, meetings, workgroups, and advisory groups. Staff from the Office of Equity and Inclusion and Behavioral Health Unit are also often involved in the review of policies, procedures, and practices to incorporate an equity and inclusion perspective, and behavioral health and trauma informed perspective.

Staff Well-Being – DJS supports and promotes staff well-being through its Trauma Informed Care and Think Trauma trainings, which help staff identify the signs and symptoms of trauma, as well as self-care strategies. DJS has yoga classes for staff, and it has organized weight loss challenges and various social events, including 5K runs/walks, team building events such as kayaking and walking, and provided gift massages to staff at local spas. DJS also offers a weekly support group to staff which is facilitated by behavioral health clinicians. These behavioral health clinicians also provide crisis services to staff following critical incidents involving staff or youth.

Program Assessments and Audits –Facilities are audited to ensure that they are meeting standards designed to protect the safety of staff and youth, and ensure that youth are receiving quality care. Facilities are also audited to determine whether they are meeting PREA standards

and following PREA practices designed to protect youth from sexual harassment and sexual abuse. Auditors provide administrators with a report that administrators use to develop and implement a corrective action plan.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

The two designated staff for DJS are:
Jessica Dickerson (Victim Services Coordinator, Office of Equity and Inclusion)
Melanie Graves (Program Specialist, Professional Training & Education Unit)

DJS will create and support a cultural shift to prioritize the trauma-responsive and trauma informed delivery of services by:

- Focusing on the six key principles of a trauma informed approach, and 10 implementation domains when reviewing and developing policies and procedures, and implementing changes.
- Providing more training to staff on therapeutically oriented interventions.
- Integrating a trauma informed perspective and approach more into trainings, especially those involving the acquisition and development of skills such as verbal de-escalation, so staff have a better idea of how trauma informed care is translated into practice.
- Highlighting for staff the ways in which prioritizing trauma informed care will benefit them, youth, and families. This will be accomplished through training as well as conversations with staff from other agencies, particularly juvenile justice agencies, about their experiences implementing trauma informed care, and the benefits staff, youth, and families have received.
- Having individuals with additional training in trauma informed care discuss, in trainings, the ways in which staff are already applying many of the principles of trauma informed care (e.g. safety, collaboration, empowerment). Therefore, prioritizing trauma informed care will involve building on what they are already doing.
- Engaging and involving staff more in decisions that impact youth and their families, the ways they (staff) do their work, and their experience at work. Examples would include involving staff more in the review and development of policies and procedures, and conducting these activities using a trauma informed care lens. This will provide staff with an opportunity to see how a trauma informed framework is translated into practice.

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

There will be some barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission. These are:

- Continuing to prioritize and integrate trauma informed care into a system that is undergoing a number of changes.
- Training a large number of staff, given the size of the agency. This will be a challenge even despite the fact that DJS has a professional training unit with a number of trainers.
- Teaching staff additional ways of translating the framework of trauma informed care into practical skills that they can apply with youth and families.

VIII. Department of Natural Resources

1.) Definitions and Terms -

- **Trauma** ~ N/A
- **Trauma-Informed** ~ N/A
- **Trauma-Responsive** ~ N/A
- **Secondary Trauma/Stress** ~ N/A
- **Protective Factors** ~ N/A
- **Resiliency** ~ N/A
- **Equity** ~ N/A
- **Racial Equity** ~ N/A
- **Culturally Responsive** ~ N/A

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"Department of Natural Resources Training Schedule"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

Natural Resources Police & Park Service employees receive these on an annual or 3 year cycle.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) **Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding**

DNR police and park personnel are educated on trauma incidents and the handling of individuals during those incidents. DNR has a Critical Incident Stress Management team and the state EAP program for employees impacted by trauma.

b) **Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.**

DNR police and park service have policies and practices for requesting trauma care for impacted employees.

4.) Designated Agency Staff and Implementation -

a) **Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.**

Melissa Scarborough, Commander, Captain and Lora McCoy, are designated as staff. These employees will pair with Human Resources to provide training to other DNR employees. The NRP & MPS will continue its current trauma related training. Both NRP & MPS participate in and provide programs geared toward youth such as fishing events, juvenile summer jobs, and other community outreach events.

b) **Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.**

DNR's mission doesn't directly relate itself to trauma informed care as it doesn't directly provide services for the targeted population.

IX. Department of Planning

1.) Definitions and Terms -

- **Trauma** ~ Awaiting further guidance from the commission
- **Trauma-Informed** ~ Awaiting further guidance from the commission

- **Trauma-Responsive** ~ Awaiting further guidance from the commission
- **Secondary Trauma/Stress** ~ Awaiting further guidance from the commission
- **Protective Factors** ~ Awaiting further guidance from the commission
- **Resiliency** ~ Awaiting further guidance from the commission
- **Equity** ~ Awaiting further guidance from the commission
- **Racial Equity** ~ Awaiting further guidance from the commission
- **Culturally Responsive** ~ Awaiting further guidance from the commission

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

N/A

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

Planning does not provide any of the services covered by this bill.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

As Planning does not provide any of the services covered by this bill, we are awaiting further guidance from the Commission.

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

As Planning does not provide any of the services covered by this bill, we are awaiting further guidance from the Commission.

4.) Designated Agency Staff and Implementation -

a) **Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.**

Planning will designate staff for this effort once we receive clearer direction on expectations from the Commission so that we can name the appropriate two members of our team.

b) **Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.**

As Planning does not provide any of the services covered by this bill, we are awaiting further guidance from the Commission.

X. Department of Public Works

1.) Definitions and Terms -

- **Trauma** ~ N/A
- **Trauma-Informed** ~ N/A
- **Trauma-Responsive** ~ N/A
- **Secondary Trauma/Stress** ~ N/A
- **Protective Factors** ~ N/A
- **Resiliency** ~ N/A
- **Equity** ~ N/A
- **Racial Equity** ~ N/A
- **Culturally Responsive** ~ N/A

2.) Training Curriculum and Implementation -

a) **Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)**

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N/A

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

N/A

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

N/A

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

N/A

4.) Designated Agency Staff and Implementation -

a) **Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.**

The Board of Public Works is the highest administrative body in the Maryland state government, consisting of the Governor, the Comptroller, and the Treasurer. The State services delivered to the public by the Board of Public Works consist of holding public meetings of the Board, the dissemination of meeting agenda materials originating (in most cases) as requests from various units of state government, and the issuance of State Tidal Wetlands Licenses (licenses to performing dredging or filling work in Maryland's state-owned tidal wetlands.)

There is uncertainty whether the "Department of Public Works" referenced in CH 722 of the 2021 Acts of the General Assembly is in fact this three-member administrative body or was instead intended to reference a traditional, public-facing Department of Public Works providing services in local communities such as public infrastructure construction and maintenance.

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

N/A

XI. Maryland Department of State Police

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1.) Definitions and Terms -

- **Trauma** ~ N/A
- **Trauma-Informed** ~ N/A
- **Trauma-Responsive** ~ N/A
- **Secondary Trauma/Stress** ~ N/A
- **Protective Factors** ~ N/A
- **Resiliency** ~ N/A
- **Equity** ~ N/A
- **Racial Equity** ~ N/A
- **Culturally Responsive** ~ N/A

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

N/A

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

The Department is investigating the level of training that is already occurring that supports the goals of the Commission.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

N/A

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.

The Department is awaiting guidance.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

Mr. James E Hock, Chief of Staff and Major Rosemary Chappell, Personnel Command

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

The Department is awaiting direction from the Commission to be able to fully state any barriers and challenges.

XII. State Department of Education

1.) Definitions and Terms -

- **Trauma** ~ An emotional response to a terrible event that can have long-term effects on a person's well-being resulting from an event, series of events or set of circumstances that is experienced by an individual as physically, or emotionally harmful.

- **Trauma-Informed** ~ A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma.

- **Trauma-Responsive** ~ Examining every aspect of an organization's programming, environment, language, and values, and involving all staff in better serving clients who have experienced trauma.

- **Secondary Trauma/Stress** ~ The emotional duress that results when an individual hears about the first hand trauma experiences of another. These symptoms mimic those of post-traumatic stress disorder (PTSD).

- **Protective Factors** ~ Characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events.

- **Resiliency** ~ The ability and process of being able to adapt well in the face of adversity and continue his or her normal development.

- **Equity** ~ Giving individuals what they specifically need to achieve health, success, and positive well-being.

- **Racial Equity** ~ The process of eliminating racial disparities and improving outcomes by prioritizing measurable changes in the lives of people of color through intentional and continual practice of policy changes, practices, systems, and structures.

- **Culturally Responsive** ~ An awareness of one's own cultural identity and views about difference, the ability to learn and build on the varying cultural and community norms of students and their families.

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"Training and Implementation Plan"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

The Adverse Childhood Experiences (ACE) Study has become a bridge—a connecting point—for people from diverse communities, multiple disciplines, and service sectors including early childhood development; education; juvenile services, adult justice, and corrections; lawyers and the judiciary; substance abuse and mental health; social work; foster care; pediatrics and adult medicine; policymakers; and legislators. ACE Interface training builds on a new awareness to facilitate the expansion of interdisciplinary, multi-sector, and community connections that lead to healthy, sustainable empowerment strategies and change so we may begin to find sustainable solutions to childhood trauma by empowering resilient, self-healing schools and communities.

To address and meet this need, the Division of Student Support, Academic Enrichment, and Educational Policy formed a vision and was afforded the opportunity to articulate and successfully implement evidence-based professional development ACE education and resilience programs. Each focusing on a comprehensive, coordinated, and integrated model for advancing wellness and resilience in educational settings while increasing professional competencies in the

areas of mental health awareness and trauma informed care through two grants awarded to the Student Services division: Bureau of Justice STOP School Violence grant (September 2018-June 2021) and continues this impactful initiative through our most recent 5-year grant award, Maryland Advancing Wellness and Resilience in Education (Project AWARE II) awarded by SAMHSA (September 2020 - September 2025). Both federal grant awards have enabled the Maryland State Department of Education (MSDE) to engage in a robust partnership with The Family Tree, Inc. to deliver and provide statewide, regionalized, sustainable train-the-trainer models for local school system staff to build capacity throughout the State.

ACE Interface Master Presenter trainings is a customized two-fold initiative designed: to (1) create a cadre of highly-skilled, well-informed presenters to disseminate the science of the developing brain (neuroplasticity), adverse childhood experiences (ACEs), and resilience in throughout Maryland school systems; and to (2) promote widespread awareness of the negative effects of toxic stress, adverse childhood experiences, and childhood adversity to mental health among Maryland school district staff and communities working with school-age youth through the delivery of the ACE Interface Understanding and Building Self-Healing Communities curriculum.

The three-day professional development opportunity is designed to train highly skilled, well-informed Master Trainers on the impact adverse childhood experiences (ACEs) can have on individual health and community well-being.

- Objective of this professional development is to understand the basic biological foundation of ACE science, neuroplasticity; explain the key elements of what ACE's are and the impact on health and well-being now and beyond; identify the core protective factors to build resilience and personal action steps to promote and sustain resilience.

  Seven regionalized certified Master Presenter trainings have been completed for Adverse Childhood Experiences Interface through the partnership with the Family Tree via BJA STOP School Violence and Project AWARE II grants (September 2018 - November 2021). These professional development trainings support school staff with the skills needed to identify and assist students whose behaviors are consistent with a history of trauma. Once presenters are certified, they can present to and train others.
    - 92 certified master presenter training participants (train-the-trainers) include Anne Arundel, Baltimore City, Baltimore County, Charles, Caroline, Dorchester, Kent, Queen Anne's, Prince Georges, St. Mary's Somerset, Talbot, Washington, Wicomico, and Worcester County Public Schools, the MSDE, Maryland Center for School Safety, and the Archdiocese of Baltimore. Community partners: Behavioral Health Administration, Bowie State University, Charles County Government, Four All Seasons, Kent County Health Department, Outward Bound.

- Upon completion of certification training, presenters may deliver and facilitate their own sessions to their respective local education agencies and communities. This also enhances their professional development.
- Audiences/personnel trained by MSDE as certified master presenters include: Administrators, teachers, counselors, school psychologists, social workers, pupil personnel workers, clinicians, resource officers, parents, community mental health providers.

The next scheduled Project AWARE II train-the-trainer session begins May 24, 2022. https://familytreemd.org/msdeaceinterface-may2022 /

Additional Trainings Provided by The Family Tree

The Impact of Trauma on Family Systems (Webinar)
2-hour webinar facilitated by project partner, The Family Tree educates and trains participants in the various causes and complexities of trauma and its impacts on family relationships and explores ways to support families in coping with and recovering from trauma and traumatic experiences.
Link to share this recording with viewers:
https://us02web.zoom.us/rec/share/2hHqUu87dFjTPYHcG2Td2V1tLz9iWEXeJoJXfnzU2OQordYsur3RAi3cpWGh2fhb.fA9SaG_dPmV-rnsf Passcode: !FALCE#7

Trainings provided by Project AWARE II Partner National Center for School Mental Health (University of Maryland Baltimore)

Culturally Responsiveness Training

Culturally Responsiveness training is also a vital part of Project AWARE II goals. Thus far this training has been delivered to the Caroline County AWARE Team and their clinicians on February 8, 2022, by project partner the National School of Mental Health, facilitated by Dr. Tiffany Beason. During this training Dr. Beason discussed Understanding Cultural Responsiveness, Anti-Racist, and Equity (CARE) and Fostering Cultural Humility & Self-Awareness as school mental health professionals. Participants learned the importance of CARE practices in schools, several specific CARE practices for school mental health clinicians, and received links to resources to support implementation of CARE practices in schools. NCSMH is currently working with the other two AWARE II grantees, Baltimore City Public Schools, and Talbot County Public Schools on scheduling training for educators. The CARE for educators training will emphasize how to partner with students, families, and school mental health clinicians to implement equitable support in the classroom. This training will also be facilitated by Dr. Beason.

Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

National Center for School Mental Health staff delivers this school-based group and individual intervention to all Project AWARE II grantees. This training is designed to reduce the symptoms of post-traumatic stress disorder (PTSD), depression, behavioral challenges, improve functioning, academics, attendance, coping skills, peer and parent support.

Teacher WISE
Teacher WISE is a voluntary training and implementation support collaborative designed to enhance a teacher's individual well-being. Teacher WISE engages participants in a series of ten online learning and reflection seminars focused on building skills and prioritizing goals in five areas of personal well-being: 1) Physical, 2) Occupational 3) Intellectual 4) Social, and 5) Emotional.
https://www.schoolmentalhealth.org/

Classroom WISE
Classroom WISE is a no cost 3-part training package that assists K-12 educators in supporting the mental health of students in the classroom. Developed by the Mental Health Technology Transfer Center (MHTTC) Network in partnership with the National Center for School Mental Health, this package offers evidence-based strategies and skills to engage and support students with mental health concerns in the classroom.
The free self-paced courses focused on teaching educators how they can promote the mental health and well-being of their students by creating safe and supportive classrooms, teaching mental health literacy and reducing stigma, and fostering social emotional competencies and well-being and understand and support students experiencing adversity and distress, including specific classroom strategies.

https://www.classroomwise.org/

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

Maryland Project AWARE II:

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services awarded Maryland one of seventeen Project AWARE multi-year grants (2020-2025) for advancing wellness and resilience in educational settings for students from kindergarten through graduation. The initiative expands the development and implementation of activities, services and strategies to increase awareness of mental health issues among school-aged youth, trauma informative and trauma responsiveness education, decreasing school violence while improving school climate.

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The Project AWARE II effort involves three Maryland school systems: Baltimore City, Caroline, and Talbot Counties. In a robust effort to meet the needs of Maryland students, the MSDE has partnered with Maryland Department of Health Behavioral Health Administration, universities, and nonprofit organizations in the training, implementation, and evaluation of the initiative. The grant project continues to expand MSDE's capacity to increase awareness of mental health issues among school-aged youth, provide training for school personnel and other adults who interact with the school population to detect and respond to mental health issues, connect students and families with behavioral health issues with appropriate services. The grant increases mental health literacy and training opportunities for adverse childhood experiences education for educators, promotion, identification, and intervention to all Maryland school personnel. These collaborations are distinctive correlations between social and emotional learning programs.

Maryland Mental Health Response Program:

In these past few years school communities across the state of Maryland have been impacted by new and growing mental health concerns. For this reason, the Maryland State Department of Education (MSDE) has developed the Maryland School Mental Health Response Program to provide timely consultation and support to school systems to address student and family mental health concerns. The Maryland School Mental Health Response Program consists of five key components: 1) the Maryland School Mental Health Team; 2) an expansion of current programs; 3) an electronic/web-based hub; 3) research and evaluation; and 4) partnerships with community mental health agencies.

This program will provide school and district leadership with direct access to the Maryland School Mental Health Response Team. The program's mission is to support, enrich, and enhance, not replace, the work of site-based student support services personnel (school psychologists, school counselors, pupil personnel workers, school social workers, and school nurses). This team will provide professional support and consultation services, develop a community of practice, and offer training and professional development opportunities for schools and school systems regarding current mental and behavioral health concerns.

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

Pursuant to MD Education Article §7-427.1 Trauma-Informed Approach, the MSDE is required to expand the use of trauma informed approaches in schools and intensively train schools on becoming trauma informed.

The Trauma-Informed Approach Guidance was developed to provide a framework to Local School Systems (LSSs) in establishing a holistic approach to education in which all teachers, school administrators, staff, students, families, and community members recognize and effectively respond to the behavioral, emotional, relational, and academic impact of stress on

those within the school system. The purpose of this guide is to assist LSSs in implementing trauma-informed approaches through a multi-tiered system of support.

Research has long supported the critical roles that schools can and do play in supporting development beyond academic instruction. Schools most often provide a safe haven where children build relationships with trusted adults who contribute to their healthy development. At the same time, the demands and expectations of school can be especially challenging for students who experience traumatic stress, and factors such as negative school climate and poor teacher-student relationships can make school a place that worsens symptoms of trauma or even re-traumatizes an individual.

In June 2020, the MSDE established a trauma-informed approach work group to accomplish the tasks outlined in the aforementioned legislation. The work group consisted of representative from varying agencies across Maryland, including but not limited to, the Maryland Department of Health and the Maryland Department of Human Services with a range of expertise in the areas of trauma, trauma-informed practices, adverse childhood experiences (ACEs), multi-tiered systems of support, resilience, and childhood development. The goal of the workgroup was to establish a shared vision and definition for a trauma-informed approach for LSSs in Maryland. The work group created guidelines entitled "A Trauma-Informed Approach for Maryland Schools" for trauma-informed approaches to assist school systems with:

a) Implementing a comprehensive trauma-informed policy at school;
b) The identification of a student, teacher, or staff member who has experienced trauma;
c) For schools participating with the "Handle with Care" program the appropriate manner for responding to a student who is identified as a "Handle with Care" student; and
d) Becoming a Trauma-Informed School that promotes healing.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

Dr. Sylvia Lawson, Deputy State Superintendent for School Effectiveness and Chief Performance Officer, sylvia.lawson@maryland.gov, 410 767-0463

Walter Sallee, Director, Student Services and Strategic Planning, walter.sallee@maryland.gov, 410 767-1407

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

Navigation of educator schedules to implement professional development opportunities
Shortages and retention of school and support staff

XIII. Department of Transportation

1.) Definitions and Terms -

- **Trauma** ~ N/A
- **Trauma-Informed** ~ N/A
- **Trauma-Responsive** ~ N/A
- **Secondary Trauma/Stress** ~ N/A
- **Protective Factors** ~ N/A
- **Resiliency** ~ MDOT has a resiliency plan incorporated into its asset management/COOP plan
- **Equity** ~ MDOT has and Office of Diversity & Equity
- **Racial Equity** ~MDOT has and Office of Diversity & Equity
- **Culturally Responsive** ~ N/A

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

N/A

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

MDOT does not currently have any training programs/curriculum related to trauma; trauma-informed care/practices; Adverse Childhood Experiences (ACEs)

MDOT does provide training for Diversity, Equity, and Inclusion (DEI).

Annual training for MDOT employees on Diversity, Equity, and Inclusion (DEI) is provided by the MDOT Office of Diversity & Equity.

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

N/A

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

N/A

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

1) Jeffrey Hirsch, Assistant Secretary for Transportation Policy Analysis & Planning
2) Martin Lee, Jr., Risk Manager & Safety Officer

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

MDOT (not a commission member) currently does not have an organizational structure to support Trauma-Informed Care Commission per Maryland State Law; however, MDOT has a history of providing support to initiative beyond its mission boundaries such as providing logistic support to the Maryland Department of Health during the COVID-19 Pandemic in accordance with Maryland State Law. Current & foreseen barriers and challenges are the lack of available resources to implement training, technical capabilities, policy analysis. These barriers & challenges can be overcome by increasing and/or reallocation of assets/resources in the future.

XIV. Department of Aging

1.) Definitions and Terms -

- **Trauma** ~ N/A
- **Trauma-Informed** ~ N/A

- **Trauma-Responsive** ~ N/A
- **Secondary Trauma/Stress** ~ N/A
- **Protective Factors** ~ N/A
- **Resiliency** ~ N/A
- **Equity** ~ N/A
- **Racial Equity** ~ N/A
- **Culturally Responsive** ~ N/A

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI).

N/A

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

N/A

3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding.

N/A

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.

N/A

4.) Designated Agency Staff and Implementation -

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a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

Alexandra Baldi, Legislative Liaison, Maryland Department of Aging

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

N/A

XV. Governor's Office of Crime Prevention, Youth and Victim Services

1.) Definitions and Terms -

- **Trauma ~** "A lasting response to experiences or circumstances that exceed an individual's ability to cope and produces lasting adverse effects." *(Source: SAMSHA 2014)*

- **Trauma-Informed ~** 1) Recognize the prevalence of adverse childhood experiences (ACEs) / trauma among all people and recognize that many behaviors and symptoms are the result of traumatic experiences; and 2)Trauma-informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma and seeking to employ practices that do not traumatize or re-traumatize. Trauma-informed care also emphasizes physical, psychological, and emotional safety; trustworthiness and transparency; collaboration and mutuality; empowerment; and cultural sensitivity and responsiveness. *(Adapted from Johns Hopkins and SAMHSA)*.

- **Trauma-Responsive** ~ To examine every aspect of an organization's programming, environment, language, and values; and, involving all staff in better serving clients who have experienced trauma.

- **Secondary Trauma/Stress** ~ 1) Stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event (CDC); 2) Secondary traumatic stress is the emotional duress that results when an individual hears about the first hand trauma experiences of another *(National Child Traumatic Stress Network)*.

- **Protective Factors ~** "A characteristic at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood

of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes." *(youth.gov)*

- **Resiliency** ~ An ability to recover from or adjust easily to adversity or change. (Merriam Webster)

- **Equity** ~ Justice according to natural law or right, specifically: freedom from bias or favoritism. *(Merriam Webster)*

- **Racial Equity** ~ 1. Racial equity is the condition that would be achieved if one's racial identity no longer predicted, in a statistical sense, how one fares. When we use the term, we are thinking about racial equity as one part of racial justice, and thus we also include work to address root causes of inequities, not just their manifestation. This includes elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or that fail to eliminate them. (Center for Assessment and Policy Development); and 2. "A mindset and method for solving problems that have endured for generations, seem intractable, harm people and communities of color most acutely, and ultimately affect people of all races. This will require seeing differently, thinking differently, and doing the work differently. Racial equity is about results that make a difference and last." *(OpenSource Leadership Strategies)*.

- **Culturally Responsive** ~ Being able to understand and fully consider the different cultural backgrounds of the people you teach, offer services to, work with, socialize with, etc. Cultural responsiveness requires individuals to be culturally competent. This competency is having an awareness of one's own cultural identity and views about difference, and the ability to learn and build on the varying cultural and community norms of others.

The terms are used in training and workshop materials provided by the Office. An example presentation on Racial and Ethnic Disparities is attached with this report.

2.) Training Curriculum and Implementation -

a) Please provide current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI)

"Racial and Ethnic Disparities"

b) Please describe when training on these topics are delivered, who receives the training, and who provides the training?

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The Governor's Office of Crime Prevention, Youth, and Victim Services houses a Director of Prevention Strategies, William Jernigan. He also serves as Maryland's Statewide Racial and Ethnic Disparities (R/ED) Coordinator. Mr. Jernigan conducts a number of trainings across the state and provides presentations for Local Management Boards, state agencies and the community. Training topics include:

Racial and Ethnic Disparities In Juvenile Justice Systems

Racial and Ethnic Disparities (R/ED), formerly known as Disproportionate Minority Contact (DMC) training is designed to educate various stakeholders and provide awareness on issues regarding the over-representation of youth of color within the juvenile justice system. National data illustrates that youth of color over-represent each contact point of the juvenile justice system and the training provides relevant information and specific data that demonstrates the level of disparities that exist nationally and within the State. The interactive two-hour training provides valuable information on the Juvenile Justice Delinquency Prevention Act (which serves as the federal guidance to States for R/ED reduction efforts) and allows participants to engage in meaningful dialogue on potential R/ED-related challenges that exist within their jurisdictions, contributing factors that lead to R/ED, strategies to reduce R/ED, and much more. Participants will have the opportunity to learn best practices to utilize and incorporate within their respective fields to support R/ED reduction efforts.

Understanding Adverse Childhood Experiences (ACEs)

The Office's training opportunities promote understanding of ACEs and empower communities to improve health and well-being throughout society. ACEs training opportunities typically range from 1-2 hours and additional training can be provided upon request.

Implicit Bias Training

Implicit bias training is provided to stakeholders to promote awareness of implicit bias and share insight on its connection to system-involvement (child welfare and juvenile justice). These sessions reveal to participants the various forms of bias, provide a safe environment for participants to engage in dialogue on such issues, provide tips/tools/resources to participants with a goal to address implicit bias in various personal and professional environments.

Advancing Equitable Outcomes Using Results-Based Accountability™

An understanding of the personal, interpersonal, institutional, structural, historical and cultural factors producing inequities guide workshop participants in how to discover effective strategies and actions. Workshop participants obtain the knowledge, skills, and tools to develop racial equity action plans that lead to equitable impact. Results-Based Accountability™ will be applied as a framework for working collaboratively to move from talk to action to equitable impact. This workshop is conducted by Clear Impact, a contractor.

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3.) Trauma-Informed Initiatives and Framework Implementation -

a) Please provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding

The Children's Cabinet is supportive of interventions that increase awareness of ACEs among State- and community-level prevention professionals; emphasize the relevance of ACEs to behavioral health disciplines; engage in prevention planning efforts that include ACEs among the primary risk and protective factors; and are designed to address ACEs, including efforts focusing on reducing intergenerational transmission of ACEs. In 2019, the Children's Cabinet added Trauma-informed Care and Reducing Adverse Childhood Experiences (ACEs) as priorities for Local Management Boards that receive Children's Cabinet Interagency Funding to be responsive to prevailing cross-agency needs.

The Children's Cabinet has adopted three overall themes that support this work for Children's Cabinet Interagency Funding. They are Racial and Ethnic Disparities (R/ED); Adverse Childhood Experiences (ACEs); trauma-informed practices (TIPs); and research-based practices. These themes or "lenses" are to be applied to all programs/strategies proposed for FY23 by Local Management Boards.

Local Management Boards (LMBs) are designated by the local government in each of Maryland's 24 jurisdictions. The Boards serve as hubs for local planning, coordination, and influencing allocation of State resources for children, youth, and families. They collaborate with the Children's Cabinet to fulfill State priorities, convene local stakeholders to identify and address needs in their jurisdictions, and coordinate services to fill gaps and avoid duplication. (Source: Children's Cabinet Three Year Plan)

The federal Title II Juvenile Justice Delinquency Prevention Formula (JJAC) Grant Program provides funding to the State of Maryland to address juvenile delinquency through technical assistance, training, and effective programs for improving the juvenile justice system. The program encourages the use of a developmentally appropriate and trauma-informed framework to inform and connect youth justice work to the development of individual and multi-agency comprehensive state plans that support the well-being of all youth and seek to prevent Adverse Childhood Experiences and trauma. The grant program is administered by the Office.

The Office also houses the Victim Services Division, which administers the Regional Navigator Grant Program. The grant program launched in FY20 to provide comprehensive services for child victims of sex trafficking in Maryland. The division director meets with the navigators regularly to discuss best practices, which often includes trauma-informed care.

b) Please provide a discussion of how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency

The Office has made available a Racial and Ethnic Disparities (R/ED) Assessment Tool that can be used by LMBs and grantees to determine their strengths and weaknesses in this area. One question focuses on ACEs and trauma-informed care: "In the past 12 months, have the staff and leadership of the organization/program participated in training and technical assistance opportunities on Adverse Childhood Experiences, Trauma-Informed care?"

For Children's Cabinet funding, all programs/strategies must incorporate intentional efforts to reduce ACEs and increase Trauma-Informed Practices (TIPs). Successful adoption of this ACEs/trauma-informed lens includes:

- Increasing awareness of ACEs and TIPs among State- and community-level prevention professionals, and emphasizing the relevance of ACEs and TIPs to behavioral health disciplines;
- Including ACEs and TIPs among the primary risk and protective factors, if engaging in prevention planning efforts;
- Addressing ACEs and trauma, including efforts focusing on reducing intergenerational transmission of ACEs; and,
- Using ACEs and trauma research and local data to identify groups of people who may be at higher risk for behavioral health concerns and conducting targeted prevention efforts.

The required performance measures that LMBs must use to effectively track the impact of the programs and improve program performance are:

- Number and percent of programs/strategies incorporating ACEs concepts in planning efforts and interventions
- Number and percent of programs/strategies incorporating ACEs research and local ACEs data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts.

In FY21, eleven (11) LMBs reported that 48 (55%) of their programs/strategies incorporated ACEs concepts in planning efforts and interventions. The 11 LMBs additionally report that 29 (31%) of their programs incorporated ACEs research and local ACE's data to identify groups of people who may be at higher risk for behavioral health concerns and conduct targeted prevention efforts. The LMBs reporting are Wicomico, Carroll, Somerset, Charles, Harford, Howard, Montgomery, Calvert, Garrett, Prince George's and Baltimore City.

For JJAC funding, grantees are required to track and measure program outputs and outcome based performance measures that directly support the Office's objectives, which includes addressing and preventing ACEs and the impact of childhood trauma. Outcomes are submitted on a quarterly basis. The required mandatory measures are:

- Number of youth and/or families who have reported an increase in their overall well-being.
- Do program participants report having safe, stable, and nurturing relationships, meaning, children have a consistent family life where they are safe, taken care of, and supported?
- Do program participants report positive friendships and peer networks?
- Do program participants report having caring adults outside the family who serve as mentors/role models?
- Do program participants report having caregivers who can meet basic needs of food, shelter, and health services for children?
- Do program participants report having strong social support networks
- Do program participants report having caregivers that help them work through problems?
- Do program participants report having caregivers who engage in fun, positive activities together?
- Do program participants report having caregivers who encourage the importance of school and positive academic outcomes?

In FY21, the amount of Children's Cabinet funding allocated to programs/strategies for the Trauma-Informed Care/ACEs priority area was $1,090,625.

4.) Designated Agency Staff and Implementation -

a) Please provide a discussion of who will be identified as the two designated staff as outlined in the bill and how the agency will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services.

The designated staff are identified as Christina Drushel Williams, Chief of Community Initiatives and Kelly Gorman, Statewide Handle with Care Coordinator. William Jernigan, Director of Prevention Strategies and Maryland's Statewide Racial and Ethnic Disparities (R/ED) Coordinator provides training and technical assistance as a master ACEs trainer.

The Office houses a Trauma-Informed Care Program Manager, who is responsible for staffing and providing support to the Commission on Trauma-Informed Care.

b) Please identify barriers and challenges to implementing new training, technical assistance, policy review and policy change relating to trauma-informed approaches recommended by the Commission.

No anticipated barriers at this time.

Appendix 5: § 7-427.1 of the Education Article

Article -Education
§7–427.1.

(a) (1) In this section the following words have the meanings indicated.

(2) "Trauma–informed approach" means a method for understanding and responding to an individual with symptoms of chronic interpersonal trauma or traumatic stress.

(3) "Trauma–informed school" means a school that:

(i) Acknowledges the widespread impact of trauma and understands the potential paths for recovery;

(ii) Recognizes the signs and symptoms of trauma in students, teachers, and staff;

(iii) Integrates information about trauma into policies, procedures, and practices; and

(iv) Actively resists retraumatizing a student, teacher, or staff member who has experienced trauma.

(b) (1) The Department, in consultation with the Maryland Department of Health and the Department of Human Services, shall develop guidelines on a trauma–informed approach that will assist schools with:

(i) Implementing a comprehensive trauma–informed policy at the school;

(ii) The identification of a student, teacher, or staff member who has experienced trauma;

(iii) The appropriate manner for responding to a student, teacher, or staff member who has experienced trauma;

(iv) For schools participating in the Handle With Care program, the appropriate manner for responding to a student who is identified as a "handle with care" student; and

(v) Becoming a trauma–informed school.

(2) The Department shall:

(i) Distribute the guidelines developed under this subsection to each local school system; and

Appendix 5: § 7-427.1 of the Education Article

(ii) Publish the guidelines on the trauma–informed approach on the Department's website.