Maryland

GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

Commission on Trauma-Informed Care: Findings and Recommendations 2023 Annual Report

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

Wes Moore
Governor

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Submitted by:
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June 30, 2023
MSAR #13036

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

June 30, 2023

The Honorable Wes Moore
Governor of Maryland
100 State Circle
Annapolis, MD 21401

The Honorable William C. "Bill" Ferguson IV
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Adrienne Jones
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401

RE: Report required by Human Services Article § 8-1309(a)(2) (MSAR #13036) - Commission on Trauma-Informed Care: Findings and Recommendations 2023 Annual Report

Dear Governor Moore, President Ferguson, and Speaker Jones:

As required by § 8-1309(a)(2) of the Human Services Article, please find an enclosed copy of the Commission on Trauma-Informed Care's report titled, *Commission on Trauma-Informed Care: Findings and Recommendations 2023 Annual Report*. This report was reviewed and approved by the Commission during its meeting on May 15, 2023. The Commission on Trauma-Informed Care is an independent entity within the Department of Human Services and is staffed and chaired by the Governor's Office of Crime Prevention, Youth, and Victim Services.

Should you have any questions relating to the information provided in this report, please feel free to contact me at 410-697-9338.

Sincerely,

Sam Abed
Interim Executive Director

cc: Sarah Albert, Department of Legislative Services (5 copies)

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Acknowledgements

This *Commission on Trauma-Informed Care: Findings and Recommendations 2023 Annual Report* is the result of the 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 the Governor.

Christina Drushel Williams
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 Helene T. Grady
Department of Budget and Management

Secretary Carol Beatty
Department of Disabilities

Secretary Laura Herrera Scott, M.D., MPH
Maryland Department of Health

Secretary Rafael Lopez
Department of Human Services

Secretary Vincent Schiraldi
Department of Juvenile Services

Superintendent Lieutenant Colonel Roland L. Butler, Jr.
Maryland State Police

State Superintendent Mohammed Choudhury
Maryland State Department of Education

Wendy Lane
Executive Director Designee, State Council on Child Abuse and Neglect (SCCAN)

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 Christina Drushel Williams, 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, 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 and Jessica Lertora, 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.
- **Organizational 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. and Philip Leaf, Ph.D., this workgroup focuses on developing recommendations regarding a cross-agency and 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**: Chaired by Cherry Price and Frank Kros, this workgroup focuses on developing standardized definitions so that the State, across agencies, is using consistent

[1] Maryland General Assembly. (2021). *Chapters 722 and 723 of 2021 (House Bill 548/Senate Bill 299), Human Services - Trauma-Informed Care - Commission and Training (Healing Maryland's Trauma Act)*. https://mgaleg.maryland.gov/2021RS/chapters_noln/Ch_722_hb0548T.pdf; https://mgaleg.maryland.gov/2021RS/chapters_noln/Ch_723_sb0299T.pdf

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 2023 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.

Commission on Trauma-Informed Care

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 practices 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 Meeting Overview

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. To view additional information, to include meeting agendas and minutes, please visit the Governor's Office of Crime Prevention, Youth, and Victim Services' website at: https://goccp.maryland.gov/councils-commissions-and-workgroups/commission-on-trauma-informed-care/.

May 19, 2022: The Commission met with 19 members in attendance. Commissioners voted to approve

the previous minutes with an edit to reflect the discussion of adopting the Substance Abuse and Mental Health Services Administration's (SAMHSA's) principles into their organizational perspective. Commissioners reviewed the agency reports and discussed how to understand each agency's current trauma-informed care work in order to identify training needs. Commission staff discussed the Visioning Retreat Plan and will follow-up after the meeting with a poll to determine the best date to hold the retreat.

June 16, 2022: The Commission met with 16 members in attendance. Commissioners submitted e-votes and approved the FY 2022 Legislative Report. The FY 2022 Legislative Report was submitted to include final updates. Dr. Yoe presented to the Commission on the National Governors Association Preventing ACE's Learning Collaborative and the Behavioral Health ACE's Initiative within the Maryland Department of Health. Staff confirmed the Visioning Retreat will be held on Thursday, July 28, 2023, from 9:00 a.m. to 4:00 p.m., at the Governor's Office of Crime Prevention, Youth, and Victim Services in a hybrid format to allow for in-person or virtual attendance. The Anne Arundel Conflict Resolution Center will help develop the agenda for the Visioning Retreat and serve as facilitators.

July 21, 2022: With 16 members in attendance, the July meeting began with confirmation that the FY 2022 Legislative Report was submitted on time. The Commission prepared for the upcoming Visioning Retreat, to be held on July 28, 2023, which included reviewing tasks to be completed prior to the retreat. The Anne Arundel Conflict Resolution Center introduced themselves and discussed how they will facilitate the Visioning Retreat. They will establish an agenda and participation guidelines which will be sent to attendees prior to the Visioning Retreat.

August 18, 2022: With 19 members in attendance, the meeting began with the announcement that William Jernigan will serve as Chair following the departure of Jessica Wheeler. Mr. Jernigan brings his expertise as an ACE's Master Trainer, Maryland's Racial and Ethnic Disparities Coordinator supporting Maryland's State Advisory Group, and past experience serving system-involved youth and families working in various roles within Baltimore City's Department of Social Services. Ms. Fogle gave updates regarding the feedback from the Visioning Retreat. In summary, the in-person attendance was significantly more positive than those who attended virtually, despite efforts to ensure equal participation. Those that attended in person were grateful for the opportunity to meet fellow commissioners.

Several action items that came from the Visioning Retreat such as adjusting the meeting time to accommodate the legislators, organizing a meeting and standardized report for workgroup chairs to submit progress, and suggestions to guide further strategic planning for the Commission.

Elizabeth Guroff, Co-Chair of the Organizational Implementation & Technical Assistance Workgroup, presented the "The Maryland Way" which was adopted from SAMHSA's principles and implementation strategies. Commissioners suggested changes to adapt it for use in Maryland. Workgroups reported on their progress.

September 15, 2022: With 22 members in attendance, the Commission voted on the adoption of The Maryland Way with a unanimous vote in approval. The Commission also voted unanimously in approval of the ACE's Aware Legislative Report which must be submitted to the Governor and the General Assembly. Workgroups reported on their progress.

October 20, 2022: The Commission met with 19 members in attendance. It was confirmed that the ACE's Aware Legislative Report was submitted on time and added to the Governor's Office of Crime Prevention, Youth, and Victim Services' website at: https://goccp.maryland.gov/reports-and-publications/.

The Commission reviewed and approved the agency reporting request for March 2023. Commissioners also debriefed on the Visioning Retreat which included reviewing the highlights and lessons learned from the post-event survey, discussing ideas for a future session, and reviewing several action items that resulted from the retreat (*as illustrated below*):

- Changing the meeting time to allow legislators to attend Commission meetings;
- Allowing workgroup chairs to participate verbally in Commission meetings;
- Scheduling a meeting of the workgroup chairs;
- Standardizing reporting for the workgroups; and
- Allowing other workgroups to use The Maryland Way process for proposing ideas to the Commission moving forward.

November 17, 2022: With 20 members in attendance, Commissioners were updated on the Commission appointments process given the change in administration. Commissioners were also encouraged to consider re-applying to remain on the Commission. In addition, and during the meeting, the Commission approved the motion to move Commission meetings to the third Monday of each month, from 8:30 am - 10:00 am, beginning in January 2023; approved the motion to allow workgroup chairs to participate in Commission meetings; provided input on the objectives of the Training Workgroup's training plan for the spring; and met with agency representatives regarding feedback and requested changes to the agency reports.

December 15, 2022: With 18 members in attendance, the Commission approved the motion to move Commission meetings to the fourth Monday if the third Monday falls on a holiday; approved the requested changes from agency representatives; and approved the outline of the Training Workgroups training plan. The Organizational Implementation & Technical Assistance Workgroup also presented an introductory packet outline to provide to Governor Moore and the new Secretaries as they begin their new roles. The Commission discussed the outline and decided more time was needed to review the outline and the issue was tabled to the January meeting.

January 23, 2023: With 20 members in attendance, Commissioners were updated on the process of submitting the agency reporting requests, and the Commission appointment application process and timeline. Commissioners also received a presentation on Maryland's Handle with Care program. In

addition, the Organizational Implementation & Technical Assistance Workgroup re-presented the introductory packet outline; however, the Commission indicated the need for more time to review. The workgroup also discussed the creation of a two-page document to provide an overview of the Commission and how it aligns with Governor Moore's administrative goals.

February 27, 2023: With 20 members in attendance, the Chair provided an updated timeline from the Governor's Appointments Office regarding the application process for serving on the Commission. The Public Awareness Workgroup also invited Pilar Olivo to present the work of Frameworks Institute in supporting local ACEs and trauma-informed care initiatives in Frederick County. Following the presentation, the Commission discussed its work and decided to invite a representative from Frameworks Institute to present to the Commission at the May meeting.

The Organizational Implementation & Technical Assistance Workgroup brought the Introductory Packet to the Commission for a vote, citing no recommendations or changes were suggested. The Introductory Packet was approved unanimously.

March 20, 2023: With 18 members in attendance, the Chair reviewed the proposed timeline for approval of the Commission's legislative report due June 30, 2023. The Definition and Core Values Workgroup also presented definitions to the Commission which resulted in feedback and suggested revisions. In addition, the Commission voted to approve the two-page letter that was addressed to the Governor and his administration. The letter was forwarded to the Governor shortly thereafter.

April 17, 2023: The Commission met with 18 members in attendance. The Maryland Department of Health (MDH) presented the Behavioral Health Administration (BHA) Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE) Knowledge Mobilization Grant and the Commission voted to approve a partnership with Frameworks Institute. The Commission also reviewed the draft legislative report.

May 15, 2023: With 16 members in attendance, the Commission voted to approve the draft legislative report. MDH and Frameworks Institute also presented on the work of Frameworks Institute and the partnership with MDH, 211 Maryland, Inc., and the Commission. In addition, the Chair presented on the roles and responsibilities of the Commission.

I. State Program or Service

The Commission serves 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. Following its participation in the National Governors Association Learning Collaborative which concluded in August 2021, the Commission 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 - to receive guidance and learn from other states.

The Commission also meets monthly to discuss Maryland's strategy. The Commission invites speakers from national and local organizations with successful trauma-informed care programs and strategies, and continues to gather information about additional successful programs. In addition, the Commission created the following workgroups to further its progress in achieving the goals set forth in legislation (*as described below*).

Organizational Implementation & Technical Assistance Workgroup: This workgroup meets monthly and reviews various implementation models, including the 10 implementation domains offered by SAMHSA.[2] The workgroup, in partnership with other workgroup chairs, created a framework to serve as a foundation for the continued work of the Commission. This framework, titled The Maryland Way: Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE), was approved by the Commission as a foundational document for its work. To view The Maryland Way: Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE), please refer to Appendix 1.

The workgroup also created an Introduction to the Commission on Trauma-Informed Care packet for the Moore-Miller Administration to provide an overview of the Commission and how it aligns with Governor Moore's administrative goals. This packet, to include a two-page document that expressed the Commission's desire to partner with the Administration to further its work to become a TIROE state, was approved by the Commission and sent to the Governor in May 2023. To view the Introduction to the Commission on Trauma-Informed Care, please refer to Appendix 2.

ACEs Aware Workgroup: The workgroup met three times and 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. 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 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.

[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*. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

The workgroup continues to review the California model and forwarded follow-up questions to its leadership to learn more about the program. The workgroup also reviewed similar frameworks and invited speakers from other local programs to present to the group. The workgroup continues to discuss various aspects of an ACEs Aware program model that would be successful in Maryland. The workgroup invited members representing the pediatric community to join the conversation to assure that they are represented in the discussion. The workgroup also conducted a brief survey of local behavioral health authorities and Local Management Boards to create a list of local resources doing work similar to the ACEs Aware work. This information is being analyzed by the group and additional information is being requested.

The workgroup invited pediatric and integrated behavioral health community members to discuss current efforts and initiatives that would complement or support an ACE Aware model in Maryland, one that addresses the landscape, the collaborative endeavors, and adequately supports post-screening linkage and measures—linking and integrating the medical and behavioral health efforts to becoming a trauma-informed Maryland.

To further these efforts, the workgroup will: (1) invite California colleagues to a live discussion to learn more about the different considerations required for the Maryland topography; and (2) create a logic map to help define and outline the strengths, weaknesses, inclusions, and exclusions leading to a comprehensive recommendation.

The workgroup submitted a report, titled Findings and Recommendations on the Development and Implementation of the ACEs Aware Program, on October 1, 2022, which reflected the work of this group and the Commission. The workgroup will submit a report of its findings and recommendations to the Governor and the General Assembly by October 1, 2023.

II. Statewide Strategy

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 (*as described below*).

Visioning Retreat: On July 28, 2022, the Commission came together for a hybrid Visioning Retreat which consisted of approximately half of the participants attending in person and half attending virtually. The participants included Commissioners, workgroup chairs, and members of the public. The Anne Arundel Conflict Resolution Center facilitated the event to achieve the following goals:

1. Review the legislation to assure everyone was aware of the legislative mandate for the Commission;
2. Provide an opportunity for the group to become more familiar with each other and learn what everyone brings to the table;
3. Allow the group to begin conversations about the direction for the Commission; and

4. Allow workgroups to discuss their next steps.

The hybrid facilitation proved to be more difficult than anticipated, giving in-person participants a much richer and vibrant experience than those who attended virtually. The overall consensus of the event was successful and allowed participants to feel more connected to each other and the work of the Commission. The event also produced actionable items for workgroups to advance current efforts, such as the creation of The Maryland Way. The Commission plans to host another in-person event in the summer with the primary goal of furthering the strategic planning process.

Definitions & Core Values Workgroup: The workgroup met monthly and gathered definitions of national organizations for specific terms identified by the Commission and the workgroup. The workgroup also reviewed the definitions submitted within the agency reports; and is in the process of developing a set of unified definitions to be reviewed by the Commission and recommended for use across State agencies. In addition, the workgroup discussed 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 work with other workgroups and the Commission to define next steps once a set of definitions is created and approved by the Commission.

III. Metrics and Assessment

Pursuant to § 8-1309(a)(1)(iii) of the Human Services Act, and in collaboration with MDH, the Commission establishes metrics to evaluate and assess the progress of the statewide trauma-informed care initiative (*as described below*).

Maryland Department of Health: MDH/BHA continues the work of the National Governors Association's "Preventing Adverse Childhood Experiences Learning Collaborative"' with the creation of the Behavioral Health Building Healing Systems (BHBHS) Initiative. The BHBHS Initiative includes a data component which is broken down into four sub-components: (1) focused studies of data related to trauma and adversity in Maryland; (2) panel surveys of service providers, consumers, and other stakeholders to understand the status of trauma-informed care and existing needs; (3) data products that communicate actionable findings to target audiences; and (4) an online Data-to-Action Toolkit that provides resources to help leadership and service providers learn about creating trauma-informed systems. An additional element of the BHBHS Initiative includes the creation of a Trauma-Informed Organizational Assessment (TIOA). This work is explained in more detail in section VII. Agency Assessment.

Metrics & Assessment Workgroup: The workgroup meets on a monthly basis to establish metrics and to assess the progress of the statewide initiative. The workgroup conducted a thorough search of assessment tools to capture each principle of The Maryland Way; and created a resource hub to capture a list of assessment tools and the workgroup's evaluation of each tool. The workgroup also created a draft logic model patterned after the BHBHS Initiative logic model. The workgroup discussed metrics with

the other workgroups and needs broader representation of other state departments to provide more informed recommendations for metrics to be used across the State government. The workgroup is working with other workgroups and BHBHS Initiative leadership to assure the work is aligned and moving forward cohesively.

IV. Trauma-Informed Care Training

In accordance with § 8-1309(a)(1)(iv) of the Human Services Act, the Commission coordinates with MDH to develop formal or informal trauma-informed care training (*as described below*).

Training Workgroup: The workgroup, chaired by Ms. Amie Myrick and Ms. Janice Goldwater, met bi-weekly to create trauma-informed care training to meet the objectives and guidelines set forth in the legislation. The workgroup is also working with MDH to plan an introductory training for agency representatives and Commissioners to be held in 2023. The workgroup created objectives and an outline which were presented to the Commission and approved. The workgroup is creating the full presentation which will be approved by the DOH and conducted by Commissioners and workgroup members. The approved Training Plan is included in Appendix 3.

Maryland Department of Health: The BHBHS Initiative includes a training component that will be designed to cover ACEs science and trauma-informed organizational practices and policies to support MDH/BHA, local jurisdictional partners, and behavioral health provider agencies in aligning with best practices in trauma-informed, resilience-oriented, and equitable care and culture. The BHBHS Initiative also includes a technical assistance plan which involves the creation of a learning collaborative that targets local jurisdictional partners and providers. 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. It will also allow the Commission to clearly identify strengths within each agency and make recommendations toward more trauma-responsive training standards across agencies.

V. Dissemination of Information

Pursuant to § 8-1309(a)(1)(v) of the Human Services Act, the Commission disseminates information among State agencies regarding best practices for preventing trauma on children, youth, families, and older adults (*as described below*).

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 met bi-weekly with members representing academic, governmental, healthcare, early childhood agencies, and community stakeholders to discuss components of an effective communication strategy to support an organizational culture shift into a trauma-responsive government. The workgroup also identified and began examining jurisdictional examples of the use of a two-science approach, applying communication science to the science underlying trauma (neurobiology, epigenetics, ACEs/trauma, resilience). 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 workgroup is also examining what message needs to be communicated to shift the culture and practices of agencies to become trauma-informed and trauma-responsive.

The workgroup presented the work of the Frameworks Institute and the Frederick County program utilizing their communication science to the Commission. The Commission also invited a representative from Frameworks Institute to present to the Commission in order to learn how their work might inform the work of the Commission in making a culture shift in State government towards a trauma-informed resilience-oriented State government.

Maryland Department of Health: The BHA is partnering with Frameworks Institute on behalf of the Commission to create the BHA TIROE Knowledge Mobilization Grant Project. This project was presented to the Commission at the April meeting and the Commissioners voted to approve the partnership. The TIROE Knowledge Mobilization Project will utilize communication science for strategic framing and knowledge mobilization to further the work of programs within BHA as well as support the work of the Commission to create a culture shift toward a TIROE within the State government. Several workgroups of the Commission specifically requested the assistance of Frameworks Institute to assure that all the work conducted utilizes their strategic framing analysis based on evidence-based best practices.

VI. Oversight and Accountability

In accordance with § 8-1309(a)(1)(vi) of the Human Services Act, the Commission must advise and assist the Governor in providing oversight and accountability in implementing the requirements of the legislation. Pursuant to its charge, the Commission is identifying the direction, values, goals, and strategies to meet its goals. It also made an official request to agency leaders on February 22, 2023, for

information pertaining to each agencies' progress and compliance in carrying out the requirements of the bill. This request and the provided responses are outlined in section VII. Agency Assessment. The Full 2023 Maryland Agency Report Submissions are included in Appendix 4.

VII. Agency Assessment

On February 22, 2023, an official request for information was sent to the Secretary of each State agency listed in the bill and required to provide a report to the Commission. The Commission requested specific information designed to serve as a follow-up to the reports submitted in 2022. Specifically, the Commission requested the following information: an agency organizational chart; two designated agency staff; a report of the agency's current status and progress towards providing trauma-responsive and trauma-informed delivery of State services; definitions of certain terms; training curriculum; trauma-informed initiatives; and a plan to prioritize the trauma-responsive and trauma-informed delivery of State services.

Agency Report Summary

Agency reports were due by March 31, 2023. A brief summary of the agency reports received are listed below. The Full 2023 Maryland Agency Report Submissions are included in Appendix 4.

Maryland Department of Disabilities (MDOD): MDOD submitted a report that included an organizational chart and designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of Ms. Kirsten Robb-McGrath, Director of Health and Behavioral Health Policy, and Ms. Kimberly McKay, Communications Director.

The report stated that the agency did not have language to reflect 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, rooted in diversity equity and inclusion 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 also described how the agency is culturally responsive stating that, under the Health and Wellness guiding principle of their State plan the following outcome is included: "Improve accessibility to culturally competent, accessible wellness and preventive health care services."

In 2022, MDOD leadership attended multiple training webinars to increase knowledge in related areas; however, no training was offered to staff as it relates to: trauma; trauma-responsive care/practices; Adverse Childhood Experiences (ACEs); Diversity, Equity, and Inclusion (DEI): Implicit Bias/Unintentional Racial Bias; or cultural competency and/or responsiveness. Because MDOD does not have any trauma-informed frameworks or initiatives, it awaits guidance from the Commission on how to incorporate and establish trauma-informed framework within the department.

Maryland Department of Health (MDH): MDH submitted a report that included an organizational chart which consisted of five major divisions: BHA; Public Health Services; Developmental Disabilities Administration (DDA); Health Care Financing and Medicaid; and Operations. The report also included information on four of the five divisions, and designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of James T. Yoe, Ph.D. Director, BHA Office of Applied Research and Evaluation, and Jenny Acosta, Prevention and Health Promotion Administration, Public Health Services, Deputy Chief of Behavioral Health Integration.

The report included definitions for each identified term, as well as information from national sources. It also described available training as well as projects pertaining to data inventory, and metrics and assessment. In addition, MDH provided a snapshot of the programming conducted by four of the five divisions; and discussed its partnership with the Commission as it relates to the training, assessment, and technical assistance requirement and any anticipated challenges (*as described below*).

BHA provides various trainings to State and local partners, to include: Adverse Childhood Experiences (ACEs) Interface Training; Youth Mental Health First Aid; and Resilience Training; and more.

The Public Health Services provides several training opportunities, to include: Motivational Interviewing: Helping Others with Change; An Introduction to Integrative Harm Reduction Psychotherapy (IHRP): Clinical Rationale, Theory and Technique; Adult Mental Health First Aid; and Working Clinically with Afghan Clients. The Public Health Services also provides the following on-demand trainings: Identifying and Addressing Implicit Bias; Healthy Sexuality for Transgender and Gender Non-Conforming Individuals; Towards Healthier Futures for Gay, Bisexual, and Same-Gender-Loving Men of Color; LGBTQ Youth and Sexual Health; and Aging: Sexual Health, Healthy Aging.

DDA hosted a Cultural and Linguistic Competency Awareness Training with their Supporting Families Community of Practice. Additionally, DDA, in partnership with Dr. Karyn Harvey, Ph.D, developed a trauma-informed training which is open to anyone interested in learning about trauma and how it affects people with intellectual and developmental disabilities. Dr. Harvey also leads a four-day interactive train-the-trainer training which allows participants, having completed the training, to participate in the trauma-informed care community of practice.

The Operations division, which includes the MDH Healthcare System, assures that all Healthcare System facilities conduct training at new employee orientation as it relates to trauma-informed care, diversity, and inclusion.

In July 2022, BHA contracted with the University of Maryland School of Medicine in partnership with Bowie State University (together the "University Partnership") to lead the implementation of the ACEs Behavioral Health Data-to-Action Initiative, currently known as the Behavioral Health Building Healing Systems Initiative (BHBHS). The BHBHS includes three components: (1) building system capacity to use data to align services with best practices and the needs of communities; (2) a user-friendly

Trauma-Informed Organizational Assessment (TIOA); and (3) tailored training and technical assistance to support public behavioral health system leaders in aligning services with best practices in trauma-informed organizational policies and practices. The University Partnership works closely with the Commission and its workgroups to assure the work is aligned.

As noted above, MDH provided a description of the four divisions, to include the initiatives for each and how they implement various aspects of The Maryland Way. MDH also intends to create a comprehensive plan to guide the design and rollout of its Trauma-Informed Care (TIC) transformation work. The plan will include establishing and convening a MDH Cross Administration TIC Transformation Workgroup to guide the development and implementation of the MDH TIC plan, and provide essential coordination of TIC training and organizational change initiatives across MDH administrations.

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 is a major challenge, MDH/BHA, as noted above, secured substantial funding to perform ACEs data surveillance and data to action work, as well as 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 Housing and Community Development (DHCD): DHCD submitted a report that included an organizational chart and designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of Lakeysha Vaughn and Danielle Meister.

The report included definitions for identified terms. It also included a list of training sessions that were provided to staff to increase knowledge and understanding of trauma-informed care and best practices between 2022 and 2023, as well as an upcoming training schedule. DHCD staff will participate in multiple trainings offered by the Roper Victim Assistance Academy of Maryland within the University of Baltimore's Schools of Criminal Justice.

In FY 2023, DHCD implemented several pilot programs that increased staff implementation of trauma-informed care practices internally and fostered community partner/grantee adoption of trauma-informed care. These programs/initiatives included the following: Maryland Equity & Inclusion Leadership Program (MEILP); Maryland Balance of Continuum of Care; Suicide Prevention Training; LGBTQ Cultural Competency and Fair Housing Training; and Leadership Roles and Compensation for People with Lived Experience (PWLE).

DHCD continues to support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services based on the framework adopted by the Commission.

Department of Human Services (DHS): DHS/Social Services Administration (SSA) submitted a report that included an organizational chart and designated two individuals to attend training and support a

cultural shift within the department. The two individuals consisted of Hilary Laskey, Executive Director of Programs, and Jacqueline Tina Turner, Director of Cash Programs.

The report included definitions for each identified term, and provided national sources from which each definition was drawn. The report also detailed how the agency incorporated trauma-informed care into every facet of its work with clients, families, and staff.

DHS maintains 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, and secondary traumatic stress are addressed at all levels of training for all staff at DHS/SSA. Race, equity, and inclusion are also included in all levels of training for staff.

DHS also partners with various community partners to provide additional training for staff, transition age youth, families, and kinship providers. Some of the training collaborators include 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), and more.

In addition to training for staff and the community, DHS/SSA continues to move 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 also 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.

DHS incorporates trauma-informed care into the agency's policies and practices in several ways:

- DHS/SSA 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, also known as Families Blossom. The department selected the following five evidence-based programs which 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 professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

- DHS links the Maryland Child and Family Services Program Improvement Plan and highlights two goals with specific strategies tied to developing trauma-responsive services and addressing secondary traumatic stress for staff.

DHS acknowledges that the current status and progress toward providing trauma-responsive and trauma-informed delivery of State services is primarily carried out by SSA. The department plans to expand trauma training to include the Family Investment Administration (FIA) and the Child Support Services Administration.

Given the anticipated barriers and challenges in broadening these trauma-informed approaches to other divisions within the department, DHS created a five-step plan to overcome these challenges, moving forward.

Department of Juvenile Services (DJS): DJS submitted a report that included an organizational chart which consisted of three major divisions: Support Services; Community Operations; and Residential Operations. The report also included information on all divisions, and designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of NaTasha Benjamin, Deputy Director, Office of Equity and Inclusion, and Denise Victory, Director Professional Training and Education Unit. The designated individuals are also assigned to help facilitate and support DJS become a more trauma-informed system of care.

The report included definitions for each identified term, and citied national sources from which each definition was drawn. It also 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.

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 training on trauma-informed care as well as training on diversity, equity, and inclusion. The DJS Training Unit and behavioral health staff deliver training on trauma-informed care which was developed by the National Association of State Mental Health Program Directors (NASMHPD) for DJS; and the Office of Equity and Inclusion delivers training on diversity, equity, and inclusion.

DJS also provides 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 are required to attend some training modules and 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 training on verbal de-escalation strategies. Furthermore, 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 programs are trained to screen youth for trauma histories; whereas, behavioral health clinicians in detention facilities and treatment programs are trained to assess youth for trauma histories and symptoms. DJS trains all treatment program staff in Positive Behavioral Interventions and Supports (PBIS), an evidence-based framework focused on improving youth behavior, staff-youth interactions, and facility climate. DJS also integrates trauma-informed care into PBIS. All behavioral health clinicians in DJS treatment programs are trained in Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), and 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. Furthermore, DJS partners 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 includes trauma-informed practices into many aspects of its operations and programming, such as screening and assessing 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 will create and support a culture shift to prioritize and overcome the following challenges through the use of technology and collaboration with experts in the field: 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 that designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of Captain Melissa Scarborough, Safety Education, Recruitment, and Hiring, and Lora McCoy Reservation System Manager, CISM Team. The designated individuals are also assigned to work with human resources within the department to institute additional training as directed by the Commission.

Although the report excluded an organizational chart and definitions for the identified terms, it included a list of 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 three-year cycle.

DNR police and park personnel are educated on trauma incidents and the handling of individuals during those incidents. A Critical Incident Stress Management team and the State Employee Assistance Program (EAP) are available for employees impacted by trauma. Policies are also in place for employees requesting trauma care.

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 that included an organizational chart and designated one individual to attend training and support a cultural shift within the department. The individual consisted of Jesse Ash, Principal Planner, COOP Coordinator Emergency Response Coordinator. The report listed the second individual as "to be determined."

The department will await instruction from the Commission regarding the statutory requirements of the agency and will adopt all recommendations as suggested or required.

Department of Public Works: The Department of Public Works submitted a report that included an organizational chart and designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of John Gontrum, Executive Secretary, and Lisa Johnson, Operations Manager.

The report indicated that there is no information to report. In addition, 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.

Because of this, 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 that designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of James Hock, Department Chief of Staff, and Major Rosemary Chappell, Personnel Command.

Although the report excluded an organizational chart and definitions for the identified terms, MDSP awaits direction from the Commission for insight on definitions for such terms. MDSP also stated that the agency is committed to the Commission and is represented in all Commission meetings. MDSP received training on Adverse Childhood Experiences and Secondary Traumatic Stress from Ms. Christine Fogle and Mr. William Jernigan. In September 2022, Sergeant Robert Isabelle, MDSP Training Division attended the train-the-trainer training and was certified as an ACEs Interface Master Presenter.

Mr. Isabelle is creating a training curriculum for all members of the department to receive to support the requirements of this law. The department is also working with the Governor's Office of Crime Prevention, Youth, and Victim Services to determine the feasibility of initiating the Handle with Care program.

State Department of Education (MSDE): MSDE submitted a report that included an organizational chart which consisted of three major divisions: Organizational Effectiveness; Office of Teaching and Learning; and Office of Operations. The report also designated two individuals to attend training and support a cultural shift within the department. The two individuals consisted of Dr. Sylvia Lawson, Deputy Superintendent of Organizational Effectiveness, and Dr. Renee Neely, Comprehensive Planning Specialist, Division of Student Support, Academic Enrichment, and Educational Policy.

The report included definitions for each identified term, and detailed the grant-funded ACEs professional development activities initiated in 2018, as well as the 2020 SAMHSA funded ACEs program which included professional development and programmatic elements. The report also described additional training opportunities made available through a partnership with the University of Maryland, Baltimore. Furthermore, the report outlined the department's response to § 7-427.1 of the Education Article.

MSDE received a grant in 2018, from the Bureau of Justice Assistance and through the STOP Violence Act of 2018, which enabled the agency to successfully implement evidence-based professional development ACEs education and resilience programs. MSDE also received a five-year from SAMHSA, titled Maryland Advancing Wellness and Resilience in Education (Project Aware II), that continued these efforts. These federal grants 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, in partnership with the Mental Health Association of Maryland, also provides Youth Mental Health First Aid. 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.

In addition, and through the Project Aware II funding, MSDE provides intensified services in three jurisdictions: Baltimore City, Caroline County, and Talbot County. MSDE also partners 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.

During the project's second year, MD-AWARE reached or exceeded goals in areas that included increasing partnerships and training school and community members in trauma-informed and culturally responsive practices. Additionally, the University of Maryland School of Medicine evaluation team worked extensively with MSDE and each of the three LEAs to implement data collection and reporting systems that met requirements and facilitated ongoing quality improvement at each site. MD-AWARE also afforded MSDE the opportunity to enhance the ongoing partnerships with BHA, The Family Tree, and the Mental Health Association of Maryland.

MD-AWARE strives to ensure that students who are referred by providers for mental health support receive access to Tiers two and three services. The year two goal for at least 12% of the students who were referred by providers for support, and received access to services, was significantly exceeded.

MSDE 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, and 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 also developed Maryland's Model Policy on Bullying, Harrassment, or Intimidation as well as the Student Suicide and Safety Training.

MSDE will provide a plan regarding how it will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services, based on the Commission's recommendations. It 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.

Department of Transportation: The Department of Transportation submitted a report that designated Martin Lee, Jr., Risk Manager and Safety Officer, to attend training and support a cultural shift within the department. The report also included definitions for the identified terms; however, it excluded an organizational chart given that an organizational structure to support the Commission's work is needed.

The department established and maintains the Diversity to Belonging Cohorts which makes recommendations and corrective actions directly to the Secretary. It also provides training for Diversity, Equity, and Inclusion (DEI) through its cloud-based application in Cornerstone.

The department also identified funding needs as the primary barrier to providing trauma-responsive and trauma-informed delivery of State services.

Department of Aging: The Department of Aging submitted a report that designated Stevanne Ellis, State Ombudsman, and the Cognitive and Behavioral Specialist position, to attend training and support a cultural shift within the department.

Although the report excluded an organizational chart, due to its current reorganization process, it included definitions for the identified terms and provided information from national sources. An electronic version of the presentation provided at the Maryland Gerontological Association on Trauma and Abuse and Neglect of Older Adults will also be provided.

Because the department does not provide client services at the State level, the 19 Area Agencies on Aging, which consists of local government entities and employees, provide these services at the local level. This is vital given the Area Agencies on Agency's established guidelines and training on these topics.

The department will await further guidance from the Commission on how to move forward with a cultural shift.

Governor's Office of Crime Prevention, Youth and Victim Services (GOCPYVS): The GOCPYVS submitted a report that included an organizational chart which consisted of four major divisions: Administrative; Children and Youth; Victim Services; and Criminal Justice. The GOCPYVS designated two individuals to attend training and support a cultural shift within the Office moving forward. The two individuals consisted of Christina Drushel-Williams, Chief of Community Initiatives, and Rachel Ames, Mental Health Coordinator, Centers of Excellence, Criminal Justice Programs.

The report included definitions for each identified term and cited information from national sources. It also described the training provided by three of the four divisions, and described how trauma-informed principles are incorporated into policy, funding, and performance measure data (*as described below*).

The Administrative division provides support to each division in completing their trauma-informed work, and refers to the experts in each division for details on specific topics.

The Children and Youth division provides multiple trainings designed to increase knowledge and skills related to ACEs and racial and ethnic equity, to include: Racial and Ethnic Disparities in Juvenile Justice Systems, and Understanding Adverse Childhood Experiences (ACEs): Implicit Bias Training. GOCPYVS also partners with Clear Impact to deliver training, titled "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 that focus on reducing intergenerational transmission of ACEs. In 2019, the Children's Cabinet added trauma-informed care and reducing 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 adopted three overall themes that support the 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 applied to all programs/strategies proposed for the FY 2023 Children's Cabinet Interagency Fund. 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 that focus 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 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 GOCPYVS' objectives, which includes addressing and preventing ACEs and the impact of childhood trauma.

The Victim Services division conducts a range of training for community partners including hosting the Crime Victims' Rights Conference, supporting the Roper Victim Assistance Academy, and funding statewide training such as *Child First*, *Forensic Interview Toolkit*, and *Abuse Intervention Training* which includes both *Comprehensive Intimate Partner Violence Training* and *Comprehensive Sexual Assault Victim Advocate Training*. It is also responsible for the Maryland State Board of Victim Services which strives to ensure that all crime victims are treated with dignity, respect, and compassion during all phases of the criminal justice process and receive comprehensive victim services.

The Victim Services division is comprised of the Criminal Injuries Compensation Board, the Sexual Assault Reimbursement Unit, and includes subject matter experts to address policy change to improve victim services across the State. The GOCPYVS envisions an overall trauma-responsive approach to victim services to address the unique needs of each victim utilizing research-based knowledge, such as the ACEs studies, to promote effective strategies. The Regional Navigator Program is also administered by GOCPYVS, as required by the Child Sex Trafficking Screening and Services Act of 2019.

The Victim Services division created a guide that advocates for the use of a trauma-informed approach when speaking with victims. The division also utilizes evidence-based programs that achieve positive outcomes for crime victims; and works to further strategic efforts that support victims' rights and accessibility to resources. The division is committed to increasing the knowledge of victims' rights in the community, and leverages resources to address underserved populations.

The Criminal Justice division conducts the following programs related to trauma, resilience, and racial and ethnic disparities: Violence Intervention and Prevention Program, and the Performance Incentive Grant Fund. The division also collaborates with the Children and Youth division to assure State and local partners are aware of available training, and to coordinate efforts whenever possible. The Maryland Handle with Care program is an example of this partnership.

As noted above, GOCPYVS provided a description of its office as a trauma-informed and resilience-focused workplace. GOCPYVS maintains a culture of compassion and empathy, creates a culture of empowerment, provides opportunities for choice, provides an environment of trust and transparency, fosters resilience, and promotes a culture of growth, collaboration, and mutuality. GOCPYVS continues to bring all divisions together to collaborate and work towards making the office a more trauma-informed, resilience-oriented, and equitable organization.

Other Reports: At time of writing, a report was not received from the Office of the Attorney General, and the Department of Budget and Management.

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

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: The Maryland Way: Trauma-Informed, Resilience Oriented, Equitable Care and Culture (TIROE)

The Maryland Way:
Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE)

The Commissioners on Maryland's Commission on Trauma-Informed Care adopt the following Principles, Definitions, and Implementation Domains to guide our work and recommendations.

Framework:

We define a Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE) to be composed of this framework:

Trauma-Informed: The 4Rs: A Trauma-Informed Organization/ Culture

- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in individual, family, organizational, and systemic levels
- Responds by fully integrating knowledge about trauma, and its effects into policies, procedures, and practices
- Resist re-traumatization and creates a healing environment for everyone.

Resilience Oriented: The 4Is: A Resilience-Oriented Organization/Culture

- Identifies programs and best practices proven to build resiliency at individual, family, organizational, and systemic levels
- Inoculates the system culture from the effects of stress and trauma proactively rather than reactively by having a strategic plan
- Instills a shared vocabulary and skills for resiliency into every aspect of life of the system.
- Improves the health of the entire system by promoting restoration, health and growth in ongoing ways.

Equitable: The 4Cs: In An Equitable Organization/Culture

- Cultural Humility is actively practiced and modeled throughout all relationships
- Cultural Safety is established and maintained throughout the organization and within its partnerships
- CLAS Standards are fully incorporated into policies, procedures, and practices in a meaningful and identifiable manner
- Community is recognized and engaged for its inherent healing practices and honored for the uniqueness and diversity of its members.

TIROE Principles *(adapted from SAMHSA)*:[3]

- **Safety (Cultural, Physical, Psychological, Social and Moral)** *(Bloom, 2013)*
- **Trustworthiness and Transparency**
- **Inclusion of the Voice of Lived Experience (including Peer Support and Mutual Self Help)**
- **Collaboration and Mutuality**
- **Empowerment, Voice, and Choice**
- **Cultural, Historical and Gender Concerns**
- **Anti-Racism**
- **Anti-Bias**
- **Social Justice**

With the following definitions of the principles:

- **Safety** includes cultural, physical, psychological, social, and moral safety. Throughout the organization, staff and the people they serve, whether children, youth, adults or families, feel culturally, physically, psychologically, socially, and morally safe; the physical setting is safe and interpersonal interactions promote a sense of safety
    - **Cultural Safety**: Established principles of practice that include protocols that show respect and ask for permission and informed consent. Through personal knowledge hone critical consciousness of social location and power. Within partnerships engage in relational practices founded in authentic encounters. Throughout the process ensure equity and dignity for all parties. And in developing as Positive Purpose we build on strengths, ensure confidentiality, and do no harm.[4]
    - **Physical Safety**: All humans are safe from physical harm. The absence of harm or injury that can be experienced by any person from a physical object or practices that include physical objects. Physical objects can include a person, the room itself, furniture, medical equipment, prohibited items, toys, artwork, etc.[5]
    - **Psychological Safety**: The ability to be safe within oneself, to rely on one's ability to self-protect and keep oneself out of harm's way.[6]
    - **Social Safety**: The sense of feeling safe with other people. We recognize that there are so many traumatized people that there will never be enough individual therapists to treat them. We must begin to create naturally occurring healing environments that provide some of the corrective experiences that are vital for recovery.
    - **Moral Safety**: The never-ending quest for understanding how organizations function in the healing process but attempting to reduce hypocrisy that is present, both explicitly and implicitly. A morally safe environment struggles with the issues of honesty and integrity

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[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*. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

[4] ECDIP. (2023). *Cultural safety*. https://ecdip.org/cultural-safety/

[5] Your Experiences Matter. *Trauma Informed Care - Your Experiences Matter*. https://yourexperiencesmatter.com/learning/safe-spaces/physical-safety/

[6] Bloom, S. (2013). *Creating Sanctuary: Toward the Evolution of Sane Societies* (2nd ed.). Routledge. https://doi.org/10.4324/9780203569146

Moral safety reflects an environment that actively defines and redefines a moral universe of integrity, responsibility, honesty, tolerance, compassion, peace, nonviolence, justice, and an abiding concern for human rights. Being morally safe means having a system of values that are consistent, that guide behavior, and that are founded on a deep respect for each other and all living things. In a morally safe environment, there is no "other," no enemy that is fair game for aggression and violence. No scape goat on which it is acceptable to project one's own denied feelings or the denied feeling of an entire group.[7]

- **Trustworthiness and Transparency**
  - Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust among clients and family members, among staff, and others involved in the organization or culture.

- **Inclusion of the Voice of Lived Experience, including Peer Support and Mutual Self-Help**
  - **Inclusion of the voice of lived experience** begins with the understanding of the phrase "Nothing About Us Without Us" which recognizes the importance of working with others not for others. We recognize that organizational cultures and community cultures thrive when those who are impacted by the organization and community are active, engaged, and equal partners with those who are working within the organization and community. This work is maintained and advanced when this principle is central to all organizational decision making and quality assurance practices.
  - **Peer support and mutual self-help** are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing. These are integral to the organizational and service delivery approach and are understood as a key vehicle to build trust, establishing safety, and empowerment.

- **Collaboration and Mutuality**
  - There is true partnering and level of power differences between staff and clients and among organizational staff from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a TIROE approach.

- **Empowerment, Voice, and Choice**
  - Throughout the organization and among the clients served, individuals' strengths and experiences are recognized and built upon. The organization fosters a belief in resilience, in the primacy of person-centered service delivery, and in the ability of individuals, families, organizations and communities to heal and recover from trauma. The organization understands that the experience of trauma may be ubiquitous to the lives of those who run the organization, provide services, and/or who come to the organization for assistance and support. As such, operations, workforce development, and services are organized to foster empowerment for staff and clients alike. Organizations understand the

[7] Bloom, S. L. (2017). The sanctuary model: Through the lens of moral safety. In S. N. Gold (Ed.), *APA handbook of trauma psychology: Trauma practice* (p. 499–513). American Psychological Association. https://doi.org/10.1037/0000020-024

importance of power differentials and ways in which clients, historically, have been diminished in voice, limited in choice, and have been often recipients of coercive treatment. Clients are supported in shared decision-making, choice, and goal setting to determine service plans centered on healing and recovery. Clients are supported in cultivating self-advocacy skills. Staff are facilitators of recovery rather than gatekeepers of help, resource, and care. Staff are empowered to work towards trauma informed service engagement through adequate training, responsive management, and supportive organizational frameworks. To promote empowerment, voice, and choice throughout the organization, leaders recognize the importance of developing a parallel agency process that fosters feelings of safety among both staff and the clients they serve.

- **Cultural, Historical and Gender Considerations**
    - A TIROE organization or community actively moves past stereotypes and biases that are based on race, ethnicity, sexual orientation, age, disability, religion, gender-identity, geography, etc. It offers gender responsive services and leverages the healing power of traditional cultural connections. The organization or community does this by incorporating policies, protocols, and processes that are responsive to the needs of underserved individuals by recognizing and addressing historical and intergenerational trauma. Finally, the organization or community examines and rectifies institutional practices that have disproportionately harmed individuals from underserved groups.

- **Anti-Racism**
    - Active commitment to identifying and eliminating racism within all state institutions
    - Addressing implicit racial bias in state service delivery
    - Understanding the institutional and structural issues that uphold systematic racism
    - Changing racist systems, organizational structures, policies and practices and attitudes at the individual, structural, and institutional levels
    - Power is redistributed and shared throughout the system

- **Anti-Bias**
    - Increased awareness of one's personal biases, both implicit and explicit, and the inherent nature of human biases, as well as their impact on interactions with others and organizational policies and practices that institutionalize bias. Actions are taken to mitigate the impact of biases on individuals, organizations, and systems. Individuals, organizations, and systems respect and value differences in people while challenging stereotyping and discrimination to support an inclusive and safe environment for everyone.

- **Social Justice**
    - Promoting the life and dignity of all human persons
    - Addressing inequities in state service delivery
    - Advancing policies that support equitable access to goods, resources, and services
    - Full participation through empowerment, voice, and choice
    - Equal protection under the law.

In addition to these principles, Maryland's TIC Commission recognizes that we must also address and affect the **Positive and Adverse Childhood Experiences (PACEs)** impacting our citizens. We define ACEs to include the original 10 items from the groundbreaking ACEs Study as well as other ACEs that include: Discrimination, Poverty, Racism, Other Violence, Intergenerational Cultural Trauma, Separation, Adjustments or Other Major Life Changes, Bereavement and Survivorship, and Adult Responsibilities as a Child.[8] We reserve the right to add ACEs as the science advances in this area.

The original 10 ACEs are: Child Physical Abuse; Child Sexual Abuse; Child Emotional Abuse; Physical Neglect; Emotional Neglect; Mentally ill, depressed or suicidal person in the home; family member struggling with drug or alcohol addiction; Witnessing domestic violence against the mother; Loss of a parent to death or abandonment, including abandonment by divorce; Incarceration or any family member. **(***https://www.cdc.gov/violenceprevention/aces/about.html)*

In addition to these Principles, the Commission adopts the following:

10 Implementation Domains *(adapted from SAMHSA's concept of Trauma and Guidance for a Trauma-Informed Approach July 2014).*[9]

1. **Governance and Leadership**
2. **Policy**
3. **Physical Environment**
4. **Engagement and Involvement**
5. **Cross Sector Collaboration**
6. **Screening, Assessment, Prevention, and Treatment Services**
7. **Training and Workforce Development**
8. **Progress Monitoring and Quality Assurance**
9. **Financing**
10. **Evaluation**

With the following definitions of the implementation domains:

1. **Governance and Leadership:** The leadership and governance of the organization support and invest in implementing and sustaining a trauma-informed approach; there is an identified point of responsibility within each organization to lead and oversee this work; and there is inclusion of the peer voice. A champion of this approach is often needed to initiate a system change process.

2. **Policy**: There are written policies and protocols establishing a trauma-informed approach as an essential part of the organizational mission. Organizational procedures and cross agency protocols, including working with community-based agencies, reflect trauma-informed principles. This approach must be hard-wired into practices and procedures of the organization, not solely relying on training workshops or a well-intentioned leader.

[8] NumberStory.org. (2021). https://numberstory.org/

[9] 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*. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

3. **Physical Environment of the Organization**: The organization ensures that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals and families being served must experience the setting as safe, inviting and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of the trauma informed approach through the openness, transparency, and shared spaces.

4. **Engagement and Involvement of People in Recovery, Trauma Survivors, People Receiving Services, and Family Members Receiving Services**: These groups have significant involvement, voice, and meaningful choice at all levels and in all areas of organizational functioning (e.g., program design, implementation, service delivery, quality assurance, cultural competence, access to trauma-informed peer support, workforce development, and evaluation.) This is a key value and aspect of a trauma-informed approach and differentiates it from the usual approaches to services and care.

5. **Cross Sector Collaborations**: Collaboration across sectors built on a shared understanding of trauma and principles of a trauma-informed approach. While a trauma focus may not be the stated mission of various service sectors, understanding how awareness of trauma can help or hinder achievement of an organization's mission is a critical aspect of building collaborations. People with significant trauma histories often present with a complexity of needs, crossing various service sectors. Even if a mental health clinician is trauma-informed, a referral to a trauma-insensitive program could undermine the progress of the individual.

6. **Screening, Assessment, Prevention and Treatment Services**: Practitioners use and are trained in interventions based on the best available empirical evidence and science, are culturally appropriate, and reflect principles of a trauma-informed and resilience-based approaches. Trauma screening and assessment, and prevention are an essential part of the work. Trauma-specific interventions and resilience-based approaches are acceptable, effective, and available for individuals and families seeking services. When trauma-specific services are not available within the organization, there is a trusted, effective referral system in place that facilitates connecting individuals with appropriate trauma treatment.

7. **Training and Workforce Development**: On-going training on trauma and peer-support are essential. The organization's human resource system incorporates trauma-informed principles in hiring, supervision, staff evaluation; procedures are in place to support staff with trauma histories and/or those experiencing significant secondary traumatic stress or vicarious trauma, resulting from exposure to and working with individuals and families with complex trauma.

8. **Progress Monitoring and Quality Assurance**: There is ongoing assessment, tracking, and monitoring of trauma-informed principles and effective use of evidence-based trauma specific screening, assessments, and treatment.

9. **Financing**: Financing structures are designed to support a trauma-informed approach which includes resources for staff training on trauma and resilience, key principles of a trauma-informed approach and resilience; development of appropriate and safe facilities;

establishment of peer-support, provision of evidence-supported trauma screening, assessment, treatment, prevention, and recovery supports; and development of trauma-informed cross-agency collaborations.

10. **Evaluation**: Measures and evaluation designs used to evaluate service or program implementation and effectiveness reflect an understanding of trauma, resilience, and appropriate trauma-oriented and resilience-oriented research instruments.

Appendix 2: Introduction to the Commission on Trauma-Informed Care

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

May 18, 2023

The Honorable Wes Moore
Governor of Maryland
100 State Circle
Annapolis, MD 21401

RE: Introduction from the Commission on Trauma-Informed Care

Dear Governor Moore:

The Office is forwarding this ***Introduction from the Commission on Trauma-Informed Care*** at the request of the Commissioners. The Commission on Trauma-Informed Care is an independent commission created by law 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.

The Commission is housed within the Department of Human Services and is staffed and chaired by the Governor's Office of Crime Prevention, Youth, and Victim Services.

Should you have any questions relating to the information provided please feel free to contact me at 410-697-9338.

Sincerely,

Sam Abed
Interim Executive Director

GOVERNOR'S COORDINATING OFFICES
100 COMMUNITY PLACE
CROWNSVILLE, MD 21032-2023

Appendix 2: Introduction to the Commission on Trauma-Informed Care

The Maryland Way:

Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE)

As Governor Moore noted in his "Roadmap to Healing: A Strategic Plan to Restore, Invest, and Heal Trauma in Maryland", the time is now "to take aggressive action to combat root causes of crime." The Trauma Informed Care Commission stands ready to "immediately begin working to develop and implement a far-reaching, entire-government, and stakeholder-inclusive plan to prevent and address trauma and to make Maryland a Trauma-Informed, Resilient and Healing-Centered State." We are excited to partner in the work to support the Moore Administration in implementing this vision.

Maryland's Commission on Trauma-Informed Care was established in legislation in 2021 (Chapter 722 of 2021) 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. It also requires the Commission to:

- Assist in the identification of any State program or service that affects children, youth, families, and older adults;
- Assist in the development of a statewide strategy toward an organizational culture shift into a trauma-responsive State government;
- Establish metrics to evaluate and assess the progress of the statewide trauma-informed care initiative;
- Study and implement an Adverse Childhood Experiences (ACEs) Aware program;
- Coordinate and develop any formal or informal trauma-informed care training;
- Disseminate information among agencies regarding best practices for preventing and mitigating the effect of trauma on children, youth, families, and older adults;
- Advise and assist the Governor in providing oversight and accountability in implementing the bill's requirements;
- Submit a report using the commission's established evaluation and assessment metrics; and
- Make recommendations regarding improvements to existing laws relating to children, youth, families, and older adults in the State.

The Commission is comprised of state and local legislators, representatives from state government as well as researchers, clinicians, and representatives from community-based organizations, all with an expertise in trauma. The Commission developed The Maryland Way as a framework to begin this work.

Residents of our state are weary, emerging from the trauma of the global pandemic, great social unrest in our communities, and increased disconnection from our neighbors. The Maryland Way: Trauma-Informed, Resilience-Oriented and Equitable Care and Culture (TIROE) principles offer our citizens a path to hope and recovery, leading to thriving families and communities. When we adopt and

Appendix 2: Introduction to the Commission on Trauma-Informed Care

actively practice TIROE principles in our government, communities, and personal relationships we enhance the wellbeing of all Marylanders.

Becoming a TIROE state begins with strong leadership. It is vital to the implementation and integration of the TIROE model that the Moore Administration embodies these principles and practices in their department cultures and policies. As Governor Moore stated "I will make Maryland a national leader in trauma-informed care by adopting it as a lens for everything we do." Embodying this work will truly transform Maryland for the better! A successful TIROE culture is created not only by leadership awareness of trauma and trauma informed practices, but also enthusiasm and persistence about achieving TIROE goals. For staff and citizens to feel safe, heard, and engaged, strong leadership must embody a culture of safety, trustworthiness, transparency, and inclusion.

The Commission is ready to support the Moore Administration in the implementation of The Maryland Way and is excited to take on this journey with you. Becoming a TIROE state is a process, rather than an outcome. We hope you will be open to process, provide leadership and vision, remove barriers in implementation, and embrace a learning environment to set Maryland's direction toward a trauma responsive state.

We would like to invite you to join our Commission and/or Subcommittee meetings where we can share our progress to-date; answer questions; and begin our partnership in our collaborative work in transforming Maryland and leading this work nationally.

Attached we have provided a summary of the Maryland Way: TIROE framework and principles. We look forward to your guidance in how we can support you in this groundbreaking, visionary path.

Appendix 2: Introduction to the Commission on Trauma-Informed Care

The Maryland Way:
Trauma-Informed, Resilience-Oriented, Equitable (TIROE) Care and Culture

TIROE Principles

Safety (Cultural, Physical, Psychological, Social and Moral)

Trustworthiness and Transparency

Inclusion of the Voice of Lived Experience (include Peer Support & Mutual Self Help)

Collaboration and Mutuality

Empowerment, Voice, and Choice

Cultural, Historical and Gender Concerns

Anti-Racism

Anti-Bias

Social Justice

Trauma-Informed (The 4Rs)	Resilience-Oriented (The 4Is)	Equitable (the 4Cs)
Realizes the widespread impact of trauma and understands potential paths for recovery	Identifies programs and best practices proven to build resiliency at individual, family, organizational, and systemic levels	Cultural Humility is actively practiced and modeled throughout all relationships
Recognizes the signs and symptoms of trauma in individual, family, organizational, and systemic levels	Inoculates the system culture from the effects of stress and trauma proactively rather than reactively by having a strategic plan	Cultural Safety is established and maintained throughout the organization and within its partnerships
Responds by fully integrating knowledge about trauma, and its effects into policies, procedures, and practices	Instills a shared vocabulary and skills for resiliency into every aspect of life of the system	CLAS Standards are fully incorporated into policies, procedures, and practices in a meaningful and identifiable manner
Resist re-traumatization and creates a healing environment for everyone	Improves the health of the entire system by promoting restoration, health and growth in ongoing ways.	Community is recognized and engaged for its inherent healing practices and honored for the uniqueness and diversity of its members

Appendix 3: 2023 Introductory Training Plan

Maryland Trauma-Informed Care Commission
Introductory Training: Spring/Summer 2023

Submitted by the Training Workgroup
Co-Chaired by Amie Myrick and Janice Goldwater

Recommended: 3-hour training
(4 groups of 15) - one ACE interface training and one non-interface trainer

Learning Objectives

Upon completion of this training, participants will be able to:

- Define trauma in the context of emotional and psychological experiences.
- Describe the impact of trauma on the brain, body, and behavior, including a nervous system perspective.
- Explain the foundational elements of the Adverse Childhood Experiences (ACE) Study.
- Define foundations for healthy development, protective factors, resilience, and their relationship to trauma.
- Describe the Healing Maryland's Trauma Act and identify the nine principles of the *Maryland Way.*
- Name one change you can make to contribute to a trauma-informed environment.
- Discuss the value of a trauma-informed approach within your organization.

Rational Aim: To learn about trauma, the impact of trauma, and trauma-informed principles

Experiential Aim: To shift towards an understanding of staff and clients that considers their experiences, past and present.

Training Outline

- Introductory Activity/Icebreaker (5-10 minutes)

L.O. #1 Define trauma in the context of emotional and psychological experiences.

- Origin, source, impact
- Trauma as a collective/community
- Intergenerational trauma
- The role of moral injury
- The role of secondary traumatic stress and compassion fatigue

Appendix 3: 2023 Introductory Training Plan

L.O. #2 To describe the impact of trauma on the brain, body, and behavior, including a nervous system perspective.

- Fight, flight, freeze, fawn response
- Dysregulation and trauma triggers
- Resilience and its relationship to trauma

L.O. #3 To explain the foundational elements of the Adverse Childhood Experiences (ACE) Study.

- ACE Interface (45-60 minutes)
    - Brain development/Normative Brain Development
    - Impact of trauma on brain development
    - The Adverse Childhood Experiences (ACE) Study (with focus on prevalence)

L.O. #4 Define foundations for healthy development, protective factors, resilience, and their relationship to trauma within the organizational setting.

- What does a trauma-informed environment look like?
- Organizational culture and shift.
- The four Rs
- The role of retraumatization

L.O. #5 Describe the Healing Maryland's Trauma Act and identify the nine principles of the *Maryland Way.*

L.O. #6 Name one change you can make to contribute to a trauma-informed environment.

- Facilitate in smaller group (breakouts)

L.O. #7 Discuss the value of a trauma-informed approach within your organization.

- The value of a trauma-informed approach for clients
- The importance of "felt safety" for individual to understand and share his/her/their story as well as process feelings and move towards healing
- The value of a trauma-informed approach for staff
- Group Discussion
    - How do you think a trauma-informed approach could help your agency?
    - How do you think you are already working in a trauma-informed way?
    - Where do you see your agency having room to grow?

Takeaways

- Most of us have experienced some form of trauma; the impact may be very different even for people experiencing the same event.

Appendix 3: 2023 Introductory Training Plan

- Professional experiences with trauma may differ depending on whether the staff is responsible for direct service provision.
- We all are hardwired to have a fight, flight, or freeze response to a stress event
- Both chronic trauma (over long periods) and multiple traumas impact our well-being physically, mentally, cognitively, emotionally
- We all have a responsibility to engage with people in ways that are respectful and support self-regulation (i.e., using de-escalating language when someone is upset; staying calm, acknowledging that you heard someone who is complaining, etc.

Appendix 4: Full 2023 Maryland State Agency Report Submissions

Full 2023 Maryland State Agency Report Submissions
Released March 31, 2023

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

Appendix 4: Full 2023 Maryland State Agency Report Submissions

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 22, 2023, 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, once training and technical assistance are provided.

The Commission is requesting the following information to be included in the 2023 agency progress report submission:

A. **Agency Organizational Chart** - The agency will provide an organizational chart outlining all divisions/departments within the agency, directors of each division/department, and high level staff reporting directly to the Secretary.

B. **Designated Agency Staff** - The agency will provide contact information for two designated staff, to include the title for each, as outlined in the bill. The legislation states that the two designated staff members must:

    1. Participate in at least one formal training each year;
    2. Collaborate with other agency designees in work sessions and other informal trainings as organized by the Maryland Department of Health;
    3. Serve as the principal advisors to the agency director and agency staff in trauma-responsiveness and trauma-informed care;
    4. Assess the agency for training and technical assistance needs related to trauma-responsiveness and trauma-informed care; and
    5. Review and make appropriate recommendations to the agency director to align agency policies and practices with a trauma-informed approach.

C. Each agency will provide **ONE** report which will provide the following information for **EACH** division/department within the agency in order to provide a complete report of the entire agency's current status and progress toward providing trauma-responsive and trauma-informed delivery of State services.

    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.
        - Trauma
        - Trauma-Informed
        - Trauma-Responsive

- Secondary Trauma/Stress
- Protective Factors
- Resiliency
- Equity
- Racial Equity
- 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); Diversity, Equity, and Inclusion (DEI), Implicit Bias/Unintentional Racial Bias, or Cultural Competency and/or Responsiveness. 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. **Planning and Implementation** - The agency will provide a plan regarding how it will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services, based on Commission recommendations. 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, 2023.

I. Office of the Attorney General

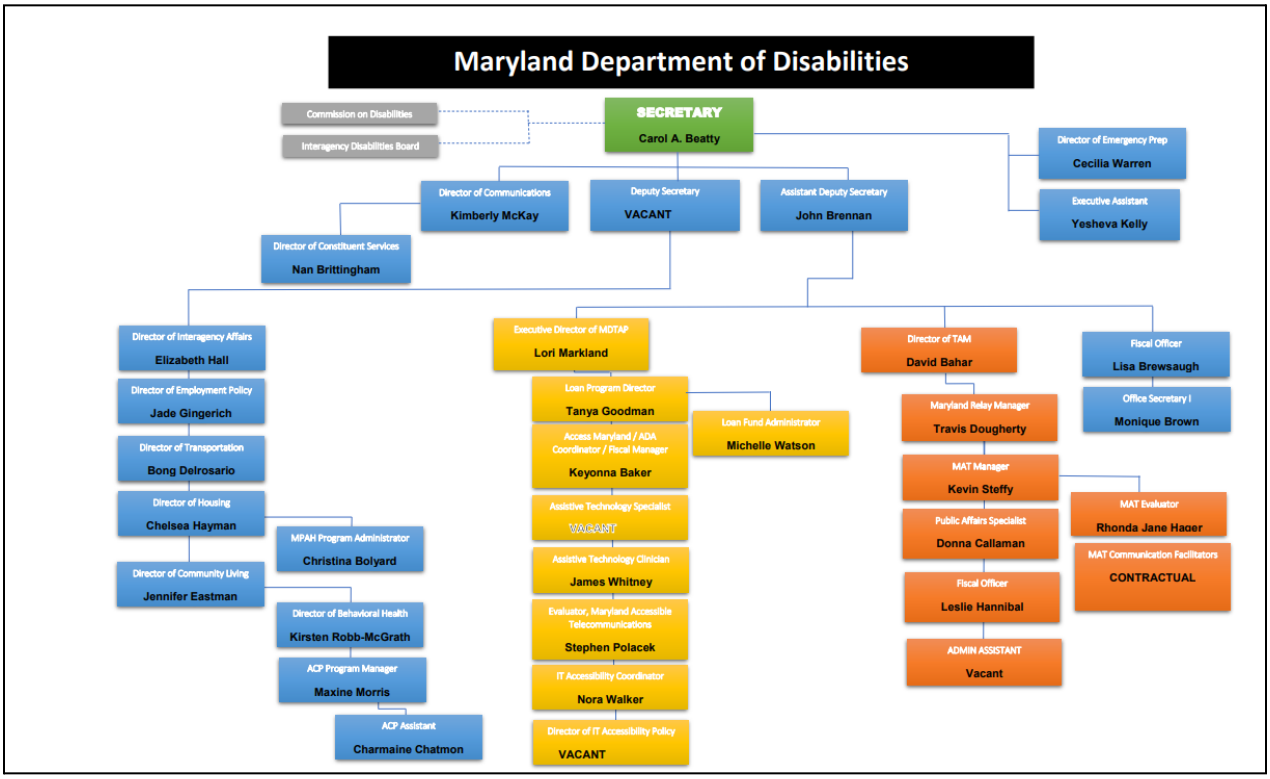
The Office of the Attorney General has not submitted a report as of the time this report was submitted.

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

A. Agency Organizational Chart



B. Designated Agency Staff

1. Kirsten Robb-McGrath, Director of Health and Behavioral Health Policy, Kirsten.Robb-McGrath@maryland.gov
2. Kimberly McKay, Director of Communications and Outreach, Kimberly.Mckay1@maryland.gov

C. **Agency Report**

1. **Definitions and Terms** - The Department of Disabilities does not have current language that reflects the following terms 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
    - Trauma-Informed
    - Trauma-Responsive
    - Secondary-Trauma/Stress
    - Protective Factors
    - Resiliency
    - Racial Equity
    - 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:
        - 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.
        - 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.
        - 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.
        - 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.
        - 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.
    - 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. 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.

2. **Training Curriculum and Implementation** - During 2022 the Department of Disabilities did not offer any training to staff on trauma, trauma-informed care/practices; Adverse Childhood Experiences (ACEs); Diversity, Equity, and Inclusion (DEI), Implicit Bias/Unintentional Racial Bias, or Cultural Competency and/or responsiveness. Kirsten Robb-McGrath participated as an attendee in the following national webinars on Trauma informed practices:
    - May 2022 – The Blueprint to a Trauma-Informed Organization: Overview of Pre-Implementation, Implementation & Sustainability
    - June 2022 - Applying a Trauma-Informed Lens to Embrace Diversity, Equity, and Inclusion & IDD and Mental Health- Thru the Lens of Trauma and Post-Traumatic Stress
    - July 2022 - How to Educate Your Organization About Trauma-Informed Change: How & Why to Get Employees to "Buy-In" and Trauma-Informed Organizational Assessment 101: Are Your Organization's Vision, Mission & Values in Alignment with Trauma-Informed Principles
    - August 2022 - Trauma-Informed Care Through Practices, Policies & Procedures: How to Run a Start-Stop-Continue Retrospective

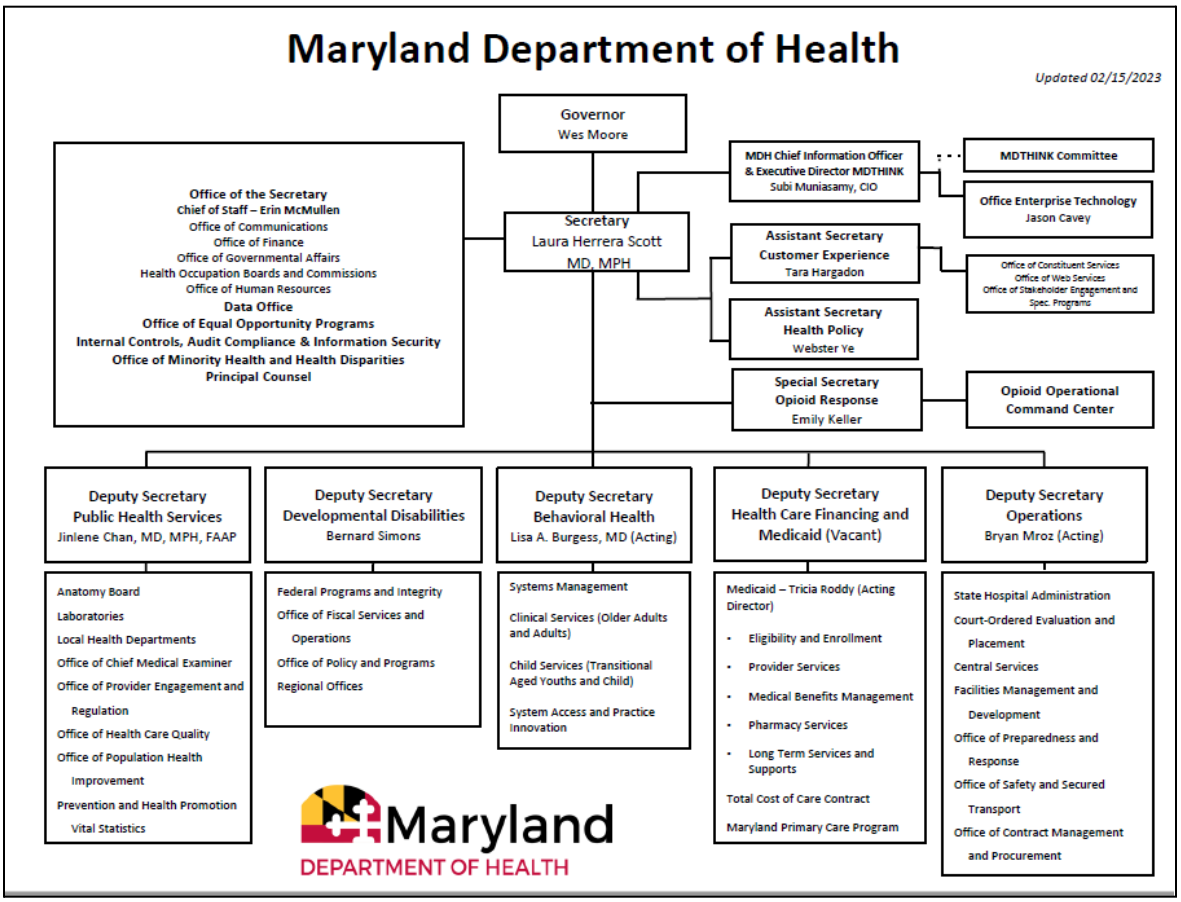
3. **Trauma-Informed Initiatives and Framework Implementation** - The Department of Disabilities does not currently utilize a trauma-informed framework to implement initiatives supported by our department. We look forward to guidance from the committee on how to incorporate and establish trauma informed initiatives within our department.

4. **Planning and Implementation** - 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.

IV. Maryland Department of Health

A. **Agency Organizational Chart** - The agency will provide an organizational chart outlining all divisions/departments within the agency, directors of each division/department, and high level staff reporting directly to the Secretary. https://health.maryland.gov/iac/SiteAssets/Pages/Records-Disposal-Request/MDH%20Organization%20Chart%20-%20021523.pdf

Appendix 4: Full 2023 Maryland State Agency Report Submissions



B. **Designated Agency Staff** - The agency will provide contact information for two designated staff, to include the title for each, as outlined in the bill.

1. James T. Yoe, Ph.D. Director, BHA Office of Applied Research and Evaluation, James.yoe@maryland.gov
2. Jenny Acosta, Prevention and Health Promotion Administration, Public Health Services Deputy Chief of Behavioral Health Integration, jennifer.acosta@maryland.gov

C. **Agency Report -** The Commission is requesting the following information to be included in the 2022 agency progress report submission:

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.
    - 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, MDH's Behavioral Health Administration)

- 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, caregivers 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. (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. (Building Better Brains Trauma Informed System of Care Toolkit)
- Secondary Trauma/Stress: The emotional duress that results when an individual hears about the first hand trauma experiences of another. (National Child Traumatic Stress Network)
- 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. (SAMHSA)
- Resiliency: The inmate's capacity to rebound from adversity and change through a process of positive adaptation. In 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 attachments. (BHA's Mind Resilience website, www.mindresilience.org)
- Equity: Ensures that outcomes in the conditions of well-being are improved for marginalized groups, lifting outcomes for all. Equity is a measure of justice. Health equity includes the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Recommended change by the Office of Minority Health and Health Disparities: Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health (CDC 2023)
- Racial Equity: Process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color. Recommended change Health and Health Disparities: Racial Equity: A reality in which a person is no more or less likely to experience society's benefits or burdens just because of the color of their skin (Aspen Institute, 2016)

- Culturally Responsive and Cultural Sensitivity: The ability to be appropriately responsive to the attitudes, feelings, or circumstances of groups of people that share a common and distinctive racial, national, religious, linguistic or cultural heritage (HHS 2001).

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.

Behavioral Health Administration

Behavioral Health Building Healing Systems Initiative: Through a partnership with the University of Maryland and the Maryland Association of Behavioral Health Authorities, training will be provided related to ACEs science and trauma-informed organizational practices and policies to support BHA, local jurisdictional partners, and behavioral health provider agencies in aligning with best practices in trauma-informed, resilience-oriented, and equitable care and culture. The training will consist of didactic content, resources and tools for jurisdictional and agency administrators and providers to support and guide the implementation of trauma-informed practices, interactive activities (e.g., reflection exercises, case vignettes, and questions for small discussion), additional resources for further learning for all participants.

The technical assistance plan involves the design and facilitation of a learning collaborative that targets local jurisdictional partners and providers. The learning collaborative will use: 1) a culturally-responsive and equity-driven approach that is directly responsiveness to the strengths and needs of all communities across the state of Maryland, including those from communities that are socio-economically marginalized and disproportionately affected by trauma/ACE exposure and the social determinants that fuel increased ACE/trauma exposure and related negative physical and mental health outcomes; 2) Community of Practice and quality improvement best practices to facilitate shared learning both within and across Maryland jurisdictions, 3) Multi-level learning and collaboration, by providing evidence-based, experiential and targeted training, coaching, technical assistance, resources, networked learning opportunities with practitioners and experts in trauma-informed care, and 4) Sustainability Best Practices focused on adoption of system-level policies and practices that support on-going use of data to monitor trauma-informed practices and continuous quality improvement efforts.

Training objectives have been developed in collaboration with BHA and other stakeholders and a preliminary training rollout plan has been developed.

Adverse Childhood Experiences (ACES) Interface Trainings: ACE Interface Trainings are designed to support widespread awareness, promote understanding, and empower communities to improve health and well-being throughout society. The training

goals are to increase awareness of ACES and their impact on well-being, explain the physiological effects of trauma on the brain, improve knowledge on ACES, trauma and trauma iInformed care, describe trauma informed care and its impact, generate actionable ideas for applying the knowledge to children, youth and families for the professionals who work with them, and enhance the community's ability to prevent and respond to trauma.

- D'Lisa Worthy and Chalarra Sessoms, ACE Interface Master Trainers, facilitated an ACES Interface Training held for Worcester Local Management Board on 4-28-22; 33 people attended.
- D'Lisa Worthy and Chalarra Sessoms, ACE Interface Master Trainers, facilitated an ACES Interface Training held for Montgomery County Child Welfare on 5-24-22; a total of 28 people attended.
- D'Lisa Worthy and Chalarra Sessoms, ACE Interface Master Trainers, facilitated an ACES Interface Training held for Allegany County LCT on 6-17-22; a total of 34 people attended.
- D'Lisa Worthy and Chalarra Sessoms, Ace Interface Master Trainers, participated as subject matter experts for the Family Tree Training of Trainers on the ACE Interface Learning Call for presenters on 10-26-22.

Youth Mental Health First Aid: Mental Health First Aid is an early intervention public education program teaching adults how to recognize the signs and symptoms that suggest a potential mental health challenge, how to listen non-judgmentally and give reassurance to a person who may be experiencing a mental health challenge, and how to refer a person to appropriate professional support and services.

- Chalarra Sessoms, D'Lisa Worthy and Adam Johnson facilitated a Youth Mental Health First Aid Training held on 06-27-22, for the Boys and Girls Club of Metropolitan Baltimore in collaboration with Project Aware; 15 people attended.

Resilience Training: The Behavioral Health Administration Resilience Committee is a committee that works to create a foundation from which positive mental and behavioral health can be defined, valued and achieved for individuals, families, organizations, and communities. The Committee implements and sponsors training throughout the state and maintains the mindresilience.org website to promote resilience.

- Chalarra Sessoms facilitated a training entitled "Building Your Personal Resilience: Using Hope and Humor as Tools" on 4-1-22 to the Education and Behavioral Health Community of Practice.
- Laurel Kiser facilitated a training entitled "Everyday Practices to Boost Family Resilience" at the Resilience Committee Lunch and Learn on 4-13-22; 10 people attended.
- Chalarra Sessoms facilitated a training entitled, "A Resilience Booster: Building Our Strengths to Manage Stress" for Wicomico, Worcester, and Somerset County Health Department on 4-22-22; 15 people attended.
- Adam Johnson and Chalarra Sessoms facilitated a training entitled, " Mind Resilience For Teens: Building Your Personal Tool Box" at the Caroline County

Public Library for high school students and library staff, on 5-24-22; 5 people attended.

- Charalarra Sessoms and Catherine Gray facilitated a training entitled, "Water the Roots: Strengthen Your Resilience," sponsored by BHA and MedChi Health on 5-26-22; 75 people attended.
- Alexander Chan was hosted by the Resilience Committee to facilitate a training entitled, "Men's Mental Health" during the Committees Power Hour on 9-20-22; 25 people attended.
- Chalarra Sessoms facilitated a training entitled, "Journey of Trauma Informed Care and Practice" at the Boys and Girls Club of Metropolitan Baltimore on 9-20-22; 25 people attended.
- Ebony Davis was hosted by the Resilience Committee to facilitate a Lunch and Learn Training entitled, "The Connection Between Resilience and Racism" on 10-11-22; 165 people attended.
- Jill Bohnenkamp from National Center for School Mental Health, was hosted by the Resilience Committee to facilitate a training entitled, " Back to School: School Mental Health and Resilience" on 10-18-22; 25 people attended.

Public Health

Motivational Interviewing: Helping Others with Change (178 registrants, 70 attendees): Motivational interviewing is an evidence-based approach utilizing person-centered conversation that supports individuals in making behavior changes. This collaborative, non-judgmental approach honors the autonomy of the individual. Motivational interviewing is promoted as a powerful tool to help individuals discover their own reasons for making a change. Launched on 2/18/2022.

An Introduction to Integrative Harm Reduction Psychotherapy (IHRP): Clinical Rationale, Theory and Technique: 3 Part Webinar Series: 1) Wound Care (102 registrants, 40 attendees), 2) Harm Reduction Psychotherapy part 1, (177 registrants, 74 attendees); and 2) Harm Reduction Psychotherapy part 2, (140 registrants, 58 attendees): Harm reduction meets people wherever they are ready to begin their positive change journeys, supports the full range of positive change goals and emphasizes empowerment and collaboration between therapist and client. Drawing on relational, psychodynamic, cognitive-behavioral and mindfulness therapies, IHRP techniques are uniquely tailored to each person. A central focus on therapeutic alliance and relationship creates a safe context in which to clarify the meanings and functions of risky and addictive behavior, enhance self-regulation and develop alternative healthier, self-affirming solutions. Harm reduction's core principles, the limitations of traditional disease model-based abstinence-only treatment, IHRP's clinical rationale, supporting biopsychosocial theory and seven therapeutic tasks are addressed. Delivered on 8/29/2022.

Multiple On-Demand Trainings are available at alivemaryland.org/training.
Identifying and Addressing Implicit Bias: (As of January 31, 2023 to March 13, 2023, there have been 104 registrants and 70 completers): Implicit biases involve associations

outside conscious awareness that can lead to negative, inaccurate, or unfair evaluations of a person based on identity or social status. Evidence indicates that healthcare professionals exhibit the same levels of implicit bias as the wider population based on race, ethnicity, sex, gender identity, sexual orientation, disability, age, and socioeconomic status. Provider bias can lead to poorer health outcomes in already-marginalized patients. It also influences a provider's approach to diagnosis, treatment, and levels of care. This e-learning module discusses the difference between explicit and implicit biases, the types of bias present in healthcare, and how to identify and change these biases in yourself and others.

Healthy Sexuality for Transgender and Gender Non-Conforming Individuals: This presentation discusses the best ways to affirm transgender and nonbinary persons. It explores ways for medical and support staff to affirm the identity and support the transition of their patients. The presentation includes a discussion on harm reduction best practices.

Towards Healthier Futures for Gay, Bisexual, and Same-Gender-Loving Men of Color: This presentation discusses those populations most affected by HIV in Maryland, their barriers to healthcare (including socio-cultural, organizational, structural, and clinical barriers), medical mistrust, stigma, minority stress, health equity, and cultural humility and sensitivity.

LGBTQ Youth and Sexual Health: This presentation discusses both the components of sexual orientation and gender identity and how the timing of adolescent development relates to sexual orientation and gender identity development.

Aging: Sexual Health, Healthy Aging: This presentation discusses the epidemiology of aging and sexuality, the life-course perspective, healthy sexuality across the lifespan, and how we experience physical and mental changes across that lifespan.

Adult Mental Health First Aid Training (5/10/22, 7/12/22, 7/14/22): Mental Health First Aid is an early intervention public education program teaching adults how to recognize the signs and symptoms that suggest a potential mental health challenge, how to listen non-judgmentally and give reassurance to a person who may be experiencing a mental health challenge, and how to refer a person to appropriate professional support and services. Training was led by a contractor. The May 2022 training certified six PHPA staff in Mental Health First Aid, and the July 2022 training certified five PHPA staff. Participants received certificates of completion from the National Council for Mental Wellbeing, and the certifications last for three years.

Working Clinically With Afghan Clients is a training seminar delivered to 40 behavioral health providers, representing 26 organizations, which provided linguistically appropriate clinical approaches and a cultural and historical framework for understanding the unique mental, behavioral, and clinical health needs of the Afghan humanitarian immigrants living in Maryland (including trauma-informed care). Delivered by Dr. Wais

Aria, who is a mental health expert from Afghanistan with the education, experience, and cultural background necessary for this specific training (June 24, 2022).

Developmental Disabilities Administration (DDA)

The Maryland Department of Health's Developmental Disabilities Administration (DDA)was asked to participate in a Diversity, Equity, and Inclusion (DEI) cohort through the National Association of Developmental Disabilities Directors to utilize and provide feedback on an assessment tool that assists State Developmental Disability Programs determine needs around demographic data, education, areas of opportunity, and overall readiness to implement broader DEI initiatives.

In collaboration with the Georgetown University National Center for Cultural Competence, the DDA hosted a Cultural and Linguistic competency awareness training with our Supporting Families Community of Practice. This training explored cultural and linguistic competence as critical tools to enhance any Community of Practice capacity to plan for and support engagement with families from diverse racial and ethnic backgrounds using an equity mindset.

DDA has partnered since 2018 with Dr. Karyn Harvey, PhD, a nationally recognized expert in the area of Individuals with IDD and Trauma Informed Care. Together with Dr. Harvey, DDA has developed a trauma-informed training which is open to anyone who would like to learn more about trauma and how it affects people with intellectual and developmental disabilities as well as the people that work with this population. Attendance to this training is a prerequisite for anyone who wants to complete the Trainer Training (described below) to lead trauma informed training at their agency.

DDA also supports trauma-informed train-the-trainer training. Dr. Harvey leads this four-day interactive training. Once through this training, the trainers are part of the Trauma Informed Care community of practice, which meets on a quarterly basis.

In 2021 and 2022, DDA held numerous training sessions in both of these categories. 601 attendees participated in two-day non-trainer sessions. 42 attendees participated in four-day trainer sessions, in which they were certified to provide Trauma Informed Care training to their agency staff.

Operations

The MDH Operations Administration includes the MDH Healthcare System, an 11-facility system of all MDH operated facilities. The Healthcare System includes five adult psychiatric hospitals, two regional institutes for children and adolescents, two long-term chronic care facilities, and two facilities for individuals with intellectual and developmental disabilities. All Healthcare System facilities conduct training at new employee orientation on trauma informed care and diversity and inclusion. Trauma informed care training is conducted annually thereafter for direct care staff. Many of the

facilities also give a test following the completion of trauma informed care training to ensure the content is understood. This training includes assessment for trauma (including adverse childhood experiences), symptomology of traumatic stress reactions, triggers, and appropriate interactions for those with trauma and treatment strategies. Additionally, many of the Healthcare System facilities discuss trauma and trauma informed care as a part of their monthly and annual training on Prevention and Management of Aggressive Behavior.

Adverse Childhood Experiences and Trauma Informed Care Presentations and Reports

Behavioral Health Administration

- James Yoe, Ph.D. presented to the Trauma Informed Care Commission on State ACEs and Trauma Informed Care Initiatives, June 16, 2022
- James Yoe, Ph.D, presented with the University of Maryland Behavioral Health Building Healing Systems team to the BHA Executive Team an overview of the work of the Behavioral Health Healing Systems Initiative. September 19, 2022.
- James Yoe, Ph.D. presented with the University of Maryland Behavioral Health Building Healing Systems Initiative team an overview of ACEs and Trauma Informed Care Initiatives in Maryland and Behavioral Health Healing Systems Initiative. Presentation to the Maryland Association of Behavioral Health Associations (MABHA), September 21, 2023
- The University of Maryland Systems Evaluation Center (SEC) presented to the BHA Monthly Data Committee on the Maryland State Opioid Response (MD-SOR) - Government Performance Results (GPRA) Questionnaire Data. The presentation compared recipients of SOR services with and without trauma exposure on substance use, mental health status, demographic profiles and other risk factors. September 26, 2022.
- James Yoe, Ph.D., in collaboration with the Governor's Office on Crime Prevention, Youth and Victim Services and the Trauma Informed Care Commission developed a narrative on Maryland's ACEs and Trauma Informed Care work for the **National Governors' Association State Trauma and Resilience Network** (STRN) for inclusion in a National publication to be published in early 2023.
- Darren McGregor presented Trauma Informed Care with a focus on self-care to Baltimore City's Mayor's Office of Homeless Services. 74 participants engaged in discussions on reducing risk of burnout, compassion fatigue, and vicarious trauma through mindful engagement of self-care. February 16, 2023

Public Health

- Georgette Lavetsky, MPH presented on the Maryland Special Emphasis Report: Adverse Childhood Experiences (ACEs) to the PHPA ACEs Workgroup providing an overview of the ACEs data from the 2020 Behavior Risk Factor

Surveillance Survey (BRFSS). 16 people accepted the calendar invite to that meeting. (November 15, 2022) (see PDF report attached)

- Grace Douglass, MPH presented ACEs information in the Data Landscape presentation on June 28, 2022, for the Maryland Violence and Injury Prevention Forum showing the prevalence of emotional abuse, physical abuse, and sexual abuse ACEs overall and by sex, race, and ethnicity. There were 100 people who attended the Forum virtually that day.
- Behavior Risk Factor Surveillance Survey (BRFSS) Presentation - Amanda Klein, MPH CHES, provided BRFSS ACEs data at the TIC July and August virtual meetings in 2022; approximately 20 attendees at each meeting.
- Nikardi Jallah, MPH presented the results of the Youth Pandemic Survey to the BHA Monthly Data Meeting on March 30, 2022 with approximately 82 attendees, the Children's Justice Act Committee on April 21, 2022 with approximately 20 attendees, the Maryland Tobacco Control Resource Center (TCRC) Advisory Meeting on April 26, 2022 with approximately 30 professionals, the Governor's Office of Children State Advisory Group meeting on May 2, 2022 with approximately 30 attendees, and Handle with Care on August 15, 2022 with approximately 25 attendees.
- Nikardi Jallah, MPH presented a keynote at the July 2022 Maryland School Safety Conference which included the connection between ACEs/PCEs and school safety as represented through the results from the Youth Pandemic Behavior Survey. About 144 persons attended the conference.
- MDH PHPA submitted a poster to the 2022 National Conference on Tobacco or Health detailing the relationship between Adverse Childhood Experiences and youth risk behaviors from the Maryland YRBS/YTS on June 29, 2022.
- Dana Moncrief presented a preview of the newly released 2021-2022 Maryland YRBS/YTS data to the 24 local jurisdictions at the Multi-Agency Update for Statewide Health PIO meeting on March 1, 2023, and at the Local Health Officer Roundtable on March 8, 2023.
- YRBS Youth Pandemic Survey Presentation (March 15, 2022)
    - Nikardi Jallah, MPH presented the results of the 2021 Youth Pandemic Survey to the PHPA ACEs workgroup, with specific emphasis on the ACEs module. 19 people accepted the invitation.
- Clinical Effects of ACEs Presentation (June 21, 2022)
    - Sohail Qarni, M.D. delivered a presentation to the PHPA ACEs workgroup on the science of ACEs and the ways in which ACEs and toxic stress have physiological effects on the body systems of children to approximately 15 participants on 6/21/22.
- ACEs & LGBTQ+ Marylanders (August 16, 2022)
    - Nikardi Jallah, MPH and Arielle Juberg, MPH presented to the PHPA ACEs Workgroup (approximately 15 people) on the Center for Tobacco Prevention and Control "Because" media campaign and ACEs data related to LGBTQ+ Marylanders. The presentation included information about the correlation between ACEs in LGBTQ+ youth and adults and the

trauma that can result, influencing disparities in mental health, suicidal behaviors, and substance use, including tobacco use.

- June 9, 2022 - Dr. Margot Savoy, Senior Vice President of Education at the American Academy of Family Physicians, was the keynote speaker for the 2022 Maryland STI Update. Dr. Savoy's presentation, "Taking an Inclusive Sexual History," focused in part on ACES/trauma-informed care, including the Four "Rs" of Trauma-Informed Care framework, and provided references for resources such as safe zone trainings. There were 223 participants who attended the conference. The STI Update is CSTIP's annual training conference for Maryland's 24 local health department STI, Family Planning and PrEP program staff - clinicians, administrators, Disease Intervention Specialists, and epidemiologists - and state health department colleagues in STI, Family Planning, HIV, Viral Hepatitis, and Harm Reduction programs.
- July 14, 2022 - Nikardi Jallah, MPH presented to a community of practice made up of sexual and intimate partner violence stakeholders called RISEMD on ACEs and positive childhood experiences (PCE) data from YPBS-21. 16 partners were in attendance. Since this presentation, Ms. Jallah has joined the RISEMD membership and plans to present new YRBS data on April 13, 2023.
- November 18, 2023 - At the 2022 Maryland Women of Color Network conference, which is co-sponsored by MDH's Rape and Sexual Assault Prevention Program each year, a plenary session called "Trauma Informed Organizations: How to Effectively Support Staff Wellness" was held. The session was presented by M. Elizabeth Bowman is an Assistant Professor of Social Work at Gallaudet University and is a community leader and advocate with lived experience in trafficking. The conference was attended in-person by 83 attendees. Of those who completed the post-conference evaluation survey, 93% agreed that the session increased their knowledge and 95% agreed that they would use the information or skills that they learned in their work. At the conference, trauma-informed practices were used to promote self-care and support of those who may experience trauma reactions, including: a designated counselor to provide one-on-one support; a comfort room for attendees to use for self-regulation or reflection; and a sound bath was conducted as a large group self-care exercise.
- June 14, 2022 - CHAMP Faculty conducted training for clinicians to discuss the new National Children's Alliance medical standards for sexual and physical abuse. Every five years, the National Children's Alliance updates the accreditation standards for Child Advocacy Centers. The medical standards have increased the requirements for peer review. If a medical exam is conducted outside of a Child Advocacy Center, increased coordination is required between that site and the Child Advocacy Center. The new standards went into effect in January 2023. 32 virtual and 15 in-person participants attended the training.

Developmental Disabilities Administration (DDA)

As stated above, the DDA has been working with Dr. Karyn Harvey, PhD. in the area of trauma informed care and has developed a training curriculum (workbook and slides) that are given to each clinician/trainer at the end of the 4 day training program for use within their respective agencies.

Operations

Every year, the John L. Gildner Regional Institute for Children and Adolescents (JLG RICA) hosts a yearly Clinical Seminar Series with three 1.5 hour sessions per month. Topics include ACEs, Trauma Focused Cognitive Behavioral Therapy and Dialectical Behavioral Therapy address Trauma, Cultural Diversity and Implicit Bias plus many other clinical topics.

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.

Behavioral Health Administration

Behavioral Health Building Healing Systems (BHBHS) Initiative: In July 2022, the Behavioral Health Administration (BHA) contracted with the University of Maryland School of Medicine in partnership with the Bowie State University (herein referred to as "the University Partnership") to lead the implementation of the ACEs Behavioral Health Data-to-Action initiative in alignment with the Maryland ACEs state action plan and the work of the Commission on Trauma Informed Care. As of February 2023, the ACEs Behavioral Health Data-to-Action with best practices in trauma-informed, resilience-oriented, and equitable care and culture. BHBHS has three components, 1) building system capacity to use data to align services with best practices and the needs of communities, 2) a user-friendly Trauma Informed Organizational Assessment (TIOA), and 3) tailored training and technical assistance to support public behavioral health system leaders in aligning services with best practices in trauma-informed organizational policies and practices. The BHBHS work consists of three key components: data, training and technical assistance and development of the Trauma Informed Organizational Assessment Tool, as outlined below:

Data Component: The data component of the ACES initiative include four sub-components, (1) focused studies of data related to trauma and adversity in Maryland, (2) panel surveys of service providers, consumers, and other stakeholders to understand the status of trauma-informed care and existing needs, (3) data products that communicate actionable findings to target audiences, and (4) an online Data-to-Action

Toolkit that provides resources to help leadership and service providers learn about creating trauma-informed systems.

- **Focused studies**: To date, focused analyses have focused on the prevalence of the experience of trauma and ACEs in the general population and people receiving services through the public behavioral health system. The first focused study included a review of literature and an analysis of aggregated data from the Brief Risk Factor Surveillance Survey (BRFSS), Youth Risk Behavior Surveillance System (YRBS), and diagnostic data from the Maryland Administrative Services Organization data. This study has been completed and a presentation of results has been developed and submitted to BHA. In addition, a one-page document of key findings is currently being created and will be accessible on the Data-to-Action Toolkit. Extensive collaboration with stakeholders has occurred to determine a topic for Focused Data Study 2, which will examine the association between ACEs and trauma and youth outcomes on the YRBS, that will directly inform work to support Marylanders.
- **Panel Surveys**: Similar to the focused studies, the panel surveys for the initiative are designed to gain an understanding of the extent to which individuals receiving public behavioral health services in Maryland have experienced traumatic events. One survey with similar content will be conducted during each year. Plans for the first survey, including questions selected and plan to roll out to behavioral health service providers across the state, has been collaboratively developed and the protocol has been designated as exempt by the Maryland Department of Health Institutional Review Board. This survey will collect provider impressions of resources they need to provide trauma-informed care. Results will inform the development of training and technical assistance. Current plans include a survey in year two for the caregivers of youth service recipients, and a survey in year three for youth/transition aged youth service recipients.
- **Data Products**: The data products will be presentations, written documents, and other written and visual content that bring actionable insights from the focused analyses, panel surveys, and other work done as part of the initiative to broad audiences in Maryland and beyond. During the first year the BHBHS developed a logic model and roadmap for how the university will partner with the state staff and the Trauma Informed Care Commission, visuals outlining the Trauma-Informed, Resilience-Oriented, and Equitable model adopted in Maryland, a presentation for the results of Focused Analysis 1, and many resources that will be placed on the Data-to-Action Toolkit.
- **Data-to-Action Toolkit**: The Building Healing Systems Data to Action Toolkit will be a website that introduces leaders in behavioral health and related service areas to the importance of shifting systems to be trauma-informed, resilience-oriented, and equitable, provides national and state level data to guide them in their work, and links data to concrete action steps they can take to help their team do work that will address the impact of ACEs and trauma and provide the resources needed to reduce ACEs, especially in communities that are disproportionately impacted. Final content including an introduction to trauma,

ACEs, trauma-informed care and culture, healing-centered engagement, anti-racism, and secondary traumatic stress has been drafted and submitted to a software developer for organization on a website that will be available in July 2023.

- **Trauma-Informed Organizational Assessment (TIOA)**: The TIOA will assist Maryland public behavioral health provider agencies with understanding the current state of trauma-informed practices in their organization and planning continuous quality improvement. BHBHS conducted an extensive review of available organizational assessments and provided a report to BHA and stakeholders. BHBHS recommended the Trauma-Informed Organization Assessment created by the National Child Traumatic Stress Network (NCTSN), for use in Maryland. A draft of the Maryland Way & Healing Systems TIOA that incorporates suggested revisions of the NCTSN instrument has been created and is undergoing final review. In addition, the structure of the reports that participants will receive and how these reports will be directly tied to training and technical assistance has been determined in collaboration with the software developer. Training in how to use the TIOA and the live website where staff can complete the measure will be available in late summer 2023. Sites will be asked to complete this measure annually to measure progress over time.

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. BHA provides funding for TAMAR in Anne Arundel, Baltimore County, Caroline, Carroll, Dorchester, Frederick, Prince George's 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 ACEss Survey with a recent treatment history for mental health as well as an alcohol and/or drug use issues.

The number of TAMAR participants for FY22 was 185. This number is significantly lower due to COVID-19 and congregate living restrictions. Of the 185 participants, 140 reported four or more ACES. Four ACES represents a benchmark indicating individuals at greater risk for behavioral and somatic health complications. The original TAMAR project focused on women's adverse experiences. As a result, more women than men participate in the program overall. Of the 140 female participants, 106 (76%) reported four or more ACES. Additionally, of the 185 participants, 101 participants identified as white compared to 74 participants who identified as black. 73 (72%) white people and 58 (78%) black people reported four or more ACES.

Developmental Disabilities Administration (DDA)

At this time, the Trauma Informed Training that is offered by DDA is an optional training for Direct Support Professionals. The DDA is in the process of developing a regional infrastructure to assist providers within the regions to infuse Trauma Informed Care into

their agencies on a continuous basis through their onboarding process as well as ongoing training throughout the year.

4. **Planning and Implementation -** The agency will provide a plan regarding how it will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services, based on Commission recommendations. 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.

   Over the next six months, MDH will create a comprehensive plan to guide the design and rollout of its Trauma Informed Care (TIC) transformation work. The plan will include establishing and convening an MDH Cross Administration TIC Transformation Work Group to guide the development and implementation of the MDH TIC plan and provide essential coordination of TIC training and organizational change initiatives across MDH administrations. With guidance from the new administration, MDH will appoint two agency staff to lead the MDH TIC transformation efforts.

   The MDH plan will build on current ACEs and Trauma Informed Care initiatives currently underway, and include a number of core components, including:

   - The development and socialization of a common vision and framework of a trauma informed organization;
   - Development and implementation of a knowledge mobilization campaign for MDH and other state agencies that is informed by 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, ACEs, healthy social, emotional, and physical development, and resilience across state agencies;
   - Development of a core curriculum and ongoing training of MDH and partner organization staff on the essentials of ACEs science and Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE) principles and practices; and
   - Enhanced data surveillance, analysis and reporting of ACEs data and development of ACEs and TIC performance metrics and dashboard tool.

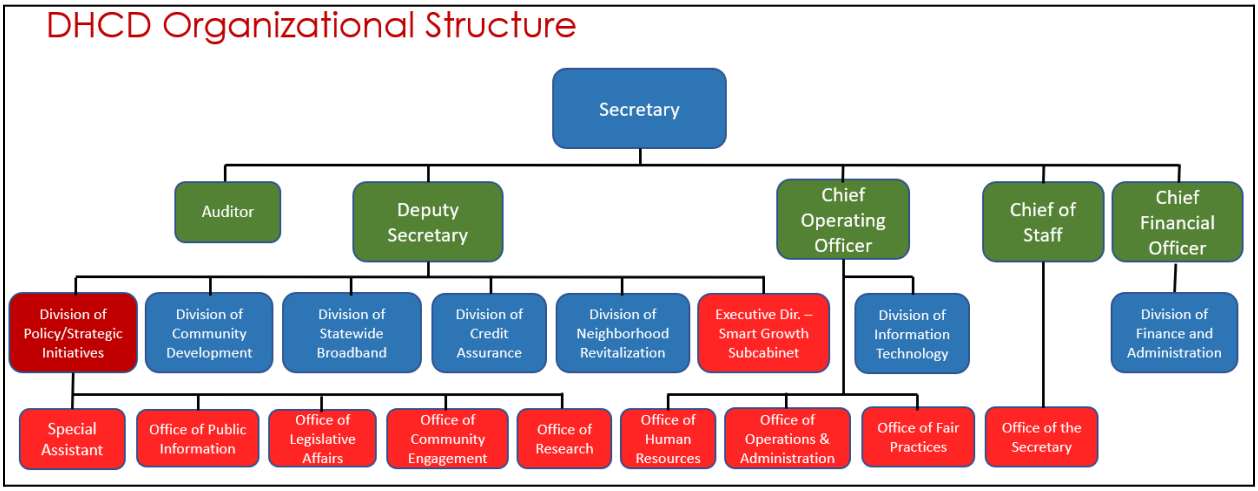
   The MDH TIC change process and plan development will be guided by the design and implementation of an internal landscape analysis of current ACEs and TIC focused initiatives across the department. This work will be used to identify priority TIC organizational improvement priorities, challenges and gaps. In collaboration with the Commission on TIC, MDH will lead the implementation of a standard Trauma Informed Organizational Assessment Tool (TIOA) that will assist the Department and partner organizations in understanding the current state of trauma-informed practices across MDH, inform priority TIC improvement initiatives, needed changes to MDH policies and

practices and serve as an essential tool to evaluate progress with ongoing TIC transformation efforts.

There are challenges in implementing an agency-wide transformation effort in a large complex agency including creating a common vision and framework for the change effort and coordination of planned activities across divisions. It is the plan to have an agency workgroup to address this. Funding to sustain this effort is another aspect, however MDH-BHA, has secured funding to support this MDH transition to a fully trauma informed organization and continue to support the goals of the Commission on Trauma Informed Care.

V. Department of Housing and Community Development

A. Agency Organizational Chart



Direct reports to the Secretary (in green):
Deputy Secretary Owen McEvoy
CFO: Sergeir Kuzmenchuk
COO: Garret King
Chief of Staff: currently vacant
Auditor: Anthony Yancey

Departmental Division Directors (in blue):
Office of the Secretary: Secretary Jake Day
Division of Credit Assurance: Allen Cartwright
Office of Statewide Broadband: Kenrick Gordon
Division of Neighborhood Revitalization: Carol Gilbert
Division of Development Finance (Community Development Admin): Gregory Hare
Division of Information Technology: Rob Dean
Division of Finance and Administration: Ola Lawal

B. **Designated Agency Staff** - The following staff will begin the required elements listed above and report back to the Commission as needed:

1. Lakeysha Vaughn
2. Danielle Meister

C. **Agency Report** - DHCD has 7 divisions that represent the entire agency: Office of the Secretary, Division of Credit Assurance, Office of Statewide Broadband, Neighborhood Revitalization, Community Development Administration, Information Technology, and Finance/Administration. These 7 divisions represent roughly 350 PIN employees and 100 contractual staff.

DHCD delivers the majority of programmatic services in two of the divisions: Neighborhood Revitalization (NR) and Community Development Administration (CDA). Based on the requirements, DHCD proposes to do training that can be done holistically across all divisions.

The two employees who are responsible for the agency requirements are responsible for programs that are direct services to citizens who are likely to have experienced trauma: victims of crime, youth aging out of foster care, and those that are homeless or at risk of being homeless. Both have already participated in trauma related training and will be excellent advocates within DHCD.

1. **<u>Definitions and Terms</u> -** The listed terms and definitions will be formalized within DHCD as part of the training and curriculum.
    - Trauma: Results from exposure to an incident or series of events that are emotionally disturbing or life-threatening with lasting effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.
    - Trauma-Informed: Is an approach to services that acknowledges the widespread impact of trauma;recognize the signs and symptoms of trauma in individuals, families, organizations, and systematic levels; integrates knowledge about trauma into policies, procedures, and practices; and actively avoid re-traumatization
    - Trauma-Responsive
    - Secondary Trauma/Stress: Emotional duress that results when an individual hears about the firsthand trauma experiences of another.
    - Protective Factors
    - Resiliency: Process and outcome of successfully adapting to trama, tragedy or, stress
    - Equity: Fair treatment for all people, so that the norms, practices and policies in place take into account varying circumstances of the individual.
    - Racial Equity: Systematic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone.
    - Culturally Responsive: An approach that actively moves past cultural stereotypes and biases; offers access to services, leverage the healing value of traditional connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and recognizes and addresses historical trauma.

2. **Training Curriculum and Implementation -** In FY2023, DHCD staff participated in a number of training sessions that increased knowledge and understanding of trauma informed care and best practices. Below are the courses participated in and dates:
    - Trauma-Informed Policies & Procedures for Housing Programs, 4/2022
    - Secondary Victimization: The Impact of Trauma on Families, 6/2022
    - Understanding the Impact of Intimate Partner Violence on LGBTQIA+ Survivors & Communities, 9/2022
    - Working with Landlords While Maintaining Confidentiality, 11/2022
    - Supporting America's LGBTQ+ Youth: Approaches, Strategies and Opportunities,9/2022
    - Housing Older Survivors of Human Trafficking, Freedom Network USA, 11/2022
    - Violence Against Women Act: Legal Protections for Survivors, 1/2023
    - It takes a Village: Addressing Behavioral Health Disparities in the Black Community, 2/2023
    - The Lifespan Lens: Youth-Centered Approaches to Building Economic Security and Safety in Housing Programs, 2/2023
    - Surviving Post-Separation Abuse: Supporting Survivors After Escaping Domestic Violence, 3/2023
    - Culturally Responsive Housing Programs, Freedom Network USA, 3/2023
    - Introduction to Psychotic Disorders, 5/2023
    - Serving Human Trafficking Survivors with Disabilities in Housing, Freedom Network USA, 5/2023

    The Roper Victim Assistance Academy of Maryland, within the University of Baltimore's School of Criminal Justice offers training for victim service professionals. DHCD staff will participate in upcoming training offered by the Academy listed below:
    - Trauma Informed Organizations: Where to Start (Part 1 and Part 2), August 2023
    - Moving From Post-Traumatic Stress to Post-Traumatic Growth, August 2023
    - Compassion Fatigue and Self Care: Techniques to Counterbalance the Intensity of Your Work and Facilitate Resilience, June 2023

3. **Trauma-Informed Initiatives and Framework Implementation -** In FY23, DHCD implemented several pilot programs and initiatives that increased both staff implementation of trauma-informed care practices internally and fostered community partner/grantee adoption of trauma-informed care:

    Maryland Equity & Inclusion Leadership Program (MEILP): The Department partnered with the University of Baltimore Schaefer Center for Public Policy and the Maryland Commission on Civil Rights to sponsor a 40-person cohort for the Maryland Equity & Inclusion Leadership Program. The cohort included DHCD staff and nonprofit service providers engaged in homelessness prevention, poverty solutions, and housing stability. The eight-week interactive course provided training and resources to help participants deepen their understanding of DEI principles; and how to embed these principles in their organizational structure and service delivery models.

- **Funding:** CARES Act Community Services Block Grant Funds - $100,000.00
- **Curriculum:** MEILP Syllabus, Participant Handbook
- **Metrics:** 40 training hours completed; 40 participants; 31 nonprofit & local government organizations represented

Maryland Balance of State Continuum of Care: DHCD is the lead agency for the Maryland Balance of State Continuum of Care (BoSCoC), which coordinates the homeless response system in 9 counties: Allegany, Garrett, Washington, Frederick, Cecil, Harford, Calvert, Charles, and St. Mary's. As the lead agency, DHCD staff design and oversee the intake, assessment, and permanent housing placement process for people experiencing homelessness. In December 2022, DHCD staff partnered with HUD technical assistance providers to lead in-person training and strategic planning in each of the 9 counties as part of the CoC's new Coordinated Entry System design. Strategic planning sessions included:

- Training on basic concepts of trauma-informed care, cultural competency (LGBTQ, racial, ethnic, linguistic, disability), housing first, low-barrier shelter and more
- Community analysis and evaluation of racial equity data for homeless programs and permanent housing placements
- Review of DHCD and community partner policies and procedures to identify opportunities to increase trauma-informed care practices, such as reducing documentation required for client eligibility determinations, redesigning client consent and privacy policies, establishing new grievance and appeal policies and procedures with a focus on accessibility, enhancing reasonable accommodation for disabilities into the housing process
- Implementing a shared client data and housing application system so that people experiencing homelessness do not have to apply to multiple programs or provide sensitive personal information and history repeatedly to various service providers and be retraumatized at intake. All service providers in a community have access to assessments conducted by other service providers.

DHCD has established metrics that will be monitored monthly after full implementation of the new system in June 2023, which include but are not limited to:

- Housing placement data disaggregated by household type, race, ethnicity, and gender as compared to homeless population and census population overall.
- Assessment completion rates, disaggregated by above populations.
- Number of appeals/grievances received, investigated, substantiated, and timeliness of response

Suicide Prevention Training: In September 2022, DHCD partnered with the Maryland Department of Veteran Affairs to provide a two-hour online training on suicide prevention to DHCD staff and 45 homeless services staff from across the state. While the training focused on veteran populations, the lessons were applicable across our work with individuals experiencing any kind of emotional crisis. Following the Suicide Prevention Training, the Homelessness Solutions team held internal discussions on how to improve

our response to client inquiries, setting standards for trauma-informed language in client communications, and warm-handoffs to local providers. While not a direct service provider, DHCD Homelessness Staff routinely field calls from individuals seeking assistance, providing direct referrals to local Continuums of Care, reviewing the accessibility of homeless services across the state, and coordinating warm handoffs on an as needed basis.

LGTBQ Cultural Competency and Fair Housing Training: In August 2022, DHCD partnered with the Homeless Persons Representation Project to train DHCD staff and homeless services providers on cultural competency for serving individuals who are LGTBQ, with a special emphasis on serving transgender individuals. Training content included training on legal and policy requirements created by HUD and DHCD regarding fair housing and program accessibility, appropriate usage of pronouns, creating physical safe spaces, adding signage at programs, staff training, ensuring privacy and confidentiality of participants, and best practices for handling harassment and conflict.

Leadership Roles and Compensation for People with Lived Experience (PWLE): In FY23, DHCD increased the representation and financial support of people with lived experience of homelessness to participate in DHCD policy creation and leadership groups in addition to local Continuums of Care. These individuals participate in grantmaking, policy review and creation, and providing feedback on homeless system response. This was achieved through three initiatives:

- DHCD increased the designated board seats for the Maryland Balance of State Continuum of Care for PWLE and created a lived experience wage stipend policy that compensates PWLE for their time and effort on the board. The wage is tied to the 2022 housing wage for each county established by the National Low-Income Housing Coalition. **FY23 investment: $5,000.**
- DHCD added stipends for PWLE to the Homelessness Solutions Program as an eligible cost. CoCs can now use state funds to compensate PWLE to sit on their local boards, committees, or participate in strategic planning. All grantees are required to include representatives with lived experience on their CoC Boards, and are strongly encouraged to use HSP funds to pay representatives for their time. **FY23 investment: $30,000 (expected to increase in FY24)**
- DHCD provided stipends to PWLE to participate in events hosted by the Interagency Council on Homelessness and advocated to increase the number of ICH seats that are designated for someone with lived experience. **FY23 investment: $2,500.**

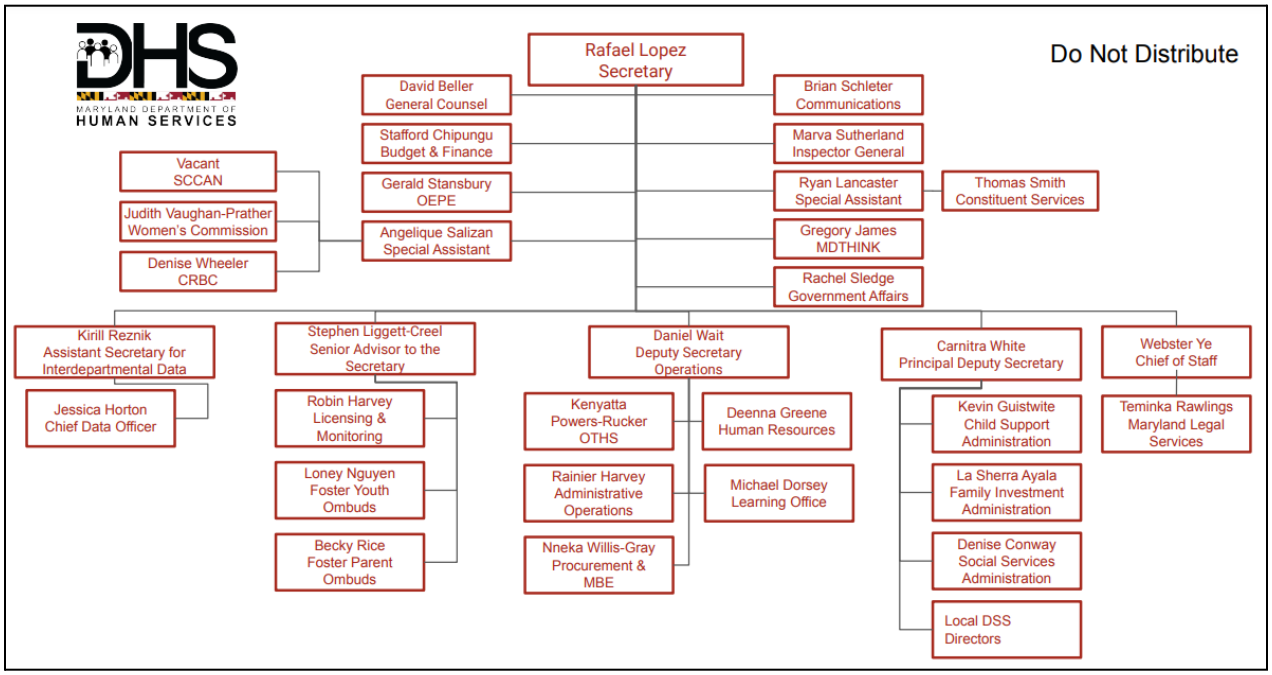
4. **Planning and Implementation -** DHCD will support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services based on the framework adopted by the Commission. The agency's designated staff will begin to participate in training on Trauma-Informed Care and schedule a series of training for other DHCD employees to participate in. The designees will work with departmental directors to review policies and procedures in order to integrate knowledge of trauma and

its effects into them. We anticipate that this plan will continue to be fleshed out and implemented throughout FY2024, but it will generally follow the phases below:

Phase	Priorities & Actions
Trauma-Aware	*Recognition and Awareness* ● Designated TIC staff participate in TIC Commission meetings, trainings, and sponsored activities ● Designated TIC staff evaluate models for implementing TIC at an organizational level and best practices ● Designated TIC staff propose plan, timeline, and needed resources to department leadership for implementing TIC department-wide
Trauma-Sensitive	*Foundational Knowledge* ● Assess current staff training levels and identify partner organization that can provide training to staff and/or do "train the trainer" to create trainer capacity within DHCD ● Provide foundational training to all DHCD staff on TIC concepts ● Establish TIC foundational training for new staff during onboarding and annual refresher training for all staff ● Establish a few additional trainings for each division/team that are relevant to TIC for their specific scope of work (ex: customer service, de-escalation practices, mental health first aid) *Agency Readiness* ● Form internal TIC workgroup with staff from each division/office ● Assess leadership attitudes towards TIC and communicate TIC as an organizational priority ● Adopt TIC framework and integrate TIC into DHCD policies - standards, vision/mission statements, shared language
Trauma-Responsive	*Gather Information on Needs/Opportunities* ● Conduct agency assessment/environmental scan using assessment tools, staff surveys/focus groups, and feedback from program participants ● Review current policies and procedures for each division and identify opportunities for TIC ● Identify data that can be used to inform needs and track progress (ex: program participant surveys, appeal logs, complaints) *Create Plan* ● Prioritize opportunities for TIC improvement in each division's practices/policies. Focus first on programs and services that have direct impact on groups most likely to be in active trauma or have trouble accessing services due to circumstances (disability, lack of housing, etc). ● Identify department-wide opportunities for TIC improvement (for example: re-training all staff on how to use Language Line or hearing/visual impairment services) ● Identify opportunities to promote/require adoption of TIC among DHCD funding recipients ● Create workplan to change practices/policies ● Establish metrics to track whether changes are working
Trauma-Informed	*Implement & Monitor* ● Implement changes to policy/practice and monitor them to assess if they are successful ● Make changes to what isn't working and institutionalize what is working
Ongoing	Repeat agency assessment and workplan creation as needed

VI. Department of Human Services

A. Agency Organizational Chart



B. **Designated Agency Staff** - The DHS designees to the Trauma Informed Care Commission are:

1. Hilary Laskey, Deputy Executive Director for Programs
2. Jacqueline Tina Turner, Director of Cash Programs

DHS acknowledges the aforementioned responsibilities and expectations for its departmental designees.

C. Agency Report

1. **<u>Definitions and Terms</u>**
   - 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.[1]
   - Trauma-Informed: DHS 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.[2]
   - Secondary Trauma/Stress (STS): STS is defined as the emotional duress staff

experience through working closely with DHS customers who are in crisis or have experienced 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: Protective factors are conditions or attributes that mitigate risk and promote the well-being of children/youth, parents, families, individuals and vulnerable adults. They are the strengths that help to buffer and support those in need. Examples of community/societal protective factors include, but are not limited to: referrals to community-based supports, direct in-home services, and economic support opportunities. Examples of individual protective factors are resilience, parenting skills, and stress management. Protective factors help ensure that people function well at home, in school, at work, and in the community. They also can serve as safeguards, helping youth, parents, families, and vulnerable adults who otherwise might be at risk, find the resources and support needed.
- Resiliency: DHS 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. Resiliency 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, families and vulnerable 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 U.S. Department of Health and Human Services. It has been adopted by DHS.
- 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 believes that racial equity should be a core element of the foundational tenets of our organizational DNA; forming how we work, make decisions, and collaborate with each other, our partners and the children/youth, parents, families, individuals and vulnerable adults we serve. Within this culture of diversity and inclusivity, DHS creates the space to break down barriers and allow for open conversations related to race equity. Our ability to change course toward racial equity and inclusion, is the shared responsibility of our workforce and is championed by all levels of organizational leadership. In order to dismantle the institutional racism framework upon which our system is built and undo its harmful effects, we believe our success lies in embracing an organizational culture of inclusion; demonstrating a commitment to recruiting, retaining and

supporting a diverse workforce with the skills and competency to identify potential biases and systemic issues that may be impacting our work and creating disparate negative outcomes for people of color.
- Culturally Responsive: Affirming individual and family identity, culture and traditions in our daily practice and interactions.[1]

2. **Training Curriculum and Implementation** - A description of the courses, duration, audience and applicable TICC training categories is provided.

   DHS' Social Services Administration (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 SSA.

   Pre-service and Foundations Track trainings are required and offered in sequence to all newly hired child welfare staff. Trauma Responsive Casework is introduced to all new child welfare staff in Module II of pre-service training. 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. The CWA's Secondary Traumatic Stress Trainer Guide/Curriculum is also provided.

   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. A description of the courses, duration, audience and applicable TICC training categories is provided.

   Lastly, the Local Departments of Social Services all collaborate with a variety of partners, stakeholders and vendors to deliver periodic training to staff, Transition Age Youth, resource families and kinship caregivers. These training collaborators include: Child Advocacy Centers, 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** - 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 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[3] 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[4], 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).

While the Department continues to work toward a Safety Culture for direct staff, DHS/SSA has long-recognized the impact of trauma and STS on its workforce. This has led DHS/SSA to ensure Local Departments of Social Services are provided financial resources to support the acquisition of Critical Incident Debriefing services for impacted staff. DHS/SSA leadership occasionally conducts meetings and debriefing sessions with Local Department staff to acknowledge the impacts of STS and to offer supportive services. Some Local Departments of Social Services have internal capacity or partnership with sister agencies for the delivery of supportive services when needed. The Department continues to reinforce the availability of the MyMDCARES, employee assistance program, Maryland implemented to provide a full range of supportive services including short-term counseling and support, mental health wellbeing coaching, and assistance to locate treatment.

In 2020, the Department began to implement five (5) evidence-based programs and services under Maryland's Title IV-E Prevention Plan, approved by the Children's Bureau (CB). These programs are established as "well-supported" by the Title IV-E Prevention Services Clearinghouse with three having a trauma focus. DHS works with Local Departments of Social Services to expand access to and utilization of these evidence-based programs through implementation of the Family First Prevention Services Act.

Through the Integrated Practice Model (IPM), DHS' vision is to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that the children/youth, parents, families, individuals 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' ongoing strategies for accomplishing these goals are to:
- Promote safe, reliable, and effective practice through a strength-based, trauma-responsive practice model for child welfare and adult services.
- Engage in a collaborative assessment process that is trauma-informed, culturally responsive, and inclusive of formal and informal family and community partners.
- 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.
- Invest in a safe, engaged and well-prepared professional workforce through training and other professional development including strong supervision and coaching.
- Modernize DHS/SSA's information technology to ensure timely access to data and greater focus on agency, individual, and family outcomes.
- 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.

4. **Planning and Implementation -** In January of 2022,DHS/SSA initiated a formal review of its existing child welfare policies with the goal of aligning those to our practice model. The work of the "Policy Network Group" continues to ensure that all policies will articulate our values, principles, and core practices while also establishing clear expectations for how the Department's staff will work with children/youth, parents, families, individuals and vulnerable adults. In support of this policy and practice focused work, DHS continues to rely on core leadership from Local Departments of Social Services, its Technical Assistance partners, and has contracted the services of an experienced policy writer with decades-long legal experience.

DHS acknowledges that the current status and progress toward providing trauma-responsive and trauma-informed delivery of State services have been primarily carried out by SSA. In fully recognizing that the Department's Family Investment Administration (FIA) staff and the Child Support Administration (CSA) staff also interact directly with children/youth, parents, families, individuals and vulnerable adults who may be impacted by trauma, the Department plans to expand trauma training to both FIA and CSA staff. Historically, our FIA staff made referrals to partnering SSA staff whenever it was identified that a more intensive service need was required.

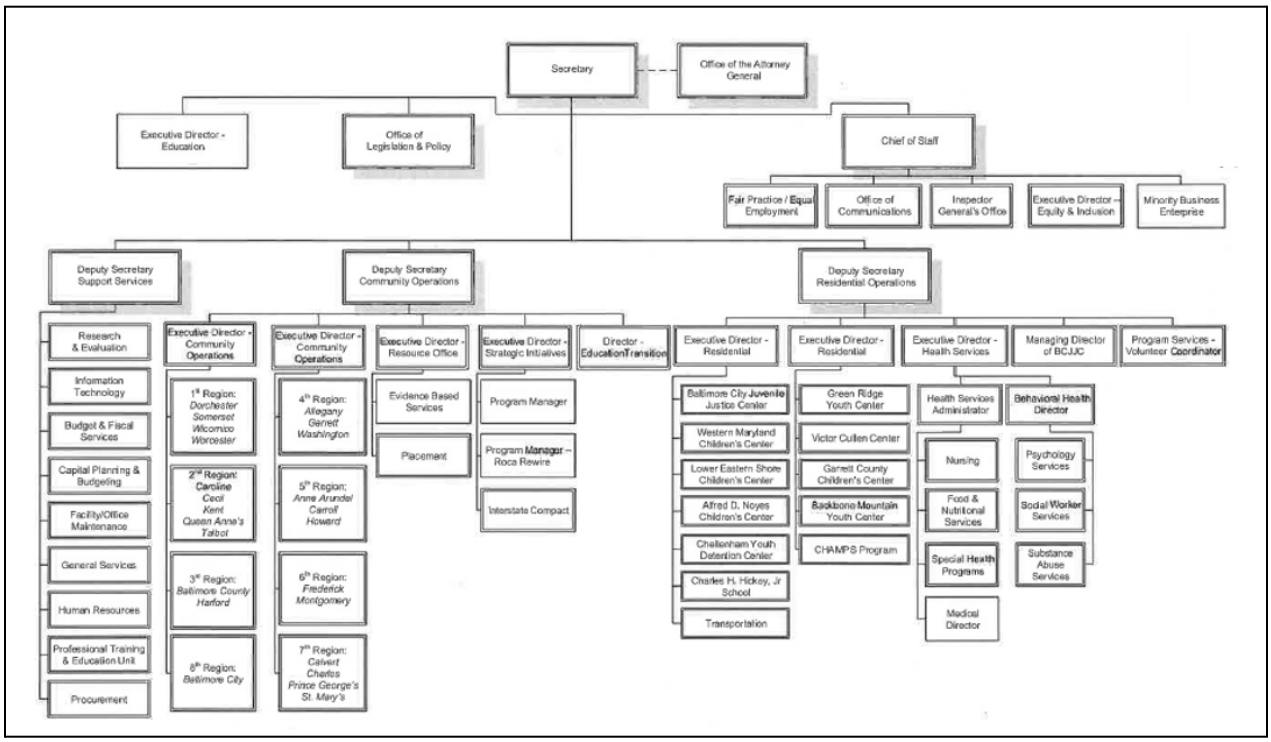
The Department now recognizes the importance of also equipping FIA and CSA staff with the knowledge and understanding of customer service approaches that are trauma-responsive grounded in an awareness of both ACEs and STS. In keeping with the DHS Mission statement, DHS will create and support an organizational cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services by engaging our Office of Learning in expanding the trauma training curriculum that is already provided to SSA staff, to include FIA and CSA staff.

As the focus for FIA and CSA staff is on providing financial support and financial services for our shared customers, there may be staff resistance, barriers and challenges to implementing new training, technical assistance, policy review, and policy change relating to trauma-informed approaches. This will require a planned organizational culture shift described in the five high-level steps as follows:

- Measuring and revisiting our current organizational values to include becoming a trauma-informed and trauma-responsive human services agency.
- Intentionally aligning culture, strategy and organizational structures to reinforce our commitment to becoming a trauma-informed and trauma-responsive human services agency.
- Ensuring staff and stakeholder participation and living up to the commitment of "nothing about us, without us."
- Communicate and demonstrate changes utilizing "Rapid Prototyping" that will allow DHS to be nimble in its approach to scaling-up trauma-informed and trauma-responsive approaches across the organization.
- Maintenance and sustainability.

VII. Department of Juvenile Services

A. Agency Organizational Chart



B. Designated Agency Staff

1. NaTasha Benjamin (Deputy Director, Office of Equity and Inclusion)
2. Denise Victory (Director Professional Training and Education Unit)

C. Agency Report

1. **<u>Definitions and Terms</u>**
   - 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** - Please see the tables below and attachments for information on current training curriculum related to trauma: trauma-informed care/practices; Adverse Childhood Experiences (ACEs); and Diversity, Equity, and Inclusion (DEI).

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-just ice-involved-youth-2nd-edition
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Once a year	Newly hired licensed behavioral health clinicians in treatment programs 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 programs are hired	Newly hired behavioral health staff in treatment programs	Behavioral health staff in treatment programs trained in TAMAR-Y	See attachment (outline)

Other Trainings Related to Trauma-Informed Care				
TITLE OF TRAINING	**WHEN OFFERED**	**AUDIENCE**	**FACILITATORS**	**MATERIALS**
Dialectical Behavior Therapy (DBT)	Multiple times a year	All staff in treatment programs	Training Unit staff, Behavioral Health staff, and other DJS staff	See attachment (outline)
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)
Roca ReWire	One training per year for a cohort	Community Staff and some Behavioral Health staff, direct care staff, and training staff	Roca Impact Institute	See attachment

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)

**Implicit Bias/Unintentional Racial Bias and Cultural Competency and/or Responsiveness are integrated into the diversity and equity trainings.

3. **Trauma-Informed Initiatives and Framework Implementation** - 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 of its behavioral health clinicians in its treatment programs in Dialectical Behavior Therapy (DBT), as well as some direct care staff, and case managers. DJS will be training a select group of individuals to be DBT trainers, with the plan of training all staff in treatment programs in DBT principles. DBT is an evidence-based treatment model that will be provided individually, in groups, and in the larger milieu.

   DJS has trained all treatment program 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 programs 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 community 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.

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, and trained 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 clinicians and other staff in its treatment programs in DBT, and trained behavioral health staff in treatment programs on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). DJS has also funded PBIS training and consultation.

Screening and Assessment: Youth admitted to DJS facilities are screened for trauma histories using the Massachusetts Youth Screening Instrument Second Version (MAYSI-2). 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. Youth receiving psychiatric services in DJS treatment programs are also assessed for psychological symptoms using the Behavior Assessment System for Children – Third Edition (BASC-3) in order to monitor their progress and make adjustments to their treatment.

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 facilities and treatment programs receive behavioral health counseling. Youth in treatment programs receive integrated treatment that combines evidence-based 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 programs, with youth receiving several hours of treatment each week. All youth in treatment programs 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: 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 also encourages and supports staff wellness by holding an annual picnic for community staff, as well as quarterly in-person staff meetings where they have a meal and engage in team-building activities. Community staff have participated in community events such as 5Ks and walks, and they engaged in Wellness Awareness in March of 2022. Community staff also receive a monthly email about various wellness topics. In addition to these activities, the Department offers a weekly support group facilitated by behavioral health clinicians that is open to all DJS staff. These same 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. **Planning and Implementation** - 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, such as DBT.
    - Integrating trauma informed and DBT perspectives and approaches 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.
    - Integrating trauma-informed care, DBT, and Positive Youth Development (PYD) approaches, all of which support and complement each other, and focus on the well-being and development of youth.
    - 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.

    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.
    - Integrating the different treatments and interventions so that staff and youth understand how they complement and support each other.

VIII. Department of Natural Resources

A. **Agency Organizational Chart** - Not included.

B. **Designated Agency Staff**

1. Melissa Scarborough, Commander, Captain
2. Lora McCoy

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.

C. **Agency Report**

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** -

   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"

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

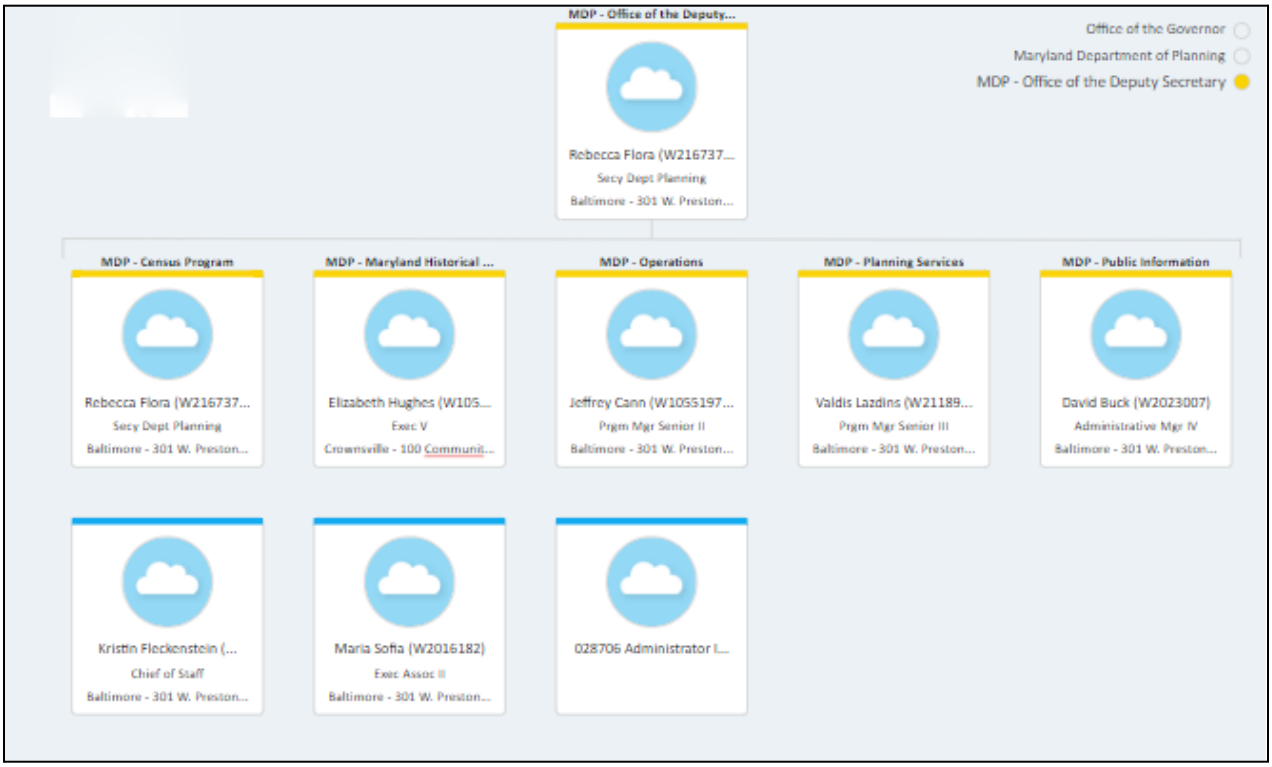
DNR police and park personnel are educated on trauma incidents and the handling of individuals during those incidents. DNR has a Critical Incident Stress Management team and the state EAP program for employees impacted by trauma.

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

4. **Planning and Implementation** - 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

A. Agency Organizational Chart



B. Designated Agency Staff

1. Jesse Ash, Principal Planner, COOP Coordinator-Emergency Response Coordinator
2. TBD

C. **Agency Reports**

1. **Definitions and Terms** - The Department of Planning will await instruction from the Commission regarding the statutory requirements of our agency and will adopt all recommendations as suggested or required.

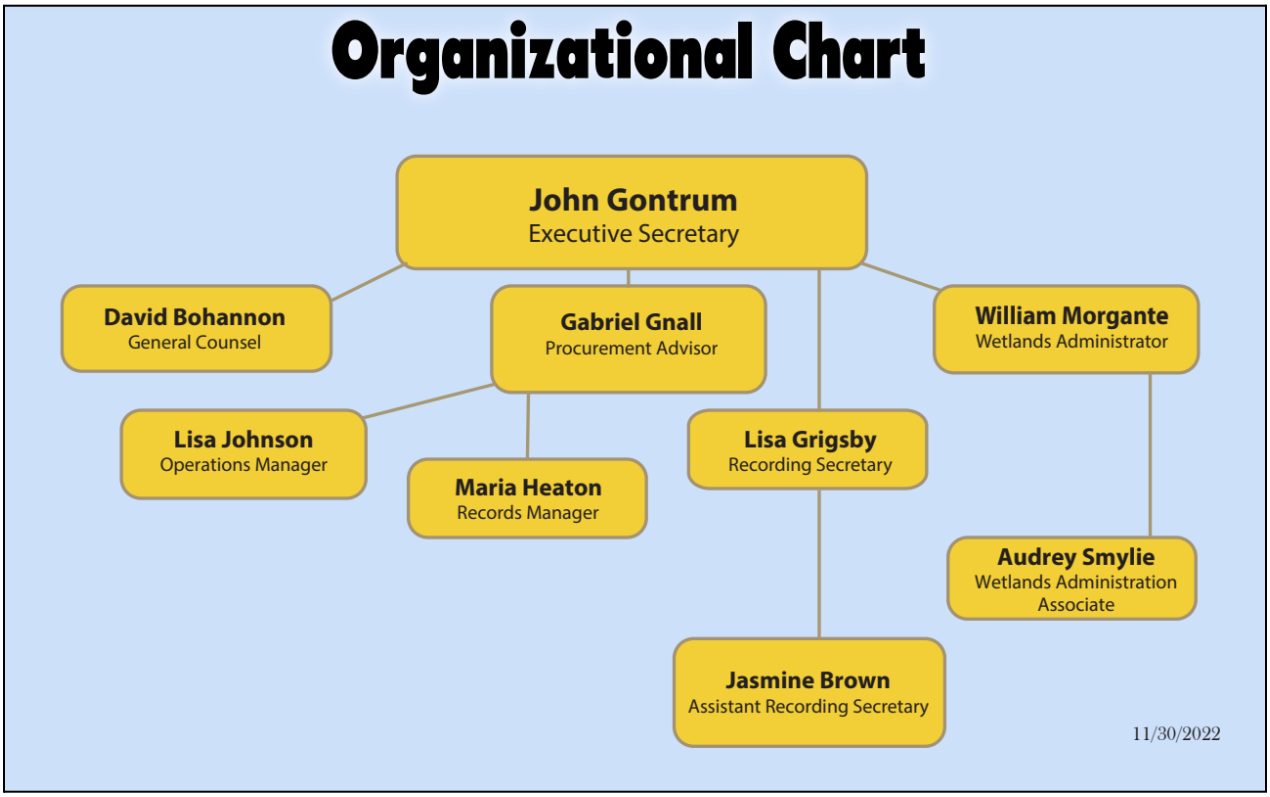
2. **Training Curriculum and Implementation** - The Department of Planning will await instruction from the Commission regarding the statutory requirements of our agency and will adopt all recommendations as suggested or required.

3. **Trauma-Informed Initiatives and Framework Implementation** - The Department of Planning will await instruction from the Commission regarding the statutory requirements of our agency and will adopt all recommendations as suggested or required.

4. **Planning and Implementation** - The Department of Planning will await instruction from the Commission regarding the statutory requirements of our agency and will adopt all recommendations as suggested or required.

X. Department of Public Works

A. **Agency Organizational Chart**



B. **Designated Agency Staff**

1. John Gontrum, Executive Secretary, (410) 260-7335; john.gontrum@maryland.gov
2. Lisa Johnson, Operations Manager, (410) 260-7335; lisa.johnson1@maryland.gov

C. **Agency Report**

1. **Definitions and Terms** - Currently, no information to report.

2. **Training Curriculum and Implementation** - Currently, no information to report.

3. **Trauma-Informed Initiatives and Framework Implementation** - As stated in the 2022 report, the Board of Public Works is the highest administrative body in the Maryland state government, composed of the Governor, the Comptroller, and the Treasurer. The 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 perform dredging or filling work in Maryland's State-owned tidal wetlands.)

   There is uncertainty as to whether the "Department of Public Works" referenced in Human Services Article § 8-1301(b)(10) is in fact this three-member administrative body or is intended to reference a traditional, public-facing Department of Public Works providing services in local communities, such as public infrastructure construction and maintenance.

   Nonetheless, the staff of the Board of Public Works will study the provided 'The Maryland Way' materials, and we look forward to participating in the future training session as we await clarification on whether the Board of Public Works or another State agency is the intended entity listed in Human Services Article § 8-1301(b)(10).

4. **Planning and Implementation** - Please refer to the information above.

XI. Maryland Department of State Police

A. **Agency Organizational Chart** - Not included.

B. **Designated Agency Staff**

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

C. **Agency Report**

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** - In 2022, select members of the Department received introductory training on Adverse Childhood Experiences from Ms. Christine Fogle and Mr. William Jernigan (ACE Interface). This training was well received and the MDSP used it as the beginning of our assessment of what was needed to bring the Department into compliance with the law.

   Sergeant Robert Isabelle, MDSP Training Division, also attended this training and continued to be certified as an ACEs Interface Master Presenter in September 2022. Using ACEs Interface as a foundation for leading the future training of the Department, Sergeant Isabelle took the lead on giving training pertinent to the trauma-informed delivery of State services out to our sworn and civilian personnel. He has created a curriculum that all members of the Department will eventually receive training that supports the requirements of this law.

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

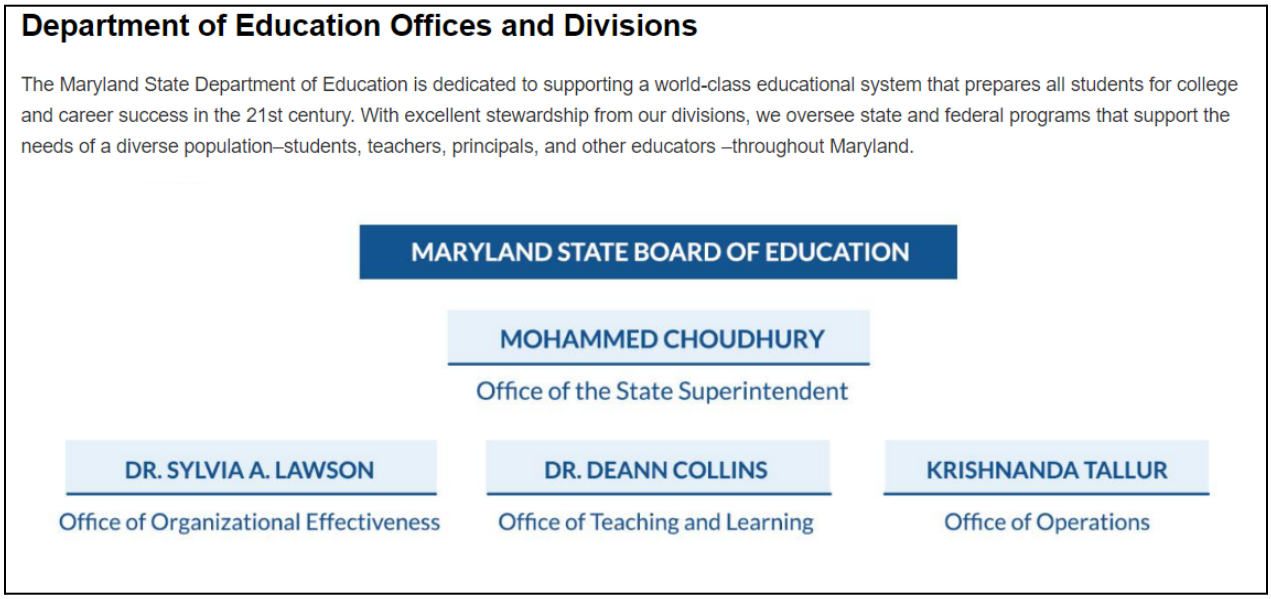
3. **Trauma-Informed Initiatives and Framework Implementation** - The Department is awaiting guidance on how trauma-informed care/practices inform and are incorporated into the policies and practices of the agency.

4. **Planning and Implementation** - The Department is awaiting direction from the Commission to be able to fully state any barriers and challenges.

XII. State Department of Education

A. **Agency Organizational Chart** - The agency will provide an organizational chart outlining all divisions/departments within the agency, directors of each division/department, and high level staff reporting directly to the Secretary. The organizational chart for the agency is located on the Maryland State Department of Education's Website at: https://marylandpublicschools.org/programs/Pages/default.aspx#

Appendix 4: Full 2023 Maryland State Agency Report Submissions



B. **Designated Agency Staff**

1. Dr. Sylvia Lawson, Deputy Superintendent of Organizational Effectiveness, sylvia.lawson@maryland.gov
2. Dr. Renee Neely, Comprehensive Planning Specialist, Division of Student Support, Academic Enrichment, and Educational Policy, renee.neely@maryland.gov.

C. **Agency Report**

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.
    - 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 normal development.
- Equity: Providing 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 and the ability to learn and build on the varying cultural and community norms of students and their families.

2. **Training Curriculum and Implementation** - The agency will provide current training curriculum related to trauma; trauma-informed care/practices; Adverse Childhood Experiences (ACEs); Diversity, Equity, and Inclusion (DEI), Implicit Bias/Unintentional Racial Bias, or Cultural Competency and/or Responsiveness. The agency will also describe when training on these topics are delivered, individuals receiving the training, and who will provide the training.

   In fiscal year (FY) 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) authorized grant funds (FY 2020 to 2025) for a project entitled Advancing Wellness and Resilience in Education (MD-AWARE) to State Education Agencies (SEAs). The grant seeks to build or expand the capacity of SEAs, in partnership with State mental health agencies (SMHAs) overseeing school-aged youth, within three local education agencies (LEAs).

   The Maryland State Department of Education (MSDE), currently in the third year of MD-AWARE, provides targeted, evidence-based practices to three Maryland LEAs: Baltimore City Public Schools (BCPS), Caroline County Public Schools (CCPS), and Talbot County Public Schools (TCPS) to increase their capacity to use a multi-tiered framework that is designed to improve student behavioral health outcomes and linkages to mental health services. BCPS covers a large geographic area and serves approximately 77,856 students in both urban and suburban settings. In contrast, CCPS and TCPS are smaller rural LEAs on the eastern shore of MD that serves approximately 5,553 and 4,524 students respectively. MSDE and each LEA worked collaboratively to develop and implement programs aligned with the goals of MD-AWARE. During the project's second year (FY 2021 to 2022), MD-AWARE reached or exceeded goals in areas that included increasing partnerships and training school and community members in trauma-informed and culturally responsive practices.

Appendix 4: Full 2023 Maryland State Agency Report Submissions

During year two of implementation, MD-AWARE accomplished the following:

- Developed five partnerships and collaborations with community organizations to leverage resources for youth and families. The Maryland Education and Behavioral Health Community of Practice (CoP) has been adapted to serve as the state-level advisory group and met quarterly throughout the year.
- Trained 3,664 key school- and community-based partners in mental health promotion and prevention practices to support wellbeing through providing trauma-responsive care.
- Trained 158 mental health providers in Evidence-Based Practices (EBP) to treat trauma in support of student wellbeing.
- Refined referral and access pathways for students and families to acquire needed supports; over half (56%) of school referrals resulted in students receiving mental health care.
- Integrated the SAMHSA required interviews into clinical workflows to assess the impact of Tier 2 and Tier 3 treatment. Two-hundred twenty-six students completed the National Outcome Measure (NOMS) Interview which rates treatment quality.

Additionally, the University of Maryland School of Medicine (UM SOM) evaluation team worked extensively with MSDE and each of the three LEAs to implement data collection and reporting systems that met requirements and facilitated ongoing quality improvement at each site. Specific year two accomplishments include:

- Modified the online Infrastructure Development, Prevention, and Mental Health Promotion (IPP) data tracking system to ensure data collection accuracy.
- Provided a refresher training to clinicians and clinical supervisors on how to conduct National Outcome Measures (NOMS) interviews.
- Worked with each site to develop processes for the collection of NOMS interviews by clinicians, including training clinicians and administrative teams.
- Processed NOMS interviews, including connecting with on-site teams to refine processes.
- Attended monthly and as-needed meetings to maintain connection to team and refine evaluation procedures.
- Completed timely entry of quarterly data into SAMHSA's Performance Accountability and Reporting System (SPARS).
- Provided two tier-two trauma intervention trainings (Cognitive Behavioral Intervention for Trauma in Schools – Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce Back in collaboration with the Center for Safe and Resilient Schools and Workplaces.
- University of Maryland, Baltimore training and technical assistance (UMB TTA) team engaged in a strategic planning session with Talbot County Public School District to review their School Mental Health-Quality Assurance Assessment to identify and prioritize areas of quality improvement.
- Attended quarterly meetings with MD-AWARE stakeholders including the MD Educational and Behavioral Community of Practice (CoP).

- Created an evaluation report summarizing progress towards goals during year two and outlining future plans.

Partnerships and Collaborations: Developing partnerships and collaborations with other community members and organizations to leverage existing resources and provide the highest quality services to youth and families is a key component of MD-AWARE. During year two, each LEA created partnerships with local behavioral health providers to increase school-based services, develop and implement trainings for staff, and/or serve in an advisory capacity. LEAs developed a total of five partnerships, meeting the year two goal of five.

- **BCPS** established partnerships with the Health and Wellness Council for Baltimore City to support student health, nutrition, and wellness.
- **CCPS** established partnerships with the following organizations: local libraries to provide training opportunities and behavioral health organizations (Channel Markers, Shore Strategies) to provide services for students and families.

In addition to the collaboration that has been formed with BCPS, CCPS, TCPS, and the University of Maryland Baltimore, MD AWARE federal funding has also afforded MSDE the opportunity to engage in enhancing on-going partnerships with the Behavioral Health Administration (BHA), The Family Tree (TFT), and the Mental Health Association of Maryland (MHAMD). During year two of Project AWARE, these agencies provided the following trainings:

- **BHA**: The Behavioral Health Administration continues to address the importance of trauma-informed care and practices via their district initiative and collaborations with BCPS and Community-Based organizations. BHA has sponsored two-hour online community webinars on the impacts of the Adverse Childhood Experiences (ACEs). They have also partnered with BCPS to implement the Rhithm App (a daily emoji check-in that shows data to school officials about the social-emotional status of students and teachers). The Rhithm App launches quick health and well-being related activities that help get users ready to perform via life skills and tools using videos and areas where the user can comment. During year two of Project AWARE, the Rhithm App was placed in a minimum of 10 BCPS. BHA has also formed a partnership with the Danya Institute Inc. (therapeutic community-based organization) to provide additional mental health services onsite in schools for staff and students who are assigned to schools with the highest needs.
- **MHAMD**: Mental Health Association of Maryland collaborated with MSDE to offer Mental Health First Aid Instructor Trainings. During year two a total of 56 instructors were trained through this initiative. As a result, these instructors are now eligible to teach Youth Mental Health First Aid and are receiving support and technical assistance from MHAMD, as needed.

The Family Tree (TFT) has conducted community film screenings (Broken Places by Roger Weisberg) to explore the impact of trauma and resilience on families. Debriefing and discussions during the film screenings have included why some families thrive after

adversity, while others do not. Notably, film screenings and discussions have served to foster the importance of why ACEs is a public health concern and allows for exploration of various strategies. The Family Tree continues to offer two-hour ACE interface learning calls that review the science and the biological impacts that ACEs has on an individual. Additionally, TFT is delivering and providing statewide, regionalized, ACEs Interface Master Train-The-Trainer models for LEA staff and various community organizations and businesses 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), ACEs, and resilience throughout Maryland LEAs; and to (2) use the ACE Interface Understanding and Building Self-Healing Communities curriculum to 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. By June 2022, TFT trained more than 1,656 individuals on the science of adverse childhood experiences while building a facilitator network of over 226 ACE Interface Mater Trainers and Presenters.

Impact Of Project AWARE On the Community: A total of 3,664 people outside of the mental health workforce received training in mental health promotion and prevention through MD-AWARE, exceeding the year two goal of 500. During year two, a total of 3,664 people were trained. By district, the number of individuals trained were BCPS 733, CCPS 315, and TCPS 2,616. A total of 158 people within the mental health and related workforce were trained in mental health interventions through MD-AWARE, exceeding the year two goal of 50. By LEA, the number of clinicians trained were BCPS 36, CCPS 108, and TCPS 14. A total of 1,219 students were referred to services as a result of MD-AWARE, exceeding the year two goal of 222 students. By district, the number of students referred were BCPS 467, CCPS 462, and TCPS 290.

- **BCPS**: It should be noted that BCPS is working with 15 schools across the LEA as part of MD-AWARE. BCPS referrals were reported by school-based clinicians and community provider partners. A total of 467 referrals were received during year two.
- **CCPS**: In CCPS, mental health referrals are provided by school counselors to the mental health coordinator. Coordinators makes appropriate referrals. A total of 462 referrals were received during year two.
- **TCPS**: The number of referrals in TCPS includes all mental health referrals received by TCPS. Examples of referrals include attention/behavior, attendance, mental health deficits, bullying, peer problems, grief/loss, family issues, suicidal ideation, and other mental health concerns. A total of 290 referrals were received during year two.

MD-AWARE strives to ensure that students who are referred by providers for mental health supports receive access to Tiers two or three services. The year two goal of at least 12% of the students referred received access to services was significantly exceeded. The information below summarizes the number and percentage of students receiving services as a result of a referral by district and quarter.

- **BCPS**: It should be noted that BCPS is working with 15 schools across the district as part of MD-AWARE. An average of 64% of students that were referred for mental health services were able to access services.
- **CCPS**: An average of 50% of students that were referred for mental health services were able to access services.
- **TCPS**: An average of 55% of students that were referred for mental health services were able to access services.

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.

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

   A Trauma-Informed Approach for Maryland Public Schools (guidance document) was developed to provide a framework to LEAs 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 LEA. The purpose of this guide is to assist LEAs in implementing trauma-informed approaches through a multi-tiered system of support and to assist schools with:
   - Implementing a comprehensive trauma-informed policy at school;
   - The identification of a student, teacher, or staff member who has experienced trauma;
   - The appropriate manner for responding to a student who is identified as a "Handle with Care" student for schools participating with the "Handle with Care" program; and
   - Becoming a Trauma-Informed School that promotes healing.

   MSDE also developed Maryland's Model Policy on Bullying, Harassment, or Intimidation in accordance with Section 7-424.1 of the Education Article, Annotated Code of Maryland. The purpose of the model policy is to assist LEAs in the prevention of incidents of bullying, harassment, or intimidation thereby, reducing trauma caused by such incidents. The Model Policy contains definitions, procedures, interventions and supports for students, prevention and educational programs, and professional learning for faculty and staff.

   In alignment with the Blueprint for Maryland's Future, the State Board of Education adopted Code of Maryland Regulations (COMAR) 13A.07.11 – *Student Suicide and Safety Training*, which requires each LEA to provide annual training to all certificated school staff to:

- Understand and respond to youth suicide risk and (2) identify professional resources to help students in crisis. Effective July 1, 2021, the legislation was updated to include: (1) recognize student behavioral health issues; (2) recognize students experiencing trauma or violence out of school and refer student to behavioral health services; and (3) if the school is a community school, support students needing the services at a community school. A survey and certification statement were created to capture this information from LEAs, which is due MSDE by early April annually.

In the past few years, school communities across the State of Maryland have been impacted by new and growing mental health concerns. For this reason, MSDE in partnership with the National Center for School Mental Health University of Maryland School of Medicine, established the Maryland School Mental Health Response Program to provide timely consultation and support to LEAs to address student and staff mental and behavioral health concerns.

This program provides 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 the work of site-based student support services personnel (school psychologists, school counselors, pupil personnel workers, school social workers, and school nurses). This team provides professional support and consultation services, developed a community of practice, and offers training and professional development opportunities for schools and LEAs regarding current mental and behavioral health concerns.

All of the services provided by the Maryland School Mental Health Response Program have trauma informed practices embedded into them. The program has delivered professional development and training to over 800 school staff across 20 LEAs. Training topics include the School Health Assessment and Performance Evaluation System (SHAPE), Classroom WISE, Teacher WISE, Youth Mental Health First Aid, School Nurse Trainings, school social worker trainings, educator wellness, behavioral health in the classroom, crisis management, student engagement, and substance use awareness.

The Maryland School Mental Health Response Team has also provided consultation services infused with trauma informed practices to all 24 LEAs, fulfilling over 300 support requests. These requests include mental health resource requests, system consultation, training requests, crisis support, and complex clinical case consultations. The complex clinical case consultations are led by a Child and Adolescent Psychiatrist.

The Maryland School Mental Health Response Program also hosts monthly community of practice or learning community meetings to provide opportunities for LEAs to learn from one another and other partners. All of the monthly topics include trauma informed practices. The monthly topics were determined based on a needs assessment given to all 24 LEAs. The topics include School Staff Well-Being (September), Workforce Recruitment and Retention (October), Universal Screening and Referral Pathways (November), Managing Behavioral Health Crises in Schools (December), Positive

Teacher-Student Relationships (January), Funding School Mental Health (February), Family Partnership in Student Mental Health (March), and Crisis Postvention (April).

4. **Planning and Implementation** - The agency will provide a plan regarding how it will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services, based on Commission recommendations. 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.

   MSDE is fully committed to prioritizing the trauma responsive and trauma informed delivery of State services. The agency plans to continue to leverage available resources, including human and fiscal resources, to implement programs and initiatives identified in this report. Programs such as MD-AWARE and the Maryland School Mental Health Response Program will continue to provide training and resources to LEAs on adverse childhood experiences, diversity, equity and inclusion, implicit bias, the school health assessment and performance evaluation system, and youth mental health first aid. MSDE will continue to partner with the Maryland Department of Health, the National Center for School Mental Health University of Maryland School of Medicine, and other partners and stakeholders to make trauma responsive and trauma informed approaches available to students, families, and educators.

   MSDE will continue to evaluate policies including guidance on *A Trauma-Informed Approach for Maryland Public Schools*, the *Model Policy on Bullying, Harassment, and Intimidation*, and appropriate COMAR regulations to ensure that programs are meeting identified needs.

   As with many programs and initiatives, ongoing challenges may include continuing to identify funding sources (federal, State, and local) aligned with trauma informed approaches to sustain this work. The MSDE Grants Office will continue to play a pivotal role in identifying, analyzing, and making recommendations regarding grant opportunities that align with the trauma informed approach. Another common challenge to implementation is finding the time to train school-based personnel. School-based personnel maintain full schedules managing the school building, teaching, or providing mental and behavioral health services. MSDE personnel will continue to work with LEAs counterparts on an ongoing basis to make training and professional development opportunities available.

XIII. Department of Transportation

A. **Agency Organizational Chart** - MDOT did not provide an organizational chart.

B. **Designated Agency Staff**

1. Martin Lee, Jr., Risk Manager & Safety Officer

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.

C. **Agency Report**

1. **Definitions and Terms**
   - Trauma: Trauma is the response to a deeply distressing or disturbing event that overwhelms and individual's ability to cope, causing feelings of helplessness, diminishes their sense of self and their ability to feel the full range of emotions and experiences. It results from exposure to an incident or a series of events that are emotionally disturbing or life threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and or spiritual well-being.
   - Trauma-Informed: Establishing and maintaining a framework of care in transportation service delivery that is based on knowledge and understanding of how trauma affects peoples lives, their service needs and service usage. It includes anticipating and responding to issues, expectations, and special needs that are often present in survivors of trauma.
   - Trauma-Responsive: Transportation agencies examining every aspect of organization's programming, environment, language and values, and involving all employees in better serving our community, customers and stakeholders who have experienced past trauma.
   - Secondary Trauma/Stress: Is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Understanding secondary traumatic stress (STS), its effect on employees and how to alleviate its impact is always a concern of Transportation agencies. Being exposed to traumatic and troubling events, sometimes on a daily basis, influences one's personal and professional lives. Employees acquire different ways to cope- some are adaptive, others are not. STS can decrease staff functioning and create challenges in the work environment. Some of the documented negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.
   - Protective Factors: Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Some risk and protective factors are fixed: meaning they don't change over time. Protective factors include having positive attitudes, values, and beliefs; developing conflict resolution skills; providing an environment that promotes good mental, physical, spiritual, and emotional health.

- Resiliency: The ability of transportation organizations to prepare for changing conditions and withstand, respond to, and recover rapidly from disruptions. The ability of transportation agencies to effectively manage, operate, and maintain a safe, reliable transportation system while being threatened by a changing climate. MDOT has a resiliency plan incorporated into its asset management/COOP plan
- Equity: Equity in transportation seeks fairness in mobility and accessibility to meet the needs of all community members, especially individuals who belong to underserved communities, to facilitate social and economic opportunities by providing equitable levels of access to affordable and reliable transportation options based on the needs of the populations being served. MDOT has and Office of Diversity & Equity
- Racial Equity:The term equity means the consistent and systematic fair, just and impartial treatment of all individuals, such as Black, Latino, Indigenous Native American persons, Asian Americans/Pacific Islanders, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely impacted by persistent poverty or inequality. MDOT has and Office of Diversity & Equity.
- Culturally Responsive: Being culturally responsive requires having the ability to understand cultural difference, recognize potential biases, and look beyond differences to work productively with employees, customers, and vulnerable populations whose cultural contest are different from one's own.

2. **Training Curriculum and Implementation** – MDOT has established and maintained Diversity to Belonging Cohorts comprised of a selected pool of volunteers representing all of MDOT transportation business units (TBU's). They review MDOT policies/procedures and best business practices to evaluate and access opportunities to diversify and build a more inclusive work environment throughout MDOT organizational practices. The cohorts submits recommendations and corrective actions directly to the secretary. Cohorts are rotated/change every 6 months to provide employees an opportunity to participate and provide fresh and diverse perspectives.

   MDOT does not currently provide training on Adverse Childhood Experiences or Trauma-Informed Care Practices.

   MDOT does provide training for Diversity, Equity, and Inclusion (DEI) through our cloud-based application in Cornerstone. None of the trainings currently offered are mandatory. Employees are encouraged to take the trainings to expand their knowledge base in this area.

   Current courses offered in Cornerstone:
   - Diversity Made Simple
   - Diversity In The Workplace
   - Understanding Diversity, Unconscious Bias and Micro-Behaviors
   - Diversity and Inclusion, Microlearning Playlist

- Human Resources Office of training and Organizational Development and the TSO Chief Engagement Officer research and develop training curriculum.

3. **Trauma-Informed Initiatives and Framework Implementation** - N/A

4. **Planning and Implementation -** 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

A. **Agency Organizational Chart** - Reorganization in process - none provided.

B. **Designated Agency Staff**

1. Stevanne Ellis, State Ombudsman
2. Cognitive and Behavioral Health Specialist position which will be filled in June.

C. **Agency Report**

1. **Definitions and Terms**
   - Trauma: The National Association of Social Workers (NASW) define trauma as “an unexpected event outside of a person's control such as criminal victimization, accident, natural disaster , war or exposure to community or family violence” “The event presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear”
   - Trauma-Informed: NASW states” trauma informed care incorporates the understanding of the frequency and effects of early adversity on psychological functioning across the lifespan”
   - Trauma-Responsive: Creating a dynamic that includes safety, trust,choice,collaboration, and empowerment
   - Secondary Trauma/Stress: The emotional duress that results when a person hears about the first hand trauma experienced by another
   - Protective Factors: According to the CDC there are multiple positive factors including individual and family and community characteristics.
   - Resiliency: The ability not to succumb to adverse experiences. Resilience can be learned and developed over time. The Community Resilience Model or CRM outlines six practices that can be used. Tracking sensations, resourcing,grounding,gesturing,shift and stay, help now

- Equity: According to ACL(the Federal Funding Agency for MDOA) equity means the "systematic fair, just and impartial treatment of individuals who belong to underserved communities that have been denied such treatment"
- Racial Equity: "The condition that would be achieved if one's racial identity no longer predicted, in a statistical sense how one fairs. Racial equity is one part of racial justice."(Racial Equity Tools at racialequitytools.org)
- Culturally Responsive: NASW states culturally responsive includes the ability to convey and communicate authenticity, guinness, empathy, and warmth and to respond respectfully and effectively tp persons of all cultures, languages, classes, races, ethnic backgrounds,, religions, spiritual traditions,immigration status and other diversity factors such as LGBTQ

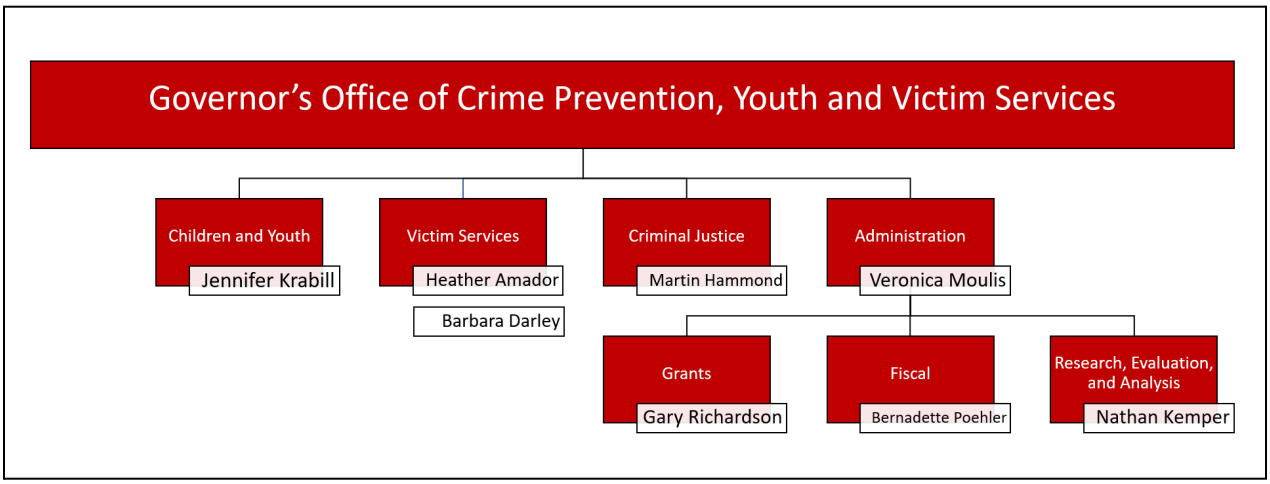
2. **Training Curriculum and Implementation** - The week of May 29th 2023 will be providing an electronic version to all Department staff and Area Agency on Aging Directors, a presentation that was attended by Secretary Roques at the Maryland Gerontological Association on Trauma and Abuse and Neglect of older adults.

3. **Trauma-Informed Initiatives and Framework Implementation** - N/A

4. **Planning and Implementation** - MDOA does not provide client services at the state level. These services are provided at the local level through the 19 Area Agencies on Aging. The AAA are all local level government entities and employees and have their own guidelines and training on these topics.

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

A. **Agency Organizational Chart** - The following organizational chart outlines all divisions/departments within the Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS), to include directors of each division/department and high level staff reporting directly to the Executive Director.



B. **Designated Agency Staff** - The designated staff for GOCPYVS are identified as Christina Drushel-Williams, Chief of Community Initiatives, and Rachel Ames, Mental Health Coordinator, Centers of Excellence, Criminal Justice Programs. Additionally, Christine Fogle, Trauma-Informed Care Program Manager, staffs and provides support to the Commission on Trauma-Informed Care (Commission) and attends all training sessions offered by the Commission.

C. **Agency Report** - Information pertaining to each division is described in detail in the sections below.

Children and Youth Division

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." *(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. *(Adapted from Johns Hopkins*)
     - (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 SAMHSA)*
   - Trauma-Responsive: To examine every aspect of an organization's programming, environment, language, and values; and involve 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*)
    - (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 GOCPYVS. An example presentation on Racial and Ethnic Disparities is attached with this report.

2. **<u>Training Curriculum and Implementation</u>**

"Racial and Ethnic Disparities"
William Jernigan serves as Maryland's Statewide Racial and Ethnic Disparities (R/ED) Coordinator. This is a federally mandated position through the Title II Juvenile Justice Delinquency Prevention Formula (JJAC) Grant Program. Mr. Jernigan conducts training across the state and provides presentations for members of the Title II State Advisory Group and subgrantees, Local Management Boards (LMBs), state agencies, community-based organizations, and other stakeholders. 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 GOCPYVS' 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, and 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.

3. **Trauma-Informed Initiatives and Framework Implementation** - 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 LMBs receiving funding through the Children's Cabinet Interagency Fund (CCIF) in response to prevailing cross-agency needs.

   The Children's Cabinet has adopted three overall themes or lenses to be applied to all programs/strategies supported through the CCIF. They are Racial and Ethnic Disparities (R/ED); Adverse Childhood Experiences (ACEs); trauma-informed practices (TIPs); and research-based practices.

   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.[10]

The JJAC 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 GOCPYVS.

The GOCPYVS has made available a Racial and Ethnic Disparities (R/ED) Assessment Tool that can be used by LMBs and JJAC 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 FY 2023 CCIF, 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, 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 staff and board members who reported an understanding of ACEs and TIPs principles after participating in training and education opportunities.
- Number and percent of vendors who reported an understanding of ACEs and TIPs principles after participating in training and education opportunities.
- Number and percent of community members who reported an understanding of ACEs and TIPs principles after participating in training and education opportunities.

[10] Governor's Office of Crime Prevention, Youth, and Victim Services. (2021). *Maryland Children's Cabinet Three-Year Plan, 2021 - 2023*. https://dlslibrary.state.md.us/publications/Exec/GOCPYVS/EXORD01.01.2020.01.IV.C_2021-2023.pdf

- Describe how the LMB utilizes organizational and policy assessment tools in assessing community needs, planning, and incorporating the Children's Cabinet overall themes of ACEs, TIPs, and R/ED.

In FY 2022, LMBs reported the following for ACEs performance measures:

- Eight (8) LMBs implemented ACEs initiatives: Anne Arundel (7), Baltimore (5), Calvert (9), Harford (4), Howard (1), Montgomery (10), Prince George's (6), and Wicomico (10).
- Eleven (11) LMBs reported that their programs/strategies incorporated ACEs concepts in planning efforts and interventions. Allegany, Anne Arundel, Baltimore, Calvert, Caroline, Frederick, Kent, Prince George's, and Talbot reported 100%; Howard reported 17%; and Wicomico reported 67%.
- Eight (8) LMBs reported that their programs/strategies incorporated ACEs research and local ACEs data to identify groups of people who may be at higher risk for behavioral health concerns and to conduct targeted prevention efforts. Allegany, Calvert, Caroline, and Frederick reported 100%; Anne Arundel reported 86%; Howard reported 17%; Prince George's reported 80%; and Wicomico reported 50%.

For JJAC funding, grantees are required to track and measure program outputs and outcome-based performance measures that directly support the GOCPYVS' objectives, which includes addressing and preventing ACEs and the impact of childhood trauma. Performance measures are submitted on a quarterly basis, to include the following:

- 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 FY 2022, the Children's Cabinet allocated $123,345 in grant funding to two programs/strategies, located in Harford County and Wicomico County, for the Trauma-Informed Care/ACEs priority area. In FY 2023, several LMBs provided training

for vendors and community organizations to ensure all programs/strategies incorporate intentional effort to reduce ACEs and increase TIPs.

GOCPYVS prides itself on being a **trauma-informed and resilience-focused workplace**. The GOCPYVS leadership fosters a culture of compassion, empathy, and empowerment, as well as opportunities for choice for all staff. It also offers an environment of trust and transparency, while fostering resilience, growth, and collaboration.

The GOCPYVS maintains a **culture of compassion and empathy**. Leaders are compassionate, non-judgemental, and recognize and honor personal experiences (sometimes traumatic) and individual responses (emotional, physical, and psychological) and in these situations, address staff with empathy and support. The GOCPYVS' open door policy makes staff feel comfortable bringing up needs, conflict, and personal concerns. Additionally, leaders have regularly scheduled individual meetings with staff where leadership verbalizes expectations, discusses workload, addresses issues, and provides support. Office leadership are quick to make necessary accommodations for family or health concerns to assure staff are prioritizing self and home while completing necessary projects in a timely fashion.

The GOCPYVS creates a **culture of empowerment**. Leaders empower staff to make informed decisions, promote safe work spaces that allow all team members' voices to be heard. Office leadership regularly communicates with team members in order to check the pulse of the work atmosphere, thereby ensuring staff feel safe to request help, clarify any confusion, voice concerns, etc. Leadership solicits and incorporates staff ideas when creating or altering policies, practices, and resources that support staff.

Office leadership provides **opportunities for choice** for all staff. Leaders offer staff choices when distributing new projects or assignments and tailor requests to the interests, goals, and aspirations of each staff member. Additionally, staff are able to choose their work hours, telework days, how to manage their workload within necessary timelines, and the opportunity to individualize their personal work space.

The GOCPYVS has created an **environment of trust and transparency**. Office leadership provides consistent messages to staff and are predictable in how staff are treated. Leaders maintain a level of respectful consideration and create positive responses to conflict. Staff feel confident that the support and protection will be maintained by leadership while holding staff accountable in constructive and compassionate ways. Staff are valued and given the opportunity to work independently and feel trusted to manage their workload and time. Individuals are encouraged to be curious, ask questions, and consistently given the opportunity to request help from management or peers.

The GOCPYVS **fosters resilience and promotes a culture of growth, collaboration, and mutuality**. Leadership promotes growth and consistent learning in staff as individuals and as a part of the team. Individuals are appreciated and celebrated. The

GOCPYVS prioritizes staff well-being by motivating staff to create a healthy work-life balance. The GOCPYVS maintains generous health and leave policies and encourages self-care consistently. Office leadership maintains a generous telework policy as well as a day of collaboration where all staff are in-person. Teamwork is encouraged through bi-weekly team meetings where each individual provides an update and any requests for help from the team. Team members are given the opportunity to provide input, create collaborations, or offer peer support to other team members. In order to promote a team spirit and sense of cohesiveness, the GOCPYVS occasionally conducts fun staff celebrations or staff development.

4. **Planning and Implementation** - No anticipated barriers at this time.

Victim Services

1. **Definitions and Terms** - The Victim Services Unit defers to the Children and Youth Division in defining the following terms:
    - Trauma
    - Trauma-Informed
    - Trauma-Responsive
    - Secondary Trauma/Stress
    - Protective Factors
    - Resiliency
    - Equity
    - Racial Equity
    - Culturally Responsive

2. **Training Curriculum and Implementation**

Maryland State Board of Victim Services: The mission of the Maryland State Board of Victim Services (Board) is to ensure that all crime victims in Maryland are treated with dignity, respect, and compassion during all phases of the criminal justice process and receive comprehensive victim services.

The Board and the GOCPYVS host the Crime Victims' Rights Conference annually to provide crime victim service professionals the opportunity to listen, learn, and network with speakers and peers as it relates to emerging victim issues and innovative approaches to empower victims. Previous conference topics have included stalking, adverse childhood experiences, racial disparities, enforcement-based victim services, victims' rights, compensation, navigating the criminal justice system, victim notification, teen dating violence, human trafficking, and self-care in a post-pandemic world. The conference is geared towards advocates, but also attracts other victim services professionals including attorneys, law enforcement, counselors, and more.

Roper Victim Assistance Academy: The GOCPYVS supports the Roper Victim Assistance Academy (Academy) which offers two levels of training, basic and advanced,

to victim service professionals in Maryland. The basic training consists of a 40-hour standardized multidisciplinary academic curriculum designed for newer professionals and is conducted as a one-week residential program. The basic training is usually held annually and the several advanced training is held throughout the year.

Funding Statewide Training

- **Child First**: The Maryland Children's Alliance provides Child First training which is an intensive and interactive 5-day course designed to provide child abuse professionals with the skills to conduct legally-sufficient forensic interviews of child sexual abuse victims.
- **Forensic Interview Toolbox (FIT)**: The Center for Hope provides FIT training which teaches current forensic interview research, tele-forensic interviewing, child development, use of media/evidence, memory and suggestibility, interviewing with cultural competence, and dynamics of abuse.

Abuse Intervention Training: House of Ruth Maryland provides training for abuse intervention staff where participants will learn the history and evaluation of abuse intervention work, what guidelines Maryland has for abuse intervention programs across the state, and best practices for engaging individuals who have used abusive behavior in a change process. The Governor's Family Violence Council certifies abuse intervention programs in Maryland and staff must be training in order to be certified.

- **Comprehensive Intimate Partner Violence Training**: The Maryland Network Against Domestic Violence provides training to professionals with in-depth information about working in the field of domestic violence. The training emphasizes victim safety, victim empowerment, abuser accountability, and a comprehensive system response to intimate partner violence.
- **Comprehensive Sexual Assault Victim Advocate Training**: The Maryland Coalition Against Sexual Assault provides training for advocates who work directly with sexual assault survivors in Maryland. The training covers both introductory and advanced topics to provide a foundation for best practices for advocates in the field of sexual assault services.

3. **Trauma-Informed Initiative and Framework Implementation** - The Victim Services Unit is a centralized State level resource for crime victims which is comprised of the Criminal Injuries Compensation Board, the Sexual Assault Reimbursement Unit, and subject matter experts to address policy change to improve victim services across the State. The unit was created within the GOCPYVS to promote services and policies that provide victims of crime: the right to be safe in their homes and in their communities; the right to have increased access to services; the right to possess the requisite tools to become self-sufficient in the aftermath of criminal activity; and the indispensable right to receive restitution. The GOCPYVS conducts victims' needs assessments, strategic planning workgroup sessions, and administers surveys to assist the unit's strategic mission to align with the core principles listed above. The GOCPYVS achieves these goals by continuing to align strategic goals with its Notices of Funding Availability (NOFA) and incorporating these goals into all funding decisions while utilizing best and

promising practices. The GOCPYVS envisions an overall trauma-responsive approach to victim services to address the unique needs of each victim utilizing research-based knowledge, such as the ACEs studies, to promote effective strategies.

Child Sex Trafficking and Screening and Services Act: The Regional Navigator Program is administered through the GOCPYVS as required by the Child Sex Trafficking Screening and Services Act of 2019. The Act requires law enforcement and local Departments of Social Services, with reason to believe a child is a victim of sex trafficking, to notify a regional navigator in their jurisdiction to offer support and connect the child to appropriate services. The GOCPYVS launched a pilot program on November 1, 2019, in three jurisdictions to evaluate program development, performance measures, and data. In November 2020, seven additional jurisdictions joined the three existing sites, expanding services to Anne Arundel County, Baltimore City, Baltimore County, Cecil County, Frederick County, Harford County, Howard County, Montgomery County, Prince George's County, and Washington County. A training needs assessment survey was utilized to identify gaps in training and to troubleshoot program development issues within the 10 current jurisdictions. A training protocol for new and existing programs is currently in development.

Newly awarded programs include Carroll County, Charles County, Talbot County, and Wicomico County. As of 2023, the program plans to expand into the following counties: Allegany, Calvert, St. Mary's, and Garrett.

Governor's Family Violence Council: The mission of the Governor's Family Violence Council is to provide the Governor with timely and accurate information on family violence with recommendations to reduce and eliminate abusive behaviors. The council utilizes a framework in which members identify two or three key areas of family violence policy, selected by a majority vote, and championed by one member to be addressed by a workgroup of members over the duration of one year. At the conclusion of each year, the identified workgroup(s) presents its findings and recommendations to GOCPYVS for consideration.

A current workgroup under the council is the Survivor Advisory Council Workgroup, which will research advanced survivor involvement in human trafficking sectors for models to adapt for domestic violence survivor involvement. The workgroup will research domestic violence advisory councils and provide recommendations to the Governor's Family Violence Council on implementation. The workgroup hopes to hold focus groups with survivors in order to guide services and programs and develop best practices for survivor engagement.

4. **Planning and Implementation**

- **Trauma-informed Approach When Working with Victims**: The Victim Services Unit developed a guidance document for the GOCPYVS to be trauma-informed when speaking with victims.

- **Evidence-based Programs that Achieve Positive Outcomes for Crime Victims**: The Victim Services Unit works to improve victim safety, assist victims in achieving self-sufficiency, and ensure victims and the community are aware of resources available. In doing this, the GOCPYVS funds evidence-based, trauma-informed programs that achieve positive outcomes for victims of crime, and connects victims of crime with accessible resources.
- **Victims' Rights and Accessibility to Resources**: The Victim Services Unit coordinates the Maryland State Board of Victim Services and the Governor's Family Violence Council, and collaborates with those boards and other stakeholders in the victim services community, to further the strategic efforts that support victims' rights and increase access and availability of services. In doing this, and based on the identified needs of crime victims, the GOCPYVS allocates funds to provide a positive impact that can be measured for success.
- **Increase Knowledge of Victims' Rights in the Community**: The main vehicle for this initiative is the Annual Maryland Crime Victims' Rights Conference, hosted in partnership with the Maryland State Board of Victim Services. The conference provides information on emerging and best practices for serving crime victims. The Maryland State Board of Victim Services is mandated to develop and distribute several brochures and forms in order for crime victims to be aware of their rights and guide them through the complex criminal justice process. The brochures and forms can be found at: http://goccp.maryland.gov/victim-services/rights-resources/brochures-forms/. The GOCPYVS continues to collaborate with stakeholders to conduct outreach campaigns for victims' rights. These efforts include expanded use of social media, public service announcements, and other public platforms to promote availability of services and awareness of issues impacting victims of crime.
- **Leverage Resources to Address Underserved Populations**: The Victim Services Unit works with federal, state, and local stakeholders to increase the safety, self-sufficiency, and awareness of resources for victims of crime to foster its vision for a safer Maryland. This includes leveraging resources across state and local agencies to comprehensively address underserved populations.

Criminal Justice Division

1. **Definitions and Terms** - The Criminal Justice Division defers to the Children and Youth Division in defining the following terms:
   - Trauma
   - Trauma-Informed
   - Trauma-Responsive
   - Secondary Trauma/Stress
   - Protective Factors
   - Resiliency
   - Equity
   - Racial Equity
   - Culturally Responsive

2. **Training Curriculum and Implementation** - The Criminal Justice Division collaborates with the Children and Youth Division in making training available to grant recipients and community partners on topics related to trauma, resilience, and racial and ethnic disparities.

3. **Trauma-Informed Initiatives and Framework Implementation** - The Criminal Justice Division conducts the following programs related to trauma, resilience, and racial and ethnic disparities:
    - **Violence Intervention and Prevention Program**: Chapter 148 of 2018 (House Bill 432) established the Violence Intervention and Prevention Program fund and a Maryland Violence Intervention and Prevention Program Advisory Council within the GOCPYVS. The purpose of this fund is to support effective violence reduction strategies, specifically gun violence, through evidence-based and/or evidence-informed health programs; and to evaluate the efficacy of the programs funded as a result of the bill. Chapter 148 of 2018 also requires the evaluation of evidence-based health programs or evidence-informed programs to be conducted by an independent, third-party researcher selected by the council; and the results posted on the GOCPYVS' website.
        - Evidence-based health programs are programs or initiatives that are:
            - Developed and evaluated through scientific research and data collection;
            - Use public health principles that demonstrate measurable positive outcomes in preventing gun violence; and
            - Implemented by a nonprofit organization or public agency.
        - Evidence-informed health programs are programs, approaches, or initiatives that are:
            - Based on public health principles;
            - Capable of being studied and evaluated through research and data collection;
            - For the purpose of reducing gun violence;
            - Directed to influence factors determined to affect gun violence; and
            - Implemented by a nonprofit organization or public agency.
        - Hospital-based violence intervention program means a violence intervention program that:
            - Is operated by a hospital; or an individual or entity in collaboration with a hospital; and
            - Provides intensive counseling, case management, and social services to individuals who are recovering injuries resulting from violence.
    - **Performance Incentive Grant Fund (PIGF)**: The Criminal Justice Division also supports an array of trauma-informed programming through PIGF. The primary purpose of the PIGF program is to reduce Maryland's state and local incarcerated population through appropriate diversion, deflection, service provision, and

recidivism reduction resources. These programs often involve providing trauma-informed care to incarcerated individuals and victims of violence that would benefit from behavioral health treatment, resources, and services.

4. **Planning and Implementation** - The Criminal Justice Division works closely with the Children and Youth Division in supporting a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services. The GOCPYVS continues to create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services, based on Commission recommendations. The GOCPYVS 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.

GOCPYVS Administration

1. **Definitions and Terms** - The GOCPYVS will provide the following definitions of terms and corresponding notation or reference in current law, regulation, policies, or agency-approved training materials.
    - Trauma
    - Trauma-Informed
    - Trauma-Responsive
    - Secondary Trauma/Stress
    - Protective Factors
    - Resiliency
    - Equity
    - Racial Equity
    - Culturally Responsive

2. **Training Curriculum and Implementation** - The GOCPYVS will provide current training curriculum related to trauma; trauma-informed care/practices; Adverse Childhood Experiences (ACEs); Diversity, Equity, and Inclusion (DEI), Implicit Bias/Unintentional Racial Bias; or Cultural Competency and/or Responsiveness. The GOCPYVS 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 GOCPYVS will provide a discussion of current trauma-informed initiatives supported by the agency, including goals, assessments, metrics, and funding. The GOCPYVS will also provide a discussion of how trauma-informed care/practices inform, and are incorporated into, the policies and practices of the agency.

4. **Planning and Implementation** - The GOCPYVS will provide a plan regarding how it will create and support a cultural shift to prioritize the trauma-responsive and trauma-informed delivery of State services, based on Commission recommendations. The GOCPYVS 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.