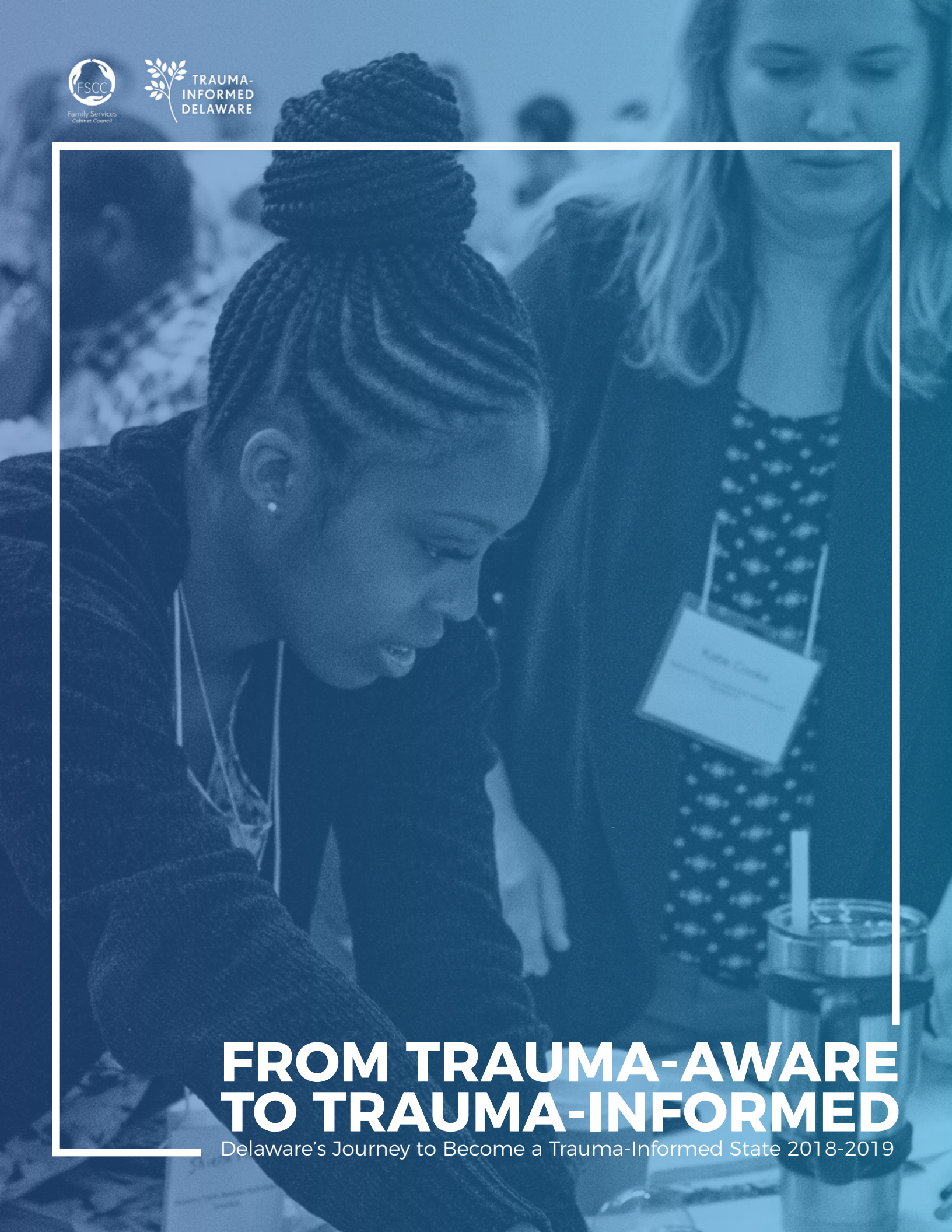


FROM TRAUMA-AWARE TO TRAUMA-INFORMED

Delaware's Journey to Become a Trauma-Informed State 2018-2019

Acknowledgements

There is a famous African proverb which states, "It takes a village to raise a child." As we write this report on Delaware's journey to become a Trauma-Informed State, we must acknowledge our village, the individuals, organizations, and state agencies committed to ensuring Delaware children and their families can live safe, healthy, and prosperous lives. Your feedback, support, guidance and leadership in this work has been invaluable.

Executive Leadership
Governor John Carney, State of Delaware
First Lady Tracey Quillen Carney, Trauma-Informed Delaware
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Kim Graham, Christina Cultural Arts Center
Leslie Newman, Children & Families First
Susan Cycyk, formerly Department of Services for Children, Youth, and their Families

We look forward to engaging the aforementioned leaders and other stakeholders as we continue on this critical journey of becoming a more Trauma-Informed State.

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Executive Summary

For well over a decade, committed individuals and organizations have worked to promote trauma-informed approaches in Delaware. **Trauma Matters Delaware (TMD)**, an early champion of trauma-informed care, provided more formal structure to Delaware's trauma landscape by organizing, in 2013, a steering group and committees to promote adoption of trauma-informed approaches, as well as convening key stakeholders to inform the development of their strategic plan. Simultaneously, there was an organic movement in the education and child welfare sectors, among others, to embrace and infuse trauma-informed practices into their work. The groundwork laid by **TMD** and other leaders in the State's trauma landscape inspired the State of Delaware to prioritize trauma-informed care. Their efforts led to Governor John Carney signing **Executive Order #24 (EO24)**, on October 17, 2018, which launched a formal and official effort to make Delaware a Trauma-Informed State.

This report captures the progress made by Delaware stakeholders working to achieve a Trauma-Informed State, offers recommendations to continue the progress made thus far, and provides action steps which the State of Delaware may prioritize to continue to build on existing efforts to become a more Trauma-Informed State.

The report is broken down into the following sections:

Introduction - providing relevant data on Delaware youth's exposure to trauma, an overview of the **Missouri Model Continuum of Trauma-Informed Care** which has guided Delaware's trauma-informed care efforts, and a summary of trauma-specific treatments to support individuals exposed to trauma.

Delaware Landscape - highlighting key stakeholders in Delaware's trauma landscape.

Stakeholder Recommendations - offering recommendations from Delaware stakeholders on how to actualize a Trauma-Informed State, including:

1. Establish a backbone to build capacity, steward resources, and enable collective impact.
2. Prioritize organizational change management to create an evaluation system and standards to monitor progress to goals.
3. Enable anchor institutions to make progress along a trauma-informed continuum.
4. Cultivate a trauma-informed workforce to increase the protective factors and supports for staff exposed to primary, secondary, and vicarious trauma.
5. Enable employers and institutions of higher education to cultivate a trauma-informed workforce.
6. Invest in community members as designers and facilitators of effective trauma initiatives.
7. Increase access to culturally responsive trauma-specific interventions and healing practices.

Framework for Action - indicating next steps the State of Delaware can take to build upon current momentum, including prioritizing:

1. The activation of a collective impact model to support Delaware's trauma landscape.
2. Change management processes of organizations, agencies, and institutions as they embark on their journey to become trauma-informed.
3. Healing initiatives that are culturally-relevant and community-driven.
4. The cultivation of Delaware's future trauma-informed workforce through the celebration of trauma-informed champions.

Introduction

Delaware ACEs

Adverse childhood experiences (ACEs) are potentially traumatic events that occur before the age of 18 and can have a lifelong impact on the person's health and opportunity.[1] A 2015 Delaware household health survey by the Delaware Public Health Institute included questions about 12 different ACEs. The survey found about 56% of all Delaware adults reported exposure to at least one ACE before the age of 18; almost 14% reported exposure to 4 or more. Delaware adults who reported four or more ACEs were over five times as likely to report having mental health and substance use problems.[2] The 2012 National Survey of Children's Health, which surveyed Delaware adults about exposure by children in their home to 9 ACEs found that 50.4% of all children in Delaware had been exposed to at least one ACE, and 23% had been exposed to two or more ACEs. Looking specifically at children in the City of Wilmington, the survey also found 60.5% had been exposed to at least one ACE, and 28% had been exposed to two or more ACEs. Of the nine ACE events, Delaware children were most often exposed to extreme economic hardship, divorce/separation, and witnessing or being the victim of neighborhood violence. The chart below details the 2012 data on how Delaware children are impacted by ACEs.[3]

Adverse Childhood Experience	City of Wilmington	State of Delaware	National
Extreme economic hardship	34%	24.8%	25.7%
Family disorder leading to divorce/ separation	20.1%	20.6%	20.1%
Has lived with someone with an alcohol/drug problem	9.0%	11.1%	10.7%
Has been a victim/witness of neighborhood violence	11.9%	11.6%	8.6%
Has lived with someone who was mentally ill/suicidal	7.0%	9.1%	8.6%
Witnessed domestic violence in the home	8.5%	8.0%	7.3%
Parent served time in jail	9.2%	7.5%	6.9%
Treated or judged unfairly due to race/ethnicity	6.7%	5.7%	4.1%
Death of a parent	5.2%	3.5%	3.1%
Child had 1 or more of the above ACEs	60.5%	50.4%	47.9%

Source: Child Health Data, Adverse Childhood Experiences Among Wilmington City and Delaware's Children, n.d.

1 CDC, Adverse Childhood Experiences, 2019.
2 Delaware Public Health Institute, 2016
3 Child & Adolescent Measurement Initiative (2016). "Adverse Childhood Experiences among Wilmington City and Delaware's Children." Data Resource Center.



Graphic adapted from George Washington University's Building Community Resilience Collaborative

Trauma is a pervasive societal problem, not unique to Delaware, that has become a global public health concern. Fortunately, exposure to and the impact of trauma can be mitigated with widespread commitment to and implementation of trauma-informed practices.

Environmental Change and Organizational Transformation

Systems and communities can work together to ensure conditions are in place for children, adults and communities to thrive. In order to do this, adverse community environments that breed ACEs must be addressed. The Building Community Resilience Approach, developed by George Washington University's Center for Prevention and Wellness, advocates for individuals and organizations to develop a "protective buffer" against ACEs by improving environmental conditions.[4]

This transformation also requires that individuals and organizations progress along a continuum from "Trauma-Aware" to "Trauma-Informed." The following diagram, known as the **"Missouri Model" developed by the Missouri Department of Mental Health,**[5] illustrates the continuum Delaware has adopted as a guide to becoming more trauma-informed. The **Delaware Developmental Framework for Trauma-Informed Care**, developed in alignment with the **Missouri Model**, provides organizations with a framework for indicators of transformation along the continuum for trauma-informed care.

4 George Washington University, Center for Prevention and Wellness, The Building Community Resilience Collaborative, n.d.

5 Missouri Department of Mental Health, Missouri Model: A Developmental Framework for Trauma-Informed, 2014.

Trauma-Aware	Trauma-Sensitive	Trauma-Responsive	Trauma-Informed
Individuals and organizations understand how trauma impacts their clientele and their staff. All staff are trained in the basics of trauma and are familiar with the values and terminology of trauma-informed care. Leadership recognizes that understanding and responding to trauma is essential to fulfilling the organization's mission and institutes a change process.	Individuals and organizations begin to apply the concepts and values of trauma-informed care to their environment and to daily work. Self-care becomes a priority. The organization finds ways to hire people with trauma expertise and to support ongoing learning. Environments are modified. Staff begin to see the individuals they work with through a trauma lens and seek out opportunities to learn new trauma skills. Trauma-specific interventions are available for those who need them.	Individuals and organizations shift the language used throughout the organization to highlight the role of trauma. At all levels of the organization, staff take the initiative to begin re-thinking the routines and infrastructure of the organization. Trauma-informed models of supervision are introduced, measures of trauma and recovery are incorporated in data systems, record-keeping is revised and policies and procedures are re-examined. The organization incorporates self-care and peer advocacy, and hires people with lived experience to play meaningful roles. People outside of the organization understand the organization's mission to be trauma-related.	Individuals and organizations have made trauma-responsive practices the organizational norm. All aspects of the organization have been reviewed and revised to reflect a trauma approach. All staff are skilled in using trauma-informed practices. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. People from other organizations and from the community routinely turn to the organization for expertise and leadership in trauma-informed care.

Individuals, organizations, agencies and institutions that adopt trauma-informed practices are positioned to administer trauma-specific interventions to people who have experienced trauma, or refer individuals to the appropriate agencies where they can access needed support services.

Trauma-Specific Interventions

Trauma-specific interventions directly address the impact of trauma on an individual's life and can facilitate recovery from adverse experiences. These interventions may be clinical in nature, such as the use of Trauma-Focused Cognitive Behavioral Therapy or non-clinical, such as the use of culturally-responsive techniques like healing and drumming circles. Regardless of the nature of the intervention, it is imperative for people who have experienced trauma to gain access to the supports they require to facilitate their healing.



Delaware's Journey

For well over a decade, stakeholders across the State of Delaware have worked to address trauma, its root causes, and its impact, thus progressing Delaware along the **Missouri Model continuum**. The groundwork of leaders in the State's trauma landscape inspired the State of Delaware to prioritize trauma-informed care. Their efforts led to Governor John Carney signing **Executive Order #24 (EO24)**, on October 17, 2018, which launched a formal and official effort to make Delaware a Trauma-Informed State. In support of **EO 24**, the Governor's **Family Services Cabinet Council (FSCC)** and First Lady Tracey Carney's **Trauma-Informed Delaware (TID)** initiative seek to develop the path for becoming a Trauma-Informed State.

This report summarizes the efforts of the **FSCC**, **TID**, and leaders in Delaware's landscape and concludes with recommendations, and a framework for action, developed by stakeholders, to advance Delaware in its journey to become a more Trauma-Informed State.



Delaware Landscape

Numerous stakeholders, working towards a shared common agenda, have contributed to Delaware's journey to become a Trauma-Informed State. For that reason, it is difficult to compile a comprehensive list of all assets in Delaware. For the purpose of this report, we highlight several key stakeholders that have helped drive Delaware's trauma-informed movement, and an overview of their efforts to date. Of course, this list is by no means exhaustive, and there is no shortage of worthy organizations and individuals working to transform the experiences of Delawareans impacted by trauma.

FSCC Family Services Cabinet Council

TRAUMA-INFORMED DELAWARE

Our Common Agenda

- Preventing exposure to trauma;
- Increasing early intervention supports for those exposed to trauma;
- Promoting the healing and recovery for those who experience significant; and
- Mitigating behavioral and social issues as a result of trauma.

Children & Families First has an array of programs throughout the State of Delaware which work to build resilience and prevent/treat those impacted by trauma. Notably, their **School-Based Trauma Groups Program** provides services to students in a school setting at no cost to the school. The program consists of 10 group sessions, typically once a week, where the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounceback programs are utilized. CBITS for middle and high school youth and Bounceback for those in elementary grades are skills-based, group interventions that are aimed at relieving symptoms of PTSD, depression, and general anxiety among children exposed to trauma. These interventions can be delivered in other settings such as mental health clinics.

Delaware Compassionate Schools Learning Collaborative, is a group of schools who are actively engaged in implementing a Trauma-informed/Compassionate Schools Model. The Collaborative meets quarterly to discuss implementation, share effective strategies and success stories, and promote the overall concept of being a Compassionate School. Central to this work was the development of a **Compassionate Schools Start Up Guide**, written by Teri Lawler and produced by the Child Protection Accountability Commission, Office of the Child Advocate, with generous support from Casey Family Programs. The **Start Up Guide** chronicled the journey of early adopters of school-based; trauma-informed approaches; provided a manual for school implementation; and also inspired a series of trainings to build the capacity of nonprofit and youth-serving organizations to adapt the school-based model in community settings.

The Delaware State Education Association (DSEA) played a pivotal role in securing a three-year grant from the **National Education Association for Delaware** to work on issues of ACEs experienced by students. This funding supports the work of the Compassionate Connections Partnership, which includes First Lady Carney, the **Delaware Department of Education's Office of Innovation and Improvement**, the **Office of the Child Advocate**, the **University of Delaware**, **Children & Families First**, the **Red Clay** and **Christina** Education Associations and the **Red Clay** and **Christina** School Districts. The goal of the grant project is to work with administrators and educators on a multi-year project to introduce a coordinated, systemic and cultural change within five "priority schools" in the City of Wilmington. "Priority school" is a designation made by the Department of Education on schools among the lowest five percent in terms of proficiency on statewide assessments and high schools with a graduation rate of less than 60 percent. The project also supports programming focused on developing and implementing trauma-sensitive strategies to improve student achievement and resilience. From August 2018 through July 2019, **DSEA** and the Compassionate Connections Partnership provided over 60 sessions and trained over 2000 educators and staff from districts and community groups.

Delaware State University (DSU) has also been making great strides in trauma-informed work, as demonstrated by the emergence of the Trauma Academy. The mission of the Trauma Academy is to provide skills necessary to impart healing and primary prevention that will address ACEs, race-based trauma, and community violence by offering training, conferences, webinars, certificate programs, and community outreach. The goal is to create a pipeline of healing professionals trained to provide culturally-responsive and trauma-informed care. **DSU** has hosted multiple trainings on trauma-informed care and healing, engaging over 870 individuals. In November 2019, they will train their managers on organizational trauma and healing to further engrain trauma-informed approaches into their institution's fabric.

The **Family Services Cabinet Council** (FSCC) was reestablished by Governor Carney to help coordinate critical services for families across Delaware, including workforce and job-related services, early childhood education programs, social service delivery, and programs to improve public safety. **FSCC's** vision for Delaware is, "Empowered and hopeful families by way of a system of proactive, responsive and coordinated services." The **FSCC** strives to ensure existing State service delivery is approached with interagency coordination to improve the constituent experience.

As part of its efforts to establish Delaware as a Trauma-Informed State, the Council is working to ensure that the State has common language, structured organizational change supports, and is positioned to successfully implement trauma-informed practices—both for its workforce and for Delawareans who interact with the State as consumers of critical services. To date, the FSCC has trained every Cabinet leader of the Council, as well as their leadership teams on the fundamentals of trauma-informed care.

The **FSCC** had an ACEs Subcommittee that was charged with supporting the Council in implementing State agency requirements under **Executive Order 24**. Not only did the group work to draft the **Executive Order** itself, they also took on the responsibility of launching the first **Trauma Awareness Month** calendar of events and Kickoff Symposium, training over 300 Delawareans on the impact of trauma, as well as launching and selecting the first class of **Compassionate Champion Awardees**. The ACEs Subcommittee was dissolved in late 2019 and transitioned their workload to the Department of Human Resources to secure a more sustainable future for the efforts.

Trauma-Informed Delaware (TID) is a statewide public-private and nonprofit coalition formed in 2018, through the leadership of key stakeholders and in partnership with First Lady Carney. Its goal is to coordinate sustainable community-based awareness, trauma prevention, and an early intervention system that advances resilience through:

1. Access to quality behavioral and integrated health care;
2. Strength-based services for youth and adults; and
3. Education for providers and the community.

The priority of this work is to coordinate, organize, and engage the public and private sector in such a way that meets, and exceeds, the initiatives listed within **Executive Order 24.**

As an awareness of ACEs and trauma-informed care grew nationally, individuals across Delaware began to better understand the impact of trauma. The need to convene and find solutions became apparent. This reality led to the grassroots organizing of local trauma champions who joined forces to promote the adoption of trauma-informed care in Delaware.

Small, think-tank style gatherings began to take place throughout Delaware in coffee shops and via phone conferences. These once small, informal meetings led to the formation of a grassroots advocacy effort to promote **Trauma Matters Delaware** (TMD). Since its inception, **TMD** has grown its membership, and cultivated hundreds of local allies invested in a cultural shift towards raising awareness. **TMD** is comprised of professionals and community members who are actively taking an advocacy role in the reduction of trauma and ACEs in our communities. Their membership is purely voluntary and those involved are present because of their passion for the work. In large part due to the grassroots advocacy of this organization, inspired individuals have championed trauma-informed training and have applied for grants to build a foundation for Delaware to become a Trauma-Informed State.

TMD is seen as one of the leading convenors in our state, bringing together thought partners from health systems, universities, and practitioner groups to broaden the awareness of trauma as a priority for individuals and institutions. They have provided early-stage training, guidance, and support to hundreds of individuals and institutions interested in making trauma-informed care a top priority.

Wilmington University (WU) has worked to develop significant infrastructure for training, which more recently was deployed to support the State's **Department of Health and Social Services**, and other state agencies. To date, **WU** has provided 18 trauma-specific trainings, engaging over 2,000 individuals, and also developed curricula to prepare the current and future workforce by launching an **undergraduate certificate in trauma-informed approaches** in 2016, and a graduate certificate in 2020. **WU** has positioned itself to provide professional development (non-credit) opportunities including "Train the Trainer" trainings, trainings tailored to individual organizations and can provide individualized coaching and evaluation services for public and private organizations.

Stakeholder Recommendations



An assessment of the local landscape indicates that there have been significant efforts established in Delaware, primarily through the goodwill and volunteer hours of passionate individuals and organizations with expertise in resolving the impact of trauma in the State. Enormous progress has been made, and yet the strategic investments and capacity required to achieve a Trauma-Informed Delaware have not, prior to this report, been made explicit.

Through a series of interviews and focus groups, stakeholders identified opportunities to build upon Delaware's solid foundation of activism and leverage the imagination, leadership, and expertise of those who have laid the groundwork for Delaware to become a Trauma-Informed State. The remainder of this report synthesizes the recommendations provided by stakeholders to support Delaware in its trauma-informed journey.

Our hope is that these insights may be used as a guide for collaborative opportunities and focused resourcing and as a roadmap for establishing the infrastructure required to expedite our State's progress toward becoming a Trauma-Informed Delaware.

Stakeholder Recommendations

Recommendation One
Establish a Backbone



A centralized, coordinating entity is needed for Delaware to become a Trauma-InformedState. To achieve an ideal state, a sole entity must be responsible for multi-sector coordination, leading individuals, organizations and agencies towards progress. This entity should be responsible for establishing trauma-informed standards of practice, and monitoring stakeholder progress towards the adoption of these standards. This organization will help build the capacity of the sector by fundraising, building and advocating for a policy agenda, advocating for the adoption of best practices, and coordinating resourcing so that key stakeholders are supported on their journey towards becoming trauma-informed.

Stakeholder Recommendation Two
Enable Anchor Institutions to Make Progress Along a Trauma-Informed Continuum



It is critical to develop clear standards of practice that are uniform across organizations, agencies and institutions. This fosters an environment where any Delawarean impacted by trauma can be met with the support they require to address the trauma they have experienced. To this end, stakeholders, regardless of their sector, should embed trauma-informed principles and practices into their organization. This would require organizations, agencies and institutions—beyond just traditional fields, like education and child welfare—receive training and coaching to progress along the trauma-informed continuum and prepare these entities to create an organizational culture that promotes and supports the health and wellbeing of not only their clients, but their staff, too.

Understandably, the transformational shift of becoming trauma-informed will not happen with one training or conference, but gradually over time. There is strong consensus among practitioners that individual awareness alone cannot bring about a trauma-informed institution. Rather, trauma-informed cultures and environments require leadership at all levels to develop deep compassion, empathy, and understanding of the participant experience as he or she engages with their organization, agency or institution. Policy reviews will be required and long-term coaching of leadership and staff will need to supplement early foundational training to meaningfully produce the shift in daily practices and behaviors in day-to-day engagement with trauma. To support

this work at scale, a powerful support system must be developed to coach and consult stakeholders through their transition.

Stakeholder Recommendation Three

Invest in Community Members as Designers and Facilitators of Effective Trauma Initiatives



One key insight we must acknowledge and appreciate is that in communities where there has been sustained exposure to trauma, there have also been healing and supportive solutions that have emerged organically. When embarking on the path towards a Trauma-Informed Delaware, we must co-design and co-create solutions with the community. This will ensure communities that experience high levels of trauma are met with supportive and responsive institutions. The community must be engaged to bring their solutions to light. We must embrace a strength-based approach over a deficit-based approach (i.e. youth with promise vs at-risk youth), and honor culturally-responsive healing and wellness practices. Communities should be empowered to identify and build upon existing assets and needs, and lead efforts of their own design and raise awareness of the impact of trauma in their communities in order to empower individuals to seek help.

Stakeholder Recommendation Four

Enable Employers and Institutions of Higher Education to Cultivate A Trauma-Informed Workforce



A trauma-informed environment is only possible if its workforce operates with a trauma-informed lens and approach. This requires a lead organization setting standards for individuals and organizations to reach the trauma-informed level of the continuum, as well as training and coaching to ensure leadership and frontline workers are aware and responsive to the emotional needs of their clients. Arriving at our ideal state will also require us to be proactive, and work upstream to cultivate trauma-informed champions. This will mean our higher education institutions (both graduate and undergraduate programs), in particular, those who are educating future social services (teaching, counseling, public services, nursing, social work, etc.), must ensure that their curricula cultivate a trauma-informed lens.

Stakeholder Recommendation Five

Increase Protective Factors and Supports For Staff Exposed to Primary, Secondary, and Vicarious Trauma



All workforces should embrace trauma-informed care as a baseline standard of practice because of the likelihood of engaging with a person who has experienced trauma is relatively high. However, there are specific organizations, agencies, and institutions that should pay extra attention to the care of their frontline staff due to their consistent—often daily—exposure to people impacted by trauma. Educators, counselors, medical professionals, first responders, and social workers, for example, are routinely exposed to traumatic experiences; and yet they are the frontline staff that must be there to hold space and provide support to individuals and communities they are working to serve. We must prioritize practices and policies that care for frontline staff, and tend to their secondary trauma proactively. Often these are low-cost practices or policies that can produce a large return on investment in retention and performance.

Stakeholder Recommendation Six

Increase Access to Culturally Responsive Trauma-Specific Interventions and Healing Practices



An important strategy in responding to the behavioral health impacts of exposure to trauma is the availability of an array of culturally-responsive, trauma-specific treatment interventions for children, adults and families. Individuals and families should have access to these interventions and behavioral health providers will need to build capacity to provide them to meet the demand by those who would like to recieve them. It is important to note that to be most effective, trauma-specific treatment interventions must be delivered by providers who operate within the principles of a trauma-informed approach. To support broad access to these treatments, providers will need access to affordable training and have the ability to be fairly reimbursed for the services provided.

Stakeholder Recommendation Seven

Create an Evaluation System and Standards to Monitor Progress to Goals



Foundational initiatives of Delaware's trauma-informed champions have paved the way towards Delaware becoming a Trauma-Informed State. Indeed, hundreds of trainings have inspired thousands of government and community organization employees to have a new level of awareness about trauma and how best to respond to the needs of their service recipients and communities. Nevertheless, the impact these trainings have had on those served by these institutions is largely unknown because little evaluation has taken place to monitor the long-term impact of the trainings. To that end, we must make an intentional commitment to evaluate our efforts, so that we can scale up what is effective and engage in continuous quality improvement in areas where there is opportunity for growth.

Framework for Action

Through interviews with many of Delaware's leaders and trauma-informed champions, we found there to be clear consensus around a framework for action to be pursued as the State works to become more trauma-informed. In order for us to move forward as a State, action must be associated with the following four priority areas:

1. Foster Collective Impact
2. Enable Change Management
3. Invest in Healing Initiatives
4. Inspire Trauma-Informed Champions

Foster Collective Impact

With innumerable agencies and organizations interested and actively engaged in trauma-informed work, an entity accountable for coordination and progress of efforts will be critical. Today, there is no formal institution that currently operates as a backbone leader in the space, helping to organize and facilitate key leaders in Delaware's trauma landscape towards our ambitious ideal state. As a result, our State currently lacks formal standards of practice, an evaluation system, strategic policy advancements, and fundraising efforts capable of producing breakthrough results. Without coordination, we risk inefficiencies in our collective approach to making a Trauma-Informed Delaware a reality.

Action On Collective Impact

1. Authorize a **coordinating body** whose role would be to promote and support the adoption of best practices in trauma-informed care, cultivating physical environments that ensure Delawareans experience emotional safety and restorative healing. This body, most likely structured as a nonprofit, would need to first help inform and develop trauma-informed standards of practice. It will also monitor and evaluate the broad-based adoption of best practices over time, and moreover ensure institutions have reliable access to self-assessment and improvement tools.

2. Establish a **standard of practice** for trauma-informed care, along with the provision of educational experiences, self-assessment and evaluation tools so that stakeholders can gauge their progress towards that standard. Viable tools and resources must be available to support organizations, agencies and institutions in their ambition to achieve that standard of practice.

3. **Establish a training continuum** so that individuals and organizations can gauge their progress along the trauma-informed continuum and achieve the aforementioned standard of practice. The coordinating entity should conduct a landscape analysis of organizations currently providing trauma training and coordinate future training efforts. The entity may also conduct periodic needs assessments of key institutions, and deploy training and support as needed.

4. **Map assets** in Delaware's trauma landscape to develop a comprehensive list of individuals, organizations, agencies and institutions engaging in trauma-informed work across the State of Delaware.

5. **Convene key partners** on a quarterly or cadenced basis to encourage continued alignment, coordination, and sustainability. This body should develop an accountability plan with clear delineation of roles and responsibilities of partners engaging in trauma-informed care work to reduce duplication of services.

6. Develop a **sustainability plan** to ensure ongoing success of trauma-informed initiatives. Sustainability

will be tied to levels of financing and policy change. Therefore, we believe the coordinating entity must also support policy efforts by working through existing advocacy organizations as well as work to secure funding from local and national sources.

Change Management

The commitment by individuals and organizations to embrace trauma-informed care is necessary for Delaware to become a Trauma-Informed State. Crucial to this outcome is a mechanism for driving institutional change management across a variety of sectors. What this means, specifically, is that high-quality coaches, trainers, and consultants must be accessible and effective at helping individuals and organizations move along the trauma-informed continuum from "Trauma-Aware" to "Trauma-Informed." Individuals and organizations must first engage with self-assessment tools, and then receive coaching and long-term technical assistance required to broker this kind of change process. For this to be possible at scale, centralized coordination and financing of this service delivery will be required.

Actions on Change Management

1. Establish an **entity to lead change management**. This entity would be explicitly accountable for community and social service-oriented institutions becoming trauma-informed, exhibiting the practices and policies in alignment with meeting the developed standard of practice. This entity should be equipped to support organizational evaluation of trauma-informed initiatives.

2. Conduct a **baseline assessment** of trauma-informed care, both at the individual and organizational level. Assessment results will help to identify what levels of support are required to progress individuals and organizations along the trauma-informed continuum.

3. Deploy **training and coaching** to meet needs identified through a baseline assessment of individual and organizational needs.

4. Facilitate **learning communities** that aid individuals and organizations in learning and development through communities of practice as they progress in their own journey towards becoming trauma-informed.

Healing Initiatives

There are a variety of culturally-responsive clinical and non-clinical interventions that have demonstrated success in promoting the healing of individuals impacted by trauma. It is imperative we ensure individuals have access to the broadest array of practices and advocate for payment strategies to fund these practices. This includes those that traditionally have not been covered by insurance companies. We must learn from community-driven efforts and support indigenous community leaders already practicing healing work, and support the community in developing and driving the healing practices that they identify as essential.

Action on Healing Initiatives

1. Fund **trauma-specific** and **trauma-informed healing practices,** including music, arts, expression, and healing circles.

2. **Hire indigenous leaders** from within impacted communities to facilitate healing practices. This allows beneficiaries to be able to identify, relate, and empathize with those professionals providing assistance.

3. **Develop healing spaces** in organizations that could provide solace and respite for staff and caregivers of those directly facing trauma.

4. **Cultivate a network of ideation**, support, and development to inspire innovation in the field and share best practices in the healing work.

5. **Promote policy change** that will scale effective healing initiatives.

Trauma-Informed Champions

To catalyze the pace of our efforts and sustain a Trauma-Informed State, we need to prepare future practitioners to embrace a trauma-informed approach. Our future talent pipeline needs to be both educated on, and also champions of, trauma-informed care. Our State's success will hinge on the quality of the talent pipeline servicing our social sector. To achieve this outcome, we need to look upstream at the curriculum and training within the institutions that cultivate the future workforce of our social sector.

Action on Trauma-Informed Champions

1. Convene college and university leaders to **review curricular standards** of education and human service related degree programs.

2. Work with college and university leaders to **revise curricular requirements to align with trauma-informed standards in order to** prepare the future workforce to embrace trauma-informed approaches.





Conclusion

Delaware has a unique opportunity to lead the nation in what it means to become a Trauma-Informed State. Over the past several decades, through the extraordinary leadership of the members of Trauma Matters Delaware and other grassroots champions across our state, Delaware has built a solid foundation of awareness, knowledge and training. Thousands of individuals have been trained, and a growing awareness of ACEs and the impact of trauma has permeated our schools and government agencies. It was this foundation upon which Governor Carney established **Executive Order 24**, which has led us to this report and the aforementioned recommendations.

In this report, we outlined learning from national and local leaders who helped create a clear picture of exactly where Delaware stands today and what Delaware needs to become trauma-informed.

Together, under the direction of a lead agency, we must gain clarity on the standards of practice of trauma-informed care. We must fundraise and incentivize the transformation of organizations, agencies and institutions that serve and impact the lives of Delawareans every day. Institutions of higher learning must shift their standards for graduating future practitioners and ensure that those going out into the workforce have this important knowledge base and ability to act as trauma champions. Communities should be funded and supported in developing programs of their design, that align with their priorities for healing. And overall, we must constantly look to policy change as a priority, until Trauma-Informed Delaware becomes a reality.

We want to thank the incredible force of leaders who helped to curate this report. They spent many hours in meetings and in interviews sharing their expertise to build consensus on the recommendations and framework for action. We also thank them for the service they will continue to give to our community. We are endlessly grateful for their work to make a Trauma-Informed Delaware possible. Our state owes them a debt of gratitude for their optimism, courage and hard work.

References

CDC. (2019). Adverse Childhood Experiences. Retrieved from **https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html**.

Child Health Data. (n.d.). Adverse Childhood Experiences Among Wilmington City and Delaware's Children. Retrieved from **https://www.childhealthdata.org/docs/default-source/local-area-synthetic-estimates/aces_wilmington_profile_030716_final.pdf**.

Family Services Cabinet Council. (2017). Discussion on Wilmington. Retrieved from **https://governor.delaware.gov/wp-content/uploads/sites/24/2017/11/Nov.-13-2017-Discussion-on-Wilmington-FSCC-Presentation.pdf**.

George Washingington University, Center for Prevention and Wellness. (n.d.) The Building Community Resilience Collaborative. Retrieved from **https://publichealth.gwu.edu/departments/redstone-center/resilient-communities**.

Missouri Department of Mental Health. (2014). Missouri Model: A Developmental Framework for Trauma-Informed. Retrieved from **https://children.wi.gov/Documents/TIC-Framework-Wisconsin-Resources.pdf**.

University of Delaware Center for Drug and Health Studies. (2018). Delaware State Epidemiological Profile. Retrieved from **https://www.cdhs.udel.edu/content-sub-site/Documents/2018%20epi/Adverse%20Childhood%20Experiences%20%282018%29.pdf**.

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