



# Resource Guide on State Actions to Prevent and Mitigate Adverse Childhood Experiences and Trauma

In 2021, the National Governors Association Center for Best Practices (NGA Center) published a report highlighting best practices for state and territorial leaders seeking to prevent and mitigate the effects of Adverse Childhood Experiences (ACEs) and trauma. The report was developed based on highlights from states participating in the ACEs Learning Collaborative, which took place from 2020 to 2021. These states have been joined by an expanding network of states and subsequently formed the State Trauma and Resilience Network (STRN) that is convened by the Healthcare Delivery team within the NGA Center.

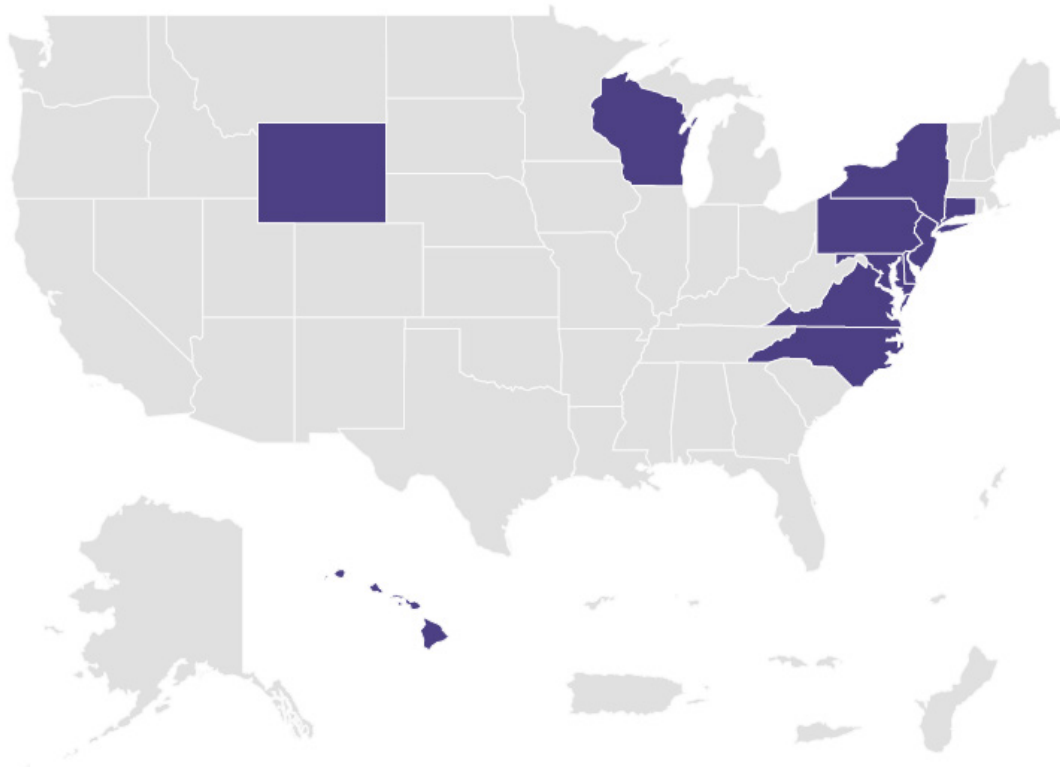
Since the release of the initial report, states have been actively working to implement strategies and best practices to address ACEs and trauma and promote resilience. This resource guide highlights the work states in the STRN have been actively involved with since December 2021 and is meant to be used as a resource for states and territories interested in standing up offices or programs focused on trauma informed care or coordinating such efforts. The information in this guide was provided to the NGA Center by states in the STRN and was then condensed, edited and organized by NGA Center staff who added background and examples. For additional context and background information on the NGA Center's work on ACEs and trauma, see the December 2021 report [\*\*State Actions to Prevent and Mitigate Adverse Childhood Experiences\*\*](#).

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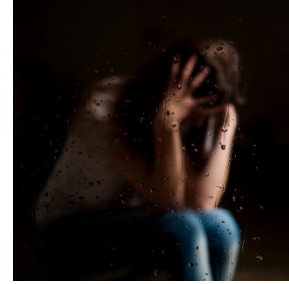
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### State Trauma And Resilience Network



## I. Standing Up Offices, Advisors and Commissions

States have created centralized offices, advisors and commissions to coordinate governance and decision making for specific trauma-informed initiatives aimed at mitigating the effects of ACEs and promoting resilience. These offices, advisors, commissions and other entities operate within Governors' offices and cabinet agencies to promote trauma-informed policy.



### Connecticut



In the aftermath of the tragedy at Sandy Hook Elementary School, Connecticut developed a comprehensive [Children's Behavioral Health Plan](#) as a roadmap to enhance the behavioral health of all of Connecticut's children. The authorizing legislation created a standing entity to advise and oversee implementation of the plan. The Children's Behavioral Health Plan Implementation Advisory Board includes a broad array of members representing family organizations, consumer advocacy groups, community provider agencies, trade associations, state agency partners and others. In addition to overseeing the broad implementation of the Plan, this Advisory Board has established several working groups to implement focused initiatives addressing system needs.

More recently, Connecticut experienced a significant increase in children presenting in hospital emergency departments with behavioral health concerns. Many of these youth were identified as needing hospital level care to address their acute needs prior to returning home. This posed the risk of overwhelming an already stretched system of triage experiencing, assessment and referrals to care due to healthcare workforce shortages. To facilitate more effective responses on behalf of children and their families, the state implemented a cross-agency incident command structure in partnership with the Connecticut Hospital Association (the trade association representing private hospitals throughout the state). This provided the opportunity for real-time data sharing, identification of and more timely response to acute system challenges and a mechanism to assess emerging patterns and strategize longer-term responses.

Most recently, Connecticut established a legislature-facilitated [Children's Behavioral Health Partnership Oversight Council](#) that began meeting in early 2023.

### Hawai'i



In July 2022, former Hawai'i Governor David Ige signed Act 291 into law to create an [Office of Wellness & Resilience](#) (OWR). In December 2022, newly elected Governor Josh Green, M.D. appointed the first executive director to head this office. The OWR is now housed within the Office of the Governor and will be a statewide home to coordinate trauma-informed care reform efforts across state departments. OWR will also work to address various barriers that affect the physical, social and emotional well-being of all people in the state by building wellness and resilience through trauma-informed, strength-based strategies. The OWR is collaborating with various federal agencies and national organizations to build upon successes achieved in certain communities and will be using a framework being developed by a multi-agency trauma-informed care task force to become a trauma-informed state. These efforts are the culmination of many hands in the community coming together over many years to visualize how Hawai'i can uplift cultural practices and principles as a foundation of what healing and resilience look like for its people.



## Maryland



In 2020, Maryland joined the National Governors Association Learning Collaborative on Preventing Adverse Childhood Experiences. This work contributed to the development of the Maryland ACEs state action plan to transform Maryland into a trauma-informed state that promotes resiliency for all Marylanders and focuses on improving community health, well-being and safety by preventing and mitigating exposure to ACEs and trauma through policy and culture change. Former Governor Larry Hogan's 2021 Executive Order was formed in response to the work of Maryland's NGA Collaborative Committee and required that state agencies improve their understanding of and responsiveness to ACEs through increasing the number of care models informed by ACEs science.

In 2021, the Maryland Legislature passed a bill that created the Commission on Trauma-Informed Care. In accordance with this bill, the Commission on Trauma-Informed Care (Commission) is charged with coordinating a statewide initiative to prioritize the creation of trauma-responsive and trauma-informed partnerships with a focus on state services that affect children, youth, families and older adults. The law also requires the Commission to report its findings and recommendations to the Governor and the General Assembly. The Commission, chaired and staffed by the Governor's Office of Crime and Prevention, Youth, and Victim Services, and in partnership with the Maryland Department of Health (MDH), began developing a strategy to shift the organizational culture in Maryland to ensure state government was more responsive to trauma.

Additionally, to address its charge, the Commission formed several workgroups to address specific focus areas, including:

- **Metrics & Assessment** focuses on developing metrics and organizational assessment tools to evaluate the progress of the statewide trauma-informed care initiative.
- **Training** focuses on the design and implementation of a statewide trauma-informed training provided to state agencies in coordination with the Maryland Department of Health.
- **ACEs Aware** focuses on studying the ACEs Aware California program and evaluating it as a potential model to be replicated in Maryland. The workgroup will research other states that implemented an ACEs Aware program and the budgetary requirements needed to establish and implement an ACEs Aware program in Maryland.
- **Operational Implementation & Technical Assistance** 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** develops 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** focuses on developing standardized definitions so the state uses consistent language across state agencies 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.

In September 2021, the Commission approved and adopted The Maryland Way: Trauma-Informed, Resilience-Oriented, Equitable Care and Culture (TIROE), a document that is adapted from the Principles of Trauma-Informed Care and ten implementation domains offered by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Maryland Way provides a framework for the Commission and its workgroups to follow moving forward.

## North Carolina



North Carolina adopted a regional support model for local departments of social services across the state. In alignment with this model, Family Resource Centers are being identified in each region to serve as a service hub. These centers will promote and assist families in accessing evidence-based services that address trauma and build resilience. Family Resource Centers will also offer resiliency training to help improve systems that children may interact with to build a healthier community. This tool will equip local coalitions and collaboratives with useful information on addressing trauma and help in establishing a shared language, history and framework for action.

North Carolina also implemented the Child Welfare Practice Model that is a safety focused, trauma informed, family centered and culturally competent practice model for child welfare services. The practice standards are described in observable, behaviorally specific terms regarding how workers will conduct the essential functions of child welfare (communicating, engaging, assessing, planning and implementing) and how supervisors and leaders will support them.



## Pennsylvania



In the Pennsylvania Governor's Office of Advocacy and Reform, [Heal PA](#) was launched to guide the implementation of the 2020 [Trauma Informed Plan](#) with the goal of making Pennsylvania a trauma-informed state. The group, comprised of state agency representatives and community stakeholders throughout the commonwealth of Pennsylvania, is the main entity responsible for prioritizing the recommendations outlined in the Trauma Informed Plan, setting short- and long-term goals, and assigning accountabilities to make the plan a reality.

## Virginia



In 2021, former Virginia Governor Ralph Northam created the [Office of Trauma and Resilience Policy](#) (OTRP), to lead trauma-informed policy efforts across the commonwealth. The Office of Trauma and Resilience Policy:

- Leads efforts to infuse and sustain trauma-informed and healing-centered knowledge and skills into Virginia Department of Social Services culture, policies and practices;
- Fosters collaboration with state-level stakeholders to align and coordinate our trauma and resilience efforts and initiatives; and
- Engages with local partners and communities to promote resilience and healing in the children, families and individuals served.

Housed in the Virginia Department of Social Services, OTRP also coordinates efforts across Virginia state agencies and promotes implementation of the [Virginia HEALS](#) Trauma-Informed Model of Service Delivery.

## II. Incorporating Lived Experiences

States are working to engage individuals with lived experience into all levels of decision making and programming as it relates to mitigating trauma and preventing ACEs. States are continuing to create opportunities for individuals with lived experience to engage in decision making, serve on advisory boards, and participate in education and advocacy to ensure their voice is included in all levels of trauma-informed policy.

### Connecticut



Connecticut has a longstanding commitment to ensure decisions include and are informed by the authentic input of youth and their families. The Department of Children and Families has contracted for several years with family-led organization FAVOR Inc. to serve as a statewide coordinating center and advocacy group for families. FAVOR's advocacy efforts range from case-specific (e.g., attending school or provider meetings with a parent) to system-wide (e.g., co-chairing the state's Behavioral Health Partnership Oversight Council).

Connecticut recently implemented a State Plan Amendment through its Medicaid agency to enable use of peer support counselors as part of statewide Mobile Crisis services. Peers will be actively involved in all phases of mobile crisis response, including acute response as well as post-crisis ongoing stabilization and support to incorporate lived experience in the delivery of services.

### North Carolina



The North Carolina Child Welfare Family Advisory Council, comprised of individuals with lived child welfare experience, including birth parents, kinship parents, foster parents, adoptive parents and young adult alumni of the foster care system, meets regularly to support the creation of trauma-informed child welfare policies and training in the state. By lending their perspective to issues, council members help address the intersection of trauma with culture, history, race, gender, geography, structural inequities and language so the state can build trauma-responsive programming to meet the unique needs of diverse communities.

The North Carolina Department of Health and Human Services (NCDHHS) awarded a contract to the University of North Carolina at Greensboro (UNCG) to develop a new organization called Youth and Family Voice Amplified. This organization trains family and youth partners and organizations looking to incorporate lived experience into their work. Family and Youth partners work alongside families and children as they navigate behavioral health crises, services and systems. This organization will also work with the national organization that certifies family and youth partners and will be responsible for providing training and technical assistance to new family and youth partners.

NCDHHS is also responsible for the implementation of [High Fidelity Wraparound](#) (HFW), which includes staff with lived experience. The High Fidelity Wraparound process assists families when youth experience mental or behavioral health challenges. NCDHHS funds UNCG to be the training and technical assistance center for this program, providing direct support to families and youth in North Carolina. UNCG is responsible for approving providers and monitoring their implementation of all aspects of the program, including the role of the youth and family partners. Currently, HFW is available in 68 of North Carolina's 100 counties.

## Wisconsin



The Wisconsin Department of Health (DHS) Resilient Wisconsin initiative created [twelve testimonial videos](#) featuring four Wisconsinites who share their unique lived experiences with substance use disorders in the past and their current work across Wisconsin to provide support, treatment and recovery that can make a crucial difference in the lives of others.

The testimonials highlight the intersection of lived experience and helping roles. Resilient Wisconsin works to elevate this expertise in efforts to reduce the stigma around toxic stress, trauma and harmful substance use cycles through the use of lived experience and normalization.

The [videos](#) destigmatize substance use disorders, while also providing a call-to-action for larger system change to reduce stigma through education and awareness and supporting trauma-informed care.



## III. Mental Health and 988 Implementation

In July 2022, 988 became the nationwide Suicide & Crisis Lifeline, enabling access to immediate and crisis mental health care for millions of Americans. States have actively been working on 988 rollout and implementation plans to address the national behavioral health crisis using this new valuable resource.

## Connecticut



Through a partnership with the Child Health and Development Institute, Connecticut has implemented learning collaboratives and performance improvement initiatives to support the implementation of several evidence-based treatments, including:

- [Trauma-Focused Cognitive Behavioral Therapy](#) (TF-CBT);
- [Cognitive Behavioral Intervention for Trauma in Schools](#) (CBITS);
- [Bounce Back](#) (an adaptation of CBITS for elementary school students);
- [Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems](#) (MATCH-ADTC); and
- [Attachment, Self-Regulation and Competency](#) (ARC).

## North Carolina



North Carolina is developing a statewide campaign to increase awareness of the 988 Suicide & Crisis Lifeline among middle and high school students. The first phase of the statewide campaign consists of interviewing mental health professionals who have counseled teens who are at risk, and the second phase involves conducting focus groups on creative concepts with the Youth Health Advisory Council.

## Wisconsin

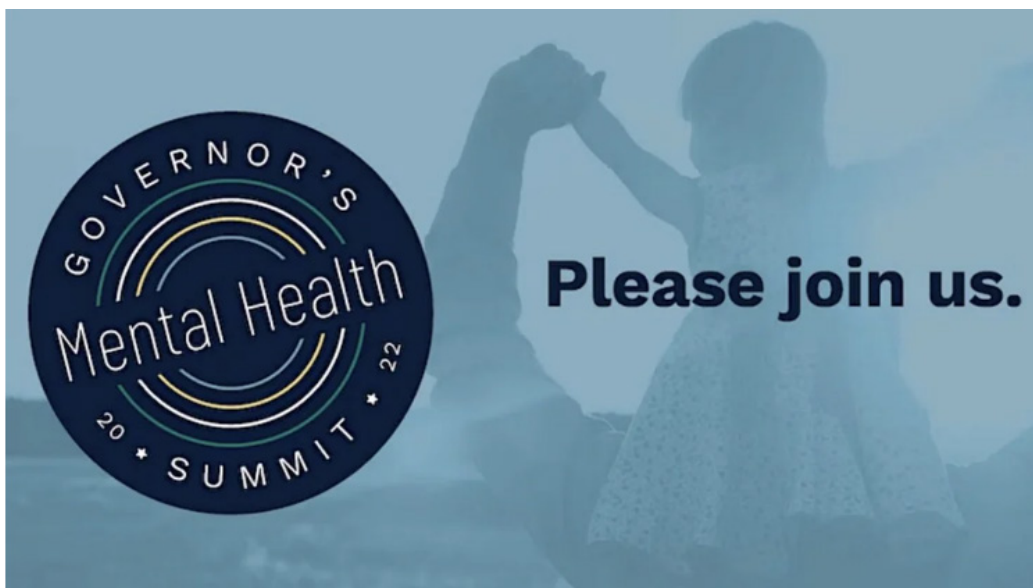


Wisconsin Governor Tony Evers has declared 2023 as the Year of Mental Health. As part of this effort, the Wisconsin Department of Health Services (DHS) has invested in a year-long multimedia campaign to raise awareness of the 988 Suicide & Crisis Lifeline. This effort launched with a 30 second ad that ran during the Super Bowl and aired on Wisconsin TV stations that broadcast the game. It has since aired on all broadcast TV stations in the state as well as during local spot breaks on cable and satellite programming. The campaign also includes ads on billboards, broadcast radio, streaming audio services, streaming video services, social media and websites that have premiered in phases throughout the year. The online ads are designed to connect with populations at higher risk for mental health and substance use emergencies, including members of the Black, LGBTQIA+ and Indigenous communities; teens; middle-aged men and veterans. The approach of this campaign is based on the findings of focus groups, surveys and other research regarding what messages and tactics would relate to Wisconsin residents. The creative materials for the campaign are available for public use at [988wisconsin.org](http://988wisconsin.org). DHS staff also have presented information on 988 at conferences and events for health and human services professionals.

## Wyoming



Wyoming is connecting trauma informed care and practices with the mental health crisis conversation. In October 2022, Wyoming Governor Mark Gordon hosted a mental health summit focused on a three-branch approach (executive, legislative and judicial) to supporting trauma informed care and behavioral health interventions. The summit included state government leaders and experts in the field, and the summit's keynote speaker highlighted the importance of connecting Wyoming's ACE interface work with mental health reform efforts. In March 2023, Wyoming announced the second annual Governor's Mental Health Summit that was held on April 18. Wyoming is also completing contracting in the state to provide 24/7 coverage for 988 operations. Additionally, there is proposed legislation in the upcoming Wyoming Legislative session to solidify permanent funding for 24/7 988 operations.





## IV. Education and Advocacy

States are actively engaging in both education and advocacy to promote the distribution of fact-based and data-driven information on the effects of trauma and ACEs. Using social media platforms and engaging directly with community groups through advisories and commissions, states are promoting available resources and assistance to communities across the nation.

### Maryland



The Maryland Commission on Trauma-Informed Care training workgroup compiled a database of training materials and products related to trauma, resilience and ACEs. This workgroup is finalizing the development of the first required training for members of the Commission on Trauma-Informed Care as well as the two representatives from each of the legislatively mandated agencies. The workgroup will continue creating training for the agencies, coordinating with the Maryland Department of Health (MDH) and other workgroups of the Commission.

The ACEs Behavioral Health Data-to-Action Initiative of MDH is a technical assistance and training university partnership that will provide both synchronous and asynchronous training related to ACEs science and trauma-informed organizational practices and policies. This initiative will help behavioral health agencies understand ACEs and trauma and their impact on health and well-being as well as increase the agency's understanding of how to foster trauma-informed agency practices and policies. The training will consist of instructional content, resources for agency administrators and providers to use to support implementation of trauma-informed practices, interactive activities (e.g., reflection exercises, case vignettes and questions for small discussion, etc.), and additional resources for further learning for all participants.

The state is also developing a technical assistance plan that will involve facilitation of a learning collaborative that will use the following:

- A culturally responsive and equity-driven approach that is directly responsive 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;
- Community of practice and quality improvement best practices to facilitate shared learning both within and across Maryland jurisdictions;
- Multi-level learning and collaboration, by providing evidence-based, experiential and targeted training, technical assistance, resources, networked learning opportunities with practitioners and experts in trauma-informed care and
- Sustainability best practices focused on adoption of system-level policies and practices that support ongoing use of data to monitor trauma-informed practices and continuous quality improvement efforts.

## Wisconsin



Resilient Wisconsin created [training materials](#) to help first responders cope with the trauma and stress of their jobs. First responder leaders and trainers can use the materials to help their crews and staff learn how to effectively deal with toxic stress and secondary and vicarious trauma. The training video and [toolkit](#) addresses how things like toxic stress, ACEs and secondary trauma can make life even more difficult for first responders. The video shows simple resilience exercises and tips, while the toolkit provides resources and additional application tips.

Data shows that sleep deprivation, substance use and suicide rates are higher among first responders than many other occupations. This drives the ongoing efforts of Resilient Wisconsin to help these helpers who protect and keep communities safe.

The training was recognized with a 2022 Blue Pencil and Gold Screen Awards from the National Association of Government Communicators. It was awarded second place in the “Video – Educational/Instructional Category.”

There is also a series of videos from first responders designed to help other first responders understand that it is okay to ask for help. The First Responder Video Series can be viewed on YouTube at:

- [Gregg shares why he’s Resilient Wisconsin - YouTube](#)
- [Robin shares her Resilient Wisconsin story - YouTube](#)
- [Lance is Resilient Wisconsin - YouTube](#)
- [Erik is Resilient Wisconsin - YouTube](#)

The Wisconsin DHS Trauma and Resilience Coordinator and Trauma-Informed Care Coordinator conduct in-person and virtual training. The trainings cover information about toxic stress, trauma, adverse childhood experiences (ACEs), trauma-informed care and trauma-informed supervision. A total of 65 trainings took place in 2022, reaching over 2,800 people. In conjunction, Resilient Wisconsin hosted informational tables at 11 conferences and events for health and human services professionals, reaching over 5,000 people.

Resilient Wisconsin resources are highlighted several times each month on DHS-owned social media channels.

Lastly, the virtual Resilient [Wisconsin Training](#) went live in April 2023, with the intent to reach a broader formal and informal caregiver audience. This virtual training will be disseminated to state agency partners and communities to utilize the content for individual or group learning opportunities.

## Wyoming



Wyoming braided funding from public and private dollars to promote trauma informed education throughout the state. Wyoming’s program, ACE Interface, will conduct two Master Trainer cohorts, certifying sixty Master Trainers. These trainers will then use their skill base to conduct training both within their organizations and statewide.

The Wyoming Department of Education has been awarded a trauma informed training grant for school districts across Wyoming. Additionally, the Wyoming Department of Education is focused on implementation of social emotional support by investing Governors’ Emergency Education Relief Fund (GEER) money to provide an evidence-based curriculum to districts who would opt into the program.

## V. Workforce Development and System Training

As concerns continue over the future of the behavioral health workforce and the ongoing behavioral health crisis, states are actively engaging in ways to support workforce development and training. Through participation in nationwide learning collaboratives, standing up advisory boards and executive action, states continue to make broad investments in the behavioral health workforce through both support and training.

### Connecticut



With leadership from the Children’s Behavioral Health Implementation Advisory Board, Connecticut is developing a state strategic plan for the children’s behavioral health workforce, focused on the competencies needed for behavioral health staff to more effectively respond to the needs of children and families. Connecticut is also developing an online training portal for behavioral health providers to facilitate broader access to specialized content. This is in addition to an existing online portal, ScreenTIME (Screen, Triage, Inform, Mitigate, Engage), which provides training specifically in trauma screening to staff across varied disciplines.

### Delaware



Since Delaware Governor John Carney declared Delaware a trauma-informed state in October 2018, agencies throughout the state have increased their own trauma-informed care practices and implemented new training to increase their level of trauma awareness. The Family Services Cabinet Council conducted training with individual agencies regarding trauma informed practices for their clients as well as agency the employees. In the fall of 2022, this training included the Family Services Cabinet Council who conducted a landscape analysis of each agency’s trauma informed care practices. The goal of this analysis was to update the Trauma Informed Care action plan that was initially published in 2019. The new action plan will be published in 2023. Delaware will continue using the [Attitudes Related to Trauma-Informed Care](#) (ARTIC) Scale to assess state employees’ attitudes and changes over time as the state becomes trauma informed.

### Maryland



In Maryland, the Commission on Trauma-informed Care is required by state law to create a trauma-informed state government that is a complete organizational culture change. The goal is to create a Maryland state government that incorporates trauma-Informed practices designed to impact not only outward service provision but internal policies, practices, leadership, supervision and workforce development.

## North Carolina



North Carolina funds several workforce development initiatives. The Child Treatment Program (CTP) at the Center for Child and Family Health at Duke University trains, supports and credentials clinicians in several evidence-based practices including Trauma Focused Cognitive Behavioral Therapy, Parent Child Interaction Therapy, Problematic Sexual Behavioral Cognitive Behavior Therapy, Child Parent Psychotherapy, etc. CTP holds training collaboratives in the models, provides implementation support to new clinicians and provider agencies implementing the models, and maintains a roster of approved clinicians across the state.

Additionally, the North Carolina Psychiatric Access Line is a free telephone consultation and education program to help health care providers address the behavioral health needs of pediatric and perinatal patients. North Carolina's behavioral health consultants can respond to questions about behavioral health and local resources and can connect providers to one of the state's on-call psychiatrists to assist with diagnostic clarification and medication management questions. NCPAL is also working to establish training and consultation pilots with schools, county DSS offices, Children's Developmental Services agencies and others to support their workforce in responding to the needs of youth and families.

## Pennsylvania



Pennsylvania's Heal PA established a [Training and Organizational Support Action Team](#) to assist with the development of training and trainers across the commonwealth. Along with guiding system-wide training standards, the team also maintains a pool of volunteer trainers to ensure access to agencies and communities without resources and provides technical assistance for organizations attempting to move from being aware of trauma to focusing on healing. The action team developed trauma aware training criteria and a trainer survey tool in addition to releasing a free six-and-a-half-hour trauma training accessible to all Pennsylvanians.

## Virginia



In 2021, the Virginia General Assembly allocated \$1 million of American Rescue Plan Act State and Local Fiscal Recovery fund to support Virginia's Trauma-Informed Community Networks (TICNs). These funds will be used to develop a statewide community awareness campaign and offer education and professional development on trauma and resilience. Funding will also support local agencies within TICNs in an assessment, strategic planning and implementation process on becoming healing-centered both internally (with their workforce) and externally (with the children, families and individuals they serve).

## Wyoming



Governor Gordon's Health Task Force and the Wyoming Innovations Partnership will focus on prioritizing the healthcare workforce. The task force has identified the behavioral health workforce as a top priority and will be investigating different options for entry level positions to generate interest in the field, which will flow into a career pipeline. Credential stacking and other options are also being investigated to help strengthen the current workforce and meet the evolving needs of communities.

Wyoming was also a part of a [2022 Learning Collaborative](#) with the NGA Center, focused on recruiting and retaining the next generation of the healthcare workforce, including behavioral health workers. Alongside a group of three other states, Wyoming participated in action planning, goal setting and intensive technical assistance, and the state team had access to a webinar series and limited access healthcare workforce toolkit to assist in planning for recruiting and retaining behavioral health workers in the state. Wyoming continues to be actively involved in the newly established Healthcare Workforce Knowledge Exchange Network, which is working with more than 20 states and territories to streamline resource and information sharing among state and territorial leaders and foster peer to peer learning to advance best practices on ways to train, recruit and retain behavioral healthcare workers.

## VI. Data and Assessment Tools

Data and assessment remain critical components of mitigating trauma and preventing ACEs. States are committed to promoting both robust data collection and thorough assessment through workgroups, assessment tools and broad data collection models.

### Connecticut



The Connecticut Collaborative on Effective Practices for Trauma received a federal grant from the Administration for Children and Families that facilitated the development and implementation of a child trauma screening instrument. This trauma screening is now embedded throughout their system of care, including child-serving community behavioral health providers as well as in all cases opened through the Department of Children and Families Child Protective Services. Child Protective Services staff have also utilized the SAMHSA-NCTSN Child Welfare Trauma Training Toolkit.

Connecticut's Mobile Crisis teams also receive formal training regarding childhood trauma and routinely screen for trauma when they respond to youth and families in crisis.

## Maryland



Maryland's Metrics and Assessment Workgroup of the Commission on Trauma-Informed Care (TICC) created a database of metrics and assessment tools that may be used moving forward as it relates to trauma and ACEs. Once the Maryland Way was adopted, the workgroup specifically researched trauma informed organization assessment tools to use in assessing an organization progress in transforming their culture and adopting trauma responsive/trauma informed practices and approaches to care.

Additionally, in July 2022, the Maryland Department of Health Behavioral Health Administration (BHA) contracted with the University of Maryland School of Medicine in partnership with the Bowie State University to lead the implementation of the ACEs Behavioral Health Data-to-Action initiative (ACES BH D2A) in alignment with the Maryland ACEs state action plan and the work of the TICC.



The overall objective of the ACEs BH D2A Initiative is to build an integrated system, including an online hub, that combines 1) existing data about the prevalence and impact of ACEs and trauma, 2) development and implementation of a user-friendly trauma informed organizational assessment tool, and 3) tailored training and technical assistance to support Maryland's Public Behavioral Health System (PBHS) leaders and partners in aligning services with best practices in trauma-informed organizational policies and practices. This includes a data component, two focused studies completed each year, panel studies, data products and an action toolkit, and an organizational assessment.

The trauma-informed organizational assessment process will be informed by implementation guidance from expert organizations and national centers related to trauma-informed systems level work, such as Trauma Transformed and National Child Traumatic Stress Network. There are also several states that have carried out trauma-informed continuous quality improvement efforts, and the university partnership in collaboration with the Maryland BHA will engage with these states to share and learn from them to support effective implementation of this initiative.

## North Carolina



The North Carolina Department of Health and Human Services (NCDHHS), through the Division of Child and Family Wellbeing, is launching a new child behavioral health data dashboard in early 2023. This tool will initially be available internally to NCDHHS staff with the goal of quickly making it available to the public. The goal of the dashboard is to share data related to the status of mental and behavioral health care needs and access to influence policy and identify trends. Several of the metrics will be reported specifically for the foster care population. Data will come from a variety of sources, including claims data and publicly available reports such as the Youth Risk and Behavior Survey. The goal is for additional metrics to be added to the dashboard over time.

## Wisconsin



Resilient Wisconsin created three new webpages dedicated to [adverse childhood experiences \(ACEs\) and data](#) from the Wisconsin Behavioral Risk Factor Survey (BRFS) and the Wisconsin Youth Behavioral Risk Factor Survey (YRBS). The webpages call attention to the disparities and health inequities in the Wisconsin data, while providing information on system-level solutions and the importance of upstream prevention of the disparities and inequities identified in the data. The webpages offer an accessible and sustainable format to elevate cultural considerations around ACEs prevention and programming to address the needs of populations that experience high rates of ACEs.

## Wyoming



Wyoming is engaging in data collection and analysis through two streams. The first, called BOOTS (Business Occupational Outlook Tool Sets), is a data system aiding in identifying starting points for workforce projections. Wyoming has also been collecting data on ACEs through the Behavioral Risk Factor Surveillance System (BRFSS) for the past two years. This data is being used to help drive prevention programming throughout the state.

## VII. Awareness Campaigns

Many states are working to promote awareness of ACEs and trauma through targeted campaigns and messaging for specific community groups. Awareness and outreach are both essential in the destigmatization of trauma and ACEs throughout the state.

## Connecticut



Connecticut developed and implemented an extensive awareness and outreach campaign, called [1Work. 1 Voice. 1 Life - Be the One to Start the Conversation Suicide Prevention Health Promotion Awareness](#), through the statewide Suicide Advisory Board. Along with the implementation of 988, Connecticut is also developing an expanded awareness campaign to implement in the coming year.

## Maryland



The Public Awareness Workgroup of the Commission on Trauma-Informed Care discussed components of a communications strategy to support an organizational culture shift into a trauma-responsive government. This workgroup identified and began to examine jurisdictional examples of the use of a two-science approach, applying communication science to the science underlying trauma, including neurobiology, epigenetics, ACEs/trauma and resilience. Additionally, the workgroup examined what messages might be the most effective in Maryland.

## Wisconsin



Resilient Wisconsin developed a series of social media posts and conducted a 26-day media buy in 2022 with great success. The Resilient Wisconsin initiative was launched during the COVID-19 pandemic and has become more relevant than ever. Available resources to support mental health and substance use disorders across Wisconsin have grown and strengthened over the past three years. With updated Resilient Wisconsin website pages, it was perfect timing for a paid media campaign to increase awareness and support for Wisconsinites.

Strategies included paid social media on LinkedIn, Twitter, Facebook, Instagram and Pinterest. With the vision to help the helper, the campaign intentionally reached caregivers across the state with emphasis on engaging caregivers who identify with communities of color with information on mental health and substance use disorder supports. The campaign drove over 3.7 million impressions and 88,000 Resilient Wisconsin website sessions.

Resilient Wisconsin developed a series of social media posts to support seasonal topics and the third consecutive [Governor's Resilient Wisconsin Month proclamation in May 2022](#). The social media posts are available on the Resilient Wisconsin resources and materials webpage for all interested parties to access and share.

Resilient Wisconsin works across state agencies. In the fall of 2022, Resilient Wisconsin partnered with the Child Abuse and Neglect Prevention Board (CANPB) to develop and disseminate a back-to-school social media campaign and fact sheet. The materials were able to be modified by community partners to add other logos, information and events. This collaborative work, offering linkage to Resilient Wisconsin for partners doing similar work helped break down silos around education and resources about toxic stress, trauma and adverse childhood experiences (ACEs). Resilient Wisconsin sends a monthly newsletter that contains initiative updates and a digest of trauma-informed care news, research, articles and more. There are more than 18,000 subscribers.



## Wyoming



Wyoming, through the state's collaborative work and the Governor's Challenge, is focused on suicide prevention, particularly among military service members, veterans and their families. As part of this effort, Wyoming has partnered with the Sheridan VA Medical Center to promote the "Reach Out to Me" campaign, promoting suicide prevention specifically among these groups.



## VIII. Cultural Responsiveness

Working across groups of people with different backgrounds remains an essential focus for states, ensuring that trauma-informed care is responsive to the cultural differences of individuals. Through development of nationwide language standards, incorporation of anti-racist practices and work with tribal communities, states remain committed to promoting trauma-informed care in a culturally responsive way.

### Connecticut



Through Connecticut's CONNECT (The Connecticut Network of Care Transformation) grant, the state supported six-month individual training, support and coaching to assist and support community-based entities in the development of their own Health Equity Plan to reduce and eliminate disparities as they relate to ACEs and trauma.

Connecticut developed a curriculum called "Difficult Conversations: Introduction to the National CLAS Standards" for use by contracted provider agencies to promote culturally appropriate language services.

Connecticut also implemented an urban trauma initiative, funding specialized training and clinical interventions for youth whose developmental trauma is best understood in the context of their experience of systemic racism and exposure to violence and associated risks.

Finally, Connecticut is contracting with a community provider to implement a Racial Justice Provider Academy that will work with all contracted behavioral health providers to enhance their progress toward racial justice within their organizations and through their work with families and communities to promote cultural awareness.



### Maryland



The "Maryland Way" incorporates language that describes in detail how Maryland will address cultural considerations. The framework includes elements of an equitable organizational culture and details cultural, historical and gender considerations. The Maryland Way also incorporates anti-racism and anti-bias as key elements of Maryland's framework moving forward to support the development of a more trauma-informed system.

### Wyoming



Wyoming has added Master Trainers for the ACE Interface programs in tribal populations across the state. Additional tribal partners will be added to the next two training cohorts to address ACEs and trauma within the tribal communities.

## IX. Screening

Many states have developed screening models to promote early identification of ACEs and trauma and ensure that appropriate services are readily available. States have developed assessment models that screen for ACEs and trauma, both with adult and youth populations.

### Connecticut



The Children's Behavioral Health Implementation Advisory Board implemented a comprehensive review of children's behavioral health screening instruments and generated a detailed guide to each screening tool's appropriate age group, symptom focus, etc. This user-friendly resource is intended to promote the use of standard assessment measures and enhance behavioral health staff's ability to identify and respond to the treatment needs of youth and families that have experienced ACEs and trauma.

Supported by a SAMHSA grant, the Child Health and Development Institute has implemented [Trauma ScreenTIME](#) (Screen, Triage, Inform, Mitigate, Engage). This initiative helps child-serving systems implement screening by developing an online training that can be used by all child-serving professionals. Screening children for trauma in everyday settings such as schools, childcare and primary care can play an important role in identifying and supporting children who have experienced trauma. Professionals in child-serving systems are often reluctant to implement screening due to a lack of knowledge about how to do it effectively, uncertainty about managing disclosures, questions about how to support children and families, and not knowing where to refer children to treatment. This training is available at no cost to child-serving professionals in any location.

### North Carolina



The North Carolina Department of Health and Human Services funds a pilot project with Benchmarks, a non-profit association of provider agencies, to implement a standardized assessment program. This program is being piloted in select counties across the state. Funded sites place licensed clinicians in Division of Social Services (DSS) offices and clinicians complete a standardized Trauma Informed Comprehensive Clinical Assessment (TICCA). The TICCA provides DSS staff, community providers and others working with children with a thorough assessment of the child's clinical needs and trauma history as well as treatment recommendations.

Additionally, North Carolina increased statewide use of the trauma screening tool developed for child welfare workers. This tool is currently being piloted and will be used statewide through implementation of the Family First Prevention Services Act.

### Virginia



The Virginia Department of Juvenile Justice (DJJ) uses a brief screening tool, Screening for Experience and Strengths (SEAS), to identify and assess for the effects of trauma for the purpose of making family-centered referrals for further assessment or intervention. The tool is designed to be used across systems and sectors and is unique in that it has a section on protective factors to promote a strengths-based approach that identifies supportive relationships that promote resilience. This model supports both screening for trauma and built-in support for successful mitigation.

## Wyoming



Wyoming will begin allowing Medicaid to be used to reimburse providers for costs associated with screening individuals for ACEs this year, allowing providers to screen for ACEs in the adult population to help provide data to drive population programming. Additionally, Wyoming is working on a partnership with Intermountain Health (Utah Children's and Denver Children's Hospitals) to establish a regional partnership for the Care Process Model which screens children and trains community partners in trauma responsive care.

## Conclusion

States are actively engaged in supporting best practices to mitigate the effects of ACEs and trauma and promote resilience for their communities. Effective policy making and program development is key in ensuring that trauma is addressed holistically throughout the state and that the negative effects of ACEs are identified and properly addressed to support a healthier population. There is no one universal model or best practice that all states can adopt to remove barriers to care and support the mitigation of trauma. However, through peer-learning, research, data and effective implementation, states in the State Trauma and Resilience Network have made strides towards developing a more trauma-informed society. The resources in this guide aim to spur innovation, promote peer-to-peer learning and drive implementation of new initiatives to mitigate the negative effects of trauma and resilience.

States have approached governance structures and decision-making for trauma policy in a number of ways. Within the STRN, four states have dedicated entities focused on this issue within the Governors' office, while the remaining eight operate their ACEs and trauma work within a cabinet agency. These offices, advisors and commissions all share the goal of mitigating the effects of trauma and preventing ACEs across their respective states' populations. Throughout 2022, the STRN group met monthly to discuss emerging topics and share relevant resources. Starting in 2023, the group meets bi-monthly to continue these critical conversations, hear from experts in the field and engage in peer-to-peer technical assistance opportunities.

As state and territorial leaders continue to engage in work to address ACEs and mitigate trauma, the NGA Center remains committed to supporting efforts and promoting best practices.

For any questions, or to learn more about the work of STRN, contact Dr. Shelby Hockenberry (SHockenberry@nga.org) or Elijah McCabe (EMcCabe@nga.org).

## Resources (Organized by State)

### **Connecticut**

- [1Work, 1 Voice, 1 Life - Be the One to Start the Conversation Suicide Prevention Health Promotion Awareness](#)
- [Children's Behavioral Health Plan](#)
- [Children's Behavioral Health Partnership Oversight Council](#)
- [Trauma ScreenTIME](#)

### **Hawai'i** - [Office of Wellness & Resilience](#)

### **Delaware** - [Executive Order 24](#)

### **North Carolina**

- [High Fidelity Wraparound](#)
- [Training and Organizational Support Action Team](#)

### **Pennsylvania**

- [Heal PA](#)
- [Training and Organizational Support Action Team](#)
- [Trauma Informed Plan](#)

### **Virginia**

- [Office of Trauma and Resilience Policy](#)
- [Virginia HEALS](#)

### **Wisconsin**

- [988 Fact Sheet](#)
- [Adverse Childhood Experiences \(ACEs\) Data Webpages](#)
- [DHS 988 Page](#)
- [First Responder Toolkit](#)
- [First Responder Training Video: Help the Helper Training Video](#)
- [Governor's Resilient Wisconsin Month proclamation in May 2022](#)
- ["Locate Help and Support"](#)
- [Resilience Wisconsin Testimonial Videos](#)
- [Resilient Wisconsin Video Library](#)
- Testimonial Videos:
  - [Gregg shares why he's Resilient Wisconsin - YouTube](#)
  - [Robin shares her Resilient Wisconsin story - YouTube](#)
  - [Lance is Resilient Wisconsin - YouTube](#)
  - [Erik is Resilient Wisconsin - YouTube](#)

### **Wyoming** - [2022 Healthcare Workforce Learning Collaborative](#)

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