

OKLAHOMA



**STRATEGY REPORT
FOR THE
TASK FORCE ON
TRAUMA-INFORMED
CARE**



2020



“We know that Oklahoma’s high Adverse Childhood Experience rates are sadly a direct link to the generational cycles of abuse, neglect, and mental health issues that we see passed down through many Oklahoma families.

We must recognize that high adverse childhood experiences are a public health crisis that we must address if we want a better future for our state.

Implementing Trauma Informed Care practices into our public and private organizations is imperative to the future health and success of Oklahoma’s children.”

- Sarah Stitt, First Lady of Oklahoma



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Over the last two years, the task force has made strides in the discovery and coordination of trauma-informed initiatives across our great state.

EXECUTIVE SUMMARY

Since its creation in 2018, The Oklahoma Trauma-informed Care Taskforce (TIC-TF) has conducted extensive research regarding best practices and has looked in-depth at trauma-informed resources and services provided within Oklahoma. The following strategy report serves to establish the guidelines in which the taskforce and state agency members will collaborate and prioritize options to implement a coordinated approach to prevent and mitigate trauma, especially Adverse Childhood Experiences (ACEs). Since the submission of the interim report in November 2019 the TIC-TF members have explored and identified options to continue efforts to promote a trauma-informed model within Oklahoma.

Despite COVID-19, the TIC-TF has continued to structure informative meetings with the dedicated members to continue the momentum that will move Oklahoma to a trauma-informed state. During this time, the taskforce created subcommittees comprised of individuals from public and private organizations to assist in the development of strategies to continue this important work. Through the subcommittees, the TIC-TF



was able to identify existing structures that would support alignment, coordination, and implementation of trauma-informed resources and services within Oklahoma.

As the legislative mandate comes to an end, the TIC-TF members will look to shift the continuation of this work to the Children’s State Advisory Workgroup (CSAW), the working arm of the Systems of Care State Advisory Team (SAT). The CSAW is comprised of leaders from each child serving agency and has representation from families and members of the community. In conjunction with the SAT, the CSAW will act to support, collaborate, prioritize options for, and implement a coordinated approach to prevent and mitigate trauma.

From the beginning, the members of the TIC-TF recognized the need for cross system coordination and a centralized information hub to provide to the public. Funding provided by Casey Family Programs has allowed the CSAW to hire a cross systems coordinator. While this position—managed by Oklahoma State University’s Center for Integrative Research on Childhood Adversity (CIRCA)—is currently at work on current initiatives, the CSAW is well positioned to utilize this staff for work surrounding trauma-informed care.

The collaboration between the CSAW and CIRCA has shed light on the importance of public-private partnerships. Sharing this commitment with organizations across the state allows buy-in on trauma-informed care from private entities and state agencies alike. Furthermore, this collaboration provides opportunities for future funding which may have been unavailable to one type of entity.

In addition to discussions surrounding the cross systems coordinator, the work of the past year has led to discussion surrounding the creation of a webpage. Although the platform is not yet solidified, the TIC-TF has incubated ideas surrounding its format and administration. It is clear to the TIC-TF that webpage development and administration as another avenue to pursue a public-private partnership.

Over the last two years, the TIC-TF has made strides in the discovery and coordination of trauma-informed initiatives across our great state. However, it is strikingly apparent that we have only scratched the surface of trauma-informed care work in Oklahoma. Transitioning this work to the SAT and the CSAW will provide this work with longevity and means to expand upon the groundwork laid buy the members of the TIF-TF.

Until the official transition, the TIC-TF will continue to build upon their current work and engage with the CSAW to ensure a seamless transition. The members of the TIC-TF and the CSAW are dedicated to transforming Oklahoma into a trauma-informed state.



Despite COVID-19, the Trauma-Informed Care Task Force has continued to structure informative meetings with the dedicated members to continue the momentum that will move Oklahoma to a trauma-informed state.





Our goals are firmly focused on improving the opportunities for children in Oklahoma to survive and thrive even after experiencing significant adverse childhood experiences.

INTRODUCTION

In 1970, President Richard Nixon established the Office of Child Development and named Dr. Edward Zigler of Yale University as its director. At his swearing-in ceremony, Dr. Zigler was asked by a reporter how he could reconcile his own admittedly liberal politics with those of the Nixon Administration. His response was simple: “My politics are children.” As the authors of this report, our approach is similar: our politics are children. Our goals are firmly focused on improving the opportunities for children in Oklahoma to survive and thrive even after experiencing significant adverse childhood experiences (ACEs).

We recognize that trauma-informed practices are necessary to help children and families overcome and recover from ACEs, but we also recognize that trauma-informed practices are not enough. Children also need for their basic needs to be met. The effects of the COVID-19 pandemic and its economic effects have magnified the difficulties many families face in providing basic needs, in accessing health care and affordable, high-quality child care and education. The social isolation and economic hardships resulting from the pandemic have also increased rates of parental mental health problems and substance use, which are likely to result in increased rates of family violence, child abuse, and neglect. The coronavirus pandemic has exposed the cracks in the foundations of the institutions charged with helping families raise the next generation of citizens.

In spite of the challenges and difficulties facing families, communities, and our institutions, we remain optimistic. We believe in our commitment as individuals and as a state ensure that our youngest members of society survive and thrive in spite of adversity. We believe that change is possible and may be within our grasp. We provide examples in this report of significant efforts and noteworthy initiatives emerging throughout the state. Local communities are forming “self-healing communities” through public-private partnerships. State agencies are seeking and learning about trauma-informed initiatives. Individuals, business leaders, philanthropic and non-profit organizations, and State government leaders are coming together to share ideas and support new approaches to solving the health and social problems that are the legacy of child and historical trauma. We submit this report as evidence of these beginnings and as a guide for continued success as we make Oklahoma a state in which children are fortunate to be born, educated, and nurtured into lifelong health and wellbeing.



TASK FORCE MANDATE: SENATE BILL 1517

The Task Force on Trauma-Informed Care was created by Senate Bill 1517, which was signed by Governor Mary Fallin on April 25, 2018. The bill was authored by Senator A.J. Griffin and Senator Kay Floyd. In the House of Representatives, the co-authors were Rep. Carol Bush, Rep. Mark Lawson, Rep. Rhonda Baker, Rep. Tammy West, Rep. Leslie Osborn, Rep. Weldon Watson, Rep. Cyndi Munson, Rep. Donnie Condit, and Rep. Earl Sears.

The bill became effective on November 1, 2018.

The task force has a mandate *“to study and make recommendations to the Legislature on best practices with respect to children and youth who have experienced trauma, especially adverse childhood experiences (ACEs).”*

In particular, the task force is charged with gathering information on models of care for a variety of settings in which individuals may come into contact with children and youth who have experienced or are at risk of experiencing trauma. After collecting this information and considering findings from evidence-based, evidence-informed, and promising practice-based models, the task force has a duty to recommend a set of best practices to:

- The State Department of Health;
- The Department of Human Services;
- The Office of Attorney General;
- The State Department of Education;
- Other state agencies as appropriate;
- State, tribal, and local government agencies;
- Other entities, including recipients of relevant state grants, professional associations, health professional organizations, state accreditation bodies and schools; and
- The general public.

By the terms of Senate Bill 1517, the task force is composed of seventeen (17) members, each appointed by his or her respective agency. The task force has a three-year life. The authority of the task force will expire on October 31, 2021.

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ADDRESSING AND MITIGATING TRAUMA

Across the globe, community leaders and policy makers are recognizing that Adverse Childhood Experiences (ACEs) can have life-long consequences for a person's health and well-being.ⁱ Furthermore, the Center for Disease Control estimates \$124 billion lifetime cost associated with child maltreatment.ⁱⁱ In Oklahoma, the passage of SB 1517 signifies the vested interest of the state to support those who have experienced trauma.

The groundbreaking ACEs study by Drs. Anda and Felitti found a direct link between childhood trauma and behavioral and health-related problems in adults—including chronic disease, mental illness, and time served in prison, and work issues, such as absenteeism.ⁱⁱⁱ Using data compiled from the 2019 NSCH and Child and Adolescent Health Measurement Initiative (CAHMI), America's Health Rankings Health of Women and Children Report indicates 28.5% of children in Oklahoma have experienced two or more ACEs. Although down from 32.9% in 2016, Oklahoma remains the state with the highest percentage of children experiencing 2 or more ACEs.^{iv} In light of the growing body of research, addressing and mitigating the impacts of childhood trauma is of great importance to the state of Oklahoma.

By and large, agencies across the state are committed to implementing a trauma-informed framework to better serve vulnerable Oklahomans. State agencies such as the Office of Juvenile Affairs, the Oklahoma Department of Human Services, the Department of Mental Health and Substance Abuse Services, and the Oklahoma Healthcare Authority have all implemented frameworks to further their agencies in the mission of becoming trauma aware, trauma responsive, and trauma-informed. Representatives from some of Oklahoma's state agencies provided the task force with examples of current practices. A snapshot of these state agency frameworks is included and begins on the next page.



SNAPSHOT: STATE AGENCY TRAUMA INFORMED FRAMEWORKS

Office of Juvenile Affairs (OJA)

The Office of Juvenile Affairs (OJA) is an integral state agency in the prevention, management, and response to young people who have experienced trauma. On average, youth at-risk of juvenile justice involvement have significant rates of Adverse Childhood Experiences (ACEs). In 2014, OJA implemented a skill based, interactive trauma-focused training curriculum entitled Think Trauma: A Training for Staff in Juvenile Justice Residential Settings^{©v} to provide staff with a common understanding of trauma and its impact on youth. In addition to the training, the ACEs questionnaire and the Children's Adolescent Trauma Screener^{vi} were implemented to assist with treatment planning in OJA's operated secure care treatment facilities.

OJA has since expanded training opportunities across the agency to further aid in preventing and mitigating trauma, which includes the development of a core set of training on understanding adolescent development. In addition, OJA has initiated a statewide systemic racial and ethnic disparity training where historical trauma exists. The training emphasizes how justice systems may provoke trauma through responding to child behavior. OJA continues to advance assessment of youth and community needs to build a network of accessible and trauma-informed services.

The legislature funds OJA to support a network of 39 Youth Service Agencies that serve all 77 counties. This network of community-based service agencies are tasked with prevention and intervention efforts to support well-being and mitigate trauma. The network provides countless hours of community training on trauma. Further, many deliver specialized services (e.g., Trauma-Focused Cognitive Behavior Therapy). This network also operates the shelter system and numerous programs to support youth in need. More recently OJA has partnered with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to train clinical staff to provide Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) in OJA's secure care and contracted group homes.

**A child's chances
of thriving depend
not only on
individual, family
and community
characteristics
but also on the
state in which she
or he is born and
raised.**

*2019 Kids Count Data Book
Annie E. Casey Foundation*



In the Fall of 2019, OKDHS began strategic planning to become the first hope centered and trauma-informed state organization.



OJA is also implementing the Attitudes Related to Trauma-Informed Care Scale (ARTIC)^{©vii} which is a psychometrically-valid assessment that measures staff attitudes in trauma-informed care. The ARTIC scale will assist with targeting needed training and resources to ensure and sustain OJA as a trauma-informed state organization.

Oklahoma Department of Human Services (OKDHS)

It is important to note that OKDHS is comprised of multiple divisions, each with their own trauma-informed initiatives and practices. Agency-wide, OKDHS is committed to becoming trauma-informed and hope centered to best serve vulnerable Oklahomans.

In the Fall of 2019, OKDHS began strategic planning to become the first hope centered and trauma-informed state organization. The science of hope is well-established as an important coping resource and protective factor for children, adults, and families. The science of hope is a validated, scientific endeavor which will benefit employees and customers, alike. Hope is one of the strongest predictors of well-being, and a robust body of evidence demonstrates that hope is an important component of organizational well-being. Hopeful employees show significant improvements in job satisfaction, reduced burnout, and improvements in turnover within organizations. OKDHS is utilizing the science of hope as a vision, a tool, and a call to action to ensure the well-being for all Oklahomans served by the agency.

Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)

In the Organization: Systemic approach and deployment of trauma-informed services and supports that connect research, policy, and practice, promote healing, and avoid re-traumatization. Ensure that trauma awareness, knowledge, and skills are embedded in ODMHSAS infrastructure, policies and practices. Implementation of Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT), an evidence-based and skills-based model for self-care and reduction of secondary traumatic stress, in partnership with original researchers. Offering condensed trainings on trauma for free on our e-learning module online.

In the Community: Creating a trauma-informed system of care, rather than isolated services; developing partnerships and providing leadership and guidance to agencies and communities; identifying and implementing models and strategies that help Oklahomans enhance their resilience and their ability to heal from trauma and minimize social risk factors that can exacerbate trauma.

Individual Services: Ensuring all staff are trained in Trauma-informed Care (TIC), understand the widespread impact of trauma, promote recovery and resilience, and seek to avoid re-traumatization.



Screening all clients, regardless of identified reason for presenting for services, for trauma. Providing access to trainings in EBPs that are understood to reduce symptoms that develop in response to trauma.

Family Voice through Peer Support: Modeling recovery and resilience; highlighting strengths-based perspectives; engaging families with services and supports; enhancing families' feelings of connection and belonging with their community; bridging gaps so families can become better partners with service providers; and teaching effective and successful advocacy.

Youth Voice: Modeling recovery and resilience; providing experience and knowledge about living with a behavioral health issue; fostering engagement, developing self-advocacy, and inspiring hope in those they serve.

Oklahoma Attorney General (OAG)

Tasked with the statutory authority to certify domestic violence/sexual assault programs, batterer's intervention programs and adult victims of sex trafficking programs across the state of Oklahoma, the Attorney General, through its Victim Services Unit (VSU), ensures that services are provided within a trauma-informed framework. The certification standards require assessing for trauma, trauma-informed programming, and ongoing training for all direct service provider employees and volunteers on the effects of trauma on adult victims of abuse and children exposed to domestic violence in the home.

Emphasis in this area is maintained through technical assistance and training to the programs and ongoing collaborative efforts between the VSU, the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), and the Native Alliance Against Violence (NAAV) to ensure the promotion of best practices and address emerging issues in trauma-informed care with priority. The VSU prioritizes trauma-informed environments with certified programs in the provision of emergency shelter to victims and their dependents, as well as all non-residential crisis and support services offered.

Oklahoma State Department of Education (OSDE)

The Office of Student Support at the Oklahoma State Department of Education (OSDE) has several initiatives that address the mental health and social-emotional needs of Oklahoma students. A few of these initiatives are included here.

In October 2018 the OSDE was awarded a \$3.7 million United States Department of Education grant. The Oklahoma School Climate Transformation (OKTransform) grant supports schools and districts in the implementation of evidence-based practices through a Multi-Tiered Systems of Support (MTSS) framework. MTSS is a staff-

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Multi-Tiered Systems of Support are a staff-implemented approach to educational reform proven to be highly effective in improving behavioral and academic outcomes, increasing school safety, bolstering social and emotional competency, and improving teacher self-efficacy.

implemented approach to educational reform proven to be highly effective in improving behavioral and academic outcomes, increasing school safety, bolstering social and emotional competency, and improving teacher self-efficacy. This school-wide prevention and intervention behavioral support continuum creates a common language for all students, families, and staff.

School climate teams utilize an MTSS framework to build sustainable systems to inform practices, connect existing efforts, and align initiatives to improve behavior and academics. This approach is highly effective in improving student outcomes, addressing limited resources, and providing improved professional development in rural and suburban schools. MTSS is also proven to improve the overall school climate, student safety needs, and social-emotional behavior.

Through a U.S. Department of Justice grant award of nearly \$1 million, the OSDE is developing a statewide crisis response team and multi-tiered crisis response framework. The OSDE Crisis Team works with districts across the state to develop crisis preparedness and response plans for both hazard and threat-based crises. In addition to providing technical assistance to schools, the Crisis Team provides district support in the event of a student, staff, or community death.

In partnership with the University of Oklahoma's Hope Research Center, OSDE is conducting a program evaluation to understand the impact of student participation in the Individual Career Academic Planning process on Hope Score measures. The OSDE is also providing technical assistance and professional development to district staff on how chronic stress affects the brain's ability to learn and classroom strategies to help reduce stress hormones in the brain and assist students with regulation.

Oklahoma Health Care Authority (OHCA)

The Oklahoma Health Care Authority is increasing the awareness of trauma and its impact on members' medical and mental health. OHCA is providing information regarding trauma focused screenings that can be utilized by physicians during the member's annual behavioral health screening. Additionally, trauma focused care plans are mandated in behavioral health inpatient and outpatient care plans.

Oklahoma State Department of Health

The Oklahoma State Department of Health (OSDH) views trauma and its impact on children and families as a public health issue. Traumatic experiences are linked not only to mental and emotional health, but also long-term physical health. Housed within a public



health model, programs within OSDH are uniquely situated to address Adverse Childhood Experiences (ACEs) which include trauma, and child maltreatment that can impact children's health and well-being.

Trauma Informed Care is a public health approach to preventing and mitigating trauma and its impact on infants, young children, and their families. Strategies that help children and families develop and maintain positive relationships and environments are protective in nature and help shape their physical, social, emotional, behavioral and intellectual capacities all of which can effect health and well-being all throughout their life. A further goal is to help families feel supported and connected, allow space for them to build and explore strengths and develop meaningful, positive relationships that serve as a foundation for all future relationships.

Maternal and Child Health Service (MCH) within the OSDH provides state leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of the Oklahoma maternal and child health population. Trauma informed parenting begins with healthy babies and healthy mothers. MCH embraces a Life Course Perspective to look at life as an integrated continuum. A Life Course Perspective is a tool for understanding and impacting health disparities, particularly disparities that originate in childhood. This perspective is tied closely to ACEs research and is based in three key areas: your health as an individual, your health before conception and your children's health. MCH provides screening and resources for Perinatal Mood and Anxiety Disorders (PMADs).

Family Support and Prevention Service (FSPS) promotes the health, safety and wellness of Oklahoma's children and families by providing programs and interventions based on the belief that prevention is key to helping families and communities develop to their full potential. Timing of the implementation of practices influences the impact and outcomes of the strategies and interventions employed. FSPS programs are aimed at improving health outcomes and focus on the principle of moving upstream in an effort to prevent child maltreatment, trauma and poor health and mental health outcomes.

Programs and initiatives within FSPS include Children First (Oklahoma's Nurse Family Partnership program), Office of Child Abuse Prevention (OCAP), Maternal Infant and Early Childhood Home Visiting Grant (MIECHV), Sexual Risk and Avoidance Education Grant (SRAE), Oklahoma Child Care Warmline, Early Childhood Mental Health Consultation, Community Based Child Abuse Prevention Grant (CBCAP) and Child Guidance. Evidence based and trauma informed practices and approaches are used to mitigate the impact of trauma and ACEs experienced by young children and families.

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STATES TO CONSIDER

Beginning with the 2019 Interim Report, the TIC-TF conducted extensive research surrounding best practices and the models already implemented within other states. Since, we have identified a handful of states in which we wish to base our prospective model. The Task Force’s Coordination Subcommittee continued this work identifying additional states to consider toward developing an Oklahoma model for trauma informed care.



States such as Missouri, Michigan, and Pennsylvania have separated themselves as the forerunners in the trauma-informed care movement. As Oklahoma steps toward creating a sustainable, effective, trauma-informed mindset and network, the following models should have strong consideration.

The Missouri Model

Proponents of the Missouri Model assert that the model is “a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to deepen and unfold over time.”^{viii} The model recognizes the intricacies of moving towards a fully trauma-informed system and acknowledges that such a movement rests on a continuum—moving from trauma-aware to trauma-sensitive to trauma-responsive and finally becoming fully trauma-informed.



The model operationalizes trauma-aware, trauma-sensitive, trauma-responsive, and trauma-informed to provide clear direction when assessing the climate of an organization. Importantly, it outlines key processes and indicators to look for when determining success.

Cheryl Step, Trainer and Consultant for Creating Resilience, LLC, presented to the Task Force on the fundamentals of the Missouri Model. Some of the areas highlighted were:

- *The intention of trauma-informed care to provide support services, not treat symptoms or issues.*
- *The trauma-informed approach is an ongoing organizational process.*
- *The fundamentals consist of Awareness, Sensitivity, Responsiveness, and informed concepts and principals.*

Trauma-Informed Pennsylvania

Trauma-Informed Pennsylvania’s genesis dates to the establishment of the Office of Advocacy and Reform. In their efforts to transform Pennsylvania into a more trauma-informed system, a team of 25



professionals representing human services fields, developed a set of priorities to become more trauma-informed. The priorities include:

- *Building a network to connect and support community-based, grassroots movements across the commonwealth*
- *Prioritizing changes at the state level to affect culture, policy, and practice*
- *Healing from the trauma of a major disaster like the COVID-19 pandemic*
- *Healing the damage of racism, communal, and historical trauma*

Pennsylvania suggests a multi-faceted approach that combines a cultural shift within state government and implementation of prevention and education initiatives across the state to promote healing and mitigation of the effects of childhood trauma.^{ix} Like the Missouri Model, Pennsylvania recommends viewing trauma work on a continuum, moving from trauma-aware, to trauma-sensitive, to trauma informed, to healing centered.

The Michigan ACE Initiative

The overarching goal of the Michigan ACE Initiative is to “build a more resilient Michigan.”

Like Pennsylvania and Missouri, the Michigan ACE Initiative lays out their set of priorities, which include:

- *To expand ACE awareness to accelerate research, educate the public and lawmakers, and ultimately reduce and prevent ACEs in Michigan*
- *Provide training and technical assistance across sectors and populations to raise awareness; identify, understand, and respond to ACEs; and build resilience in individuals, organizations, and communities*
- *Pursue ACE-aware, trauma-informed policies in the public and private sectors. The Michigan ACE Initiative has built awareness, introduced community leaders and infrastructure to the core concepts of the study, and built on the support coming from the health and human services sector. Now we are faced with taking that science, the groundswell of interest and the momentum created, and implementing programs across [the] state that can help to develop trauma informed, healing communities, and begin moving to prevention*

Since 2017, the Michigan ACE Initiative has expanded education to more than 20,000 people, provided training and technical assistance, and pursued policy change to create a more ACE-Aware and Trauma-Informed state.^x



To raise awareness of the effects of ACEs in Oklahoma and what our communities can do in response, the Potts Family Foundation provided small grants to communities to implement community resilience coalitions.



TASK FORCE MEETING HIGHLIGHTS

A large component of the Task Force's mandate was to identify best practices and areas of action already in place in the state of Oklahoma. Undoubtedly, there are numerous efforts that deserve recognition, and the continuation of this work will bring undiscovered practices to light. The following section outlines practices that are currently in place that were either presented to the Task Force or highlighted in the Task Force's subcommittees and how they connect to the Task Force's future directions.

Resilient/Self-Healing Communities

The origin and impact of resilient communities in Oklahoma was detailed in the 2019 interim report. Because of their impact and importance to the trauma-informed movement, these communities are, again, briefly outlined below. Additionally, over the course of the past year, the task force has discovered even more movements of note. The flourishing of these communities and their efforts provides a sense of hope and direction toward the future of trauma-informed care in Oklahoma.

As relayed in the interim report, creating a resilient Oklahoma at the community level can trace its origins to the Payne County Resilience Coalition. In June of 2017 approximately 100 local citizens met to create a community group dedicated to addressing the impact of adverse childhood experiences in local schools, clinics, law enforcement, and the policy initiatives that help build resilience. Since that beginning, Resilient Payne County has led numerous workshops on trauma-informed practices, conducted trainings in the public schools, arranged for town hall meetings, public showings and city channel airing of the film "Resilience," and assisted other communities in developing resilience coalitions.

To raise awareness of the effects of ACEs in Oklahoma and what our communities can do in response, the Potts Family Foundation (PFF) provided small grants to communities to implement community resilience coalitions. These efforts culminated in a state-wide training event led by Laura Porter, one of the leaders of the state of Washington's ACEs initiative.

Oklahoma State University's Center for Health Sciences

The Center for Integrative Research on Childhood Adversity (CIRCA) is a five-year, \$11.2M Center of Biomedical Science (CoBRE) funded



by the National Institutes of Health at OSU Center for Health Sciences (OSU-CHS) in Tulsa. Led by Dr. Jennifer Hays-Grudo, Regents Professor Psychiatry & Behavioral Science at OSU-CHS, CIRCA has three overarching aims:

- Build the research infrastructure needed to identify and treat the biological and behavioral processes effects of adverse childhood experiences (ACEs) that lead to problems with health and developmental outcomes in a US state with high ACEs and limited federal research funding;
- Develop and launch independently funded researchers engaged in identifying adverse and protective childhood experiences and effective treatment interventions; and
- Develop theoretical models and novel methods to advance the science of childhood adversity and resilience.

Since 2016, CIRCA has funded five primary projects and seven pilot projects; CIRCA is currently funding:

- Holistic Assessment of Tulsa Children’s Health (HATCH), focused on maternal ACEs as a predictor of adverse prenatal exposures and adverse birth outcomes (Karina Shreffler, PhD, Project Director);
- Food and Beverage (FAB) Study investigating the effects of alcohol use on folate levels in adolescent and young adult females (Julie Croff, PhD, Project Director);
- The Dyadic Inter-Brain Signaling (DIBS) Project, using hyperscanning to model parent-child inter-brain regulation in the prediction of adolescent depressive symptoms (Amanda Morris, PhD, Project Director); and
- Neurotrophic Indicators of Cognition, Executive Skills, Plasticity, and Adverse Childhood Experiences (NICE SPACES) Study, investigating the relationship between ACEs and obesity by studying the effects of obesity treatment on markers of brain plasticity (i.e., brain-derived neurotrophic and glial cell-derived neurotrophic factors) and neurocognition (executive function).

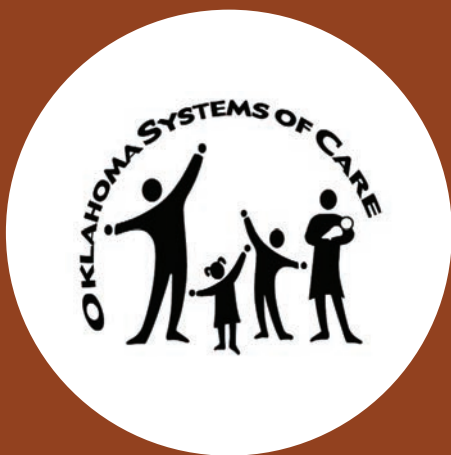
CIRCA provides sustained funding for an Administrative Core (Jennifer Hays-Grudo, Director), a Biomarker Core (Kent Teague, OUHSC-Tulsa, Director), a Biostatistics Core (Matt Vasser, PhD, OSU-CHS), and a Community Impact Core (Mike Stout, PhD, OSU-Tulsa) that provides training and assistance to primary and pilot investigators. CIRCA investigators have been awarded a total of \$13,245,387 in competitive research funding in the past four years, primarily in federal dollars. CIRCA will be eligible to apply for Phase 2 funding in 2021 for an additional five years of NIH funding.

Systems of Care Coalitions

Systems of Care (SOC) is a comprehensive spectrum of mental health and other support services that are organized into coordinated networks



There are approximately 75 Systems of Care coalitions operating in the State of Oklahoma. Many of them have been involved in trauma-informed related activities, in particular the showing of the Potts Family Foundation Resilience Film.



to meet the changing needs of children, adolescents, and their families with emotional or behavioral health needs. It accomplishes this by providing community-based, family-driven, youth guided, and culturally competent services statewide. (ODMHSAS website)

There are approximately 75 SOC coalitions operating in the State of Oklahoma. Many of them have been involved in trauma-informed related activities, in particular the showing of the Potts Family Foundation Resilience Film.

The Evolution Foundation has identified seven of those SOC coalitions--Canadian, Cleveland, Comanche, Payne, Pittsburg, Oklahoma and Tulsa Counties-- as priority areas for trauma-informed activities, including the development of services for the 0-5 population. Those seven coalitions account for more than half of Oklahoma's total population.

The strategic plans for each of the priority coalitions include the advancement of trauma-informed activities as key components. Six of the seven coalitions were actively involved in the development of specific activities focused on trauma-informed initiatives prior to the pandemic, and continue to work around the challenges presented by the change in status quo.

Two of the Evolution Foundation consultants are credentialed as trauma-informed care trainers and offer free training to community groups. Recently, 150 community members participated in a virtual ACEs training entitled "Changing ACEs," which explored evidence-based strategies for how people and roles can help identify, challenge, and change injured patterns and outcomes. Those in attendance were from multiple areas and employment fields across the state that included: the Evolution Foundation, Nami, DHS, OUHSC, Red Rock, youth and family organizations, CASA, Health Department, Sunbeam Family Services, Creeks, Salvation Army, Choctaw Nation, educators, and many more professional and family attendees.

In July 2020, the Evolution Foundation virtually hosted Dr. Chan Hellman, director of the Hope Research Center at the University of Oklahoma-Tulsa to share the science of hope to around 90 participants. The Evolution Foundation is currently working with the Potts Family Foundation and will host a virtual Resilience screening and discussion for the Woodward county SOC coalition and community in November 2020.

Handle with Care

The Handle with Care model is an example of a trauma-informed practice utilized in the state of Oklahoma. The Handle with Care model



is a collaboration between law enforcement and local public schools in an effort to promote a safe environment for those who have recently experienced a potentially traumatic event.^{xi} After responding to a call involving a child and a potentially traumatic event, an officer forwards a message to the child's school with their name and the words "handle with care" which allows the staff to implement trauma-informed training and practices.

This simple public health model starts a positive ripple effect by increasing important conversations to encourage trauma-informed trainings, offering clearly defined roles, building trust, & increasing cross-sector alignment with law enforcement, schools, behavioral health providers, health and social services for the child and family.

Started in Oklahoma City in August 2018, Handle With Care has been a grassroots effort spreading to urban and rural areas in over 25 counties. With the support of Public Health Institute of Oklahoma, Children's State Agency Workgroup, and local Systems of Care Coalitions, we have provided free trainings, handouts, sample procedures, and partnership agreements. These shared efforts have increased collaboration for the positive benefit of all children, families, and communities.

EmbraceOKC

EmbraceOKC is a comprehensive approach to providing a school-based system of supports for Oklahoma City Public Schools students and families that involves community partnerships and high-quality, tiered mental health strategies ranging from prevention to treatment services.

EmbraceOKC is supported by the OKC Public Schools Compact - a collective impact model whose partners are the Oklahoma City Public Schools, the Oklahoma City Chamber, the Oklahoma City Public Schools Foundation, the United Way of Central Oklahoma, and the City of Oklahoma City to support improvements identified by the Oklahoma City Public Schools.

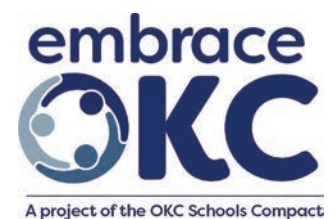
Modeled after ReadOKC, EmbraceOKC is the Compact's collaborative initiative focused on mental health to:

- Embrace mental health as preventable and treatable;
- Protect children's mental health for life;
- Achieve maximum social and emotional wellbeing for children and their families; and
- Hold the school and community as a sanctuary of safety and support.

OKCPS works with the Oklahoma Department of Mental Health and



The Handle with Care model is a collaboration between law enforcement and local public schools in an effort to promote a safe environment for those who have recently experienced a potentially traumatic event.



The Pyramid Model is a research-based framework for promoting healthy social and emotional development in children. The model provides education, guidance, and coaching for early childhood professionals and families to promote the best practices in social and emotional engagement that support positive behavioral outcomes in children.



Substance Abuse Services, to administer the Oklahoma Prevention Needs Assessment (OPNA) survey to students in 6th, 8th, 10th and 12th grades to assess priority needs, risk factors, and measure improvements. The OPNA provided the data needed to create the comprehensive, district-wide EmbraceOKC action plan. The plan is focused on preventing and treating (1) psychological distress, (2) substance use, and (3) high-risk behaviors identified by the OPNA. A diverse array of interventions, practices, and programs are designed to be implemented at different grade levels among students, staff, and families to address these priorities. The plan utilizes a multi-tiered system of interventions and supports that includes universally preventive/protective approaches for all students and increases in intensity based on student needs and levels of risk.

By addressing staff and students' mental health needs, the work through EmbraceOKC will improve the overall educational experience, change the trajectory for students, families, and staff, and, ultimately, improve the quality of life for all.

The Pyramid Model

At the July 2020 Task Force meeting, Carlye McQuiston, Program Director for the Oklahoma Partnership for School Readiness (OPSR), presented on The Pyramid Model, a framework of evidence-based practices for early childhood trauma.

The following was highlighted during the presentation:

The Pyramid Model is a research-based framework for promoting healthy social and emotional development in children. The model provides education, guidance, and coaching for early childhood professionals and families to promote the best practices in social and emotional engagement that support positive behavioral outcomes in children. The Pyramid Model puts an effective workforce, responsive relationships, and quality supportive environments as the found. Oklahoma is the 32nd state to utilize The Pyramid Model and we have already met a number of its 49 benchmarks.

Oklahoma plans to implement a seamless system across services of Child Care, Head Start, Education, Home Visitation, and Intervention to streamline and align services for a stronger system for serving the most vulnerable populations. Professional Development opportunities will be offered at no or low cost for courses addressing social and emotional development from birth to school age through a partnership with the Pyramid Model Consortium and Sanford Harmony. Oklahoma's Quality Rating and Improvement System will implement the Pyramid Model and include components specifically addressing social and emotional development of children.

Early Head Start serves low income families with intensive

comprehensive child development and family support services to those with infants and toddlers. The children receive individualized services based on their developmental needs (physical, cognitive, social and emotional), while families receive services to help move them toward greater self-sufficiency. The services are offered in local communities, by nurturing caregivers and build strong relationships with families. Families can begin services as early as prenatally and remain in Early Head Start until 3 years of age, then move to Head Start until ready for school. This continuity of care allows for continued growth and development needed for school readiness, and also allows for greater success of the parents in fulfilling their roles as providers.

Project AWARE

Project AWARE is a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant aligns with the plan objectives in the Every Student Succeeds Act (ESSA). The grant duration is five years and totals \$8,616,110.00. The AWARE grant utilizes a Multi-Tiered System of Support (MTSS) that is blended to incorporate mental health. This framework is referred to as Interconnected Systems Framework (ISF).

MTSS is a staff-implemented approach to educational reform proven to be highly effective in improving behavioral and academic outcomes, increasing school safety, bolstering social and emotional competency, and improving teacher self-efficacy. This school-wide prevention and intervention behavioral support continuum creates a common language for all students, families, and staff. MTSS/ISF is a three-tiered framework where tier one services are provided to all students (universal) in the general education classroom. Tier two interventions are for students that need heightened service delivery above and beyond what tier one interventions can provide. Interventions for this tier could include individual behavioral intervention plans for students and small group interventions. Tier three is reserved for the highest level of need for students and results in connection to consistent Mental Health resources with a Licensed Mental Health Professional.

Project AWARE serves 7,215 students enrolled in 17 school sites within western Oklahoma: Woodward Public Schools, Elk City Public Schools and Weatherford Public Schools. The districts were selected due to lack of mental health service providers in the area sometimes referred to as a mental health desert. Population to clinician ratios are usually 30,000 residents per one clinician but in the AWARE communities it is 150,000 residents per one clinician. This is five times higher than the state average representing a severe mental health professional shortage in Western Oklahoma. Additional factors for selection were based on data sets for serious mental illness, students with severe emotional disturbance (SED), health insurance difficulties, proximity to

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OKAware
OKLAHOMA STATE DEPARTMENT OF EDUCATION
PROJECT AWARE



CORE operates to prevent and further mitigate trauma by providing technical assistance support to school communities seeking to implement trauma-informed practices, policies, procedures, and training, and change their system's infrastructure.



state prison, and other demographic benchmarks.

CORE: The Collaborative for Oklahoma Resilience in Education

At the June 2020 Task Force meeting, Brittany Couch, State Coordinator of School-Based Behavioral Health Partnerships for the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), presented on the concept of a trauma portal—provided by the Collaborative for Resilience in Education (CORE), and the Education Administrator's Resilience Implementation Toolkit.

Since its inception in August of 2017, CORE is composed of diverse multi-disciplinary representation across public and private entities. Including family advocates, educators, community and state level agency partners from all across the state of Oklahoma. The mission of this collaborative is to inform, equip and empower school and early childhood communities of children affected by trauma. The purpose of this collaborative serves to initiate trauma sensitive culture and climate in schools and communities throughout Oklahoma.

CORE operates to prevent and further mitigate trauma by providing technical assistance support to school communities seeking to implement trauma-informed practices, policies, procedures, and training, and change their system's infrastructure. CORE also operates by serving as a clearinghouse gathering and organizing relevant and evidence-based trauma-informed resources, sharing and statewide activity/events.

This collaborative is hosted by the ODMHSAS, facilitated by Brittany Couch, in partnership with the Oklahoma State Department of Education. The intended audience of the trauma portal is educators, parents, students, and community stakeholders, with community membership increasing from eight to fifty in a three-year period. The format will be online with virtual resources, research data and outcomes, and material for evidenced-based best practices. Information and events will coincide with the school year calendar. Additionally, a toolkit was created using the Pennsylvania Model for trauma-informed approaches and guidelines and will be used by childhood and secondary educational administrators, with the goal to include post-secondary administrators as part of the intended audience. Five schools/districts will be identified as pilots for the CORE Trauma-Informed System for one year.

In-depth Technical Assistance (IDTA): Develop Cross-System Policy and Practice Strategies to Support Pregnant Women with Substance Use Disorders, Their Infants and Their Families

Teresa Stephenson, Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), presented to the Task Force



at the August 2019 meeting on the training, creation, and implementation of services for mothers and children who are drug exposed, as well as collaboration and alignment of resources.

Some of the areas highlighted were:

- Creating frameworks and education to provide services for every stage from pre-pregnancy to early childhood.
- Provide families with the tools to advocate for themselves and their children.
- Identify potential stakeholders/partnerships to align and coordinate services and support.
- Determine who is responsible, accountable, consulted, and/or informed.

Through the IDTA, the Oklahoma team will review current statutes related to Plans of Safe Care to determine if changes need to occur with any policy and procedures to facilitate goals. The team will determine what policies and procedures in OKDHS, primary care, birthing hospitals, and substance use treatment can occur to expand prenatal Plans of Safe Care and ensure their utilization.

The team will communicate barriers and ensure the practice of information sharing is consistent across all systems. The team will focus on OKDHS, the Administrative Office of the Courts – Court Improvement Program (AOC-CIP), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), birthing hospitals, OB/GYNs, the Oklahoma State Department of Health (OSDH), and the Oklahoma Health Care Authority (OHCA), replicating the practice changes within primary care, OB/GYN, and delivery hospitals that have been identified by the Office of Perinatal Quality Improvement (OPQI) and many other organizations and systems. All of these entities will look at trauma-informed care, what is and what is not working, and how to incorporate needed changes.

The IDTA will look at the Five Point Framework that will address Pre-Pregnancy, Prenatal, Birth, Postnatal/Neonatal and Childhood. The IDTA Team will address one short-term win and long-term achievable goal at a time to address not only how to mitigate initial trauma but also mitigate further trauma and increase protective factors. Working together, across systems will allow the IDTA initiative to align and achieve common goals that impact families, infants, communities, and systems. Additionally, the collaborative effort will work to mitigate trauma or intervene earlier in the child or family's life to reduce traumatic experiences and provide supports to handle unpredictable traumas.

Coordination through Web Platform

One Task Force subcommittee was charged with establishing



One Task Force subcommittee was charged with establishing procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating trauma.



procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating trauma. Various website options were discussed within the subcommittee to assist with website possibilities and presented to the Task Force.

The goals of the web platform include the following:

- To provide Oklahoma’s model for trauma informed care.
- To share technical expertise related to preventing and mitigating trauma.
- To share training opportunities and coordinate trainings throughout the state.
- To provide resources and cross-systems connections to trauma-informed work within the state
- To provide state data, evaluation, and research
- Dedicate a set of individuals to work with other agencies to coordinate the many lines of communications between communities.

In order to facilitate the most effective web platform, the website will need a dedicated staff member to moderate content and coordinate delivery of new information.

At the April 2020 Task Force meeting, Jeaneen Pointer, Chief Strategy Officer of the Lynn Institute, presented on the Count Me in 4 Kids web platform. The Count Me in 4 Kids website and mobile app is the product of extensive research that began in 2018. It was concluded that professionals as well the public needed a way to find resources that were available in their communities. The platform could accommodate multiple users at a time with intuitive capabilities. Some of the resources provided on the website consist of counseling services, food pantries, education, breastfeeding, and military/veteran services. An executive decision was made to put a hold on the website due to joining the Be a Neighbor Initiative and the COVID-19 pandemic that caused a statewide shutdown of events. Fillable forms will be sent to all partners to ensure accuracy of resource information. An announcement will be sent when services are able to resume.

The website subcommittee engaged Cody Andrews from Be a Neighbor to provide information and website possibilities for the trauma work through the Be a Neighbor website. Be A Neighbor is an innovative platform that seeks to identify and strengthen collaboration among Oklahoma’s non-profits, faith-based groups, and community organizations across the state’s 77 counties.

The web-platform subcommittee also met with Tom Bates, who was appointed by Governor Stitt to lead Oklahoma’s Front Porch initiative, to further discussions on website possibilities and linking of trauma informed care resources and cross-system coordination efforts.



State Appropriations Process

Joe Dorman, Executive Director of the Oklahoma Institute for Child Advocacy, presented to the Task Force at the September, 2020 meeting on the process of requesting appropriations when submitting legislative bills. Mr. Dorman explained what revenue sources are available to the state and how appropriations are managed. He also explained the Legislature’s budgeting process. The timeline for appropriations for the upcoming fiscal year begins with budgeting requests from agencies in September and ends on July 1 of the following year when appropriations funding becomes available for use.

Mr. Dorman provided details on the timing to request appropriations in a legislative bill and what budget requests entail. He also discussed the possible obstacles to receive the requested funding and the limitations in the flexibility to realign funding to accommodate the needs or wants of an agency. The different types of tax revenue were reviewed as well as the purpose of the Constitutional Reserve Fund, or “Rainy Day Fund.”

Suggestions in gaining legislative support for trauma-informed care work include finding the economic impact that services would have on Oklahoma, begin building partnerships with other state agencies as soon as applicable, and identify and support private organizations in their efforts to become accredited resource centers.

Community Hope Centers

Oklahoma is using the Family Resource Center Model and the Science of Hope framework to design and implement Community Hope Centers. In the spring of 2020, the Oklahoma Department of Human Services (OKDHS) partnered with Oklahoma State Department of Health (OSDH) to create a Request for Proposal (RFP) for two Community Hope Centers. In late summer 2020, Governor Stitt allocated CARES funding to OKDHS to implement Community Hope Centers. The goals and elements of the Community Hope Centers are outlined below.

Community Hope Centers are community or school-based welcoming hubs of support, services, and opportunities for Oklahoma families focusing on:

- Utilizing an approach that is multi-generational, strengths-based, and family-centered
- Reflects and responds to the community needs and interests
- Provides support at no or low cost for participants



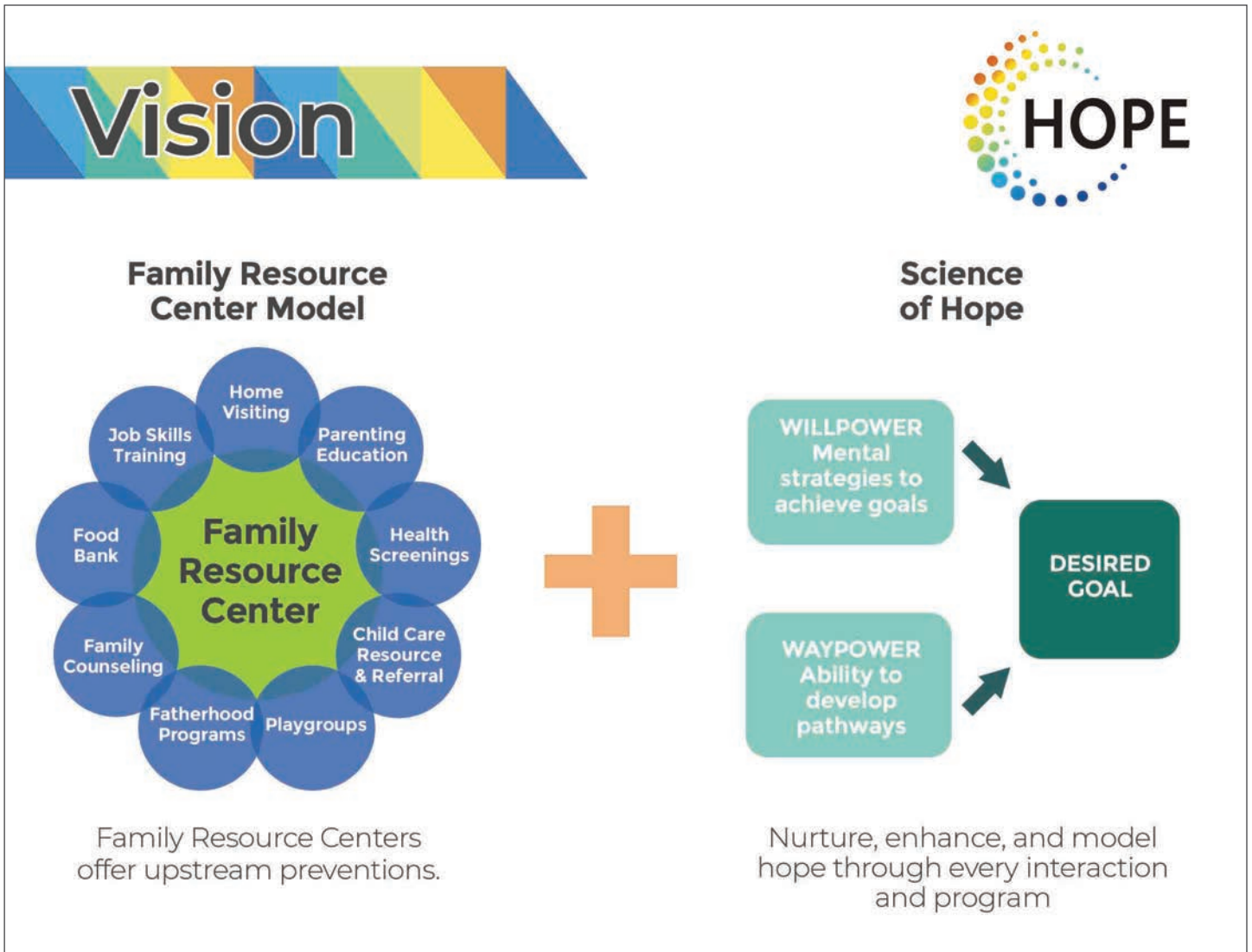


Figure 1. Family Resource Model and Science of Hope diagram is provided by the Oklahoma Department of Human Services

Community Hope Centers are community or school-based welcoming hubs of support, services, and opportunities for Oklahoma families.

The goals of the Community Hope Centers:

- To support families to be strong, healthy, and successful
- To contribute to building a strong and healthy community
- To reduce the likelihood of child abuse and neglect by utilizing Strengthening Families Protective Factors

CSAW has infused the Community Hope Center as part of Project 180, which is highlighted later in this report. Through Community Hope Centers, Oklahoma can move upstream in the effort to prevent and mitigate the impacts of trauma.



OKLAHOMA'S COORDINATED APPROACH TO PREVENT TRAUMA

A. The Systems of Care State Advisory Team & Children's State Advisory Workgroup

There are multiple trauma-informed care efforts occurring across the state. Above all, Oklahoma is missing a statewide systematic and intentional approach to create opportunities for recovery from trauma and foster resilience, particularly in rural and difficult to reach communities. The purpose of this task force is to identify sustainable strategies to support and expand both local and statewide initiatives that reduce children's exposure to adversity and increase opportunities for resilience throughout the state.

Through an existing coordinating structure, we have identified a means to provide resources that will allow the important cross-systems coordination efforts of this task force to continue after our mandate has expired. We will work toward the establishment of a dedicated team of public administrators with the skills necessary to gather and share information about trauma-informed care, encourage interagency coordination, and promote greater efficiency in the establishment of trauma-informed care practices.

Oklahoma's System of Care's (OKSOC) State Advisory Team (SAT) and its working arm, the Children's State Advisory Workgroup (CSAW), provides an existing structure and central base to advance the work of preventing and mitigating trauma in Oklahoma. Incorporating the trauma-informed care task force work within the SAT and CSAW structure is a starting point that can evolve over time as new pathways and funding streams become available for continued sustainability.

Systems of Care was created in 1999 and has a strong foundation on which to build. The CSAW was created in 2003 as a collaborative, coordinating body with sustainable infrastructure. Utilizing this existing structure and advancing the TIC-TF coordination subcommittee work would start the process of alignment of public and private partners to build upon the CSAW foundation and develop pathways to a trauma-informed care whole system model for Oklahoma.

The purpose of SAT is to improve the lives of children and families while upholding the values and principles of Systems of Care and to guide the development of the Systems of Care Process throughout

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the state of Oklahoma. This involves the cooperation of everyone who has a role serving a child with an emotional or behavioral health need, including family members, advocates, educators, mental health workers, social services, health services, the juvenile justice system, and community and recreational agencies. The membership of the Oklahoma State Advisory Team consists of positions representing agencies, advocacy groups, and family members. The SAT meetings are held the first Friday of every month allowing for members to collaborate and relay new information and ideas.

The CSAW is a research arm of the State Advisory Team and its primary focus is to research options for developing the needed infrastructure and services for Systems of Care. CSAW also serves as a work group of the Partnership Board. The Partnership Board members consist of the commissioners and directors of the child serving state agencies along side the directors of the Oklahoma Family Network, and NAMI Oklahoma, family members, youth, and young adults. The Partnership Board is supported through a memorandum of understanding between the members to ensure an efficient operation of a unified and integrated system of care. The membership of the CSAW currently includes a designee for each member of the Partnership Board, which includes representation from each of the child serving agencies:

- Oklahoma Department of Mental Health and Substance Abuse Services
- Oklahoma Department of Human Services
- Oklahoma Department of Rehabilitation Services
- Office of Juvenile Affairs
- Oklahoma Commission on Children and Youth
- Oklahoma State Department of Education
- Oklahoma Healthcare Authority
- Oklahoma State Department of Health

The CSAW has recently updated its membership with state agency leaders and has added additional members, to include the Evolution Foundation, Oklahoma Family Network, and Oklahoma Partnership for School Readiness.

The SAT, the CSAW, and the SOC Coalitions have a long history working through collaborative, coordinated, cross-systems partnerships to serve infants, children, youth and families (ICYF). Within SAT's values is an emphasis on trauma-informed supports and services to best promote the overall wellness, stability, and safety of Oklahoma families. Within SAT's by-laws is a list of multiple members, which outlays an existing collaboration of partners. The SAT duties include facilitating cross-sector coalition meetings to increase collaboration among stakeholders, which encompasses the



state legislature, federal government, tribal nations, ICYF, providers, agencies, professionals, businesses, and other community leaders.

The CSAW provides a foundation and flexibility for a smooth transition to begin initial implementation of a trauma-informed care model for Oklahoma. It will also work to identify additional partnerships to ensure the trauma-informed care model is sustained. Implementation work would include flexibility for CSAW in defining membership, roles and duties, expectations, benchmarks, timelines, funding, and making recommendations to SAT as needed.

B. Trauma Informed Practices Workgroup

A trauma-informed practices workgroup will be added as an extension to CSAW that would lead the work in trauma-informed care and work directly with a cross-systems coordinator. The new workgroup will consist of the current members of the Task Force on the Trauma-informed Care Coordination Subcommittee and others needed to work within the Missouri model framework, and/or other identified state models to create a comprehensive and whole-health Oklahoma model. The workgroup will also identify public-private partnerships to support and sustain Oklahoma's model. The duties of the workgroup can be found in Appendix A.

C. Cross Systems Coordinator

Funding support from Casey Family Programs allowed CSAW to hire a cross systems coordinator dedicated to a CSAW project entitled Project 180. The position is led by OSU CIRCA and is vital to support other projects including trauma-informed care and is poised to oversee coordination once the Task Force mandate has ended.

The coordinator will be responsible for overall project management for the implementation of a more trauma-informed system. This role will assure that invested entities are actively collaborating to better advance trauma-informed care in the state.

Additionally, a cross-systems coordinator and a support staff will be responsible for maintaining and updating a website with trauma-informed resources, training, research, and other information that will support coordinated, collaborative, ongoing trauma-informed care efforts across the state. While the web platform is not yet solidified, there is the potential to utilize OSU's CIRCA website with an extension for a trauma-informed care web platform supported through public-private funding. State agencies and other organizations could share the website link to their respective channels of information, thus expanding the availability of our website throughout the state.

A trauma-informed practices workgroup will be added as an extension to the Children's State Advisory Workgroup that would lead the work in trauma-informed care and work directly with a cross-systems coordinator.



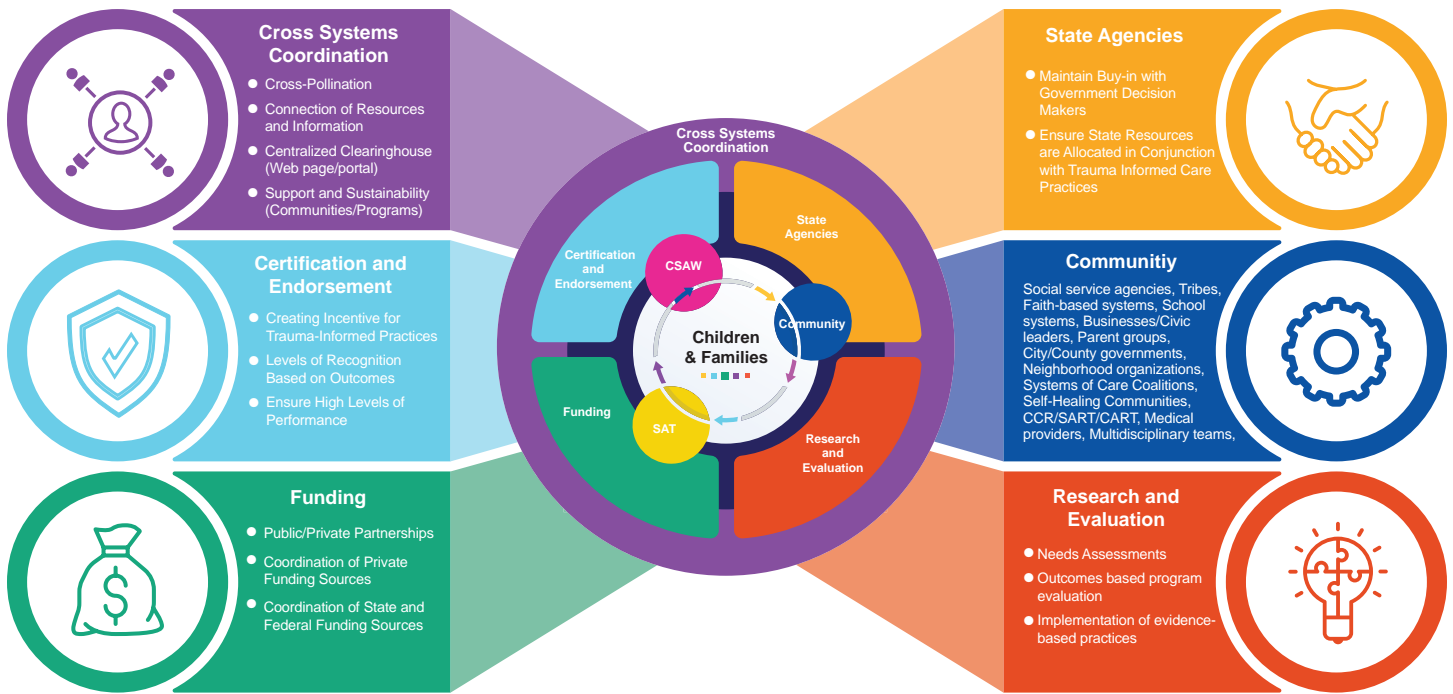


Figure 2. The Cross Systems Coordination diagram is provided by the Oklahoma Department of Human Services.

The Trauma Informed Care Task Force has recognized the need for further input from individuals outside of state government.

The goals of the web platform are to provide Oklahoma’s model of trauma-informed care, share technical expertise, training opportunities, provide resources and connections, provide state data, evaluation and research, and to house communication between a dedicated set of individuals who will work to coordinate communication between communities. The website will need a dedicated staff member to provide updates and maintenance. Although currently funded, the role will require continued financial support to sustain the position.

D. Framework of Cross Systems Coordination

The framework of the SAT, the CSAW, the Trauma Informed Practices Workgroup, and cross systems coordinator will provide for ongoing, sustainable collaboration among the task force member agencies in coordinating efforts around trauma informed care. The existing structure of the SAT and the CSAW will allow for the prioritization of options and a coordinated approach to preventing trauma, especially ACEs. This framework will focus on identifying and ensuring the appropriate interventions and supports for children, youth and their families as appropriate, who have experienced or are at risk of experiencing trauma.

The TIC-TF has recognized the need for further input from individuals outside of state government. Thus far, family voice and tribal partnerships were not heavily involved with the work of the TIC-TF. These components, in addition to further public-private partnerships, are integral in understanding and improving the system for all Oklahoman’s. Importantly, this framework integrates the voice of all



involved parties and provides a pathway for collaboration through the cross systems coordinator.

E. An Example of Current Practice: CSAW Initiative — Project 180

Many members of the CSAW and the SAT actively participate in the efforts of the TIC-TF. This overlap of workgroups will allow for an effective transition of this important work. Recently, the CSAW began work on Project 180—an initiative aimed at improving outcomes and meeting the needs of children and families across our state.

History and Context:

In late 2019, a variety of state agency representatives met to examine how to best to serve the children and families that interact with their agencies. The meeting was held in recognition that the agencies are part of a broader child and family-serving system—or continuum. Inherently the collective goal of the participating agencies is to improve the well-being of those served. Foundational to the meeting were a set of core values that drive the work of these agencies: Hope, innovation, and partnership.

Using a cohort of 180 children who had interacted with many of the state agencies, the group identified barriers, bright spots, and opportunities to best serve children and families with complex needs. Several ideas resonated with the participants of that meeting, not the least of which was to involve more partners in the work of improving well-being across our systems. The 180 children now represent a rallying call across child and family-serving agencies in Oklahoma. The CSAW has embraced that challenge with Project 180.

The goals for this project are direct but require a commitment across systems and partnership with communities and those with lived experience. With Project 180, the CSAW will:

- Improve outcomes and better meet the needs for children and families currently involved multiple systems by further examining the 180 children in the original cohort
- Turn our attention 180 degrees so that we can transparently address gaps in our prevention continuum and identify key intervention points across all our systems for the children and families we serve

Project 180 is only one example of work produced by the SAT and the CSAW but, importantly, it exemplifies that the missions of CSAW, the SAT, and the TIC-TF are one in the same—to improve the lives of all Oklahomans, especially for those who are vulnerable and for those with adverse experiences.

Using a cohort of 180 children who had interacted with many of the state agencies, the group identified barriers, bright spots, and opportunities to best serve children and families with complex needs.





FINAL CONSIDERATIONS

It is clear that, throughout the state, Oklahoma has a large array of ongoing trauma-informed initiatives. As we approach the final year of the task force, we recognize that there are still initiatives and programs that the task force has yet to discover. Likewise, the potential to achieve a coordinated effort across the state seems increasingly more achievable.



As the task force mandate comes to a close we will continue to push for coordination and collaboration between the community and state agencies, we will continue to delve into developing best practices, and we will continue to advocate for those affected by trauma. Additionally, in the third and final year of the task force mandate, we will seek to further incorporate public input, consumer input, tribal input, and the input of the families we serve into decision-making and planning of the continued trauma-informed care work.



Thinking toward the future, the task force will begin to discuss the transition of our work to the SAT and the CSAW. In conjunction with the grassroots efforts described in this report, the SAT and the CSAW have the power to transform and push the collective vision for trauma-informed care to both rural and urban communities alike.

Already, the SAT and the CSAW play an intricate role in coordination, collaboration, and implementation towards a trauma-informed Oklahoma. Connecting local communities with the SAT and the CSAW has the potential to create a lasting impact on the state of Oklahoma. An effective collaboration has the potential to grow trauma-informed outreach throughout the state and provide an impact in which agencies and community members are able to see the outcomes of this statewide investment.

As such, the Task Force on Trauma-Informed Care believes it is in the best interest of the legacy of our work to make this seamless transition to the CSAW and the SAT. The collaboration between these workgroups and the communities identified by the Task Force will allow for government transparency and funding opportunities which might have been unavailable to one group alone. The CSAW and the SAT will seek to extend upon our work by designing a web-based platform, building upon public-private partnerships, developing best practices, and locating opportunities for improvement to best serve the citizens of our great state.



APPENDIX

A. Duties of Trauma-Informed Practices Work Group:

1. Work within the Missouri model framework, as well as consider components of other identified
2. states, to create an Oklahoma trauma-informed care model.
3. A common trauma-informed assessment for communities and organizations to identify or to track progress of becoming trauma-informed as well as identify training needs.
4. Align trauma training pathways and/or certification options and continuously develop a team of certified trainers.
5. Develop common benchmarks as identified within the assessment.
6. Increase coordination between services in the trauma-informed of primary prevention, secondary prevention, and treatment across the lifespan with a special emphasis on maternal health and early childhood 0-5 years of age.
7. Recognizing that trauma-informed training will include strategies to build resilience like reducing sources of stress through social determinants of health, strengthening core life skills, and supporting responsive relationships.
8. Identify funding streams to help further implementation and expansion of trauma-informed practices.
9. Support the development of low cost or no cost cross-sector initiatives.
10. Ensure and sustain plan of how offices and other units of government will collaborate, prioritize options for and implement a coordinated approach to preventing trauma, especially ACEs, and identifying and ensuring the appropriate interventions and supports for children, youth and their families as appropriate, who have experienced or are at risk of experiencing trauma
11. Coordinate, to the extent feasible, among the offices and other units of government research, data collection and evaluation regarding models to demonstrate effectiveness or positive measurable outcomes that reflect the science of healthy child, youth and family development.
12. Identify gaps in or populations or settings not served by models
13. Coordinate, among the offices and other units of government, the preventing and mitigating of trauma
14. Establish procedures to enable the offices and units of government to share technical expertise related to preventing and mitigating of trauma
15. Recommend models for settings in which individuals may come into contact with children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma
16. Recommend best practices that are evidence-based, are evidence-informed or are promising and practice-based, and that include guidelines for:
 - a. training of front-line service providers,
 - b. implementing procedures or systems that:
 - i. are designed to quickly refer children and youth and their families, as appropriate, who have experienced or are at risk of experiencing trauma, and ensure the children, youth and appropriate family members receive the appropriate trauma-informed screening and support, including treatment
 - ii. use partnerships that include local social services organizations or clinical mental health or health care service providers with expertise in furnishing support services including, but not limited to, trauma-informed treatment to prevent or mitigate the effects of trauma
 - iii. use partnerships which co-locate or integrate services, such as by providing



APPENDIX

- iv. services at school-based health centers
- iv. use partnerships designed to make such quick referrals, and ensure the receipt of screening, support and treatment
- c. educating children and youth to:
 - i. understand trauma,
 - ii. identify signs, effects or symptoms of trauma, and
 - iii. build the resilience and coping skills to mitigate the effects of experiencing trauma
- d. multi-generational interventions to:
 - i. support, including through skills building, parents, foster parents, adult caregivers and front-line service providers
 - ii. assist parents, foster parents and adult caregivers in learning to access resources related to such prevention and mitigation
 - iii. provide tools to prevent and address caregiver or secondary trauma
- e. community interventions for underserved areas that have faced trauma through acute or long-term exposure to substantial discrimination, historical or cultural oppression, intergenerational poverty, civil unrest, a high rate of violence or a high rate of drug overdose mortality
- f. assisting parents and guardians in understanding eligibility for and obtaining certain health benefits coverage, including coverage under a State Medicaid plan under Title XIX of the Social Security Act of screening and treatment for children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma
- g. utilizing trained nonclinical providers such as peers through peer support models, mentors, clergy and other community figures, to:
 - i. expeditiously link children and youth, and their families as appropriate, who have experienced or are at risk of experiencing trauma, to the appropriate trauma-informed screening and support including, but not limited to, clinical treatment services
 - ii. provide ongoing care or case management services
- h. collecting and utilizing data from screenings, referrals or the provision of services and supports, conducted in the covered settings, to evaluate and improve processes for trauma-informed support and outcomes
- i. improving disciplinary practices in early childhood education and care settings and schools, including but not limited to use of positive disciplinary strategies that are effective at reducing the incidence of punitive school disciplinary actions, including but not limited to school suspensions and expulsions
- j. providing the training described in subparagraph a of this paragraph to child care providers and to school personnel, including school resource officers, teacher assistants, administrators and heads of charter schools
- k. incorporating trauma-informed considerations into educational, pre-service and continuing education opportunities, for the use of health professional and education organizations, national and state accreditation bodies for health care and education providers, health and education professional schools or accredited graduate schools and other relevant training and educational entities



REFERENCES

i. World Health Organization

“...WHO and the United States Centers for Disease Control and Prevention are therefore building a global network focused on understanding the long-term health risk behaviour and chronic disease consequences of ACEs, and providing technical assistance to partners in this area.” https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/global_research_network/en/

ii. Center for Disease Control

“... CDC estimates that the lifetime costs associated with child maltreatment at \$124 billion.” https://vetoviolence.cdc.gov/apps/phl/images/ACE_Accessible.pdf

iii. ACEs Study- Anda et al. (2006)

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., . . . Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186. doi:10.1007/s00406-005-0624-4

iv. America's Health Rankings

America's Health Rankings analysis of U.S. HHS, HRSA, Maternal and Child Health Bureau (MCHB), Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health Indicator Data Set, Data Resource Center for Child and Adolescent Health, United Health Foundation, AmericasHealthRankings.org, Accessed 2019.

v. Think Trauma

Marrow, M., Benamati, J., Decker, K., Griffin, D., & Lott, D. A. (2012). *Think Trauma: A training for staff in juvenile justice residential settings*. Los Angeles: National Center for Child Traumatic Stress.

vi. CATS

Sachser, C., Berliner, L., Holt, T., Jensen, T., Jungbluth, N., Risch, E. C., Rosner, R., Goldbeck, L. (2017). International development and psychometric properties of the Child and Adolescent Trauma Screen (CATS). *Journal of Affective Disorders*, 210, 189-195. PMID: 28049104.

vii. ARTIC Scale™

Baker, C.N., Brown, S.M., Wilcox, P.D. et al. Development and Psychometric Evaluation of the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. *School Mental Health* 8, 61–76 (2016). <https://doi.org/10.1007/s12310-015-9161-0>

viii. The Missouri Model

Missouri Model: A Developmental Framework for Trauma Informed Approaches, MO Dept. of Mental Health and Partners (2014) <https://dmh.mo.gov/media/pdf/missouri-model-developmental-framework-trauma-informed-approaches>

ix. Trauma-Informed Pennsylvania

Trauma-Informed PA: A Plan to Make Pennsylvania a Trauma-Informed, Healing-Centered State, PA Office of the Governor (2020) https://www.scribd.com/document/470553274/2020-Trauma-Informed-PA-Plan?secret_password=AcW-bQ2CvooqQQ8w20WZO

x. Michigan ACE Initiative

Michigan ACE Initiative: Building Resilience, Healing Communities, July 2020 Impact Report <https://www.miace.org/wp-content/uploads/2020/07/MIACE-ImpactReport-FINAL.pdf>

xi. Handle with Care

West Virginia Center for Children's Justice <http://handlewithcarewv.org/handle-with-care.php>





TRAUMA-INFORMED TASK FORCE

2020

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