

Building on Success

Ohio’s Trauma-Competent Care Initiative (TCC)

SUMMARY

Mission: To expand opportunities for Ohioans to receive trauma-competent interventions by enhancing efforts for practitioners, facilities, and agencies to become competent in trauma- competent practices

Trauma Competent

Organizational culture embraces the concepts of culture, and linguistic and trauma -competent care and implements these informed practices throughout the organizational system, in regard to interventions and treatment services, workforce development, support, and financing. The organization understands that current service systems can retraumatize individuals and avoids retraumatization.

Services provided are evidence-based and promising practices to facilitate recovery from trauma. Services can refer to prevention, intervention, or treatment services that address traumatic stress as well as any co-occurring disorders (including mental illness substance use) that developed during or after trauma. The service system is designed to accommodate the vulnerabilities of trauma survivors; allows services to be delivered in a way that avoids inadvertent re-traumatization and facilitates consumer participation in treatment with a keen focus on culture and gender (Harris & Fallout, 2001).

| Self-Care & Responding to Stress of Today (self-care with active practices) | | | | | |
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| Goal | Challenges | What will make this work? | Next step(s) | Timeline | Person(s) responsible |
| A] Increase understanding about creating environments in which people can ask for help when they need it and know they have a supportive and collaborative working environment around them that | <ul style="list-style-type: none"> ○ People are dying and dying alone; we represent family; people are left to handle that ○ How to connect with people when you can’t touch them and use facial expressions ○ Online fatigue ○ How do we support those within our communities? Child-care providers, health departments, CPS, first-responders | <ul style="list-style-type: none"> ○ Trauma-competent Self-advocates ○ Practical practice in everyday routines within our agencies and with our staff and patients ○ Community training and support; practice in community settings ○ Teachers; community support agencies; primary | A. Natalie will speak to the Office of D&I about integrating TCC into agency D&I Strategic Plans, work with them and other resources (like SAMSHA) to find sample policies and discuss how the intent of the policy gets integrated into actual actions at the agency (ex. real self- | <ol style="list-style-type: none"> 1. Connecting to partner agencies is ongoing 2. Importance of policies and procedures- review policies and SAMHSA (what?) next 60 days. 3. Embedding meditation/guided reflection- Holly will invite everyone to the Teams channel for The Wellness Project today. Ongoing | <ol style="list-style-type: none"> 1. Work group members 2. Natalie will speak to the Office of D&I. 3. Natalie will find a point person at DAS to talk about TCC/self-care benefit incentives. 4. Holly sent Teams channel for The Wellness Project today. <p>Work group members: Missy Brown Chris Brugler Emily Eckert Tina Evans Holly Jones Emily Jordan</p> |

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| <p>will allow them to flourish and thrive</p> <p>B] Reach out and acknowledge “essential workers: during the pandemic</p> | | <p>care, behavioral health; child-care providers; health departments; CPS; etc.</p> <ul style="list-style-type: none"> ○ Paying people to practice self-care, be trained in self-care; give them a place to go ○ Connect to partner agencies that are doing it for assistance in implementation ○ Embedding meditation/guided reflection as part of workday ○ Importance of this in policies and procedures. Highlighting agencies and leaders who are currently doing this to honor the important initiative and serve as examples for others who may not be doing it. ○ Interest, time Ex. Hand-written card/notes | <p>care training and activities), and look for a person at DAS to talk about TCC/self-care benefit incentives.</p> <p>B. Elevate a plan of action with DAS Office of Diversity and Inclusion I.e., agencies get evaluated on their plan and more advanced plans will elevate the agency from meeting basic expectations Compliant, conventional, purposeful, competent and advanced. There is rubric to show why the agency feels they view themselves at a higher level. This is an organizational and inclusion continuum by Ohio DAS.</p> <p>C. Talk to people in the office of D & I about integration to other meetings.</p> <p>D. Review sample trauma informed ? policies and share</p> | | <p>Natalie Kirk Scott Phillips Angela Ray Angie Thompson Kathy Yokum Michelle Kolp Alexis Martin Cathy Mockus</p> <p><u>12/2/2020</u></p> <p>Goal A – Natalie has done this D&I in DAS institute which has been very informed. They are closing out plan. Natalie can follow up end of January. Jennifer Adair, Program manager or deputy director. Focusing on last 3 years.</p> <p>Goals I, J, K: Wellness Wednesday group, Holly has offered training on self-care techniques can be streamed or viewed on YouTube.</p> <p>There are also resources for wellness books, written meditation.</p> <p>A good DYS contact is Andrea Denning.</p> <p>Goal D Reviewed sample SAMHSA policies. Natalie will also send us what she has. We can recommend a draft for the next meeting</p> <p>Goal G: Missy has volunteered to self-care workshop training. Holly encouraged everyone to utilize the wellness resources. She is also facilitating self-care. Shelly suggests a 1-page self-care document, maybe a slogan or information to be distributed. We can add</p> |
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| | | <p>acknowledging work of others/time Ex. Code Lavender bags/financial support</p> | <p>with the group. (Trauma competent care inclusive of both people we serve and workers) E. SAMHSA has some information resources about what does it mean to be a TCC organization? This could start with D&I, develop policies and practices at organizational levels. F. Here is our certificate to demonstrate what we do to meet the needs of people we serve and the staff. G. Promoting self-care & TCC could advance an agency to another level. How do we make sure this rolls out? H. Example – the Wednesday wellness group and survey implementation. Results will be shared by the CEO/designee. I. Wellness Wednesday group, Holly has offered training on self-care techniques</p> | | <p>things in the teams list, print handouts as a stock care. Steve suggests a Self-Care check list and something for managers. Now is the time- with this 3rd surge. We can begin working on this by updating information in the Wellness Teams folder. Holly will share this information with everyone in our group. We would like to add recorded trainings and resources as well.</p> <p>Ask Kim about helping us plan this. This will be a live training that can be recorded. That can be added for CEUs. And added to E-based academy.</p> <p><u>1/6. 2021</u></p> <p>Goal A -Natalie Kirk has talked to folks at the Office of D, E, & I (previously Office of D&I) about the inclusion of trauma-competent concepts in the Office’s strategic plans. The TIC principles will be woven into the more specific matrices and dept/div plans rather than the more global strategic plan</p> <p>Goal D: No draft to recommend yet.</p> <p>Goal G:</p> <ol style="list-style-type: none"> All materials in Microsoft Teams Wellness folder have been updated and shared by Holly Jones. Holly sent info regarding “mindful movement.” Holly has taken a job with DODD, but we hope she can continue on the TIC Internal Team. Regional collaboratives have received links to the Microsoft Teams folders. Shelly Kolp spoke to the need for a one-page sheet that would “start the conversation” re TIC principles. Need to provide hope to hospital |
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| | | | <p>can be streamed or viewed on YouTube.</p> <p>J. There are also resources for wellness books, written meditation.</p> <p>K. Identify the diversion and inclusion agencies.</p> <p>L. Angela makes sure the training meets requirements.</p> <p>M. Everyone needs to review what's already available through insurance companies. The more you can provide for employees to offer self-care. Insurance will be lower because people will feel better. Let's find out what organizations are doing</p> | | <p>staff. Impact on hospital staff from personnel shortages due to COVID. Admins are trying to figure out staffing given constant shortages.</p> <p>c. Emily Jordan and Emily Eckert (both from ODE) shared the multiple TIC resources available thru the ODE and the OMHAS websites: "ABCs of MH for school staff"; "Supporting the well-being of staff and students"; "Reset/restart page."</p> <p><u>2/3/2021</u></p> <p>Discussion about the resources that Natalie Kirk shared with agency EEO officers on Friday January 29</p> <p>The resources included toolkits to help HR implement TIC into policy and practice, as well as several resources that were shared by the group last month such links to MHA resources kits.</p> <p>Committee believes the resources will be a good way to get more agencies to incorporate trauma-informed practices at various levels, and that the resources will be increasingly relevant in the current political climate.</p> <p><u>4/7/21</u></p> <p>Natalie Has followed up with agencies has shared information (policy & process toolkits provided); planning open hour discussions about TIC and HR resources with EEO office. Has a point person with DAS</p> <p>Investigate wellness/self-care incentives with DAS</p> |
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| | | | | | <p>Self-care training completed by Holly and Missy; support distribution with UNE regional TIC collaborative funds</p> <p>Handle with care program as a TIC intervention https://www.handlewithcareoh.org/index.php</p> <p>http://education.ohio.gov/Topics/Student-Supports/PBIS-Resources/Trauma-Informed-Schools</p> |
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Cultural Competence-Humility-Sensitivity/Cultural and Historical Trauma and Healing

| Goal | Challenges | What will make this work? | Next step(s) | Timeline | Person(s) responsible |
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| <p>A] Focus on issues of cultural competence, demographics of country and state are changing and not much is being done. Latino population has been hit particularly hard during pandemic.</p> <p>B] Increase community understanding that culture influences how an individual interprets and assigns meaning to the trauma, significantly</p> | <ul style="list-style-type: none"> ○ Time and limitation of resources ○ Not sure what the state or department’s position is ○ Large populations and inadequate cultural supports ○ Finding instructors and programs, and how they are framed ○ Identifying structural racism within our own systems and responding to it ○ Understanding implicit bias, growing our awareness of it and learning what to do with it ○ Embracing diversity in our culture and differential impact of trauma | <ul style="list-style-type: none"> ○ Representation of populations who may not be currently “at the TI table” – Increase awareness ○ Migrant seasonal workers – (Anita Armstrong shared there are 5 counties with Head Start programs for migrant seasonal workers). Perhaps there could be representative(s) interested in being invited: <ul style="list-style-type: none"> ▪ Regional TIC meetings ▪ State TIC meetings/events | <p>Goal [A]</p> <ol style="list-style-type: none"> 1. Identify populations not at the TI table yet; reach out to the groups that are not included yet; use data from COVID-19 to identify the populations; consider who are the key leaders representing these communities and how we can engage them; ensure we engage faith-based outlets. 2. Utilize representatives from DACC to extend the conversation and broaden the representation. | <p>These steps will have a very flexible timeline.</p> <p>Tentatively, however,</p> <p>Goal A: Spring 2021</p> <p>Goal B, C, and D: We will have a moving timeline depending what traction we get in our work and contingent on any products and outcomes off the Disparities and Cultural Competence Advisory Committee (DACC).</p> | <p>Dr. Surendra B. Adhikari (Moderator) Dr. Justin Trevino Lilly Cavanaugh Joleen Sundquist Grace Kolliesuah Deb Seltzer Bonnie Hubbard-Nicosia</p> <p>Other interested as we continue the discussion.</p> <p>Resources: COVID-19 Ohio Minority Health Strike Force Blueprint; Ohio’s Executive Response: A Plan of Action to Advance Equity</p> <p>https://coronavirus.ohio.gov/static/MHSF/MHSF-Blueprint.pdf</p> <p>https://coronavirus.ohio.gov/static/MHSF/Executive-Response.pdf</p> |

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| <p>influences how people convey traumatic stress through behavior, emotions, and thinking, affects what qualifies as a legitimate health concern and which symptoms warrant help and culture can provide a source of strength, unique coping strategies, and specific resources</p> <p>C] Provide training and technical assistance to agencies to effectually provide trauma-competent screening, assessment and interventions that acknowledges, respects, and integrates patients' and families' cultural values, beliefs, and practices</p> | <ul style="list-style-type: none"> ○ Broadening the idea of cultural humility to include diverse cultures within Ohio | <p>to bring their voice/awareness to our work.</p> <ul style="list-style-type: none"> ○ Moving from training into action ○ Investment to continue training on cultural and historical trauma and how it impacts our engagement of families ○ More representation of diverse groups at a state level and at discussion tables ○ Resources for providers serving special populations to enhance their understanding of the community they are serving ○ Organizing community conversations with refugees and special populations to help us understand how trauma is impacting their community ○ Education needed; peer support; use | <ol style="list-style-type: none"> 3. How does this plan align with and how do we coordinate with DACC work? Aligning with State Health Improvement Plan where relevant. 4. Discuss how to introduce topic of trauma competent care to this population; they may not understand it. 5. Include resilience and coping specific to communities with the Culture- specific information. 6. Use the Faith-based organizations for places of engagement and information dissemination. 7. Neutralizing the term “trauma” to avoid stigmatization. Using word “experiences” and how those experiences have impacted the clients and how they perceive the world and the world perceives them/ | | <p>https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship</p> <p>Link to resources about the work of DACC https://mha.ohio.gov/Health-Professionals/Cultural-and-Linguistic-Competency/DACC-Advisory-Committee</p> <p>Note: Some of the references herein regarding development of briefs falls under planned work of OhioMHAS QPR Office (Dr. Adhikari as the lead health equity research staff)</p> <p>We will have a better assessment of the staffs responsible as we move forward.</p> <p><u>12/2/2020</u></p> <p>Goal A 1 Cultural Competency Administrator staff position has been filled at OhioMHAS. Once this person assumes office, will be invited to participate in this work group. DACC Group should also be included and consulted.</p> <p>Goal A 4: Dr. Adhikari (OhioMHAS) is involved in development of a brief toolkit to assist with implementation; this framework will hopefully be available to share during the first quarter of 2021.</p> <p>Recommendations to invite Mr. John Moore, Ohio School for the Deaf. 1/6/21 – Dr. Adhikari will discuss invite to John Moore with Kim</p> <p>Goal A 8: Recommendation to contact Adreana Tartt (OhioMHAS) who would be very helpful to identify</p> |
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| <p>D] Increase community understand that historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group; related to major events that oppressed a particular group of people because of their status as oppressed</p> | | <p>already developed outreach and service strategies i.e. “Promotoras”-healthcare navigators who can help establish trust, access services</p> <ul style="list-style-type: none"> ○ Do county boards of DD or other systems in large counties have an identified position for acting as a liaison for large underserved minority populations? ○ Acknowledge and respond to historical trauma in the making (COVID) ○ Innovation, staying current in a climate that is constantly changing (inclusion and awareness) ○ Consider alliance between TCC and multicultural committees at state and local level ○ Cultures of each Regional TIC? Collaborative need | <p>8. Modify outreach efforts to reach ethnic minority faith leaders, those who did not apply to the faith-based grants or could not be funded.</p> <p><u>Goal [B]</u></p> <ol style="list-style-type: none"> 1. Increase awareness of disparities is critical for providers to see; how do we mobilize the resources to create an infrastructure that includes language access, materials, and peer trainers, other modes of communication that include social media platforms, other means of communication? 2. We need to learn how to connect with the target audience, so they feel safe. 3. Understand how different cultures interpret the term “trauma”; for them it | | <p>and recruit representation of diverse faith-based organizations.</p> <p>Organizing community conversations in 2021 to hear from the key gatekeepers of the diverse communities as to their definition of Trauma Competent Care and what it means to their community(ies); broadening our understanding of the prevailing social construct and social context within the diverse communities.</p> <p>Need to infuse TCC concepts into all areas of relevant discussion (ex. COVID-19)</p> <p>Goal C 2: More info on these will be available in early 2021.</p> <p><u>1/6/21</u></p> <p>Dr. Adhikari will discuss with Kim and Adreana. Dr. Gordish also noted that the new Cultural Competence and Health Equity Administrator will begin Monday 1/11/2021, which will further assist with this coordination.</p> <p>Dr. Adhikari shared the following tentative layout for the planned two-page summary toolkit -:</p> <p><i>(1). Background (specific chosen population data, national and state; summary demographics);</i> <i>(2). Brief highlights (a couple of succinct paragraphs or a matrix summary table) on chosen population/group's physical (chronic disease) and behavioral health prevalence data;</i> <i>(3). Summary highlighting chosen population's risk factors for chronic disease morbidity/mortality.</i></p> |
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| | | <p>to be supported, showing up for regions at macro and micro levels; bring Department of Health to the conversation</p> <ul style="list-style-type: none"> ○ Need for family engagement ○ Seek and build alliances with local, respected individuals such as pastors and community leaders | <p>could mean history/tradition. We must understand the words used and consider our perceptions, use of words; maybe use “experience” instead of trauma; interweaving cultural competence (scenarios and best practice policies) throughout the entire fabric of lesson plan</p> <ol style="list-style-type: none"> 4. Build a protocol that explains Historical Context every time for any project, training or initiative to ensure <i>trauma</i> is framed considering the target audience/population. 5. Need to provide educational materials in languages that are understood by persons from the impacted communities and those from the community to deliver the message- | | <p><i>(4) Highlight trauma prevalence and counseling practices with the chosen population; and (5) Policy implications from a TIC standpoint (i.e. cultural and linguistic competence needs).</i> Once the sample format is ready, Dr. Adhikari will bring along for discussion with TIC Executive Committee.</p> <p>Goal B: Dr. Trevino (OhioMHAS) suggested engaging Lindsey Deering from Communications Office (OhioMHAS) to assist with message delivery through website.</p> <p>Goal B Debra Seltzer (ODH) shared the Department's work in sexual assault awareness, especially helping organizations to be aware of the content at organizational level. Group recommended applying that model to assist in creating a toolkit addressing cultural competencies and disparities toolkit to deliver to providers.</p> <p>Lilly Cavanaugh (OCHLA) brought up the issue of pandemic and vaccine distribution. Group agreed on keeping in touch with Jamie Carmichael (the newly hired Chief Health Opportunity Advisor at ODH) to seek information on ODH's outreach efforts related to CVD-19 and vaccine</p> <p>Dr. Gordish provided update of Hospital system by adding that Joleen Sundquist facilitated a Cultural Healing Training. The training will be used as a platform discussion at the next HSBTC (Hospital Services Behavioral Therapist Committee) meeting to discuss how to further infuse this into system. She also shared that a workbook for patients-who are</p> |
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| | | | <p>infrastructure to deliver the materials and information.</p> <p><u>Goals [C] and [D]</u></p> <ol style="list-style-type: none"> 1. See items above that also apply to these areas. 2. Increase training for models like <i>promotoras de salud mental</i> (mental health promoters, community health workers) and expand models of train the trainer to increase capacity among organizations. 3. Build a Trauma Competent Care Training with cultural competence. 4. Understanding the social construct and the social context (“Trauma Informed Care”? is still not a well- understood concept in minority communities). 5. Increasing awareness of disparities is important for service organizations to see | | <p>coming in from the court-has been translated into six different languages.</p> <p>Bonnie Hubbard-Nicosia works for the Department of Medicaid and they are working on reviewing managed care plan contract process. She noted that the toolkit will be an important resource for this process.</p> <p><u>4/7/21</u> Focus on updates of the projects that each team member has been working on within their various sectors.</p> <p>ODH Working with local agencies to improve coordination between partner agencies to review policies to ensure that oppression and trauma are being addressed organizationally. Doing similar work across the field of public health. Fund programs around sexual assault within Asian, African American, and Latinx communities</p> <p>Ohio Latino Affairs Commission current work with migrant workers and engaging youth; the Commission organized the first Lay Workers in Healthcare seminar on Promotores de Salud with an attendance of 50 people; a new four workshop series is being created with focus on Promotores de Salud Mental</p> <p>Culturally and linguistically appropriate translation work on some non-diagnostic tool related to behavioral health; Nepali translation of Five Emotional Signs of Suffering (Campaign to Change Direction); Cross-Cultural Adaptation (in Nepali) of Healthy Habits (Campaign to Change Direction).</p> |
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| | | | <p>(develop one- pager briefs on different populations to convey the situations with unmet behavioral needs in different populations.</p> <p>6. Challenge of getting the message of trauma impact on physical manifestations to Primary Care Physicians.</p> <p>7. Trauma- informed? training- to include cultural- specific pieces. An add-on cultural competence module to the TCC Training Curriculum</p> | | <p>Ongoing works included: infant mortality literature review on African American/Black Infant Mortality Rates; Veterans and Mental Health Impairment; and Behavioral Health Toolkit with a brief on Trauma Informed Care.</p> |
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Leadership Development

| Goal | Challenges | What will make this work? | Step(s) | Timeline | Person(s) responsible |
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| <p>A] Leadership supports and invests in implementing and sustaining a trauma-competent approach.</p> <p>B] Meet learning needs of</p> | <ul style="list-style-type: none"> ○ Staff resistance to change ○ Organizational hierarchies that inhibit exchange of ideas ○ Lack of accountability when staff fail to make good faith efforts to engage in new trauma-informed efforts | <ul style="list-style-type: none"> ○ Stress the importance of self-care, for oneself as well as promoting it with others. ○ Keep participants limited to those with supervisory roles to better facilitate | <p>A. Develop messaging about how to make TIC appealing to leadership</p> <ul style="list-style-type: none"> • how does it benefit workforce retention; • accountability of developing a TCC | <ul style="list-style-type: none"> • November/December 20 <ul style="list-style-type: none"> J. Contact Associations K. Develop presentation/didactic information gathering • January 2021 <ul style="list-style-type: none"> ○ Schedule and meet with Assoc | <p>Kim Kehl Anita Armstrong Caitlin Beha Worth Erin Lucas Quanita McRoberts Karen Kimbrough</p> <p><u>Possible Associations</u> OACBHA Head Start Assoc</p> |

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| <p>managers/leaders by creating trauma-informed? workforces, organizations and environments.</p> <p>C] Identify strategies to increase the knowledge base of RPHs on evidence-based trauma treatment approaches designed specifically to treat trauma-related symptoms, trauma-related disorders, and specific disorder of traumatic stress</p> | <ul style="list-style-type: none"> ○ Pressure to meet productivity targets ○ Few opportunities for patients/clients/consumers to provide feedback regarding the services they want to use ○ Not enough time for TCC | <p>transparency and problem solving at that level</p> <ul style="list-style-type: none"> ○ How to measure/ track trauma practices in organizations. ○ Provide technical assistance and training on developing trauma-competent organizational plans ○ Identify effective methods to increase the ability to build a trauma-informed? workforce ○ Identify benefits of trauma-competent care <p>○ Expand training for specific strategies for understanding the impact of trauma and strategies to promote resiliency</p> | <p>implementation plan;</p> <ul style="list-style-type: none"> ● create an emotional response – personal story; ● leaders struggling with burnout; atmosphere of fear ● What is leadership doing and what is the association the association doing; are they implementing TCC; ex. mindfulness minute <p>B. Develop a constant PSAs ex. wearing seat belts</p> <p>C. Contact trade associations re:</p> <ul style="list-style-type: none"> ● how we can meet learning need ● fact sheet ● identify current resources and ID gaps ● websites <p>D. Select one or two groups what would help them implement TCC better; develop template for other organizations</p> | <ul style="list-style-type: none"> ○ Summarize lessons learned | <p>PCSAO Ohio Council Health Commissioners</p> <p><u>12/2/2020</u></p> <p>Goal D Pitch this as a “pilot program”.</p> <ol style="list-style-type: none"> a. Start small with 3 trade associations: Ohio Council, OACBHA and Ohio Children’s Alliance. b. Could use the pandemic as 1) an event that exposed “cracks”/gaps; 2) reason to build resiliency. c. Use TI consultation protocol established by Hopewell Health Centers, Inc (Erin to forward) d. Importance of including how organizations engage persons with lived experience. e. Members offering to work with Kim with this pilot: Quanita, Erin, Karen <p>OhioMHAS website is being redesigned- TI information will be on “get help page”</p> <ol style="list-style-type: none"> a. PSAs could be developed with links here. b. How can we “repackage” what we have and reorganize materials accordingly? c. Although it is not be best timing to talk with Communication Staff (due to focus on Covid), Kim will address TI initiatives with this staff in the future. <p><u>1/6/21</u></p> <p>Reviewed new additions to Leadership development from OMHAS Director Criss and Executive Leadership;</p> |
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| | | | <p>E. Include TCC feature in OhioMHAS NewsNow; eNews; eUpdate (30 seconds, 5 minutes etc.)</p> <p>F. RPHs -Provide education and training for direct front-line staff (TPWs) in the 6 OMHAS RPHs</p> <p>G. RPHS -Consider extending the training opportunity to CSN staff</p> <p>H. RPHs - Establish a peer mentoring program for TPWs as a follow up to TIC 101 training to provide a safe environment</p> <p>I. RPHs - Establish a TIC Learning Community and formalize collaboration for best practices between RPHS – engage hospital TIC (or other appropriate) Committees</p> | | <p>shared with Merissa McKinstry and Caitlin Beha-Worth</p> <p>Discussion regarding continued requests for TIC 101 train-the-trainer; posting curriculum/power point on line</p> <p>2/3/21 Stakeholder groups contacted and status Discuss observation of associations and how are they implementing TIC principles</p> <ul style="list-style-type: none"> • Ohio Head Start Association March 10; 10 am • PCSAO <ul style="list-style-type: none"> ▪ East Central District 4/16; 10 am ▪ NW District 3/9; 10 am ▪ SE District – not yet determined ▪ SW District – March 17; 10 am ▪ NE District – April 26; 11 am • Ohio Council Policy Committee – March? <p>4/7/21 Meetings held with OHSAI and NW and SW PCSAs; request for Train-the-trainer so that agencies can infuse training into operations</p> <p>Both also expressed interest in self-care, STS training</p> <p>Next step; review and revise curriculum; resilience focused and build in practical “to do” suggestions</p> |
| Expand Train-the-Trainer and Technical Through Building Up Regional Collaboratives | | | | | |
| Goal | Challenges | What will make this work? | Step(s) | Timeline | Person(s) responsible |

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| <p>A] Increase focus and accountability bringing the need for train-the-trainers to collaborative regions.</p> <p>B] Include trainers and peer support as part of the collaboratives, meeting regularly to align goals, share materials, stay current.</p> <p>C] Charge collaborative members with task of community outreach/support on the training and peer levels.</p> | <ul style="list-style-type: none"> ○ Where are our trainers? ○ Finding them, reconnecting. ○ Sharing of resources/“<i>Not peeing on them</i>” i.e. <i>making resources territorial (our new quote of the day</i> ☺) ○ Keeping information relevant/Having time avail for continual updating; keeping momentum. | <ul style="list-style-type: none"> ○ More statewide attention of TI, with focus on COVID-19; can more easily be “first stop” for resources, training and opportunities; ○ Will give more “familiar feel” (collaboratives) while also showing state initiatives. ○ Outreach to trainers by region, peer support sub-committees and report outs and outreach ○ Creating safe spaces to bring humanity and community ○ Ensuring that regional outreach fits in the regional climate (i.e. needs assessments specific to communities) ○ Funding to support this type of coordination would be helpful | | | |
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| | | <ul style="list-style-type: none"> ○ Focus on not losing momentum during COVID-19 ○ Consider half day summit every other month ○ Create and update a centralized repository for trauma-related training materials ○ Provider resources directory, consider contracting work through 3rd party ○ Family engagement | | | |
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| Community Partnerships | | | | | |
| Goal | Challenges | What will make this work? | Step(s) | Timeline | Person(s) responsible |
| <p>A] Support the implementation of trauma-competent care systems and trauma-specific services across Ohio’s social services systems.</p> <p>B] Continue and enhance partnership with DODD</p> | <ul style="list-style-type: none"> ○ Time, limitation of resources ○ False narrative that “they’ll get less if they share with the whole”. | <ul style="list-style-type: none"> ○ Identifying and discussing the collective interests ○ Building awareness that there is power in numbers ○ Expand training for specific strategies for understanding the impact of trauma and strategies to promote resiliency | | | |

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| C] Identify strategies to increase the knowledge base on evidence-based trauma treatment approaches designed specifically to treat trauma-related symptoms, trauma-related disorders, and specific disorder of traumatic stress | | | | | |
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