

Final report – 3/31/2018:

Project title: Toward building a Trauma Informed Systems of Care in Iowa - Interdisciplinary Collaboration between the Governmental and Community Agencies and the University of Iowa

One of the areas of practice that the Trauma Informed Systems of Care Workshop will ultimately improve is the investigative, administrative and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as, cases involving suspected child maltreatment related fatalities which is highlighted in Section 107(1)(A) of the Child Abuse Prevention and Treatment Act (CAPTA).

Contract items

Timeline

1) 12/31/2017: The Executive Committee (EC) consisting of the co-PIs of this project Resmiye Oral and Armeda Wojciak, and Janis Powers, Laura Medberry, and Anne Bye submitted the Preliminary Report to the funding agencies.

2) 1/1/2018-3/31/2018: Resource Development Committee (RDC) and the EC had two more meetings, each multiple online communications. As a result of these meetings and communications the following actions were taken:

a) Four collaborative groups were established to meet regularly toward their long-term group goals (**Appendix A**) consisting of academic institutions collaboration, collaboration among community-based Trauma Informed Prevention-Care Coalitions, United Ways, Prevent Child Abuse Iowa (PCA-I), and relevant governmental agencies, medical collaboration, and educational collaboration.

b) Each collaboration met once before 3/31/2018 or has a plan to meet shortly thereafter, to identify their long term goals and generated a report regarding how to establish a long-standing collaboration toward accomplishing these goals.

c) Leaders for each collaboration are as follows (**Appendix A**):

Academic institutions collaboration: Resmiye Oral

Community-based Trauma Informed Prevention-Care Coalitions and Governmental and Non-governmental Agencies collaboration: Lora Kracht,

Medical collaboration: Resmiye Oral

Educational collaboration: Armeda Wojciak

d) Each groups report toward long term goals is attached (**Appendices B, C, D, E**)

3) 2/1-15/2018: RDC and EC worked together and created a survey to send out to all critical individuals across the state identified before, during, and after the workshop was held to create additional resources for the resource tool for all to have access.

4) 2/15/2018: The survey was sent out to the list by Lora Kracht and Liz Cox in an effort to increase Lora Kracht's visibility across the state as the State Coordinator of Trauma Informed Prevention and Care services and efforts.

5) 3/1/2018: The names and contact information of everybody in the state that the RDC was able to reach were sent a survey that the Executive committee prepared and RDC approved: 835 emails were sent out, 753 were delivered, 192 opened the emails, 128 completed the

survey (not all 128 answered all questions). Lora Kracht analyzed the responses and the **resource tool** was finalized with the following information:

a) Names and contact information, agency, job category, and geographic location (**Appendix F, not shared in this package, but available to the child protection council as the funder**). The detailed information on all recipients of the survey (n=853) on this **Resource Tool** is in the possession of the statewide coordinator Lora Kracht. The respondents (n=128) all gave permission for their contact information to be shared with individuals in the TIC field. However, this list is not available to public or agencies that are subject to the laws of open records. Upon request, funders may access this list on condition that the information on the list won't be shared with public. When Lora Kracht works with all stakeholders and devises a statewide website for trauma informed activities and projects, she will formulate a method to make sure **the Resource Tool** is available to all practitioners in Iowa without making it available to the public.

b) 20 of the respondents (16%) serve the state of Iowa. All counties are served by the statewide programs plus at least one other organization or agency. The top 3 counties the respondents serve are: Johnson 17% Linn 11% Polk 9%. **Appendix G**, which is a component of the **Resource Tool** summarizes the distribution of disciplines/sectors of service.

c) The information on what type of trauma informed educational services are available through agencies in Iowa is available on **Appendix H**, which is also an additional component of the **Resource Tool**. 60% of respondents do not charge for their educational or other services. The detailed information, which is in the possession of the statewide coordinator will be made available on the website to be created.

c) The information on what type of trauma informed projects are being implemented in Iowa is listed in **Appendix I**, which is also an additional component of the **Resource Tool**. In conducting such projects, 48% of agencies utilize dedicated staff. The detailed information, which is in the possession of the statewide coordinator will be made available on the website to be created.

6) This resource tool will become a live document when the statewide website is created under the leadership of Lora Kracht, IDPH, and PCA-I (**Appendix J**).

Appendix A: Establishing sustainable collaborations (workshop deliverable)

The below listed collaborations were established and each collaboration met once before March 31st, 2018 or has a plan to meet shortly after to create a plan of action or already created one toward the future.

A) Academic collaboration consisting of members of academic campuses in Iowa: (Moderator: Resmiye Oral). The below listed members met on 2/19/2018 with a plan of meeting every month

University of Iowa (UI): Coohy, Carol; Wojciak, Armeda; Farley, Yvonne; Conrad-Hiebner, Aislinn; Peek-Asa, Corinne; Nielsen, Anne; Oral, Resmiye

University of Northern Iowa (UNI): Juby, Cindy; Onken, Steven; Becker, Jennifer; Praglin, Laura; Vasquez, Matthew;

Iowa State University (ISU): Hayungs, Lori; Neppi, Tricia; Oesterreich, Lesia; Weems, Carl

Grand View University (GWU): Cathy Cross-Beck, Myke Selha

B) Collaboration of Community ACEs/TIC coalitions, United Ways, Governmental Agencies and PCA-I (Moderator: Lora Kracht): The representatives of the below agencies will meet on April 2, 2018:

Central Iowa ACEs360,

Northern Iowa Coalition,

Eastern Iowa/Western Illinois Consortium,

Linn County Coalition,

Johnson County Coalition,

Western Iowa Coalition,

Southern Iowa Coalition,

United Ways,

Iowa Department of Public Health (IDPH),

Iowa Department of Human Services (IDHS),

Iowa Department of Education (IDOE),

Law enforcement and legal agencies

C) Medical collaboration (Moderator: Resmiye Oral): This group met on 2/26/2018 with a plan of meeting every two months and consisted of representatives from:

UIHC/Stead Family Children's Hospital: Resmiye Oral, MD, Lucy Wibbenmeyer, MD, Helena Laroche, MD, Meredith Fishbane-Gordon, MD, Charles Jennisen, MD, Anne Nielsen, ARNP

Blank Children's Hospital: Amy Shriver, MD, Ken McCann, MD, Elizabeth Deiter, RN

Unity Point Family Practice Residency Program: Stacey Neu, MD, Daniel Harkness, MSW

Iowa ACEs360 Coalition: Lisa Cushatt, MSW

Iowa State Coordinator for TIC: Lora Kracht, MSW

ACEs Connection (National Movement-Website) medical field representative: Laurie Udesky, MSW

D) Educational collaboration (Moderator: Armeda Wojciak): This group met on 3/16/2018 and decided to meet on a monthly basis indefinitely. The group consisted of:

Nancy Langguth: Associate Dean for Teacher Education and Student Services, College of Education (UI)

Susie Poulton: Health Services Coordinator (Iowa City School District)

Jude Jensen: ACE Interface Instructor, former teacher and social worker

Laura Medberry: Coordinator of Social Services (College Community School District)

David Brown: Special Education Teacher

Armeda Wojciak: Assistant Professor, College of Education (UI)

Jan Powers: Doctoral student and former school counselor (UI)

Lora Kracht: Trauma Informed Prevention and Care Statewide Coordinator

Stephanie Neff: Health and Wellness Supervisor (Linn County)

Appendix B: Resource Tool - Academic collaboration

This group made the following plan of action:

- 1) Reach out to, St. Ambrose University, Grinnell College, and Luther College Departments of Psychology and Social Work and identify whether there is any faculty/program focusing on trauma, resiliency, and trauma specific interventions from research, service, and/or teaching perspectives in any of these campuses. We will work with these campuses to make sure they incorporate TIC trainings in their curriculums for programs like SW, psychology, child education, early childhood, child development, nursing, etc.
- 2) UNI will organize the next Iowa TIC workshop on August 6, 2018. Academic collaboration members were invited to volunteer to sit on the steering committee. Resmiye Oral and Armeda Wojciak volunteered and shared all online documents related to the workshop organization and list of invitees of the first workshop with the UNI team (Steven Onken). Six more stakeholders members from the 1st workshop volunteered to sit on the steering committee.
- 3) UIHC has developed a certificate program on Trauma and resiliency for undergraduate students to take. The certificate program faculty administrator (Yvonne Farley) will discuss with the UIHC educational administrators whether and how it may be possible to expand this program to become a tri-campus online program for all students from these three campuses in addition to in-class course for UI students.
- 4) ISU has an educational program on TIC serving DHS workers in the state. The faculty administrator (Carl Weems) will look into whether this training can be delivered to a broader group of professionals and can be opened to public as well.
- 5) Reach out to regents and request a session with them to inform them of ACEs, trauma, mental health on campuses, and TIC and promoting resiliency initiatives
- 6) Invite Lora Kracht, the statewide coordinator for trauma informed prevention and care to join all specific collaborations including the academic collaboration. She accepted this invitation and joined and/or organized other collaboration meetings.

Appendix C: Resource Tool – TIC coalitions, governmental and non-governmental organizations collaboration

Prior to a formal meeting that will take place on April 2, 2018 the following endeavors have taken place:

- 1) State wide Trauma Informed Prevention and Care Coordinator Lora Kracht was hired through IDPH and PCA-I funding.
- 2) The coordinator identified statewide stakeholders and various TIC work being done across the state.
- 3) TIC informational survey to collect data for the below resource tool was sent out. As a result, data were collected on the current status of TIC activities, expertise, and needs across the state. Survey dissemination and data analysis were completed with the support from PCA-I.
- 4) The regional ACEs/TIC coalition leaders participated in a demo of the ACEs Connection Community Tracker tool. In a followup call, the coalition leaders determined an action plan.
- 5) The regional ACEs/TIC coalition leaders shared strategic plans and organization tools to support the development of new coalitions in the state.

These endeavors already led to the below action items:

- 1) Future surveys will also be sent detailing specific TIC work. This work will be shared with public on the new statewide TIC website that the statewide coordinator will work on and create.
- 2) The group will conduct a state-wide TIC strategic planning process. Dr. Allison Sampson-Jackson is engaged to provide leadership. Meetings are going to be held in May, June, July, Sept, Oct 2018 under the coordination of the statewide coordinator.
- 3) Group will create linkage and recognition of TIC work happening in the state through the new statewide website to be created.
- 4) The regional ACEs/TIC coalition leaders will pilot utilizing the tool to collectively track ACEs/TIC presentations and progress towards the 11 identified TIC milestones.
- 5) Regional ACEs/TIC coalition leaders will continue working together to support the development of new coalitions in the state.

It is expected that there will emerge more action items after the April 2, 2018 meeting.

Appendix D: Resource Tool – Medical collaboration

This group made the following plan of action:

- 1) UIHC staff survey on knowledge and training need on TIC will be conducted at Blank Children's Hospital and Unity Point Family Practice Residency Program. The UIHC TIC initiative members shared with the above partners all the tools related to this study including the qualtrics datasheet, IRB application, the formatted e-mails used to work with department heads to conduct the survey.
- 2) UIHC TIC initiative has created a training curriculum covering multiple domains of TIC including introduction to ACEs/TIC, environmental requirements for TIC implementation, staff self-care and peer support, trauma sensitive responses to clients, and trauma informed patient/family centered assessment model. This training curriculum will be shared with the above partners to get their feedback to create a statewide applicable training module after it is piloted in Ottumwa and Ames with two community mental health coalitions.
- 3) The partners will continue working toward developing a trauma informed patient/family centered assessment model to use in medical setting in primary care and in hospital inpatient setting including both pediatric and adult populations.
- 4) The group will work with the Statewide initiative on obesity prevention to incorporate TIC into this initiative's work.
- 5) Group will work with Maggie Liptcon from the ACEs connection, who is the Midwest ACEs connection staff to remain connected with the national initiatives on TIC in the medical field.
- 6) The group will be invited to the series of grand rounds that will take place on 11/7-9/2018 at various departments of UIHC represented on the UIHC TIC initiative. The speaker is Michelina Germaine from Montefiore Hospital in New York City, who spearheaded the implementation of TIC in pediatric primary care. Blank Children's Hospital and Unity Point Family Practice program will consider bringing this speaker to their hospital as well.
- 7) The group will invite representative from Visiting Home Nurses Association to join the collaboration and meet every two months to accomplish the above listed goals. Sarah Black from Des Moines Visiting Nurses Society joined in the collaboration to represent visiting nurses.

Appendix E: Resource Tool – Educational Collaboration

The group developed the following action items:

1) Efforts should be made toward creating a culture in the school system of universal understanding that everybody in the schools systems may have a history of trauma. As a result of this understanding school systems should ensure that policies and practices in place account for that.

2) Work with Area Education Agencies (AEAs) with their statewide network to ensure that the agencies and the trainings they are providing are trauma informed, especially by collaborating with Keystone AEA, which is a pioneer in this effort: This will involve working with statewide Behavior teams, new teacher consortiums, PBIS teams to integrate trauma informed practices

3) Ensure that trauma informed approaches go across all levels of education including child care and children from all backgrounds (i.e. refugees, immigrants)

4) Work with legislature to change code in Chapter 79 and 123 to focus on trauma informed practices/resilience by creating a common language to use and promote TIC throughout all efforts.

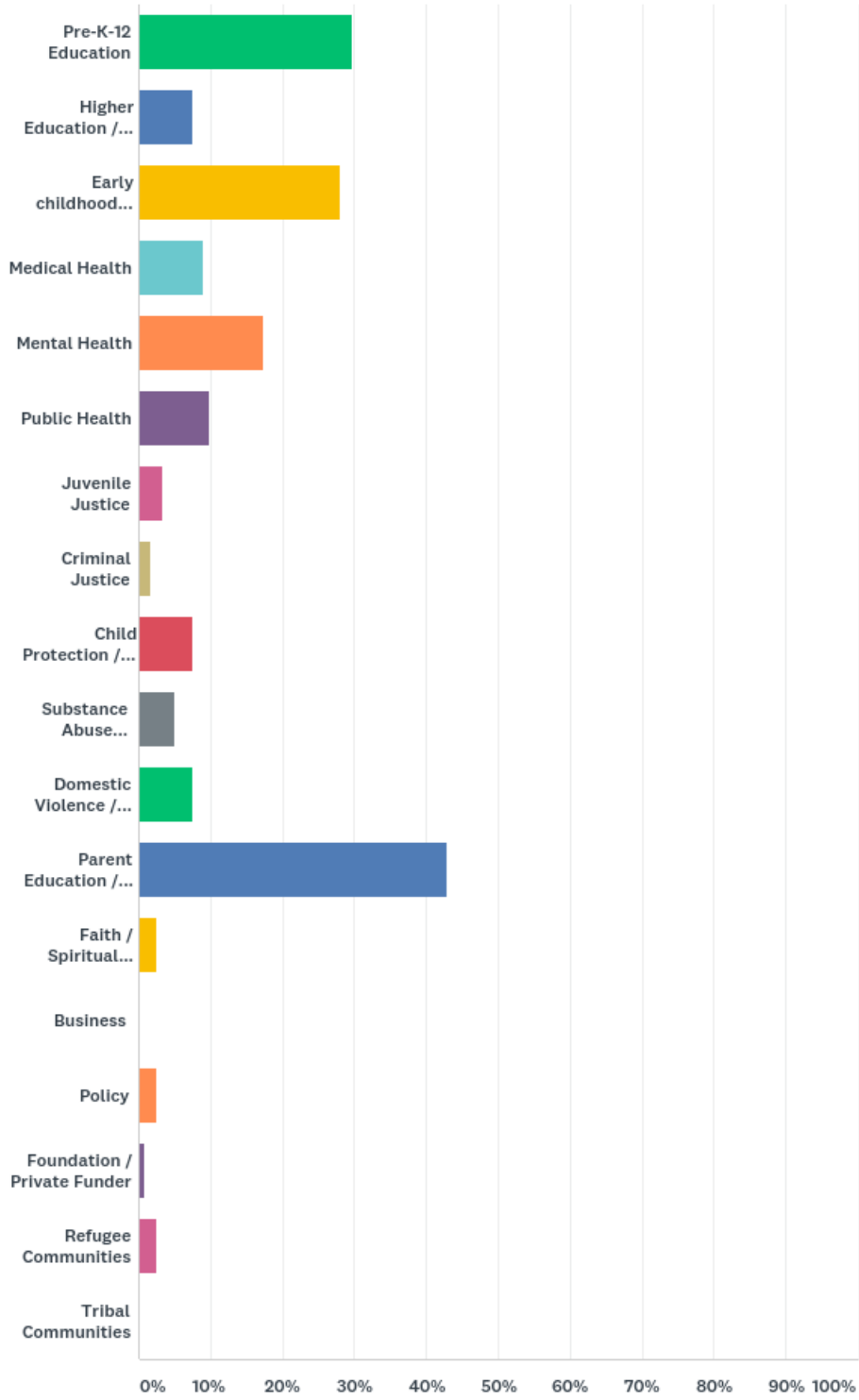
- a. Hold conversation with local legislatures about the need for and importance of trauma informed practices and building resilience in schools.
 - i. Have this be a grassroots effort with those from the school bringing it up to legislatures (both parties represented)
- b. Ask for legislatures to put into code trauma informed practices concepts. This will result in different requirements for preparing educational professionals (teachers, principals, school counselors, social workers, psychologists, etc).

5) Integrate trauma informed practice and functional behavioral approach into intervention models in the school systems

6) New Teacher Consortium should create a module to orient and mentor new teachers to adopt a trauma informed lens in their practice

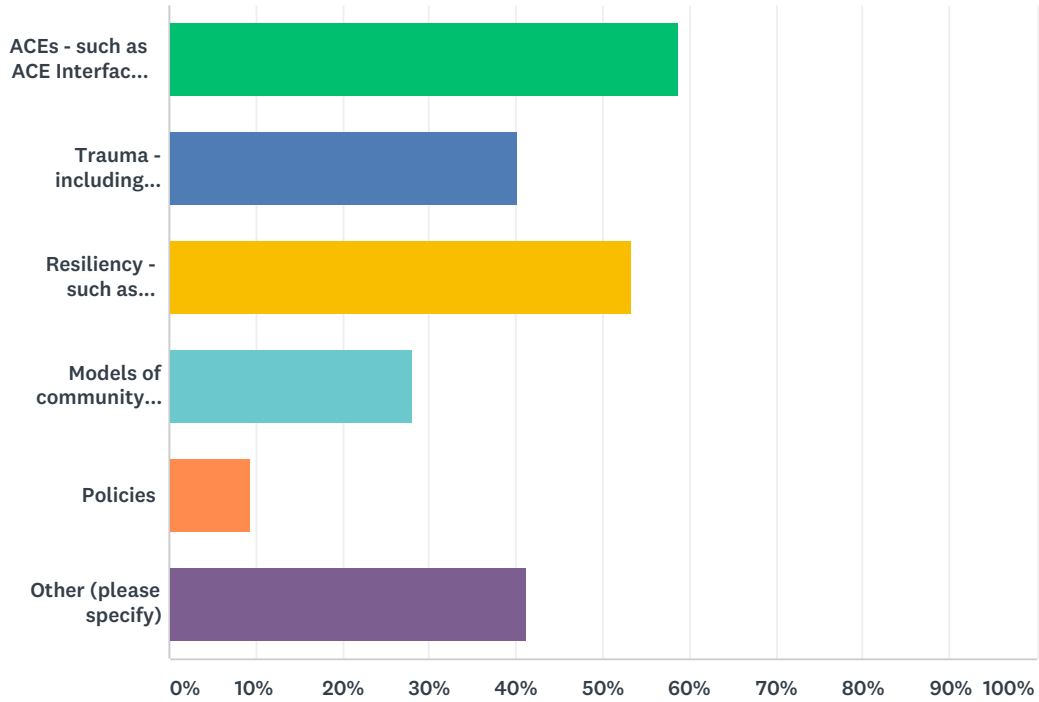
7) Iowa Department of Education staff (Barbara Anderson) will be included in future meetings.

Q10 Sector of service



Q11 What is your area of expertise in educating others?

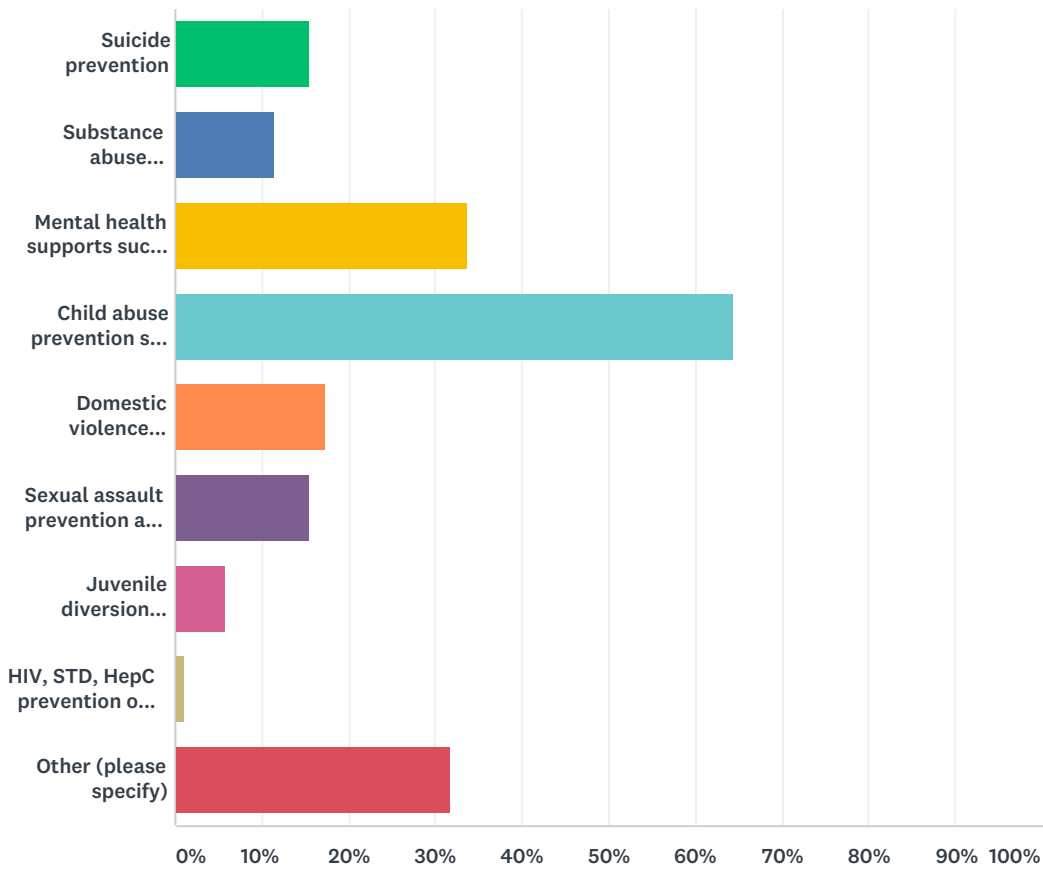
Answered: 107 Skipped: 21



ANSWER CHOICES	RESPONSES	
ACEs - such as ACE Interface, Iowa ACEs data	58.88%	63
Trauma - including complex trauma, PTSD, Mental Health First Aid	40.19%	43
Resiliency - such as Lemonade for Life, Connections Matter, The Three Principles, etc..	53.27%	57
Models of community collaboration	28.04%	30
Policies	9.35%	10
Other (please specify)	41.12%	44
Total Respondents: 107		

Q14 What are your areas of expertise in program implementation related to Adverse Childhood Experiences prevention, mitigation, and support?

Answered: 104 Skipped: 24



ANSWER CHOICES	RESPONSES	
Suicide prevention	15.38%	16
Substance abuse prevention, intervention, or support	11.54%	12
Mental health supports such as infant mental health, maternal depression screening, adult or child therapy services	33.65%	35
Child abuse prevention such as parent education, home visiting, etc..	64.42%	67
Domestic violence prevention, intervention, or support	17.31%	18
Sexual assault prevention and victim services	15.38%	16
Juvenile diversion programs	5.77%	6
HIV, STD, HepC prevention or services	0.96%	1
Other (please specify)	31.73%	33
Total Respondents: 104		