### Office of Advocacy and Reform

- Letter from the Executive Director ................................................................. 2
- Office of Advocacy and Reform Summary ....................................................... 3
- Trauma Informed PA ......................................................................................... 4
- Diversity, Equity and Inclusion ......................................................................... 5
- Child Advocacy .................................................................................................. 12
- Long-Term Care Ombudsmen .......................................................................... 16

### HEAL PA...

- Letter from the Executive Steering Council .................................................. 23
- Report & Recommendations ............................................................................. 24
  - Education ....................................................................................................... 25
  - Policy & Legislation ...................................................................................... 58
  - Criminal Justice Reform .............................................................................. 62
- Racial & Communal Trauma Prevention: Preventing Radicalization ............. 206
- Training and Organizational Support .............................................................. 213
- Child Abuse Prevention ................................................................................. 219
- Poverty Reduction ........................................................................................... 220
- Physical and Behavioral Health ...................................................................... 220
- Community Outreach and Communications .................................................. 221

### Acknowledgments

- .............................................................................................................................. 222
LETTER FROM EXECUTIVE DIRECTOR & CHILD ADVOCATE
MARYANN MCEVOY, M.ED

During the past three years, the Office of Advocacy and Reform has worked with constituents throughout the Commonwealth to embark on a goal that many states continue to find aspirational, but we have made actionable. With careful planning and execution, the team within the Office of Advocacy and Reform, along with partners throughout the Commonwealth have developed a roadmap for Pennsylvania to become a trauma-informed and healing-centered place for everyone.

Under the passionate leadership of Dr. Daniel Jurman, a team of trauma experts were selected, and a Think Tank was formed. From this Think Tank, the Trauma Informed PA Plan was developed. Simultaneously, the Diversity, Equity and Inclusion team within OAR worked tirelessly to embed equitable practices within the Commonwealth. As Child Advocate, I worked closely with our DEI team and with partners both internal and external of government to lay the groundwork for an Office of the Child Advocate for Pennsylvania. Additionally, the team recognized the need to embed the work of implementing the TIPA Plan within the Commonwealth and supported the development of Pennsylvania’s first statewide Trauma Coalition, HEAL PA.

All of this work holds power in and of itself, but perhaps most powerful has been the hope our constituents have reported it sparks within them. Hope, according to recent evidence-based research, allows people to not only persist through adversity, but thrive—the very goal of the Trauma Informed PA Plan. In my role as Executive Director for the Office of Advocacy and Reform, and Executive Steering Council Member for HEAL PA, I recognize that the most powerful and necessary component of this work is sharing its development with the community and empowering Pennsylvanians to join the effort in making this beautiful Commonwealth a healing place.

On behalf of the Pennsylvania Office of Advocacy and Reform, it has been an honor to serve our constituents as we recognize the traumas our fellow Pennsylvanians have endured and continue to endure. For this reason, we dedicate this work to the people of Pennsylvania, to the process of healing and to the commitment to doing so as a community.

Sincerely,

Maryann McEvoy, M.Ed
ABOUT US

In July of 2019, Governor Wolf signed an executive order to create the Office of Advocacy and Reform (OAR) to better protect and serve vulnerable Pennsylvanians. The Office consists of an Executive and Deputy Director, a Child Advocate, Policy Specialist, Long-Term Care Ombudsman, and three-person Diversity, Equity, and Inclusion Team.

OAR works on behalf of vulnerable Pennsylvanians both internally across state agencies and externally in our communities. Using principles of Trauma-Informed Practices and Public Health Strategy, OAR seeks to reduce trauma to vulnerable populations through a focus on prevention whenever possible. That requires identifying and eliminating core causes of a problem, and not just indefinitely treating its symptoms.

OUR MISSION

Advocating for all people in our Commonwealth whose circumstances have made them vulnerable, across all state government agencies, convenings, and communities, to continuously reform our policies and procedures to achieve excellence in our outcomes and theirs.

OUR VISION

Pennsylvania as a national model of equity, inclusion, and justice for, and in the wellbeing of, vulnerable people.

OUR VALUES

- Equity
- Inclusion
- Justice
- Data/Science
- Innovation
- Communication
- Accountability
- Bravery
TRAUMA THINK TANK

To fulfill its mandate the Office created the Trauma-Informed PA Think Tank which released the Trauma-Informed PA Plan in July 2020. The Think Tank included

- 25 experts representing the fields of psychology, psychiatry, mindfulness, social work, clergy, community development, human development, family studies, sexual assault counseling, domestic violence, education, law enforcement, medicine, etc.
- Professionals with a variety of diverse life experiences, ethnicities and geographic locations throughout the Commonwealth.

TRAUMA-INFORMED PA PLAN

The TIPA Plan is a pledge to do better than we have been in the past. It is intended to guide the commonwealth and service providers statewide on what it means to be trauma-informed and healing-centered in Pennsylvania.

Click here to view the full document.
LETTER FROM VENUS RICKS, M.ED-THE INAUGURAL DIRECTOR DIVERSITY, EQUITY, AND INCLUSION

Call for 21st Century Leaders: Equity, Inclusion and 21st Century Public Service

Diverse numbers alone are not sufficient to meet inclusion solutions or outcomes. Equity and inclusion hiring, policy, and practice must align to meet the needs of today’s government business—improved outcomes for humans. Going beyond numbers requires solutions and outcomes focused leaders that adapt with the needs of the customers served—both internal and external.

Generations of inequitable outcomes require PA public service leadership that centers the vulnerable needs of Commonwealth residents. As public servants of the 21st century, the work is to “straighten the tree” that is the system of state government. Each of us is grappling with a social and economic construction we were not present to create but responsible for addressing and providing solutions. The evolution is upon us, it is hard work, but each agency can make change for impact.

This impact begins with improvement in employee engagement outcomes. Engaged employees perform at a higher level. Work environments of the 21st century require human centered and continuous improvement design that prioritizes the needs of internal and external customers. Improved employee engagement using human centered design positions agencies to address both internal and external issues of equity and inclusion. Engaged employees want to serve. To meet the needs of equity not equality the shift in cultural practice is an imperative.

Policy change is written faster than human behavior can grasp and put the change into practice. Employees, on all levels, are wrestling with the evolution in leadership style, work environment, and service delivery desperately needed to meet rapidly changing public demands. In this moment we need public service policy and practice that strategizes for a PA of tomorrow and not of yesterday. Doing so will provide the security humans need to thrive across the Commonwealth.
DIVERSITY, EQUITY, AND INCLUSION

Diversity: used to describe various human differences (personality, learning styles, and life experiences), group or social differences (race, ethnicity, class, gender/gender identity, sexual orientation, country of origin, ability), as well as cultural, political, religious, or other affiliations that can be engaged in working together.

Equity: Promoting justice and fairness within policies and practices. Understanding the root cause of inequity being a result of disparities in societal systems, not an individual.

Inclusion: Inclusion is the active, intentional, and ongoing engagement of employees in processes and development opportunities within the organization, as well as the degree to which employees feel safe, brave, and involved across all levels of the organization.

Effective Leadership Demands

21st Century Leadership
- Serves external
- Essential Skills
- People centered
- Team accomplishments
- Relational (not top/down)
- Formal authority doubted
- Abundance
- Advocacy
- Trauma Informed
- Shares Power
- Solutions Focused

DISCUSSION QUESTION
In what ways can the public service relationship evolve to meet the opportunities and challenges of equity & inclusion in the 21st Century?
Diversity, Equity, and Inclusion

ACHIEVEMENTS

Partnership with Office of Performance through Excellence (OPE)
Employee Engagement & Culture Transformation

- Add of Inclusive Excellence Framework/Mindset
- Add OAR DEI (equity, inclusion, and trauma informed workplace practice)
- Engaged OPE workgroups in Heal PA/Resilient PA work
  - Trauma Aware PA Series/Lunch Hour Series
  - Using TIPA Plan focus areas to make progress in DEI space in absence of Inclusive Excellence blueprint
- Work with PA State Police in improving employee engagement both in response to assessing needs and culture.
- Phase 1-2 of employee engagement plan; Phase 3 stalled

Day of Racial Healing 2022 Day of Racial Healing - Resilient PA
Toolkit developed for internal and external customers to engage, learn, and program on the Day of Racial Healing Day of Racial Healing Tool Kit - January 2022 (resilientpa.org)

In connection to the EO 2022-2 (conversion therapy) and the advocacy needs of LGBTQIA+ identified Pennsylvanians, DEI Director began partnership work with local advocacy organizations to coordinate efforts, develop short- and long-term strategies for mitigating trauma on the community level, and connecting/leveraging internal resources to support those providing advocacy and support on the community level.

Outreach in South Central PA region to pilot. Community organizations involved in South Central PA region involved at this point:

- Lititz Chooses Love, Lititz PA
- YWCA of Lancaster, Lancaster, PA
- Alder Health Services, Harrisburg PA
- Rivertown Pride Center
- Patients R Waiting, Lancaster, PA
- Lancaster LGBTQ+ Coalition, Lancaster, PA
- Common Sense, Elizabethtown, PA
- Millersville University Campus Life & Intercultural Affairs, Millersville, PA
- Commissioner rep from Gov’s Commission on LGBTQ Affairs
Education, Training, and Development

Commonwealth agencies are finding and using the speaking, workshop, and training component of OAR DEI. Notable external work in this area includes working with the PA Municipal League to strengthen work and impact in the DEI space. The work is ongoing.

Bureau of Talent Development partnership on training and development in DEI. The partnership produced a yearlong Inclusive Excellence panel series to highlight the diverse employee base and the contributions made each day to the work of public service. Additionally, OAR DEI staff reviewed BTD online curriculum and trainings for alignment with principles of equity minded excellence.

Equity Minded Excellence

An agency commitment to growing and sustaining a work environment that embraces and affirms intersectional human diversity. Environments that prioritize equity minded excellence do so through policies, procedures, organizational structure, and development of interpersonal relationships. These organizations take note of inequities, their contexts, and the agency’s responsibility in assessing its practices.

- **DEI is not an outcome, it is sustained culture, policy, & practice change.**
- **Human Centered**: provide services, programs, and policies focused on the lived experiences of all humans.
- **Trauma Informed**: Understands and takes account of the pervasive nature of trauma & promotes practice focused on restoration rather than re-traumatizing.
- **Intersectional (social location)**: Every individual has multiple social identities which together provide a multitude of experiences & requires policy and practice that supports the entire person.

Partnership with Ideos Institute: Empathic leadership for our world’s greatest challenges

Ideos organization produced their first documentary, Dialogue Lab America in 2020 and coordinate the National Day of Dialogue across the country. Over the past year, their work has been in PA in the Philadelphia area with UPENN’s Paideia Program ([Home - SNF Paideia Program at the University of Pennsylvania](upenn.edu)). Ideos is interested in hosting a second Dialogue Lab in the central PA region focused on the impact of poverty on polarization in the state. The project is intended to begin in 2023. Partners include Harrisburg Area Community College, Office of Diversity, Equity, Inclusion, and Belonging and the First Lady’s Office and the Office of Marketing, Tourism, and Film are joining the prospectus meeting (Sept 2022).
CHALLENGES

Commonwealth’s equity and inclusion infrastructure and branding is underdeveloped. Defined values, policy, and practice to focus the work are addressed differently across the agency. Though this is beneficial to the unique mission of each agency, there is value in developing a strategic DEI blueprint for agencies to use to progress efforts within agency and across the enterprise. This will allow for improved employee engagement outcomes and enhance employee service to residents of PA. Agencies with professional positions dedicated to DEI have developed stronger relationships with the OAR DEI office.

Equity & Inclusion Infrastructure: Blueprint for Inclusive Excellence
The Common(wealth) PA Plan affirms the Commonwealth of Pennsylvania’s commitment to growing and sustaining a diverse, equitable, restorative, and inclusive, working environment. The Common(wealth) PA Plan strives to create an innovative and excellent workforce by affirming the value of employee differences in agency policies, practice, and organizational structure.

The blueprint stalled with OGC in March 2022. Included in the plan is a continuum developed for agencies to track and measure development of a culture conducive to recruiting and retaining diverse hires and sustaining a culture where values of equity and inclusion are priority.

Climate, Culture, and Readiness for Equity and Inclusion Policy and Practice
Commonwealth agencies function in silos making it challenging to impact culture across the enterprise. The following is summary of notes from the DEI team listening and learning tour offer insight into the areas providing direction to the Common(wealth) PA Plan.

Summary of Notes
- Box checking not Sustained Culture Change
  - Employees can’t see what’s “moving” so they are discouraged (talk – action – accountability)
  - Current culture is not ripe for change management
  - DEI is currently an add on/choice not a way of practice
- Recruiting and Hiring
  - Pay more for “diversity recruitment package”
  - Unconscious bias of interviewers (need updated hiring procedures)
  - Include questions about DEI in hiring process
  - Orientation and onboarding must be culturally responsive
  - Retention is difficult; morale is hurting; people stay for security; not because they look forward to coming to work
Diversity, Equity, and Inclusion

- Leadership, Mentoring, and Training & Development Programs
  - Expansion of opportunities for marginalized individuals
  - Update to weave DEI principles and practice into leadership development
  - Program design needs to be more inclusive
  - Selection process – Who? How? (Must be nominated by a director)
  - Need to provide guidance for agency-based leadership groups
  - Shift DEI from initiative to sustained culture change
  - Current leadership development models offered for levels 6 and above

- Workforce Development
  - Diversity found in pay ranges 3, 4, 5 which represents 20,000 of the 80,000 commonwealth employees
  - 75% of employees are in ranges 1-6
  - 85% BIPOC employees in pay ranges 7 or below (aprx. $45,000 or less)
  - Create career pathways

- Transparency
  - Own where the Commonwealth is (data)
  - Make a commitment and follow through with action so employees want to move
  - More avenues for collaboration across agencies
  - Policies are not widely disseminated or known related to diverse hire needs (pronoun policy, parental feeding)

- Need policies and structures that support DEI
  - Move from solely protecting the Commonwealth to including advocacy for the employee; a shift is needed in EEO, HR, OA, and OGC’s philosophy and practice
  - Employees found it pertinent to include DEI competencies in job descriptions, interview panels, and performance standards.
  - Legal/foundational structures can support behavioral changes
  - Victim blaming within the system when reporting an incident (employee gets moved & feels traumatized); needs for restorative practice
  - LGBT & Gender inclusive policies not in name but also in practice

Around the Commonwealth, employees, leaders, and managers demonstrate comfort and understanding as it pertains to equal outcomes for vulnerable populations but struggle with outcomes in support of advancing equity. Equity both in concept and implementation, is not clearly understood or defined resulting in increased confusion, anxiety, fear, misinformation, and ineffective communication practices within and across agencies.

Per OPE survey data, the current employee engagement net promoter score is at -11%, with a steady decline across the Commonwealth since the second half of 2020. Though there are several variables
impacting the response and attitude rate over this time frame (COVID pandemic while centralizing recruitment and hiring practices) leaders and managers continue to grapple with how to advance DEI efforts when resources, system barriers (i.e. civil service structure, 20th century leadership and implicit bias in practice of policy in service to a culture of inclusion) and cultural belief that the end of an administration is the end to DEI work, thwart efforts forward.

FUTURE RECOMMENDATIONS

- Continue with next phases of employee engagement, continuous improvement, and culture work via partnership with OPE
- Develop the Commonwealth’s DEI infrastructure and brand strategy
  - Approval and implementation plan for Common(wealth) PA Plan
  - Use of HUB structure for greater impact internal and external to the commonwealth.
    Engage HUBs and agencies in developing DEI goals that meet TIPA plan focus areas #4 and #6.
  - Office with position(s) dedicated to transitioning the commonwealth from a solely risk adverse enterprise to one that includes advocacy for the employee. The Office of Collaborative Action and Dispute Resolution | U.S. Department of the Interior (doi.gov) is an example of the intended goal of such an office.

For document brevity, data and resource appendix are available upon request
In July 2019 as part of his Reach Out PA: Your Mental Health Matters initiative, Governor Tom Wolf signed the “Protection of Vulnerable Populations” Executive Order to establish, among other things, an Office of Advocacy and Reform (OAR). The office was to include a new Child Advocate position and integrate the existing Long-term Care Ombudsman.

While the state had long had a victim advocate, they did not have a professional dedicated solely to the unique needs of vulnerable children. In January 2020 Pennsylvania’s first Child Advocate, Nicole Yancy, joined the Office of Advocacy and Reform. Her position was part of the governor’s executive order, and her work was not to duplicate the efforts of state agencies such as the Department of Human Services (DHS), but to step back and take a look at the bigger picture of systemic issues and specific concerns and to investigate and guide our systems of care on behalf of children and their families. Upon her departure in the summer of 2021, Pennsylvania’s second Child Advocate joined the OAR team.

In her new role, McEvoy recognized the Juvenile Justice Task Force recommendation to advocate for the confirmation of an Office of the Child Advocate for Pennsylvania. To begin down this path of advocacy, McEvoy recognized a need to gather a diverse array of feedback and expertise in how such an office could be organized and function for the commonwealth. Her efforts focused on the following themes:

- Positive relational development (both with state agencies, legislative leaders, and external partners),
- Stakeholder feedback collection and review (Via on-site observations of 3800 regulated facilities),
- Participation in key state child-welfare initiatives (such as the Fatality/Near Fatality Trend Analysis Team and Opioid Abuse Child Impact Task Force meetings),
- Cross-state collaboration via participation within the United States Ombudsmen Association, Campaign for Trauma Informed Policy and Practice, and the State Trauma and Resilience Network
- Support of the HEAL PA as the statewide trauma informed coalition working to implement the Trauma Informed PA Plan

Currently, the PA House, via Chairwoman Pam Delissio of House Children and Youth, has sponsored a bill to confirm an Office of the Child Advocate. OAR will continue to advocate for this legislation.
POSITIVE RELATIONAL DEVELOPMENT
When asked what a future Child Advocate needs to be successful, she declares that it must be someone “who can appreciate the importance of collaborative, respectful relationship-building”. For this reason, McEvoy has focused the first year of her state-level advocacy on the development of relationships with a variety of stakeholders. For a list of grassroots partners and local coalitions sponsored by HEAL PA, visit www.healpa.org. See below for a non-exhaustive list of partners at the National, State, and Community (Statewide) Partners:

NATIONAL PARTNERS
United States Ombudsmen Association (USOA)
Campaign for Trauma Informed Policy and Practice (CTIPP)
WeHealUS
Pathways to Resilience
National Governors Association: State Trauma and Resilience Network

STATE GOVERNMENT PARTNERS
PA Department of Human Services
  -Office of Children Youth and Families
  -Trauma Informed Care Committee (DHS)
Pennsylvania Department of Education
Department of Corrections
  -Office of the Victims Advocate
Office of the Attorney General
Pennsylvania Commission on Crime and Delinquency
Department of Health

COMMUNITY (STATEWIDE) PARTNERS
United Way of Pennsylvania-Resilient PA
Child Advocacy Centers of Pennsylvania (CACs of PA)
Pennsylvania Court Appointed Special Advocates (PA CASA)
Pennsylvania Council of Children, Youth and Family Services (PCCYFS)
Pennsylvania Children and Youth Administrators (PCYA)
Pennsylvania Partnerships for Children
PA Family Partnerships
PA Juvenile Court Judges Commission
ON-SITE VISITATION AND STAKEHOLDER FEEDBACK

In 2017, there were 25,381 children in foster care in Pennsylvania. More than 3,700 of those youth were placed in residential facilities. In Pennsylvania, forty-seven percent of the children in foster care aged 14 to 21 are placed in residential facilities compared to thirty-four percent nationwide. African American children comprise 44.7% of Pennsylvania's children in foster care, however, “50.5% of children placed in residential facilities are African American.” Children and youth that identify as lesbian, gay, bisexual transgender, queer (LGBTQ) are also overrepresented in congregate care settings. Many of the children in residential settings are often placed outside of their communities, away from their families and friends.

It is the responsibility of the Child Advocate to hear and report the feedback received by all stakeholders in Pennsylvania on the current state of care within congregate care settings across the Commonwealth. It is with dedication to this responsibility that our Child Advocate has had the honor of observing facilities across Pennsylvania that care of our most vulnerable children, including secure juvenile detention centers, juvenile probation programs, medical support facilities for children with profound disabilities, and various alternate education settings. On-site observations were conducted at 324 licensed locations with the approximately 270 additional to be completed in 2023. Child Advocate, Maryann McEvoy, met with program leadership, direct support staff, children themselves, and countless advocates and organizations to be able to develop a plan for the development of an Office of the Child Advocate that centers around the Commonwealth's current strengths and needs in order to enhance the protection and empowerment of children.
2021-2022 SUPPORTED CHILD WELFARE INITIATIVES

- Expansion of PA CASA and CACs of PA
- Participation at Opioid Abuse Child Impact Task Force Meetings
- Co-Chair within Child Fatality/Near Fatality Trend Analysis Team
- Member of Parent Pathways Advisory Committee
- Partnership with Office of Victims Advocate Anti-Human Trafficking Initiative
- Member of Building Healthy Families and Strong Communities Workgroup
- HEAL PA Leadership: Executive Steering Council
- Invitation for inclusion in all PA Act 33 Fatality/Near Fatality Review Teams-Joint request from OCYF and OAR

CROSS-STATE COLLABORATION AND PARTNERSHIPS

- United States Ombudsmen Association (USOA)
- Campaign for Trauma Informed Policy and Practice (CTIPP)
- NGA State Trauma and Resilience Network
- United Way of Pennsylvania
- Pathways to Resilience-Aurerra Health Group
- WeHealUS National Campaign for Trauma Informed Resourcing
- Collectively Rooted: Media resources free to all Pennsylvanian’s including Trauma Informed Lunch Hour Sessions and Trauma Training Series (150 Hours)

POLITICAL AND LEGISLATIVE ADVOCACY

The Office of Advocacy and Reform has worked with the Pennsylvania House and Senate to draft legislative language that will confirm an Office of the Child Advocate for Pennsylvania. Pennsylvania will be the 24th state to confirm such an office in statute to better protect and empower its children across all state systems. Currently, HB2913 has been sponsored in the House Children and Youth Committee with 11 cosponsors. A co-sponsorship memo in the Senate from Michelle Brooks looks to advocate for similar legislation.

View the proposed budget for the Office of the Child Advocate here.
Long-Term Care Ombudsmen

LTC OMBUDSMAN

Margaret Barajas, Long-Term Care Ombudsman/Director
5 Employees, 7 Contractors

States’ Long-Term Care (LTC) Ombudsman Offices work to resolve problems related to the health, safety, welfare, and rights of individuals who live in skilled-nursing facilities, personal-care homes, assisted-living facilities, and other residential-care communities, which in PA includes LIFE centers, older adult daily living centers, and domiciliary-care homes.

LTC ombudsmen promote policies and consumer protections to improve long-term services and supports at the facility, local, state, and national levels.

Each state has an Office of the State LTC Ombudsman, headed by a full-time State LTC Ombudsman who directs the program across the state through the AAA network or their subcontractor. The Ombudsman designates staff and volunteers as representatives to directly serve residents.
WHO MAKES COMPLAINTS?

- Resident: 11%
- Resident representative, family, friend: 24%
- Ombudsman Program: 47%
- Facility Staff: 29%
- Representative of other agency or program or organization: 17%
- Concerned person: 55%
- Resident or Family Council: 4%

The Older Americans Act requires Ombudsman programs to:

- Identify, investigate, and resolve complaints made by or on behalf of residents;
- Provide information to residents about long-term supports and services;
- Ensure that residents have regular and timely access to ombudsman services;
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect residents; and
- Analyze, comment on, and recommend changes in laws and regulations pertaining to the health, safety, welfare, and rights of residents.
Long-Term Care Ombudsmen

Data on the required activities is compiled annually from the Wellsky OmbudsManager database and submitted to the Administration for Community Living via the Older Americans Act Performance System (OAAPS), not later than January 31 for the preceding federal fiscal year.

The PA Ombudsman Office also created and operates the PA Empowered Expert Resident Program (PEER) which trains residents to become advocates in their respective communities. This is a nationally recognized program replicated by Colorado and Louisiana.
HISTORY
The mission of the Office of Advocacy and Reform is to advocate for all vulnerable people in the Commonwealth of Pennsylvania. To fulfill this mission, the Office created the Trauma-Informed PA Think Tank in 2019, which released the Trauma Informed PA (TIPA) Plan in July 2020. Through its guidance, HEAL PA- a coalition of 150 trauma experts across the commonwealth was formed and tasked with implementing the plan through 2030.

Since its inception, HEAL PA has grown to include various subject matter and operational teams focusing on targeted pieces of the TIPA Plan. In February of 2022, the coalition elected its first Executive Steering Council consisting of both government employees and community leaders. The Executive Steering Council has worked with the Leadership Team of HEAL PA since March of 2022 to develop strategy and standard operating procedures, that will ensure the coalition’s foundational stability and sustainability. Visit the HEAL PA website here. View the Coalitions 2023-2028 Strategy to implement the Trauma Informed PA Plan here.

ORGANIZATIONAL STRUCTURE
Heal PA is a multidisciplinary and multisectoral coalition focused on providing trauma-informed resources, education, and advocacy to create a healing-centered place for all PA residents and visitors. HEAL PA brings grassroots professionals and state leaders together to work toward actionable solutions to our most challenging social issues.

Mission: To lead and support Pennsylvania in becoming trauma-informed and healing-centered by providing resources, advocacy, and education via a multidisciplinary and multisectoral approach.

Vision: Trauma prevention is the norm in Pennsylvania. People who experience trauma are respected, safe, empowered, and supported to recover and heal.
Placing our communities at the center of our work, we create opportunities to integrate efforts across systems and disciplines through the following organizational elements:

**Executive Steering Council:**
The Executive Steering Council provides operational guidance and executive leadership for the coalition as it works toward the priorities within the 2023-2025 HEAL PA Strategic Plan.

**Operational Action Teams:**
1. Administration
2. Community Outreach and Communications
3. Research and Evaluation
4. Training and Technical Assistance
5. Policy and Legislation

**Leadership Advisory Team:**
1. Co-chairs from each Operational Action Team
2. Co-chairs from each Subject Matter Expert Action Team
3. State System Leaders (i.e., DOH, DDAP, DHS)

**Subject Matter Expert Action Teams:**
1. Education
2. Physical and Behavioral Health
3. Child Abuse Prevention
4. Business Development
5. Criminal Justice Reform
6. Poverty Reduction
7. Racial and Communal Trauma Prevention

**Equity Advisory Council:**
The Equity Advisory Council is responsible for consulting and supporting the work of HEAL PA in prioritizing equity and inclusion in membership, policy, practice, and general operation of the coalition.
Executive Steering Council

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Office of Advocacy & Reform
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A LETTER FROM THE EXECUTIVE STEERING COUNCIL

Welcome to HEAL PA, where we invite you to join the movement to create a Healing-Centered Pennsylvania. As you know, HEAL PA is a collection of volunteers from a wide variety of fields, geographies, ethnicities, and life experiences, including several former think tank members and multiple trauma survivors, that has been assembled to serve on various action teams focused on implementation of the Trauma-Informed PA plan.

HEAL PA is proud to be a mix of state agency representatives and community stakeholders from all across the commonwealth who are responsible for prioritizing the recommendations, setting short- and long-term goals, and assigning accountabilities to make the Trauma Informed PA plan recommendations a reality. This is no small task!

Members of HEAL PA are expected to push the envelope to ensure the Commonwealth not only keeps up with the latest science and trends in trauma and ACEs, but sets the bar for planning, innovation, and action.

We are honored to work with all members and hope you will join us as we build the trauma informed movement in Pennsylvania and create a Healing-Centered Commonwealth.

Best,

Rob Reed
Executive Deputy Attorney General
Office of the Attorney General

Dana Milakovic
Mental Wellness and Trauma Specialist
Pennsylvania Department of Education

Father Paul Abernathy
President/CEO
Neighborhood Resilience Project

Maryann McEvoy
Executive Director | Child Advocate
Office of Advocacy and Reform
GOVERNOR’S OFFICE OF ADVOCACY & REFORM

HEAL PA

REPORT & RECOMMENDATIONS
EDUCATION ACTION TEAM

Co-Chairs: Dr. Dana Milakovic and Dr. Joan Duvall-Flynn

Members: Amber Sessoms, Andrea Farina, Antonio Valdes, Brandy Fox, Cathy Tashner, Christopher Barnes, David Ryan Bunting, Lori Cullen, Kizzy Morris, Marnie Aylesworth, Sam Shovers, Shannon Fagan, Eli Downie, TaLisa Ramos-Watts

Introduction

The HEAL Pa Education team meets monthly with representation from early childhood education, K-12 education, higher education, community partnerships and the PA Department of Education. The team’s primary focus has been on the development of posters to provide information to early childhood, elementary school, middle school, high school, and post-secondary educators and students. An additional focus on compassion fatigue for educators was developed. As we build out a strategic plan for the Educational Team, we will be focusing on moving from compassion fatigue to empathy fatigue as we move toward a more healing centered focus. Posters are expected to be finished by the end of December and drafts are included for reference. The poster content was established by experts throughout PA and the artwork and fine tuning is being done by youth under the guidance of IGY global. All current posters are in DRAFT form. The team has been a resource to several other HEAL PA teams to integrate information around educational needs.

The below outline on building trauma-informed school communities is fluid and will be utilized to build out the strategic plan for the HEAL PA Education team’s next five years. The development of a team that included trust building, prioritization of support, and review of trauma-informed supports and legislation already in place was the main focus of the last two years.

Building Trauma-Informed School Communities

<table>
<thead>
<tr>
<th>A. Develop Administrative, Educational and Leadership Buy-In</th>
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<tbody>
<tr>
<td><strong>Results:</strong></td>
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<tr>
<td><strong>Who needs to be in alignment?</strong></td>
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<td><strong>PA Child Care Association - <a href="https://pacca.org">https://pacca.org</a></strong></td>
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<td>The Office of Child Development and Early Learning (OCDEL) PA Dept of Education <a href="https://www.education.pa.gov/EarlyLearning">https://www.education.pa.gov/EarlyLearning</a></td>
</tr>
<tr>
<td>Penn AEYC <a href="https://www.pennaeyc.org">Home - PennAEYC</a></td>
</tr>
<tr>
<td>Professional Development Organizations (PDO’s): PASSHE and PHMC</td>
</tr>
<tr>
<td>The Pennsylvania Key</td>
</tr>
<tr>
<td>Early Learning Resource Centers (ELRC)</td>
</tr>
<tr>
<td>Early Intervention</td>
</tr>
<tr>
<td>Head Start</td>
</tr>
<tr>
<td>Families and children</td>
</tr>
<tr>
<td>Center-based and Family Child Care Providers</td>
</tr>
<tr>
<td>Local school districts</td>
</tr>
<tr>
<td>Higher Ed teacher preparation programs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>K-12</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>School Board</td>
</tr>
<tr>
<td>Superintendent, All Assistant Superintendents (i.e. Pupil Services, Curriculum, etc.), and Curriculum Supervisors</td>
</tr>
<tr>
<td>Building administrators, building education leaders, classroom teachers and support staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Higher Education - Public/Private and Community College</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of Student Affairs</td>
</tr>
<tr>
<td>Roles</td>
</tr>
<tr>
<td>--------------------------------------------</td>
</tr>
<tr>
<td>Provost (Academic Affairs) and faculty</td>
</tr>
<tr>
<td>Public Safety</td>
</tr>
<tr>
<td>Counseling and Psychological Services</td>
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<td></td>
</tr>
<tr>
<td>12 - 24 month measurement</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>A trauma sensitive, informed and practiced early childhood workforce</td>
</tr>
<tr>
<td>Continued improvement in reduction of suspension/expulsion practices</td>
</tr>
<tr>
<td>Evidenced policies and practices embedded in quality indicators</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 - 24 month measurement</th>
<th>K-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continued positive trends in school climate data - (i.e. school climate surveys - ex. PAYS)</td>
<td></td>
</tr>
<tr>
<td>Sustained application of trauma informed policies and procedures</td>
<td></td>
</tr>
<tr>
<td>Continued decrease in Suspensions/ Expulsions</td>
<td></td>
</tr>
<tr>
<td>Continued increased attendance and academic performance</td>
<td></td>
</tr>
</tbody>
</table>

Elimination of Zero Tolerance policies
Positive trends in school climate data - (i.e. school climate surveys - ex. PAYS)
Systemic revisions in policies and procedures
Decrease in Suspensions/ Expulsions
Increased attendance and academic performance
Caregiver involvement

Higher Education - Public/Private and Community College
Systemic revision of policies and procedures
Positive trends in school climate data and retention
<table>
<thead>
<tr>
<th>Higher Education - Public/Private and Community College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustained application of trauma informed policies and procedures across the system</td>
</tr>
<tr>
<td>Positive trends in school climate data /retention and graduation rates</td>
</tr>
</tbody>
</table>

**B. Ensure that the facilities/physical environment is trauma informed**

**Results:**
Safe, supportive physical environments support trauma informed practices and promote regulated children, youth and adults who are able to learn and teach. Trauma-informed facilities address the core components of *Maslow’s Hierarchy of Needs*.

**Who needs to be in alignment?**
- Early Childhood
  - All Early Childhood leadership
  - PA Child Care Association - [https://pacca.org](https://pacca.org)
  - The Office of Child Development and Early Learning (OCDEL) PA Dept of Education [https://www.education.pa.gov/EarlyLearning](https://www.education.pa.gov/EarlyLearning)
  - Penn AEYC [Home - PennAEYC](https://www.aeye.org)
  - The Pennsylvania Key
  - Head Start Administrators
  - Center Directors, owners and operators
  - Family Child Care Providers
  - Early Intervention
  - Families and children
  - Local school districts
<table>
<thead>
<tr>
<th>K-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students and families across grade levels</td>
</tr>
<tr>
<td>School Boards, Central Office Administrators, Building level administration, classroom teachers, building facilities personnel</td>
</tr>
<tr>
<td>SRO/SPO, and mental health professionals (e.g. school psychologists, school counselors, social workers)</td>
</tr>
</tbody>
</table>

| Higher Education - Public/Private and Community College |
| Facilities and Maintenance and Housing Division |
| Public Safety Division |
| Student Affairs Division |
| Provost and Academic Affairs Division/ Faculty |
| Counseling and Psychological Services |
| Students |

<table>
<thead>
<tr>
<th>What is the work?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth - K-12 &amp; Higher Education</td>
</tr>
<tr>
<td>Educate all individuals as to the elements of trauma, the impact of trauma and the strategies to mitigate the impact of trauma.</td>
</tr>
<tr>
<td>Help connect trauma informed approach to current initiatives of the system</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the Opportunities?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood</td>
</tr>
<tr>
<td>To align all Early Childhood providers and partners under a common agenda pertaining to trauma sensitive and informed practices and care</td>
</tr>
</tbody>
</table>
To demonstrate the importance of trauma informed approaches to all local education agencies

Higher Education
To demonstrate the importance of trauma informed approaches to all institutional systems

<table>
<thead>
<tr>
<th>8 month measurement?</th>
<th>Early Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reduced expulsion/suspension</td>
</tr>
<tr>
<td></td>
<td>Increased staff retention rates</td>
</tr>
<tr>
<td></td>
<td>Fewer behavioral referrals</td>
</tr>
<tr>
<td></td>
<td>Improved climate and culture in early childhood settings</td>
</tr>
</tbody>
</table>

K-12
Elimination of Zero Tolerance policies
Positive trends in school climate data -(i.e. school climate surveys - ex. PAYS
Systemic revisions in policies and procedures
Decrease in Suspensions/ Expulsions
Increased attendance and academic performance
Caregiver involvement

Higher Education - Public/Private and Community College
Systemic revision of policies and procedures
<table>
<thead>
<tr>
<th>12 - 24 month measurement</th>
<th>Positive trends in school climate data and retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood</td>
<td>Evidenced policies and practices embedded in quality indicators</td>
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<td>A trauma sensitive and informed and practiced early childhood workforce</td>
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<td>Continued improvement in reduction of suspension/expulsion practices</td>
<td></td>
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<tr>
<td>K-12</td>
<td>Continued positive trends in school climate data -(i.e. school climate surveys -ex. PAYS</td>
</tr>
<tr>
<td>Sustained application of trauma informed policies and procedures</td>
<td></td>
</tr>
<tr>
<td>Continued decrease in Suspensions/ Expulsions</td>
<td></td>
</tr>
<tr>
<td>Continued increased attendance and academic performance</td>
<td></td>
</tr>
<tr>
<td>Higher Education - Public/Private and Community College</td>
<td>Sustained application of trauma informed policies and procedures across the system</td>
</tr>
<tr>
<td>Positive trends in school climate data /retention and graduation rates</td>
<td></td>
</tr>
</tbody>
</table>

**C. Assess school progress on trauma informed continuum including trauma informed training and integration into pedagogy**

**Results:** Use of a standardized flexible, guide to assess setting for progress along the trauma informed continuum (EX: found in *Helping Traumatized Children Learn* Vol. 2)
<table>
<thead>
<tr>
<th><strong>Who needs to be in alignment?</strong></th>
<th><strong>Early Childhood</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Early Childhood leadership</td>
<td>The Office of Child Development and Early Learning (OCDEL) PA Dept of Education <a href="https://www.education.pa.gov/EarlyLearning">https://www.education.pa.gov/EarlyLearning</a></td>
</tr>
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<td>Head Start Administrators</td>
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<tr>
<td></td>
<td>Center Directors, owners and operators</td>
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<tr>
<td></td>
<td>Family Child Care Providers</td>
</tr>
<tr>
<td></td>
<td>Early Intervention</td>
</tr>
<tr>
<td></td>
<td>Families and children</td>
</tr>
<tr>
<td></td>
<td>Local school districts</td>
</tr>
<tr>
<td><strong>K-12</strong></td>
<td>School Board</td>
</tr>
<tr>
<td></td>
<td>Superintendent and all district level leadership team members</td>
</tr>
<tr>
<td></td>
<td>School Psychologists/ Community Mental Health professionals involved in wrap around services</td>
</tr>
<tr>
<td></td>
<td>Building principals and all building administrative team members</td>
</tr>
<tr>
<td></td>
<td>Building counselors, social workers, nurses, subject specialists, faculty and staff</td>
</tr>
<tr>
<td></td>
<td>County Intermediate Unit Executive Councils and Program Leaders</td>
</tr>
<tr>
<td></td>
<td>County Vo-Tech systems</td>
</tr>
<tr>
<td>Students and their families</td>
<td></td>
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<tr>
<td>-----------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Higher Education - Public/Private and Community College</td>
<td></td>
</tr>
<tr>
<td>State Board of Governors</td>
<td></td>
</tr>
<tr>
<td>Institution Council of Trustees</td>
<td></td>
</tr>
<tr>
<td>Institution President and President’s Council (all Vice Presidents, i.e. Student Services, Academic Affairs, etc.)</td>
<td></td>
</tr>
<tr>
<td>Students</td>
<td></td>
</tr>
<tr>
<td>Counseling and Psychological Services</td>
<td></td>
</tr>
</tbody>
</table>

**What is the work?**

<table>
<thead>
<tr>
<th>Early Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of suspension/expulsion data</td>
</tr>
<tr>
<td>Implement staff burnout assessments</td>
</tr>
<tr>
<td>Assess ECE staff attrition rates</td>
</tr>
</tbody>
</table>

**K-12**

<table>
<thead>
<tr>
<th>Analysis of assessment results to understand strengths, weaknesses, and areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structured assessment of learning environment</td>
</tr>
<tr>
<td>Utilization of model trauma informed plan and comprehensive mental health services to support youth</td>
</tr>
<tr>
<td>Higher Education Public/Private and Community College</td>
</tr>
<tr>
<td>Analysis of assessment results to understand strengths, weaknesses, and areas for improvement.</td>
</tr>
</tbody>
</table>

**What are the Opportunities?**

<p>| Early Childhood |</p>
<table>
<thead>
<tr>
<th>8 month measurement?</th>
<th>Identified strengths/successes as well as barriers to a trauma sensitive and informed pedagogy</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12,</td>
<td>Identified strengths/successes as well as barriers to a trauma sensitive and informed pedagogy</td>
</tr>
<tr>
<td>Higher Education - Public/Private and Community College</td>
<td>Further implementation of trauma informed knowledge/understanding to develop a trauma informed system including pedagogy and specific training needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12 - 24 month measurement</th>
<th>Early Childhood, Analysis of suspension/expulsion data Implement staff burnout assessments Assess ECE staff attrition rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-12,</td>
<td>Analysis of suspension/expulsion data Rates of staff retention (including administrative staff)</td>
</tr>
<tr>
<td>Higher Education - Public/Private and Community College</td>
<td>Assess school progress on implementing the improvement plan on trauma informed continuum</td>
</tr>
<tr>
<td>Early Childhood,</td>
<td></td>
</tr>
<tr>
<td>Analysis of suspension/expulsion data</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Implement staff burnout assessments</td>
<td></td>
</tr>
<tr>
<td>Assess ECE staff attrition rates</td>
<td></td>
</tr>
</tbody>
</table>

**K-12,**

- Analysis of suspension/expulsion data
- Rates of staff retention (including administrative staff)

**Higher Education - Public/Private and Community College**

- Monitor implementation of improvement plan for sustainability of system correction

**D. Form community relationships that increase awareness of potentially traumatic events in community and/or connection with first responder.**

**Results:**

An easy access, youth-driven, safe reporting alert system for potentially traumatic events

**Who needs to be in alignment?**

- Early Childhood
- Local child care providers
- Public Service announcement systems
- Local Health Departments
- Language translators as appropriate to the community
- Local School Districts
- Local Head Start Agencies
- Family members
Law enforcement
Local Hospitals
Local Behavioral Health and Mental Health Providers
Early Intervention
Local Hospitals/Emergency Medical Service Providers

K-12,
Community leaders,
Family members
Local school board members and all school district personnel
Local Mental Health Providers
Law Enforcement Agencies/ Emergency Medical Services
Local Hospitals/ Emergency Medical Service Providers
Language translators as appropriate to the community

Higher Education - Public/Private and Community College
Family members
All college divisions/ personnel
All college student government associations/ clubs and special interest groups
Local Mental Health Providers
Law Enforcement Agencies/ Emergency Medical Services
Local Hospitals/ Local Physicians
| What is the work? | Language translators as appropriate to the community  
|                  | Campus Security  
|                  | Counseling and Psychological Services  
|                  | Early Childhood  
|                  | Establishing connections between ECE leadership and local resources  
|                  | Identify funding to support efforts  
|                  | Development of Shared services agreements  
|                  | K-12  
|                  | Review of Safe 2 Say and how we can integrate additional calls into this work  
|                  | Implementation of Handle with Care  
|                  | Higher Education Public/Private and Community College  
|                  | Finding funding for development and communications  
|                  | Development of a survey for youth and families  
|                  | Research on existing programs (other states?)  
|                  | Regional facilitated collaborative planning  
|                  | Professional Development for all aligned entities  
| What are the Opportunities? | Early Childhood  
<p>|                            | Shared understanding of equitable and comprehensive trauma sensitive and informed approaches in the community |</p>
<table>
<thead>
<tr>
<th>Consistent implementation of Trauma-informed practices across settings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>K-12</strong></td>
</tr>
<tr>
<td>Shared understanding of equitable and comprehensive trauma sensitive and informed approaches in the community</td>
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<tr>
<td>Consistent implementation of Trauma-informed practices across settings</td>
</tr>
<tr>
<td><strong>Higher Education Public/Private and Community College</strong></td>
</tr>
<tr>
<td>Including the youth population in a community support system</td>
</tr>
<tr>
<td>Learning from other programs such as <em>Handle with Care</em> from Salud America</td>
</tr>
<tr>
<td><strong>8 month measurement?</strong></td>
</tr>
<tr>
<td><strong>Early Childhood</strong>,</td>
</tr>
<tr>
<td>Conduct needs assessments of community groups and communities to assess their Trauma sensitive and informed access and understanding</td>
</tr>
<tr>
<td><strong>K-12</strong></td>
</tr>
<tr>
<td>Review of data from PAYS</td>
</tr>
<tr>
<td>Number of Handle with Care district/law enforcement partnerships</td>
</tr>
<tr>
<td><strong>Higher Education Public/Private and Community College</strong></td>
</tr>
</tbody>
</table>
Community systems that have been funded and developed for implementation

What is the scope of community collaboration (agencies involved, trainings scheduled - completed)

<table>
<thead>
<tr>
<th>12 - 24 month measurement</th>
<th>Early Childhood</th>
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</thead>
<tbody>
<tr>
<td>Conduct needs assessments of community groups and communities to assess their Trauma sensitive and informed access and understanding</td>
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<tr>
<td>K-12</td>
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<td>Higher Education Public/Private and Community College</td>
<td></td>
</tr>
<tr>
<td>Community systems that have been funded and developed for implementation</td>
<td></td>
</tr>
<tr>
<td>What is the scope of community collaboration (agencies involved, trainings scheduled - completed)</td>
<td></td>
</tr>
<tr>
<td>Number of scheduled training</td>
<td></td>
</tr>
<tr>
<td>Demographics on training participants</td>
<td></td>
</tr>
<tr>
<td>Community use of the system / nature of community experiences with the system</td>
<td></td>
</tr>
</tbody>
</table>

**E. Students, staff and families will have access to mental health supports through a trauma-informed referral system focusing on prevention and early identification.**

**Results:** Results and supports for youth are based on community focused supports and result in an increase in utilization of behavioral health
supports in the school, home, and community. This includes empowering youth, families, and educators to know when they or a peer need support and how to obtain it.

<table>
<thead>
<tr>
<th>Who needs to be in alignment?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Childhood</strong></td>
</tr>
<tr>
<td>Local child care providers</td>
</tr>
<tr>
<td>Public Service announcement systems</td>
</tr>
<tr>
<td>Local Health Departments</td>
</tr>
<tr>
<td>Language translators as appropriate to the community</td>
</tr>
<tr>
<td>Local School Districts</td>
</tr>
<tr>
<td>Local Head Start Agencies</td>
</tr>
<tr>
<td>Family members</td>
</tr>
<tr>
<td>Law enforcement</td>
</tr>
<tr>
<td>Local Hospitals</td>
</tr>
<tr>
<td>Local Behavioral Health and Mental Health Providers</td>
</tr>
<tr>
<td>Local legislators</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>K-12</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Community leaders</td>
</tr>
<tr>
<td>Public Service announcement systems</td>
</tr>
<tr>
<td>Family members</td>
</tr>
<tr>
<td>Local school board members and all school district personnel</td>
</tr>
<tr>
<td>Local Mental Health Providers</td>
</tr>
</tbody>
</table>
| **What is the work?** | **Early Childhood**, Engage local Early Intervention providers Shared system of communication among all community partners  
**K-12** Increasing relationships with schools and community partners |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Law Enforcement Agencies/ Emergency Medical Services Local Hospitals/ Emergency Medical Service Providers Language translators as appropriate to the community Student Assistance Program Liaisons Higher Education - Public/Private and Community College Community leaders Family members All college divisions/ personnel All college student government associations/ clubs and special interest groups Campus wide communications systems Local Mental Health Providers Law Enforcement Agencies/ Emergency Medical Services Local Hospitals/ Local Physicians Language translators as appropriate to the community Counseling and Psychological Services</td>
<td></td>
</tr>
<tr>
<td>What are the Opportunities?</td>
<td>Higher Education Public/Private and Community College</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Communication across all community systems</td>
</tr>
<tr>
<td></td>
<td>Support mentors for: caregivers/ families /students</td>
</tr>
<tr>
<td></td>
<td>Easy tool for access to help</td>
</tr>
<tr>
<td></td>
<td>Development and retention of workforce</td>
</tr>
<tr>
<td>Early Childhood</td>
<td>To gain experience with prevention and early intervention at various stages of human development</td>
</tr>
<tr>
<td></td>
<td>To learn effective components of/ strategies for prevention and early intervention at various stages of human development</td>
</tr>
<tr>
<td>K-12</td>
<td>Increased focus on prevention and Tier I supports to support youth who are at risk of problems</td>
</tr>
<tr>
<td></td>
<td>Using state wide data to design and implement prevention programming</td>
</tr>
<tr>
<td>Higher Education Public/Private and Community College</td>
<td>To gain experience with prevention and early intervention at various stages of human development</td>
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<thead>
<tr>
<th>8 month measurement?</th>
<th>Early Childhood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Measure caregiver involvement - referrals made</td>
</tr>
<tr>
<td>Kind of Prevention Steps Taken</td>
<td>Kind of Intervention Strategies Made</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>K-12</td>
<td></td>
</tr>
<tr>
<td>Number of referrals made to mental health resources</td>
<td></td>
</tr>
<tr>
<td>Kinds of prevention steps taken</td>
<td></td>
</tr>
<tr>
<td>Kind of intervention strategies made</td>
<td></td>
</tr>
<tr>
<td>Positive trends in school climate data (i.e. school climate survey, PAYS)</td>
<td></td>
</tr>
<tr>
<td>Comparative data on suspensions, expulsions, attendance, and retention</td>
<td></td>
</tr>
<tr>
<td>Referrals made through SAP</td>
<td></td>
</tr>
<tr>
<td>Higher Education Public/Private and Community College</td>
<td></td>
</tr>
<tr>
<td>Number of referrals made to mental health resources</td>
<td></td>
</tr>
<tr>
<td>Number of self initiated counseling center visits</td>
<td></td>
</tr>
<tr>
<td>Kinds of prevention steps taken</td>
<td></td>
</tr>
<tr>
<td>Kinds of intervention strategies made</td>
<td></td>
</tr>
<tr>
<td>Positive trends in school climate data (i.e. school climate survey)</td>
<td></td>
</tr>
<tr>
<td>Comparative data on judicial hearings, class attendance, student retention</td>
<td></td>
</tr>
<tr>
<td>12 - 24 month measurement</td>
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<tr>
<td>Comparative data on judicial hearings, class attendance, student retention, graduation rates</td>
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The following pages contain posters developed by the Education Action Team that have been which are able to be utilized throughout the Commonwealth to support trauma-informed learning spaces
What are ACEs?

Over 1 in 4 of confirmed child abuse cases and neglect involve children under the age of 3, and victimization is most common for children younger than 1 year.  

Common types of ACEs experienced by children ages 5 and younger:
- Abuse or neglect
- Serious, untreated parent mental illness or substance abuse
- Witnessing domestic violence
- Living through natural disasters
- Witness violence in their communities
- Suffering a traumatic loss
- Experience discrimination
- Experience forced displacement or refugee status

Children younger than 3 yrs:
- Young children have the highest rate of abuse and neglect, and are more likely to die because of their injuries.
- Children younger than three years of age constitute 31.9% of all maltreatment victims reported to authorities in 2007.
- Infants are the fastest growing category of children entering foster care in the United States.

Pennsylvania:
- Substantiated Cases for children ages 0-4: 113%, increase since 2012
- Foster Care for children ages 0-5: 19%, increase since 2012
- Maltreatment Victims for children ages 0-5: 23% of children found to be victims in 2018

Sources:
Signs and Symptoms of Traumatic Stress

Signs and symptoms of traumatic stress show up differently in each child. Some of the possible reactions for children ages 0-3 for teachers/caregivers to be aware of are:

- Demonstrates delayed or regressed verbal skills
- Exhibits memory problems
- Easily frightened or startles easily
- Difficult to console
- Exhibits regressive behaviors
- Clingy and fearful of new situations
- Struggles with sleep routines
- Atypical aggression or impulsivity
- Atypical or increased tantrums
- Regressed functioning (for example, stops holding bottle or feeding self)
- Shows little to no emotional affect
- Experiences nightmares or sleep difficulties
- Has a poor appetite, low weight, and/or digestive problems


Scan the code to learn about resources for Early Child Education Providers.
Helping children who have experienced trauma

Teachers can play an integral role in helping young children ages 0-3 to cope with trauma and build resiliency. There are many resources that can help teachers to use a trauma-informed approach in the classroom and school to:

- **Safety**
  - Create a safe environment for children

- **Consistency**
  - Provide consistency in the structure of the day

- **Expectations**
  - Set age-appropriate expectations

- **Trust**
  - Foster trust and positive regard

- **Learning**
  - Provide social-emotional learning

- **Coping Skills**
  - Model healthy coping skills

- **Pathways**
  - Promote problem-solving pathways

- **Empowerment**
  - Develop personal empowerment, confidence and wellness

- **Community**
  - Help parents and caregivers access community services

Teachers of young children need adequate training on the impact of trauma, effective strategies for identifying and addressing trauma. There are many trainings that are available for teachers of young children. Determine what is needed in your school/classroom and work with area mental health/behavioral health providers to procure the training or trauma-informed approach to use.

**SCAN THE CODE**
To learn about resources for Early Childhood Providers.
Taking Care of Yourself

IS THE BEST WAY TO CARE FOR OTHERS:

- Self-report Assessments
- Stress Reduction Activities
- Participation in self-care groups in the workplace
- Use of a self-care accountability buddy
- Proper rest
- Proper nutrition
- Exercise

SCAN THE CODE
To learn about resources for Early Child Education Providers.
Helping kids who have experienced trauma

What are ACEs?

Adverse childhood events, or ACEs, generally refer to the traumatic experiences that occur to children aged 3-6. Because infants' and young children's reactions may be different from older children's, and because they may not be able to verbalize their reactions to threatening or dangerous events, many people assume that young age protects children from the impact of traumatic experiences. Young children may be affected by events that threaten their safety or the safety of their parents/caregivers. These traumas can be the result of intentional violence—such as child physical or sexual abuse, or domestic violence—or the result of natural disaster, accidents, or war. Young children also may experience traumatic stress in response to painful medical procedures or the sudden loss of a parent/caregiver.

The percentage of children from birth through age 17 reported to have had zero, one, two or more aces, nationally and by state:

1 in 4 of confirmed child abuse cases and neglect involve children under 3 years old in the USA.

Common types of ACEs experienced by children:

- Physical abuse or neglect
- Witnessing domestic violence
- Witnessing violence in their community
- Living through natural disasters
- Suffering a traumatic loss
- Experiencing discrimination
- Experiencing forced displacement or refugee status
- Prolonged separation from or loss of a loved one
- Incurring serious injuries or undergoing painful medical procedures

Many more children:

- 31.9% of all maltreatment victims reported to authorities in 2018
- 33% are the fastest growing category of children entering foster care in the United States

Pennsylvania:

- Substantiated Cases for children ages 0-4: 1,155
- Foster Care—children ages 0-3: 1,923
- Maltreatment Victims for children ages 0-3: 1,108

Scan the code to learn about resources for early childhood education providers.

Sources:
Signs and Symptoms of Traumatic Stress

Signs and symptoms of traumatic stress show up differently in each child. Some of the possible reactions for children ages 3-6 for teachers/caregivers to be aware of are:

- Has difficulty focusing or learning in school
- Develops learning disabilities;
- Shows poor skill development
- Displays excessive temper
- Demands attention through both positive and negative behaviors;
- Exhibits regressive behaviors
- Exhibits aggressive behaviors
- Acts out in social situations
- Imitates the abusive/traumatic event;
- Is verbally abusive
- Screams or cries excessively
- Startles easily;
- Is unable to trust others or make friends
- Believes they are to blame for the traumatic experience
- Fears adults who remind them of the traumatic event
- Fears being separated from parent/caregiver
- Is anxious, fearful, and avoidant
- Shows irritability, sadness, and anxiety
- Acts withdrawn
- Lacks self-confidence
- Wets the bed or self after being toilet trained or exhibits other regressive behaviors
- Has poor sleep habits
- Experiences nightmares or sleep difficulties
- Experiences stomachaches and headaches

SCAN THE CODE
To learn about resources for Early Child Education Providers.

SOURCE: Data by Six Collaborative Group; National Child Traumatic Stress Network (2016)
Early childhood
Helping children who have experienced trauma

Teachers can play an integral role in helping young children ages 3-6 to cope with trauma and build resiliency. There are many resources that can help teachers to use a trauma-informed approach in the classroom and school to:

- **Safety**: Create a safe environment for children
- **Consistency**: Provide consistency in the structure of the day
- **Expectations**: Set age-appropriate expectations
- **Trust**: Foster trust and positive regard
- **Learning**: Provide social-emotional learning
- **Coping Skills**: Model healthy coping skills
- **Pathways**: Promote problem-solving pathways
- **Empowerment**: Develop personal empowerment, confidence and wellness
- **Community**: Help parents and caregivers access community services

Teachers of young children need adequate training on the impact of trauma, effective strategies for identifying and addressing trauma. There are many trainings that are available for teachers of young children. Determine what is needed in your school/classroom and work with area mental health/behavioral health providers to procure the training or trauma-informed approach to use.

SCAN THE CODE
To learn about resources for Early Childhood Providers.
Taking Care of Yourself

Is the best way to care for others:

- Self-report Assessments
- Stress Reduction Activities
- Participation in self-care groups in the workplace
- Use of a self-care accountability buddy
- Proper rest
- Proper nutrition
- Exercise

Educators are caregivers, and supporting the learning and well-being of students can take a toll because children come into the classroom with different emotions and life experiences. Teachers who are exposed to traumatic material, have great capacity for empathy and struggle to balance their own self-care with the needs of their students may develop compassion fatigue.

Compassion fatigue may impact the cognitive, emotional, behavioral, relational, physical, spiritual, and occupational domains of an individual. It is often used interchangeably with the term secondary traumatic stress; however, a key difference is the worldview of the teacher. When fundamental beliefs are altered and possibly damaged by trauma, a shift from compassion fatigue to secondary traumatic stress may occur. Being aware of our triggers and signs of compassion fatigue can allow us to move toward compassion resilience. This includes acknowledging and supporting concerns of others in their well-being while recognizing the roles that a compassionate approach can take.

SCAN THE CODE
To learn about resources for Early Child Education Providers.
POLICY AND LEGISLATIVE ACTION TEAM
Co-chairs: Maryann McEvoy, M.Ed and Jeanne Elberfeld, LSW

Action Team Members:
Joshua Feldbyum (Psychologist)
Rachael Miller (PA Partnerships for Children)
Hannah Cornell (Mission Kids)
Robin Adams (CEO ImPACT)
Alice Yoder (Penn Medicine)
Stacy Treier (Millersville University)
Andrew Grossman (Project Transition)
Colleen Lelli (Cabrini University)
Diana Bixby (Delaware Valley School District)
Mawule Sevon (Temple University)
Shakwana Mosley (Shippensburg University)

Introduction
In its initial two years, the policy team developed a roadmap overview for Trauma Informed Policy and Practice in Pennsylvania. This roadmap identifies HEAL PA’s commitment to healing-centered practices across various systems that impact childhood trauma.

Additionally, the action team focused efforts on legislature outreach and advocacy for the confirmation of an Office of the Child Advocate for Pennsylvania. House Bill 2913 is currently sponsored in the House Committee on Children and Youth with eleven co-sponsors. Additionally, a co-sponsorship memo has been released in the Senate by Senator Michelle Brooks with a plan to introduce legislation in January 2023.

Achievements
In October of 2022, House Committee on Children and Youth successfully passed HR228. HR228 was developed in partnership with HEAL PA and the Office of Advocacy and Reform, requiring that all legislation passed in the committee be reviewed for its potential impact on childhood trauma for Pennsylvanians. The HEAL PA Policy and Legislation Team looks forward to supporting the team that is designated to conduct this review by providing opportunities for collaboration, and the provision of a national trauma informed policy framework to be utilized as a guide for the review.

Trauma and Principles of Trauma-Informed Care in the U.S. Federal Legislative Response to the Opioid Epidemic: A Policy Mapping Analysis
Together, with each of the targeted action team members, political stakeholders, community organizations, and constituents of the Commonwealth, the HEAL PA Trauma-Informed Policy Agenda for 2022-2023 has been developed. The possibilities for healing are vast and can be achieved when our community comes together to implement and advocate for healing-centered policies and practices.

While the focus on trauma resulting from the COVID-19 pandemic is inevitable, the team recognizes that the need to acknowledge multiple sources that preceded the virus. The Policy and Legislation Action Team, along with all stakeholders recognize a need to focus on improving upon current policies and practices that impact all vulnerable populations across each of the targeted HEAL PA teams.

Priorities to address the psycho-social impact of trauma in Pennsylvania

1. EDUCATION – Direct the Secretary of Education to collect and disseminate existing effective tools developed to assist schools in implementing trauma-informed programs to enable schools to address the high levels of adversity and trauma students have experienced both historically and throughout the pandemic. In providing guidance on the use of education funds, the relevant Secretary should specify that the use of funds should include implementation of trauma-informed programs in schools, focusing particularly on communities of color, those suffering from poverty, and those suffering high levels of diseases of despair.

2. WORKFORCE – The low-income workforce is suffering the greatest economic impact from the pandemic and thus a higher likelihood of being traumatized by the Pandemic. Traumatized workers can bring increased stress levels to work with them, increasing disciplinary actions and reducing productivity. The Secretary of Labor should provide employers in industries that employ a high percentage of low-income workers with education about the impact of trauma on their workers and approaches to support them.

3. PUBLIC HEALTH – Stress related to the pandemic has led to increases in substance use, child abuse, domestic violence, crime, gun use, and other predictable behaviors known to result from trauma and adversity. Numerous legislative proposals focus on addressing and treating these negative outcomes, but they exist in silos and without emphasis on the possibilities for early intervention and prevention. We know that it often takes 12-18 months for the most extreme reactions to trauma to surface, so swift implementation to develop population-level prevention efforts could save individuals and communities from unnecessary spread and associated threats. There is a need for: a. Government agencies to provide guidance on how funds for state and local governments provided in any new
stimulus bill may be used to promote community and population-level resilience to address the trauma caused by the pandemic. b. Providing guidance on how existing funding can be used to build resilience in schools and in communities, and fund treatment programs. c. Advancing trauma-informed education and treatment by implementing underused ACA coverage of preventative services.

4. SECONDARY AND VICARIOUS TRAUMA – Teachers, law enforcement officers, first responders, nurses and other healthcare workers, mental health and social welfare workers and others serving people and communities affected by the pandemic related trauma are at-risk for secondary and vicarious trauma. Recipients of funds in any new stimulus bill should be advised on how they can use those funds to provide trauma-informed and resilience strategies for those most at-risk for secondary/vicarious trauma by their licensing or accrediting body.

5. RACIAL, INTERGENERATIONAL AND HISTORICAL TRAUMA – The legacies of racism and other forms of oppression have left Black, Indigenous, People of Color (BIPOC) communities more at-risk of contracting COVID-19 and vulnerable to its extreme health consequences. We need to increase public awareness of the impact of trauma on communities of color, indigenous communities, LGBTQIA+ communities, and others have suffered throughout the history of our country. A. Any new stimulus bill should include funds to support expansion of rapid testing and improved access to healthcare in communities most at-risk of contracting the coronavirus. B. Increase representation of marginalized communities in shaping public policy and engage them in translating policy in local community action.

Priorities to address the impact of Adverse Childhood Experiences (ACEs) on public health

Short term (1- 2 year)

1. Office of the Child Advocate: Together with the United States Ombudsmen Association and the Campaign for Trauma Informed Policy and Practice, HEAL PA recognizes the need for an Office of Child Advocate for the Commonwealth of Pennsylvania. This office should be confirmed in statute and tasked with mitigating adverse childhood experiences for Pennsylvania children through the support and enhancement of all child-serving systems via research and investigative strategies.

2. Handle with Care: HEAL PA supports the implementation of the Handle with Care program across all of Pennsylvania’s municipalities. The Handle with Care model ensures that when a law enforcement officer encounters a child during a call, that child’s information is forwarded to the school before the school bell rings the next day. The school implements individual, class and whole
school trauma-sensitive curricula so that traumatized children are “Handled With Care”. If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school.

**Medium term (3 – 6 years)**

1. **Trauma Informed Workforce**: HEAL PA supports an increase in trauma-informed preparation in all preservice and continuing education curricula for those working in human service providers and public service employees. Curricula is recommended to include basic knowledge on the impact of trauma on behavior and cognition, as well as the role of vicarious trauma in caregiver well-being.

**Long term (7 – 9 years)**

1. **Education**: HEAL PA recommends all public-school districts follow the Practical Guidance for Exploring the Integration and Alignment of the Student Assistance Program (SAP) with a Multi-Tiered Framework of Support to assist schools in aligning their Positive Behavior Support System, MTSS System, and SAP process (Pennsylvania Department of Drugs and Alcohol, Pennsylvania Department of Education, and Pennsylvania Department of Health and Human Services-August, 2021).

2. **Workforce Wellbeing**: HEAL PA supports the requirement of conducting employee wellbeing assessments for staff and universal wellness screenings for children to improve workforce climate and overall social and emotional wellness within all human service fields.

3. **Trauma-Informed Administration**: HEAL PA supports the requirement that all human service providers and public service employees receive training in trauma-informed education and resiliency.
CRIMINAL JUSTICE REFORM ACTION TEAM

Co-chairs: Rob Reed and Pamela Howard

I. EXECUTIVE SUMMARY ................................................................. 64

II. INTRODUCTION.............................................................................. 67

A. Creating a Trauma-Informed Criminal Justice System ...................... 67
B. Members of the Criminal Justice Action Team................................. 67
C. Definitions .................................................................................... 74
D. Trauma Does Not Mitigate the Consequences of Behavior ............... 78
E. The Factors Necessary to Create a Trauma-Informed System .......... 79
F. Restorative Justice ......................................................................... 80
G. The Reality: The Impact of Trauma in Pennsylvania’s Juvenile and Criminal Justice System ................................................................. 81
H. Economic Costs in the Criminal Justice System in Pennsylvania .... 87
I. Racism in the Criminal Justice System............................................. 87
J. Existing Trauma-Informed Changes in the Criminal Justice System ...... 90
K. The Committee Reports ............................................................... 92
L. What Next? .................................................................................. 93
M. Report Summaries .......................................................................... 93

III. THE POLICING COMMITTEE REPORT ......................................... 104

A. Law Enforcement Wellness and Self Care .................................... 104
B. Police and the Community ............................................................ 104
C. Community Policing ...................................................................... 106
D. Trauma-Informed Policing ............................................................. 106
E. Members of the Committee ............................................................ 107
F. Recommendations .......................................................................... 108

IV. THE COURTS COMMITTEE REPORT .......................................... 115

A. Introduction .................................................................................. 115
B. The Courtroom ............................................................................. 115
C. The Pennsylvania Code of Civility ................................................ 116
D. Trauma-Informed Courts ............................................................... 117
E. Members of the Committee .................................................. 117
F. Recommendations.......................................................... 118
G. Court Divisions Considerations................................. 124

V. PROBATION, PAROLE, & REENTRY COMMITTEE REPORT .......... 137
   A. Background: The need for Trauma-Informed Probation, Parole, and Reentry in Pennsylvania............... 137
   B. Members of the Committee ........................................... 138
   C. Committee Processes: Overarching Questions and Response... .................................................. 140
   D. Overarching Issues Considered........................................ 140
   E. Recommendations....................................................... 144

VI. CORRECTIONS COMMITTEE REPORT........................................ 155
   A. Introduction ........................................................................ 155
   B. Members of the Committee ............................................. 156
   C. Recommendations......................................................... 157

VII. JUVENILE JUSTICE SYSTEM COMMITTEE REPORT .............. 172
    A. Introduction ....................................................................... 172
    B. Background ...................................................................... 172
    C. Members of the Committee ............................................ 174
    D. Recommendations......................................................... 175
    E. Conclusion ........................................................................ 188

VIII. PREVENTION COMMITTEE REPORT........................................ 189
     A. Introduction .................................................................... 189
     B. The Prevention Committee Process............................ 191
     C. Committee Members..................................................... 192
     D. Theory............................................................................. 193
     E. Recommendations......................................................... 195
     F. Future Actions.............................................................. 204
EXECUTIVE SUMMARY

One hundred and seven (107) people, mostly volunteers, came together virtually during the COVID-19 pandemic to lay the foundations to create a “Trauma-Informed Criminal and Juvenile Justice System” in Pennsylvania. We believe that such an endeavor has never resulted in a report focused specifically on the challenges impacting the existing justice systems, while setting forth recommendations to improve it by integrating trauma-informed policies, practices, and care. This report seeks to do just that.

Following the publication of the Trauma-Informed PA Plan in July 2022, Dan Jurman, then, the first Executive Director of the Pennsylvania Office of Advocacy and Reform, kicked off the HEAL PA initiative by creating 14 Action Teams to dig deeper into the recommendations outlined in the plan to create the foundations of a trauma-informed Pennsylvania. One of the teams, the Criminal Justice Action Team (CJAT), was established with Rob Reed and Pam Howard appointed as co-chairs to focus on how an understanding of trauma and trauma-informed policies and practices can influence the criminal and juvenile justice systems and enhance positive outcomes.

In the late fall of 2020, a group of volunteers, including criminal justice professionals, academics, service providers, individuals with lived experiences in the criminal and juvenile justice systems, and student interns, from diverse areas of Pennsylvania, came together to form the initial CJAT. They brought their life and work experiences from a variety of fields within and outside of the criminal and juvenile justice systems to brainstorm and identify best practices with a focus on creating Trauma-Informed Criminal and Juvenile Justice Systems. In May of 2021, the CJAT was subdivided into six committees and additional professionals were enlisted to examine the component parts of the Criminal and Juvenile Justice System: (1) Policing and Police-Community Relations, (2) Courts, (3) Corrections, (4) Probation/Parole/ & Reentry, (5) Juvenile Justice, and (6) Prevention. This decision was guided by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Sequential Intercept Model, which we adapted, to work towards our goal.

This document brings together the work of the six committees and includes more than 150 recommendations that are discussed in detail in their respective reports that follow. Each committee recognized that the “keystone” recommendation and the essential building block to create a trauma-informed system is the requirement that everyone within the criminal justice and juvenile justice systems receive comprehensive training on trauma and adversity and what it means to be trauma-informed. This means learning about what trauma is, how widespread it is, how no one is immune
from the impact of trauma, that people who work within the system are at risk of experiencing burnout or vicarious trauma, and that people who experience trauma and adversity can heal and recover.

We now know that a large and staggering percentage of people entering the juvenile and criminal justice systems have been exposed to trauma and adversity that includes, but is not limited to, crime and violence in the first 18 years of their life.\textsuperscript{4} This exposure can have long-lasting and devastating physical and mental health consequences. With this understanding, being trauma-informed includes recognizing that many people of all ages have been hurt, injured and wounded physically and emotionally. The next step is to learn how people can be helped to overcome their challenges, adversities, and trauma, how our collective, inherent resilience can be strengthened and how we in the criminal justice system can best serve the public by implementing trauma-informed policies and practices.

Understanding trauma will assist criminal justice and juvenile justice professionals to develop trauma-informed responses for situations they experience on the job (and at home.) For example, when confronted with a distraught person who is suffering from mental illness, trauma, or addiction, whether it is on the street, in a correctional facility, or in the office, understanding what is actually happening to the individual and how to respond effectively can make the difference in the outcome of that encounter. Crisis Intervention Trainings (CIT) provide guidance in this area, which should be supplemented and enhanced by an understanding of trauma-informed policies and practices.

Creating trauma-informed criminal and juvenile justice systems must not be understood to mean that those who are accused and convicted of crimes will not be held accountable. Not to hold a person accountable for harming another does not keep anyone safe including the person convicted of a crime. In fact, ensuring “the physical and emotional safety” of everyone in the systems including victims, witnesses, and law enforcement and first responders, as well as the accused, is the first pillar of a trauma-informed system. Holding a person responsible for harming another does not, however, mean that their experiences in the system from arrest through placement or incarceration through reentry should be cruel, harsh, or inhumane. We know that most people – 95% or more – convicted as adults of a crime will be released from prison and will return to their homes and communities. Being trauma-informed recognizes that it is counterproductive to traumatize or re-traumatize an individual in any system, especially the criminal and juvenile justice systems. These systems, as their name indicate, are based on justice. Harsh, unfair, and dehumanizing treatment at any stage serves only to undermine our societies’ goal of reducing recidivism and crime as well providing the tools,
services, and treatment necessary for those convicted of crimes to move forward with their lives in a productive and healthy manner. As the decades of high rates of crime, violence, addiction, and mental illness have shown us, it is counterproductive to fail to provide effective mental health, trauma, and addiction services and treatment necessary for healing and recovery to people within the juvenile and criminal systems.

Each of the members of CJAT is mindful of the stressful times in which we live. Crime and violence are peaking and, tragically, in some communities, they are at record levels. It might be easy to forego considering implementing a trauma-informed approach now believing that this would send the wrong message or this is the wrong time. We disagree. To begin with, the unhealthy stress affecting criminal justice professionals is getting worse. The overarching impact of the murder of George Floyd, the aftermath of January 6th, the substantial reductions in the criminal justice system workforce that have stretched the abilities and mental health of criminal justice professionals, added to the recent increases in crime and violence are all contributing factors. Trauma-informed policies and practices are designed to help people who have been directly or vicariously exposed to trauma and adversity including, but not limited to crime, and violence, which includes every person working in the criminal and juvenile justice systems. We know that if we ignore our own health we do so at our own peril. A trauma-informed approach focuses on self-care because if we are not well – physically as well as emotionally – our ability to serve is compromised.

We also know that the communities we serve are suffering from multiple challenges including the ravages of crime, violence, addiction, economic uncertainty, concerns about the safety and wellness of their children, COVID, and racism, among others. The combination of these challenges is compromising everyone’s mental health and exacerbating pre-existing trauma. Implementing trauma-informed policies and practices will help criminal justice professionals better serve the people in their respective communities with compassion and empathy.
INTRODUCTION

Creating a Trauma-Informed Criminal Justice System

Following the publication of the Trauma-Informed PA Plan in July 2020, Dan Jurman, the first Executive Director of HEAL PA, created 14 Action Teams to dig deeper into the recommendations outlined in the report to create the foundations of a trauma-informed Pennsylvania. One of the teams, the Criminal Justice Action Team (CJAT), was established and Pam Howard and Rob Reed were appointed as co-chairs to focus on how an understanding of trauma and trauma-informed care can impact the criminal justice system and enhance outcomes.

Beginning in the late fall of 2020, the CJAT met for the first time with an initial group of volunteers and student interns. After six months of brain-storming and reviewing best practices, in May of 2021, the CJAT was subdivided into six committees and additional professionals were enlisted to drill down to examine the challenges facing the six component parts of the Criminal Justice System: (1) Policing, (2) Courts, (3) Corrections, (4) Probation/ Parole/ & Reentry, (5) Juvenile Justice, and (6) Prevention. Over the next four months, the six committees were supported by more than 100 volunteers and interns, who brought their life and work experiences from a variety of fields within and outside of the criminal justice system from around Pennsylvania to participate in the CJAT and to focus on how creating Trauma-Informed Criminal and Juvenile Justice Systems could overcome the challenges facing the system and enhance outcomes.

We believe that this is the first time a state has embarked on such a goal. We recognize that this is just the beginning. With great humility, we believe that the recommendations described in detail below will improve the system by integrating trauma-informed policies, practices, and care.

Members of the Criminal Justice Action Team

One hundred and seven (107) volunteers including criminal justice professionals, academics, service providers, individuals with lived experience, and student interns participated in the CJAT. The work was done virtually because people were from across Pennsylvania and because of COVID. The members took time out of their already busy schedules because they saw the need to improve the existing system and because they believe that applying trauma-informed principles will make a difference.
The Committees and their chairs are listed in the chart below.

<table>
<thead>
<tr>
<th>CJAT Committee</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policing</td>
<td><em>Dennis Marsili</em>, Director, Indiana University of Pennsylvania Criminal Justice Training Center</td>
</tr>
<tr>
<td>Courts</td>
<td><em>Hon. Stephanie Sawyer</em>, Judge, Philadelphia Court of Common Pleas&lt;br&gt;<em>Stephen Feiler</em>, Ph.D., Director, Education Department, Administrative Office of Pennsylvania Courts</td>
</tr>
<tr>
<td>Probation – Parole – Reentry</td>
<td><em>Christi Smith</em>, PhD, Fellow, Criminal Justice and Civil Liberties, The R Street Institute, Washington, D.C.</td>
</tr>
<tr>
<td>Corrections</td>
<td><em>Jacoba Rock</em>, Ph.D., L.C.S.W., Professor of Social Work, Forensic Social Worker</td>
</tr>
<tr>
<td>Juvenile Legal System</td>
<td><em>Sean E Snyder</em>, LCSW, MSW, Program Manager</td>
</tr>
<tr>
<td>Prevention</td>
<td><em>Liam Power</em>, Director of Education, The Glen Mills Schools&lt;br&gt;<em>Jeannine L. Lisitski</em> (former Chair), CEO, Council for Relationships</td>
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</tbody>
</table>
The Members of each Committee include:

<table>
<thead>
<tr>
<th>Policing Committee</th>
<th>Courts Committee</th>
<th>Corrections Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dennis L. Marsili</strong>, chair</td>
<td><strong>Hon. Stephanie M. Sawyer</strong> (co-Chair), Judge, Philadelphia Court of Common Pleas</td>
<td><strong>Jacoba Rock</strong>, Ph.D., L.C.S.W. (Chair), Social Work Professor, Forensic Social Worker</td>
</tr>
<tr>
<td><strong>Father Paul Abernathy</strong>, ECO, Neighborhood Resilience Project, Pittsburgh, PA</td>
<td><strong>Stephen M. Feiler</strong>, PhD (co-chair), Director, Judicial Education AOPC</td>
<td><strong>Sam Barlow</strong>, Lived Experience</td>
</tr>
<tr>
<td><strong>Cpl. Aaron Allen</strong>, M.S., Pennsylvania State Police, Heritage Affairs, Liaison Officer</td>
<td><strong>Timothy J. Barker</strong>, Esquire Chief of Policy and Research, York County District Attorney’s Office</td>
<td><strong>Shana Clapp</strong>, intern, Bucknell University</td>
</tr>
<tr>
<td><strong>Sanjit Beriwal</strong>, intern, Duke University</td>
<td><strong>Deborah Doyle Belknap</strong>, JD, PhD Associate Professor, Keystone College</td>
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<td>Assistant Chief of Police <strong>Lavonnie Bickerstaff</strong>, Pittsburgh Bureau of Police</td>
<td><strong>The Honorable Kim Berkeley, Clark</strong> President Judge, Court of Common Pleas of Allegheny County</td>
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<td><strong>Kathy Clarke</strong>, Criminal Justice Programs Supervisor, Office of Justice Programs, Unit of CI Improvements, Pennsylvania Commission on Crime and Delinquency</td>
<td><strong>The Honorable Ramy I. Djerassi</strong>, Judge, Court of Common Pleas of Philadelphia</td>
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<td><strong>The Honorable Viktoria Kristiansson</strong>, Judge, Court of Common Pleas of Philadelphia County</td>
<td><strong>Sydney Harris</strong>, B.S. Degree, and Master of Public Policy Candidate at the Pennsylvania State University; Intern, Pennsylvania Office of Attorney General, <strong>Dennis Horton</strong>, Advance Wellness Recovery Action Plan, Facilitator and Field Organizer, Lived Experience</td>
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<td><strong>Lauren Landers-Tabares</strong>, MSW Coordinator of Community Based Services, Office of Mental Health</td>
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<td><strong>Johanna Doherty</strong>, student intern, University of Pennsylvania</td>
<td><strong>Corporal Ismal El Guemra</strong>, Pennsylvania State Police, Heritage Affairs Liaison Officer</td>
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### Policing Committee

- **Chief of Police Bradley P. Hare**, Sunbury Police Department
- **Chief of Police Michelle Kott**, Bethlehem Police Department
- **Chief Inspector Altovise Love-Craighead**, M.S., Philadelphia Police Department, Training and Education Services Bureau

*Kenneth Quick, M.S., Doctoral program in Criminal Justice, John Jay College of Criminal Justice.*

*El Sawyer, CEO & Co-Founder, Media in Neighborhoods Group*

*Lieutenant William Slaton*, Pennsylvania State Police, Heritage Affairs

*Mira Sydow*, intern, University of Pennsylvania

*Stacy Wyland, M.S.*, Associate Professor of Criminal Justice, Keystone College

### Courts Committee

- **(Retired) Montgomery County Department HHS**
- **The Honorable Theodore A. McKee Judge**, United States Court of Appeals for the 3rd Circuit

*The Honorable Stephen P.B. Minor*, President Judge, Court of Common Pleas of Potter County

*Emily Robb, JD, MSW.* Director of Advocacy, Youth Sentencing & Reentry Project

*The Honorable Maureen A. Skerda*, President Judge, Court of Common Pleas of Forest, and Warren Counties

*The Honorable John F. Spataro*, President Judge, Court of Common Pleas of Crawford County

### Corrections Committee

- **Katherine Kerr**, student intern, West Chester University
- **Lynn Miller, MHEd., Certified Peer Specialist, Senior Criminal Justice Associate and Advocate**
- **Carl Milofsky, Professor Emeritus, Bucknell University, Department of Sociology and Anthropology,**

*Mary Floyd Palmer, SCI-Chester, Archbishop*

*George Scott, MDiv., MSSI, LTC USA (retired), Pennsylvania Department of Corrections, former Treatment Services Program Manager*

*Tracy Smith*, Pennsylvania Department of Corrections, Director of Treatment Services

*Joanne Troutman*, Cornell University, Director of Social Impact Programs

### Probation/Parole/Reentry Committee

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*Sydney Harris, B.S. Degree, and Master of Public Policy Candidate at the Pennsylvania State University; Intern, Pennsylvania Office of Attorney General,*

### Juvenile Legal System Committee

- **Sean Snyder, chair**

*Stevie Grassetti, co-chair*

*Dawn Crissman*, Youth Psychiatric Residential Services, Butler County PA

### Prevention Committee

- **Liam N. Power, chair**

*Adrienne Dixon, President CEO, Sarah A. Reed Children’s Center*
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<td>Probation, Parole, Reentry, &amp; Corrections</td>
<td><strong>Barbara Robles</strong>, M.D., Forensic Child Psychiatrist, University of Pennsylvania</td>
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<td>Advocate and TEDx Arcadia Speaker, reentrant/ returning citizen.</td>
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We also want to acknowledge the outstanding efforts of each of the interns, listed below, who contributed to HEAL PA, the CJAT, and this report during their undergraduate or graduate studies. The interns were assigned to assist one or more of the committees, to work with the committee chairs, and to research and identify “best practices” as models for consideration in our recommendations. This report would not have been possible without their contributions.
We cannot thank each of the members and chairs of the CJAT enough – each of whom is a volunteer – for their time, dedication, professionalism, passion, and camaraderie. The theme of their collaboration is the belief that our criminal and juvenile justice systems can be improved by the adoption of trauma-informed policies and practices and do better for everyone impacted by the system including the people who work in it. This report is the result of their efforts and formalizes their discussions and research including a series of recommendations that will help guide our work moving forward.

Finally, we want to acknowledge and thank Sandra Bloom, M.D., Associate Professor, Drexel University School of Public Health, for her invaluable support, training, insights, and friendship.

Rob Reed and Pam Howard – CJAT co-chairs

DEFINITIONS

Trauma and Adversity

According to the Substance Abuse Mental Health Services Administration (SAMSHA), “Trauma results from an event, series of events, or a set of circumstances experienced by an individual as physically or emotionally harmful or life threatening. Potentially
Traumatic events may include those directly experienced by the individual, as well as witnessing such events as threatening to others (e.g., a loved one). Depending on the presence of resilience factors, trauma can create biologically based responses and can have long-lasting, adverse effects on the individual’s learning, relationships, functioning, and mental, physical, social, emotional, and spiritual well-being. Not all individuals will experience a potentially traumatic event in the same way. An individual’s reaction to the event may influence its effect on their functioning and wellbeing. (Adapted from the SAMHSA definition.)”

“Adversity is a state, condition, or instance of serious or continued difficulty or adverse fortune that implies that a person who experiences adversity is under conditions of chronic stress. It is also true that individuals vary greatly in their response to adversity.”

Trauma-Informed Care

“Trauma-Informed Care” provides a strengths-based, prevention-oriented approach to service delivery and organizational structure grounded in an understanding of and responsiveness to the widespread impact of trauma, including historical and identity-based trauma, that:

- Recognizes the symptoms of trauma and its effects on individuals, families, communities, and those who provide services or work in care settings including people in the juvenile and criminal justice systems.
- Understands the impact of disruptions in healthy childhood development caused by adversity, trauma, and exposure to crime and violence.
- Emphasizes physical, psychological, and emotional safety for providers, survivors, and their families.
- Creates opportunities for survivors to rebuild a sense of safety, control, and empowerment.
- Responds by fully integrating knowledge about trauma and recovery into policies, procedures, and practices.
- Seeks to prevent re-traumatization.”
Trauma-informed Criminal and Juvenile Justice Systems

The criminal and juvenile justice systems in this country are the process of bringing justice to victims and the community for violations of the criminal law by the accused. It also requires that the people charged with violating criminal and juvenile justice laws be treated fairly and with due process at every stage of the system from arrest through appeal. The criminal and juvenile justice systems include a number of government agencies including law enforcement officials, judges, corrections officials, probation and parole officials and their staffs, who are bound to do justice because they all take an oath to support and defend the Constitution of the United States and Constitution of the Commonwealth of Pennsylvania in the case of Pennsylvania employees.

Our Common Humanity: At its most basic, trauma-informed criminal and juvenile justice systems require that everyone be treated with humanity that is, remembering that we are all human, including those charged and convicted or found delinquent of crimes. It requires us to recognize that most people entering the systems have been hurt usually beginning in childhood and many are subsequently traumatized. These experiences have often impacted their lives profoundly and, in some cases, tragically. It also requires us, humbly, to acknowledge that trauma can impact anyone, does not discriminate, is widespread, and can have a devastating impact on victims, caregivers, service providers, public servants, and even organizations and systems.

What do We Need to Learn? If we are to adequately address the impact of adversity and trauma on the victims and witnesses of crime, people who have violated the law, as well as public servants in the system, the police officers, probation officers, correctional officers, judges, juries, lawyers, and their staffs, then everyone needs to be fully trained in the “NEAR” science — Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs), and Resilience research (NEAR) — one of the most significant public health discoveries of our time. Each area of the science provides clues for how to address trauma across the lifespan if we are to prevent criminal behavior from even emerging.

Neuroscience
Understanding what the nervous system, spine, and brain does, which can help us determine how to intervene and support resilience, healing, and recovery, including

- How is the nervous system impacted by trauma and adversity and how does it heal?
- What is the role of emotions relative to memory and the brain?
- What are “brain states” and how do they impact us?[^15]
- What is neuroplasticity[^16] and how is this a critical part of our natural capacity for transformation?

**Epigenetics**

“Our genes play an important role in [our] health, but so do [our] behaviors and environment, such as what [we] eat and how physically active [we] are. Epigenetics is the study of how [our] behaviors and environment can cause changes that affect the way [our] genes work. Unlike genetic changes, epigenetic changes are reversible and do not change [our] DNA sequence, but they can change how [our] body reads a DNA sequence.”[^17] In other words, our DNA is not our destiny, and just as the ability to transfer trauma across generations is clear, so too is our ability to heal from generation to generation with the right intervention and support.[^18]

**ACEs or Adverse Childhood Experiences**

Experiences that can have a lasting impact that unfolds over the lifespan.[^19] The ACEs study was a landmark public health investigation into the impact of child adversity “on child abuse and neglect and household challenges and later-life health and well-being.”[^20] This study is critical for criminal justice professionals to understand because:

“ACEs can have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity.”[^21]

* * *

“ACEs and their associated harms are preventable. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full health and life potential.
“Different types of violence are connected and often share the same root causes. ACEs are connected to other forms of violence through shared risk and protective factors. To prevent ACEs, we must understand and address these risk and protective factors.”

Resilience

The capacity/ability to adapt to, prevent, or mitigate the impacts of an adverse event or trauma. Resilience is a capacity that can be developed and exercised.22

Trauma does not Mitigate the Consequences of People’s Behavior

In no way does the understanding of trauma mitigate the consequences of people’s behavior, although it goes a long way to explaining it. People who violate the criminal law, harm other people or the community and are convicted of the crime(s) charged must be held accountable, appropriately restrained, and prevented from continuing their harmful conduct. People who are harmed need to have assurance that they will be protected from a recurrence of the criminal conduct and that the painful experience of victimization result in recompense and reparation. Without accountability, the legitimacy of the system will erode, and people may choose (as we have seen) to take the law into their own hands – vigilantism -- and retaliate.

In the criminal justice system, accountability means punishment, whether it be a term of imprisonment, probation, fines, restitution, or some consequence for violating the criminal law. The existing system, as enshrined in the Constitution, authorizes punishment if it is not “cruel and unusual.” See Constitution 8th and 14th Amendments. Historically, punishment has been justified under the belief that it will result in penitence, remorse, and changing behavior through general or specific deterrence.

What constitutes acceptable punishment? To begin with, the Supreme Court has provided us with guidance about what constitutes “cruel and unusual punishment.” We know that torture, the rack, and the thumbscrew, among others, have long since relegated to the macabre dustbin of history. More recently, it is not impermissible to sentence a juvenile to death or even mandatory life terms.23 So, it may be that justice will soon require that punishment will no longer embrace dehumanizing conduct towards the convicted but will recognize the factors we describe here. As the Supreme Court has said for more than a century, “[punishment] is not fastened to the obsolete, but may acquire meaning as public opinion becomes enlightened by a humane justice.” Weems v. United
States, 217 U.S. 349, 378 (1910). The Amendment “draw[s] its meaning from the evolving standards of decency that mark the progress of a maturing society.” Trop v. Dulles, 356 U.S. 86, 101 (1958) (plurality opinion). Punishment is only effective if it leads to positive change not exacerbating existing trauma and unhealthy behavior.

The goal of this report is not to evaluate how well the punitive system of justice has worked. However, given our disturbing recidivism statistics over decades, the unacceptable rates of crime and violence for decades, and the ever-increasing number of people imprisoned since 1980, the effectiveness of our punitive system must be closely scrutinized.

The Factors Necessary to Create a Trauma-Informed System

In this context, the CJAT has focused on creating a trauma-informed and developmentally appropriate criminal justice system. To be trauma-informed means that the conduct must result in a humane consequence that recognizes: (1) the crime does not define the person; (2) “hurt people, hurt people,”24 (3) a high percentage of people within the criminal justice system suffer from mental illness, trauma, and addiction; (4) people within the system should have access to and receive treatment for mental illness, trauma, and addiction so they can heal and recover; and (5) people can learn, grow, and change. The contrary is also true, as our experience has shown, if the criminal justice system is itself re-traumatizing, and consequently, re-traumatizes people within the system, we cannot expect that healing, learning, growth, and change will occur.

Rather, we can expect a repetition of the same criminal conduct that brought them into the system or worse will occur. Our 60% plus recidivism rate, year after year, proves the point. We can transform the system while holding people accountable: we can understand the hurt and the pain people in the system have experienced from trauma and adversity, and then provide appropriate services to support healing and recovery to prevent the repetition of the criminal conduct. That is justice.

Trauma-informed criminal and juvenile justice systems also recognize that everyone in the systems may have been exposed to trauma, adversity, and unhealthy stress. Victims and witnesses are most directly impacted by crime, as are their families, who often experience secondary or vicarious impact. Appropriate services must be afforded all of those who experience trauma because of their victimization or role in the systems.
Self-Care is Essential for Everyone Working in the Juvenile and Criminal Justice Systems

Trauma also impacts public servants in the system: the police officers, probation officers, correctional officers, judges, juries, lawyers, and their staffs. Recognizing that all persons working in the system may be at risk because of their repeated exposure to tragedy, crime, and violence, it is essential to provide the support and resources to assist their wellness to provide an acknowledgement of their sacrifice and assist in their healing and recovery. It is imperative that we create a culture that promotes essential treatment, support, and recovery. To fail to recognize that the people we entrust to deliver justice every day may experience trauma, vicarious trauma, burnout, and unhealthy stress is to jeopardize their lives, health, and safety, as well as the health of their families. By supporting the self-care of everyone within the criminal and juvenile justice systems, we will enhance the ability of criminal justice professionals to assist the community and all people they serve.

By fully integrating the knowledge of trauma into the criminal and juvenile justice systems’ policies, procedures, and practices, the systems will reduce and one day prevent traumatizing and re-traumatizing people within the systems. Instead, the systems will provide the foundations for healing, recovery, and growth through a culture of humanity, respect, and empathy.

Restorative Justice

There are many who would like to see our criminal justice system evolve to one that embodies “restorative justice,” which has been defined as “A response to wrongdoing that prioritizes repairing harm, to the extent possible, caused or revealed by the wrongful behavior. In a restorative justice system, the stakeholders impacted most by the wrongdoing cooperatively decide how to repair victim harm, hold offenders accountable, and strengthen the community’s relational health and safety.”

Restorative Justice has been used in different settings within the juvenile justice and criminal justice systems, including courts and specialty courts and during reentry, to bring prisoners and justice-involved people together with the victims of crime and/ or the victim’s family. A Restorative Justice System requires the victim’s participation, but many victims are not comfortable with engaging with the person who harmed them plus “forcing victims to participate is not an option.” The trauma-informed criminal and juvenile justice systems should continue to learn from the principles of Restorative Justice.

Finally, reforming the criminal justice system by embracing a trauma-informed approach is a critical step. It is essential to focus on trauma-informed prevention and reforming other systems serving the
public, such as, education, health, housing, employment, transportation, and human services, to assist those who have experienced trauma, adversity, and related challenges to prevent them ever getting arrested or stepping into a juvenile justice or criminal justice courtroom.

The Reality: The Impact of Trauma in Pennsylvania’s Juvenile and Criminal Justice Systems

In Pennsylvania in 2022, it is fair to say that the criminal and juvenile justice systems are not trauma-informed. For people in the systems, those forced into the systems as victims and witnesses, and those working in the systems, it is also not safe. We now know that people in the juvenile and criminal justice systems, including the accused and those convicted of and sentenced for their crime(s), have experienced remarkably high levels Adverse Childhood Experiences (ACEs) and most were exposed to crime and violence as children that often resulted in additional unhealthy challenges as adults compared to the general public.  

1. Prevalence of Trauma and Mental Health Issues in Juvenile Offenders
   - Trauma exposure rates for youth in the juvenile justice system range from 75% (Ko, et al, 2008) to 90% (Rapp, 2016). For example, in 2010, between 1.2 million and 1.44 million youth in the justice system reported experiencing trauma.  
     Based on a study from the Office of Juvenile Justice and Delinquency Prevention and the University of Florida in which 64,329 juvenile offenders were surveyed, only 2.8% reported no childhood adversity compared to 34% surveyed in the original CDC ACEs study.  
     - 50% of the offenders surveyed reported 4 or more ACEs putting them in the high-risk category (compared to just 13% in the original ACE study).  
     - “Up to 90% of justice-involved youth experience emotional and behavioral difficulties linked to multiple childhood traumas and losses. The prevalence of post-traumatic stress disorder (PTSD) in juvenile justice populations was found to be 8 times higher than in a community sample of similar peers.”  
     - In 2010, 71% of the juveniles evaluated in one Pennsylvania county had potentially traumatic events documented in their files...The likelihood
that youth will be arrested as a juvenile increases by 53% when that child has experienced child abuse and neglect.”

- Studies point to a significant overrepresentation of youth with mental health disorders in the juvenile justice system, with a high percentage of youth (approximately 70 percent) involved in the system having a diagnosable mental health disorder and nearly 30 percent of those experiencing severe mental health disorders.

- 70% of youth in the juvenile justice system have a diagnosable mental health condition.

- Youth in detention are 10 times more likely to suffer from psychosis than youth in the community.

- Among incarcerated people with a mental health condition, non-white individuals are more likely to go to solitary confinement, be injured, and stay longer in jail.

2. Prevalence of Trauma and Mental Illness in Adults in the Criminal Justice System

- Approximately 64% of the U.S. population has at least one Adverse Childhood Experience (ACE) in their background. In contrast, 97% of people living in prisons have at least one ACE, according to The Compassion Prison Project.

- “According to the American Psychological Association, 64% of incarcerated individuals in jail, 54% of incarcerated individuals in state prison, and 45% of incarcerated individuals in federal prison report mental health concerns. Substance abuse is rampant among incarcerated individuals as well. Quite often, mental health issues and substance abuse issues occur alongside one another.”

- Incarcerated people have an average of at least five (5) traumatic childhood experiences.

- Rates of childhood and adult trauma are notably elevated among incarcerated men. In the United States, 1 in 6 state male inmates reported being physically or sexually abused before age 18, and many more witnessed interpersonal violence. 56% of males reported experiencing childhood physical trauma. By contrast, sexual trauma in
childhood is less common (less than 10%) than physical trauma among incarcerated men. Trauma, both experienced and witnessed, often continues into adulthood...... All types of childhood trauma (physical, sexual, and neglect) elevate the risk of lifetime re-victimization. Repeated trauma over the life cycle also has been found among incarcerated men. Trauma experiences, for some incarcerated men, continue inside prison. Six-month prevalence rates of inmate on-inmate physical victimization for male inmates were estimated at, respectively, 21% and 25%.38

- Almost half (44.7%) of incarcerated men experienced physical trauma in childhood, and 31.5% experienced physical trauma in adulthood.39
- 77-90% of incarcerated women report extensive histories of emotional, physical, and sexual abuse as children and adults.40
- Male prisoners that have suffered multiple ACEs are substantially more likely to have lifetime mental illness diagnosis, self-harm, or suicide attempts, and to have current low mental wellbeing whilst in prison. Findings suggest that trauma-informed approaches are needed in prisons to support prisoner mental health and wellbeing.41
- In the PA Department of Corrections, “approximately 37.3% of the entire population is being treated for a mental illness, with 7.8% diagnosed with a serious mental illness (SMI). 35.7% of the male population is actively receiving mental health treatment, with 7.5% (2,574) being diagnosed with an SMI. Among the female population, 65.7% (1,207) are currently receiving treatment and 13.0% are diagnosed with an SMI.42
- ACEs are not unique to the United States. In Wales, more than 8 in 10 (84 %) said they had experienced at least one ACE compared with a Welsh average of 46%; while 46% reported they had experienced four or more ACEs, compared to just over 12% in the wider population.43

3. Access to Mental Health Care44
About 3 in 5 people (63%) with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons.

Less than half of people (45%) with a history of mental illness receive mental health treatment while held in local jails.

People who have healthcare coverage upon release from incarceration are more likely to engage in services that reduce recidivism.

4. **Prevalence of Mental Health Issues in the Criminal Justice System**

According to the National Association on Mental Illness:

- About 2 million times each year, people with serious mental illness are booked into jails.
- About 37% of people who are incarcerated have a history of mental illness in state and federal prisons and 44% held in local jails).
- 66% of women in prison reported having a history of mental illness, almost twice the percentage of men in prison.
- Nearly one in four people shot and killed by police officers between 2015 and 2020 had a mental health condition.
- Suicide is the leading cause of death for people held in local jails.
- An estimated 4,000 people with serious mental illness are held in solitary confinement inside U.S. prisons.

5. **Prevalence of Trauma among Workers**: Even if a person comes into the systems without significant trauma exposure, people working in the juvenile and criminal justice systems are exposed to other people’s trauma on a regular basis. For this reason, it is essential to emphasize self-care for everyone working in the system. To do otherwise is to ignore the reality that working in these systems is a major cause of burnout, compassion fatigue and vicarious trauma. The following quotation expresses this sentiment well: “The expectation that we can be immersed in suffering and loss daily and not be touched by it
is as unrealistic as expecting to be able to walk through water without getting wet.”

- **Police:** Rather than presenting suddenly because of a single traumatic event...the [police] officer may experience one or a combination of symptoms sporadically throughout a career...over a period of years” (Marshall, 2006). The impact on the people working in the system may be surprising but it is profound. The average police officer who is employed for 0 to 5 years may be “exposed to at least 900 potentially traumatic incidents over the course of their career.”

- **Probation Officers:** An evaluation of the “Probation officers [who] had been in the probation field for about 10 years, on average, and in their current assignment for 3.5 years, demonstrated that officers who reported higher numbers of traumatic caseload events and victimizations also had higher scores in the areas of burnout, mistrust, sexual issues, family problems, anger, distorted world-view, social/emotional isolation, and feeling overly responsible. Increases in traumatic stress were related to length of probation career after the researchers accounted for effects attributable to life stages.”

- Impact of stress on community corrections officers: “number of primary traumatic incidents for officers—28% experience four or more incidents; secondary (indirect ) traumatic stress (STS) or compassion fatigue symptoms and number experienced—44% of 3-4 symptoms; vicarious traumatization (VT) due to empathetic encounters with victimized individuals and number of incidents experienced—56% of 4 or more; corrections fatigue—symptoms and number experienced—67% of 5 or more; unintended negative consequences of evidence-based practices (EBPs) on trauma exposure; managing stress in the workplace

- **Correctional Officers and Staff:** "[Correctional] staff members are a central aspect of a correctional facility and influence its safety and security. But with the job comes enormous stress. High levels of stress, in turn, may increase rates of burnout, turnover, absenteeism, and even suicide, particularly during times of increasing costs and decreasing budgets. ..... [E]mployee stress affects not only the individual but also the functioning and security of correctional facilities. The potential
negative impact of stress on both employees and facilities underlies the need to understand its origins and implement programs designed to augment correctional workers’ health.\textsuperscript{50}

“hen both indirect and direct traumatic experiences are considered, it becomes clear that virtually everyone in the corrections arena is inherently at risk for being exposed to trauma or of having experienced trauma. In fact, there may be no other work environment where a significant percentage of all involved—both the corrections professionals and the justice involved individuals they manage—suffer from the consequences of exposure to psychologically traumatic material and other high-stress events.”\textsuperscript{51}

- **Judges and Lawyers:** Judges and the lawyers who appear before them are not immune from experiencing unhealthy stress. This is the reason that organizations specifically provide assistance to judges and lawyers needing assistance for a variety of issues including mental, health, substance abuse issues, The American bar Association’s survey of 13,000 practicing lawyers in the U.S. found that 61% of lawyers struggle with anxiety, 28% from depression; 20% with problematic alcohol use; and 11.5% reported suicidal thoughts.\textsuperscript{52}

  “The courtroom is a stressful place characterized by interpersonal tension, high stakes decisions, and sometimes, the retelling of serious and traumatic crimes. Professionals that work in courtrooms therefore experience vicarious trauma that can compound over many years and lead to depression and impaired performance – which is particularly consequential for judges, who by definition are expected to make rational, objective decisions. As one researcher explained, in regard to a survey she led of judges in Australia in 2019, “Judges and magistrates deal on a daily basis with all the most horrific trauma and adverse events that most of us would hope our lives never involve... judicial officers have the additional stress of being responsible for the ultimate decision that significantly impacts people’s lives, and everything they do is in public.”\textsuperscript{53}

- **Jurors:** “Exposure to details of dark crimes may be enough to haunt jurors for months, or even years. But other elements of jury service can lead to short- and long-term trauma, too. . . . Differing perceptions of
facts and credibility may lead to stressful conflict among jurors. What is more, the facts of a case could trigger memories of personal trauma. Currently, and for the foreseeable future, jurors summoned to courthouses for jury trial – in courthouses where in-person jury trials have resumed (or will) – have the added stress of fulfilling their civic duty amid the ongoing coronavirus (COVID-19) pandemic.”

The Economic Costs of the Criminal Justice System in Pennsylvania

Currently, Pennsylvania spends $2.77 billion dollars a year on prisons, which works out to approximately $42,272 per incarcerated person per year. Of the incarcerated persons released from state prison, 65% are re-arrested in three years’ time. According to the PA DOC, among state prisoners, “Recidivism rates remained relatively stable over the last two decades, with a slight increase in each of the main measures (re-arrest, re-incarceration, overall recidivism) since 2000. The most recent overall recidivism rate is 64.7% within three years of release. Of those who recidivated within three years, 75% recidivated within the first 16 months after release.” “Recidivists currently occupy more than half of PA DOC beds and make up about $1.2 billion of the department’s annual budget. A 5% reduction in recidivism would save the department approximately $1.9 million in one year.” When estimating total societal costs of recidivism, this report estimates that recidivism in Pennsylvania leads to an accumulated cost of approximately $3.1 billion per year.”

Racism and the Juvenile and Criminal Justice Systems

The first principle of Trauma-informed care is that people must be safe and feel safe physically and emotionally. If any person feels unsafe because of racism and discrimination of any kind directed at them personally or collectively as a group, their experience may not just be disturbing but traumatic. Trauma-informed care requires that racism (or any other form of discrimination) can never be a part of any system that serves others. Permitting racism means that such a system or organization is not trauma-informed. A trauma-informed system mandates that all people be treated fairly, equally, with respect, dignity, and empathy. The relationship between trauma and racism is well documented:
“Racial trauma is the result of ongoing exposure to racial stressors such as racism, racist bias, discrimination, violence against people of color, and racist abuse in the media that creates an environment in which a person of color feels unsafe simply because the color of their skin.”

Another author writes:

“Racial discrimination is a behavioral manifestation of racism on an interpersonal level that is analogous to negative life events and commonly experienced among racial and ethnic minority individuals emerging adulthood (i.e., age 18-29). The detrimental effects of racial discrimination are well documented, as it has been consistently linked to poor physical and mental health outcomes across various racial and ethnic minority groups. In a nationally representative sample of adults in the U.S., perceived racial discrimination was associated with a lifetime history of major depressive disorder, posttraumatic stress disorder, and substance use disorder independent of SES, age, and gender. Furthermore, greater frequency of experiences of racial discrimination have been linked to worse mental health outcomes compared to more isolated incidents. Unfortunately, less is known about how individuals may respond and consequently, cope with racial discrimination, and whether certain types of coping strategies may hinder psychological well-being.”

Historically, the criminal and juvenile justice systems have reflected the prejudices of our society. This is a clear indicator that our justice systems are not and have never been trauma-informed. Tragically, racism and discrimination have been a reality of the system.

“Throughout the nation, people of color are far more likely to enter the nation’s justice system than the general population. State and federal governments are aware of this disparity, and researchers and policymakers are studying the drivers behind the statistics and what strategies might be employed to address the disparities, ensuring evenhanded processes at all points in the criminal justice system.”

The following statistics are illuminating:

- One out of every three Black boys born today can expect to be sentenced to prison, compared to 1 out of 6 Latino boys, and 1 out of 17 white boys.
● Nationwide, African-American children represent 32% of children who are arrested, 42% of children who are detained, and 52% of children whose cases are judicially waived to criminal court. Yet, African-American children represent 14% of the population.

● 5% of illicit drug users are African-American, yet they represent 29% of those arrested and 33% of those incarcerated for drug offenses.

● 32% of the U.S. population is represented by African-Americans and Hispanics, compared to 56% of the U.S. incarcerated population.

● African-Americans are incarcerated at more than 5 times the rate of whites.

In creating a trauma-informed criminal justice system, racism and discrimination in any form has no place. The impact of racism has led writers to conclude that racism should be considered as an Adverse Childhood Experience (ACE). In the 2013 Philadelphia Urban ACE Study, five additional ACEs were added to the original 10 ACEs used in the original ACE study. One of these ACES asked whether the subject “felt discrimination.” The specific question was “While you were growing up, how often did you feel that you were treated badly or unfairly because of your race or ethnicity.” Of the respondents surveyed, 34.5% answered yes, but 52% of Black adults responded affirmatively.

Dr. Nadine Burke-Harris spoke at a conference on Race and Discrimination as Risk Factors for Toxic Stress:

“Exposure to racism can lead directly to the development of the toxic stress response. Each of these factors are likely to increase the risk for toxic stress and ACE-associated health conditions. A key takeaway from the ACEs Aware work is that toxic stress is a health condition that is amenable to treatment. So, please consider utilizing the evidence-based strategies presented in ACEs Aware to mitigate toxic stress in your patients who have been exposed to racism or discrimination. In addition, the larger, more systemic issues require systemic solutions. Therefore, a public health approach requires us to implement systems to eliminate racism and discrimination.”

Being mindful of the history of racism and the data, an overarching recommendation of this report is that racism should be eradicated from all parts of the criminal and juvenile justice systems.
Existing Trauma-Informed Changes in the Criminal Justice System in Pennsylvania

While HEAL PA is on the forefront of bringing an understanding and awareness of trauma and what it means to be trauma-informed across Pennsylvania, there have been unprecedented actions by the Pennsylvania government and other organizations to implement policies and practices within the juvenile and criminal justice systems.

**Policing:**

- In July of 2020, Governor Wolf signed into law Act 59 that requires all law enforcement officials: “To train police officers in trauma-informed care and with respect to recognizing and interacting with individuals with post-traumatic stress disorder, including intervening with or on behalf of other police officers exhibiting post-traumatic stress disorder.”

- Since then, members of the CJAT have collaborated with the Municipal Police Officers Training and Education Commission to develop a four-hour training curriculum on trauma and trauma-informed policing and have trained police trainers across Pennsylvania.

- The 2020 legislation also requires under certain circumstances “mental health evaluations for law enforcement officers” for post-traumatic-stress syndrome (PTSD).

**Corrections:**

- In 2021, as part of the Department of Correction’s (DOC) vision to be a “safe, humane, and efficient DOC, they began the implementation of a program to create a trauma-informed DOC and to provide a “trauma-informed approach working with residents.” In May of 2022, the PA Department of Corrections (DOC) began training employees on “how being trauma-informed improves criminal justice responses.”
• The DOC stated that this initiative: “will, to the greatest extent possible, further establish the DOC as a trauma-informed agency ready to support the needs of all who have had, or are having, serious, traumatic experiences. The expectation is that there will be an improvement in the health and safety of DOC staff, inmates, and reentrants without compromising the safety or security of facilities or personnel. It will enable staff, inmates, and reentrants to feel safe, respected, empowered, and supported. As a result of our continued commitment to ensuring basic needs for health, safety and security are being met; we expect that there will be an improvement in recidivism outcomes amongst the reentrant population.”

Office of Victim Advocate

• The PA Office of Victim Advocate (OVA) is the state agency with the authority and duty to advocate for the rights and needs of crime victims. At the heart of this work, are trauma informed victim services, to include free support groups and live monthly Meet Ups featuring topics relevant to survivors. Trauma informed resources and materials are available to assist survivors with grounding techniques, building resilience, and self-care. OVA also provide many trainings on trauma, building resilience and the impact of crime to both offenders and allied professionals, as well as targeted awareness campaigns such as the recent statewide child sexual exploitation campaign. Additionally, OVA facilitate restorative justice programs such as the Inmate Apology Bank and Victim Offender Dialogue.

Handle with Care:

• A number of counties and communities across Pennsylvania have implemented the Handle with Care program to require that children exposed to trauma be handled with additional care. This program involves a partnership among law enforcement, educators, and human services. Efforts are underway to bring the Handle with Care program to
all communities in Pennsylvania.

**Pennsylvania Reentry Council:**

- The Pennsylvania Reentry Council (PARC) is an unprecedented effort to bring together more than 150 stakeholders from across Pennsylvania to assist reentrants returning from federal, state, and local prisons and jails to make a safe and healthy return to their homes and communities. Since 2019, members of PARC, including stakeholders and people with lived, has received multiple trainings on trauma and trauma-informed care.

**Juvenile Justice**

- Juvenile Justice across Pennsylvania are already training professionals in the systems and implementing trauma-informed policies and practices within their departments.72

**Pennsylvania County Trauma-Informed Coalitions:**

- As of October of 2022, there are 20 Pennsylvania counties who have come together to create a trauma-informed coalition or joined with other counties to create a regional coalition. A number of these counties have welcomed criminal justice professionals to the coalition table to brain-storm on ways to prevent crime and violence by implementing trauma-informed practices.

**COMMITTEE REPORTS**

The reports for the six CJAT committees follow. We begin by focusing on segments of the criminal justice system which impacts mostly adults – Policing, Courts, Corrections, and Probation/Parole and Reentry. Then, we move to the Juvenile Legal Service committee that focuses on the juvenile justice system. We end with the Prevention Committee’s report that provides a vision for what we need to do to prevent people from entering either the juvenile or criminal justice systems. Prevention is an
extremely complex undertaking because it requires all our systems outside of the criminal justice system to work in concert to provide the resources, support, and treatment to create a trauma-informed Pennsylvania. This is the vision of HEAL PA.

What Next?

We have no illusions about the enormity of the challenge we have undertaken to lay the foundation for a trauma-informed criminal justice system in Pennsylvania. Simply stated, it will require a transformation in the way we see everyone involved in the system. It also requires an understanding of what we mean when we use the phrase “trauma-informed.” We believe that by implementing trauma-informed policies and practices, criminal justice system outcomes will improve. More importantly, the culture within the system will be changed from one that focuses on retributive punishment to a far greater focus on rehabilitation, recovery, and healing to better serve the people in our communities and better protect the health and wellness of people working within the criminal justice system as well as the public.

This report provides a foundation for change. To move forward, it is essential that the recommendations do not waste away on shelves across Pennsylvania but become the driving force for continued research and implementation. We have never had illusions that this process would be easy. Now, after 22 months, we know that bringing about a trauma-informed culture change within the criminal justice system requires the recognition that change needs to happen and is long overdue. It will take time, involve substantial training, require leadership by the champions within the systems, and support from those in government, academia, and in the private sector. As we know, change is never easy – old habits die hard – but at its most basic we are recommending that all people be viewed through the lens of our common humanity so we can focus on the root causes of why people violate the law so we can prevent it.

President Kennedy’s comments more than 60 years ago were not about creating a trauma-informed Pennsylvania or a trauma-informed criminal justice system, but they are a reminder that difficult undertakings often take time. If we want to make the changes necessary, we must take on the challenge.

“All this will not be finished in the first one hundred days. Nor will it be finished in the first one thousand days . . .nor even perhaps in our lifetime on this planet. But let us begin.”
THE POLICING COMMITTEE

The Policing Committee is chaired by Dennis Marsili and includes 17 members. The committee provided 64 recommendations summarized here:

Training Recommendations 1-14

Vision: Police will receive training on trauma, vicarious trauma, Adverse Childhood Experiences (ACEs), ACES science, trauma-informed policing, and self-care.

The recommendations include general training on trauma, ACEs, Trauma-Informed Care, Trauma-Informed Policing, and resilience. Additional trainings should focus on Children’s Exposure to Violence and Trauma, victim-witness issues, the relationship between ACES, trauma, and addiction, self-care for everyone in law enforcement, enhancing police-community relations, and service to vulnerable communities. In addition, there will be training for 911 Operators.

Law Enforcement Self-Care Recommendations: 15-26

Vision: Law Enforcement will establish a cultural awareness about the importance of self-care within departments. This will serve to reduce burnout, stigma, unhealthy stress, compassion fatigue, and vicarious trauma. Self-care will promote enhanced resilience and physical and mental wellness of department staff.

Enhancing Police-Community Relations Recommendations 27-43

Vision: A culture of trauma-informed policing will enhance the relationships among police and the members of the community.

Serving Vulnerable Communities: Recommendations 44-52

Vision: Trust between law enforcement and vulnerable communities will be enhanced.

Law Enforcement Trauma-Informed Programs Recommendations 53-60

Vision: Evidenced-based trauma-informed programs will be identified and implemented by law enforcement.

Legislation and Policies Recommendations 61-64
The Courts Committee

Hon. Stephanie Sawyer and Stephen Feiler, PhD, serve as co-chairs of the Courts Committee which includes 14 members. The committee has provided 46 recommendations summarized here.

The Courts Committee’s recommendations focus on how to create Trauma-Informed Courts. The recommendations are subdivided into the following categories:

1. Comportment and Demeanor Recommendations: 1-23
2. Educational Support – Recommendations 24-27
4. Institutional Alignment – Recommendations 33-42
5. Health Care Services and Self-Care Recommendations 43-45

In addition, the Committee has provided additional guidance to judges and staff working in the following specific court divisions:

Criminal Division

1. Civil Division
2. Family Division, Domestic Relations
3. Family Division, Dependency
4. Juvenile Division – Delinquency Matters
5. Specialty Courts
6. Division that Hears Cases Impacting the Elderly
THE CORRECTIONS COMMITTEE

Jacoba Rock serves as the chair of the Corrections Committee that includes 17 members. The committee provided the following recommendations summarized here.

1. Implement trauma-informed services that promote rehabilitation of incarcerated persons in all correctional facilities.

2. Provide qualified trauma-informed and trained mental health providers within all correctional facilities.

3. Create a trauma-informed environment in all correctional settings.

4. Implement Trauma-Informed Assessments.

5. Implement trauma-informed education in correctional settings.

6. Recommended Guiding Principles and best practices for trauma-informed classrooms and educational processes in correctional systems.

7. Encourage family involvement that is safe, healthy, and supportive.

8. Implement trauma-informed reentry programming.

9. Develop and implement staff training to build understanding regarding trauma concerning cultural, historical, and gender issues.

10. Address access gaps to non-therapeutic basic needs.

11. Minimize and eliminate traumatic experiences in correctional facilities.

12. Create systems of accountability and oversight.

13. Support collaboration between and among correctional systems and facilities within Pennsylvania.
THE PROBATION/ PAROLE/ AND REENTRY COMMITTEE

Christie Smith, PhD, served as the chair of the Probation/ Parole/ and Reentry Committee that includes 20 members. The committee provided the following recommendations summarized here.

1. Definition of Trauma as it relates to probation, parole, and reentry.

2. Utilize peer mentors/navigators/case managers to assist supervising officers and offer client support.

3. Enhance lines of communication at client transition points.

4. Presumption against incarceration for technical violations.

5. Support expanded access to diversion, problem-solving courts and models that emphasize support and rehabilitation as opposed to violation processes and incarceration for minor issues of non-compliance.

6. Increase Funding for Additional Probation & Parole Officers

7. Probation, Parole and Reentry Subcommittee Future Steps

THE JUVENILE LEGAL SERVICES COMMITTEE

Sean Snyder and Stevie Grassetti, serve as co-chairs of the Juvenile Legal Services committee that includes 10 members. The committee provided 23 recommendations summarized here.

Community-Based Prevention

Reducing/ Eliminating the School to Prison Pipeline – Recommendations 1-6

1. All educators should receive trauma-informed training.

2. Educators should refer youth to receive mental health support and treatment when appropriate.

3. Provide mental health professionals in all schools.
4. Reduce the role of police in schools and require School Resource Officers to receive trauma-informed training.

5. Provide training and implement Restorative Justice tools to address school discipline

6. Provide cultural competency training for all educators and school police.

Health and Behavioral Health Support – Recommendations 7-10

7. Each school should provide culturally sensitive care to all students.

8. All schools should be able to access needed mental health services.

9. Where appropriate, telemedicine via phone and/or video should be available.

10. Provide language access for all students in need of mental health services.

Child Welfare – Recommendations 11-13

11. Provide improved training on mandated reporting (i.e., racial biases.)

12. Provide information about trauma-informed supportive services and treatments that specifically target post-traumatic emotional problems and providing priority access to such services.

13. Provide Trauma-informed training focusing on foster care/kinship care (inclusive of youth with diverse sexual orientation, gender identity and expression (SOGIE)).

Policing of Juveniles

The areas of focus include:

- Supporting Officer Health and Wellness (See also The Report of the Policing Committee);
• Enhancing Relationships Between Police and Community;
• Increasing use of Diversion & Prevention Programs; and
• Juvenile Court Wellness (See also The Report of the Courts Committee)

Juvenile Court Processes – Recommendations 14-15

14. Implement Restorative Justice processes where appropriate to reduce the adversarial culture of juvenile court.

15. Provide enhanced opportunities for justice-involved youth to be heard.

Court Connections to Evidence-Based Practices –

16. Provide training on and funding to develop and support evidence-based practices that focuses on post-traumatic exposure and PTSD to assist in providing the most effective treatment.

Juvenile Detainment, Confinement, Residential Services

Limiting Contact with Detention – Recommendations 17-18

17. The length of juvenile detention should be reduced and should only be used as a sanction and not for any other purpose.

18. Trauma-informed Mental Health services should be easily accessible in juvenile detention facilities.

Focus on Family Engagement – Recommendation 19

19. Increase family participation in case planning for youth in the juvenile justice system and following their release.

Multi-Tiered Systems of Support in Facilities – Recommendations 20-21

20. Introduce Multi-Tiered Systems of Support (MTSS) frameworks in order to prioritize the wellness – including physical and mental health – of both
youth and staff.

21. Restraints and Seclusion should only be used in exceptional circumstances when the safety and security of any person or self is in danger. Because of the substantial risk that seclusion may be traumatizing or exacerbate existing trauma, seclusion should be limited, as set out in written guidelines, by the facility and available to residents, families, and the public.

Community-based Services – Recommendation 22

Building Capacity of Community Programs Recommendation

22. Provide trauma-informed training to community-based programs serving youth in the juvenile justice system.

Public Health Approach to Gun and Anti-Violence – Recommendation 23

23. After release from juvenile detention, priority must be given to providing trauma-informed support services to youth to prevent violence towards themselves and others.

THE PREVENTION COMMITTEE

Liam Power served as the chair of the Prevention Committee succeeding Jeannine L. Lisitski. The committee provided the recommendations summarized here.

Comprehensive and ongoing training on trauma and trauma-informed care-

1. Establish a clear understanding of the continuum of trauma-informed care.

   Rationale: Implementing these recommendations will provide accessible/applicable trauma-informed care information for each setting.

2. Embed trauma-informed specialists in all Government Agencies.
Rationale: Implementing these recommendations will provide ongoing training and technical assistance/resources to all agencies in these major categories: (Business/infrastructure, consumer protection/ regulation, education/arts, food/agriculture, government, health/human services, labor, military, officials, public safety, tourism/ recreation, & transportation).

3. Create permanent changes in culture.

4. Support ongoing trauma-informed training for all teachers and childcare workers in schools and daycares.
   Rationale: Implementing these recommendations will foster or expand trauma-informed learning environments.

5. Provide training for others who interface with children and youth in the community.
   Rationale: Implementing these recommendations will develop trauma-informed communities able to recognize/ respond to trauma and refer as needed.

Interrupt the Cradle-to-Prison Pipeline

6. Expand non-punitive alternatives to school discipline.
   Rationale: Implementing these recommendations will provide the child with a sense of safety, personal value, and self-efficacy as a system of focused support mitigates the adverse and potentially traumatizing experiences influencing misconduct.

7. Review laws that criminalize child/ youth behavior.

8. Reconsider Zero Tolerance Policies that pertain to children and youth.
102

**Rationale:** Implementation of these recommendations will provide alternatives to school suspensions/expulsions, law enforcement/court involvement in the lives of young people and circumvent the juvenile justice system. Non-punitive resolutions to misconduct foster character development and help students develop a sense of fairness, while promoting civic responsibility.

9. Avoid applying adult criminal justice terminology to the behavior of children

**Rationale:** Implementing these recommendations will improve school climate and have a positive impact on overall education outcomes with a special impact on the experiences of Black and Hispanic students.

10. **Identify supports known to keep students in school**

11. **Develop school programs such as mentoring and service-learning initiatives (ex. volunteer opportunities) which benefit the social-emotional growth of students.**

12. Avoid applying adult criminal terms to the behaviors of children.

13. Implement resource mapping to identify available or needed support systems.

**Rationale:** Implementing these recommendations will improve school climate and have a positive impact on overall education outcomes.

**Reduce Violence by Building Community & Family Resilience-Recommendations 14-17**

14. **Implement and enhance mentoring programs**
103

Rationale: Implementing these recommendations will increase awareness around domestic abuse and ensure cohesive case management practices are in place to improve outcomes and will improve family (and individual) access to supportive services.

15. Expand parent-support programs

Rationale: Implementing these recommendations will ensure all parents in the Commonwealth have access to parent support programs, provide additional community supports and school resources to prevent ACES, increase funding for home visiting models and provide parents with access to evidence-based support programs.

16. Develop interagency collaborations and coordinate approaches to block the Cradle-to-Prison Pipeline (C2PP)

Rationale: Implementing these recommendations will recognize trauma as a social determinant of health and will galvanize a unified approach (or set of approaches) through interagency collaboration. Coordinated restorative practices will improve the learning environment, provide tools to help children cope with and overcome adverse childhood experiences (i.e., Support groups, and age-appropriate trauma education), and will reduce the number of students entering the C2PP.

17. Raise awareness of ACES/PACES to enhance the development of trauma-aware communities.

Rationale: Implementing these recommendations will educate communities on the impact of ACES/PACES and increase awareness on how to
access health and wellness supports. These recommendations will empower community members by improving their understanding, and will assist in the development of informed, compassionate communities.

POLICING COMMITTEE
Dennis Marsili, chair

In 2020, Governor Wolf signed Act 59 into law, which requires law enforcement to receive training on “trauma-informed care, and...recognizing and interacting with individuals with post-traumatic stress disorder, including intervening with or on behalf of other police officers, exhibiting post-traumatic stress disorder.”

For over a year, HEAL PA’s Criminal Justice Action Team’s Policing Committee has come together to consider how to enhance law enforcement’s mission through an understanding of trauma-informed policies and practices. The committee includes law enforcement officials and others from academia from around Pennsylvania. The result of the committee’s work is a series of recommendations that we believe will improve the health, wellness, and resiliency of law enforcement and the relationship between police and the people they serve. We believe that this is the first step in creating trauma-informed policing systems across Pennsylvania.

Law Enforcement Wellness & Self-Care

Members of law enforcement—police officers and staff—encounter or are involved in traumatic incidents on a regular basis. In some jurisdictions, these encounters occur daily. For too long, the impact of the exposure of law enforcement officials and staff to trauma has been overlooked or shrugged off with the comment – “just get over it.” Trauma does not follow that script and most people, including police, do not just get over it.

Members of law enforcement are also members of the general population in which 60-70% of adults have experienced at least one Adverse Childhood Experience (ACE). For example, a study of police officers in the Buffalo, N.Y. Police Department revealed that a higher percentage of police had four or more ACEs than the general public. In other words, people who enter the law enforcement
profession are just as likely (or more so) to be impacted as children by exposure to trauma as anyone else.

Whether or not officers entering law enforcement have experienced trauma as children, their career is characterized by, among other things, regular exposure to trauma. In fact, almost everything they do in their career involves someone’s trauma—it could be their own, a family member, another officer, or a member of the community they serve. Additionally, officers spend their career responding to crime, violence, and trauma. One study states that the average police officer employed for 30 to 35 years is “estimated . . . [to] be exposed to at least 900 potentially traumatic incidents over the course of their career.”

“Rather than presenting suddenly as a result of a single traumatic event...the officer may experience one or a combination of symptoms sporadically throughout a career...over a period of years.” Because of the exposure of police directly or vicariously to trauma, they may experience burnout, compassion fatigue, and vicarious trauma. Police also experience much higher levels of suicidality and suicide than the general public; a recent study concluded that “police officers are at a higher risk of suicide than any other profession.”

Historically, there has been a stigma that prevents members of law enforcement from seeking help for their psychological/emotional wounds, injuries, and trauma. Education about the widespread impact of trauma may help an officer seek help. There are effective programs designed to both educate officers to overcome the reluctance to seek help and interventions that address officer trauma and other mental-health issues. For these reasons, we recommend that all members of law enforcement in Pennsylvania have access to resiliency programs, peer programs, and other self-help programs.

**Police and The Community**

Trauma training for members of law enforcement will not only provide a deeper understanding of trauma’s impact on their lives and the lives of their fellow officers but also on the lives of the people they serve. Often, we hear about the divide between the way police and the people they serve view each other. We believe an understanding by law enforcement of the pervasive impact of trauma on the lives of many of the people they serve will humanize and create or enhance the empathy they feel towards the people they serve. For example, the ACEs study revealed that more than 60% to 70% of Americans have experienced one ACE, one in seven have experienced 4 or more; and 66% of children have been exposed to violence and trauma. The recent impact of COVID-19 has only exacerbated the trauma experienced by Americans.
Anyone involved in the criminal justice system will experience much higher levels of stress and/or trauma. Researchers have found that:

- “Trauma exposure rates for youth in the juvenile justice system range from 75% (to 90%). This means that in the year 2010, between 1.2 million and 1.44 million youth in the justice system reported experiencing trauma.”

- Approximately 75% of incarcerated adults report histories of trauma exposure with some studies showing an even higher rate for reports of trauma histories.

**Community Policing**

“Community Policing” promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.” Community Policing emphasizes working with neighborhood residents to enhance public safety.

When members of law enforcement understand the impact of trauma, they will better appreciate the serious challenges that people within the community face each day, especially those impacted by trauma and ACEs. This level of understanding will enhance community policing by improving the relationships with the community and promoting organizational strategies in the community to prevent potential situations that might create public safety issues.

**Trauma-Informed Policing**

We submit these recommendations with the goal that all law enforcement members will become trauma-informed. We include these guidelines as a starting point for moving forward so that all law enforcement organizations and departments will embrace trauma-informed policing and:

- Understand the widespread impact of trauma in our nation, our Commonwealth, and our communities, and that trauma does not discriminate.

- Acknowledge the potential for healing and recovery for people experiencing or exposed to trauma and promote the use of services to facilitate healing and recovery.
• Understand that people serving in law enforcement, including officers and staff, may experience trauma, vicarious trauma, burnout, and compassion fatigue because of their work experience and/or life experience.

• Understand that self-care is essential for everyone, including members of law enforcement.

• Recognize the signs and symptoms of trauma for people in the community, in the justice system, and within law enforcement.

• Respond by fully integrating knowledge about trauma-informed policing into the criminal justice system.

• Actively prevent re-traumatization.

Members of the Committee

• Chair, Dennis L. Marsili, Director, Indiana University of Pennsylvania, Criminal Justice Training Center
• Father Paul Abernathy, CEO, Neighborhood Resilience Project, Pittsburgh, PA
• Cpl. Aaron Allen, M.S., Pennsylvania State Police, Heritage Affairs, Liaison Officer
• Assistant Chief of Police Lavonnie Bickerstaff, Pittsburgh Police Department
• Kathy Clarke, Criminal Justice Programs Supervisor, Office of Justice Programs, Unit of CI Improvements, Pennsylvania Commission on Crime and Delinquency
• Chief of Police Randy Cox, Somerset Borough Police Department
• Meagan Corrado, D.SW., LCSW, Professor West Chester University
• Corporal Edward Curtis, M.SW., Lower Allen Township Police Department
• Chief of Police Harrison V. Dillard, Moravian University Police Department
• Corporal Ismal El Guemra, Pennsylvania State Police, Heritage Affairs Liaison Officer
• Chief of Police Bradley P. Hare, Sunbury Police Department
• Chief of Police Michelle Kott, Bethlehem Police Department
• Chief Inspector Altovise Love-Craighead, M.S., Philadelphia Police Department, Training and Education Services Bureau
• Kenneth Quick, M.S., Doctoral program in Criminal Justice, John Jay College of Criminal Justice.
• El Sawyer, CEO & Co-Founder, Media in Neighborhoods Group
• Lieutenant William Slaton, Pennsylvania State Police, Heritage Affairs
Recommendations

1. Training:

   Vision: Police will receive training on trauma, vicarious trauma, Adverse Childhood Experiences (ACEs), ACES science, and trauma-informed policing.

   Recommendations: 1 - 6 – General Training

   In accordance with PA Act 59, all law enforcement, including all commanders, officers, and all staff, should receive training on trauma, vicarious trauma, and trauma-informed policing. See PA Act 59.90

   1. Trainings should include a focus on the impact of Adverse Childhood Experiences (ACES), the impact of the exposure of children to violence,91 self-care of all law enforcement professionals and staff, promoting resiliency, and the relationship between trauma and addiction. Trauma trainings should be provided on an ongoing basis with additional levels of training included. In addition, all officers should receive advanced training in specific trauma-informed techniques such as trauma-informed interviewing.

   2. Implement a state-wide program for all law enforcement organizations and departments that mirrors the “New Jersey Resiliency Program.” This program requires that “each state, county, and local law enforcement agency designate a ‘Resiliency Program Officer’ (RPO) to be specially trained in helping officers handle the daily stress of police work, be responsible for providing training for all officers in the department and serving as a confidential resource for any officer who wishes to discuss professional or personal challenges.”92

   3. As part of the implementation of a law enforcement resilience program described above, the Governor’s Office should create an “Office of Resilience” that will include a “Chief Resiliency Officer” to oversee the statewide program.
4. Provide refresher and/or advanced training for law enforcement on a regular basis (ex: every two years) following the state required trauma training.

5. For Campus Police Officers, train campus police officers and security personnel in trauma-informed techniques specific to campus environments.

6. For School Resource Officers, train resource officers within schools on trauma-informed techniques and Adverse Childhood Experiences.

Recommendations: 7-8 - Training – Children’s Exposure to Violence and Trauma

7. Utilize the Department of Justice’s Enhancing Police Responses to Children Exposed to Violence: A Toolkit for Law Enforcement.\(^{93}\)

8. Create a statewide model to implement the principles in the North Carolina Child Response Initiative, which allows Durham Police to identify signs and symptoms of child trauma victims, to respond differently when children are present at the scenes of violent crimes, and to serve as a liaison for mental health services.

Recommendations: 9 - 10 - Training - 911 Operators

9. Provide behavioral health screening questions for 911 operators. Educate 911 operators and law enforcement about promoting the use of 988 for individuals in crisis to limit the involvement of police in mental health crisis situations.

10. Conduct a modified Crisis Intervention Team class for 911 call takers and dispatchers implementing trauma-informed principles.

Recommendations: 11 - 12 - Training - Addiction

11. Train law enforcement officers on the relationship between trauma and addiction (see recommendation # 1), and the nuances of substance abuse disorders and proper terminology.
12. Train and equip law enforcement officers with naloxone.

**Recommendations: 13 - 14 - Victim-Witnesses Issues**

13. Train law enforcement officers on trauma-informed interviewing techniques recommended by the International Association for Chiefs of Police (IACP).94

14. Train law enforcement on trauma-informed investigative practices for survivors of sexual assault to avoid re-victimization. Examine the IACP’s Trauma Informed Sexual Assault Investigation Training Curriculum.95

**2. Law Enforcement Self Care:**

Vision: Law Enforcement will establish a cultural awareness about the importance of self-care within departments. This will serve to reduce burnout, stigma, stress, and serious incidents. Self-care will promote enhanced resilience and physical and mental wellness of department staff.

**Recommendations: 15 - 27**

15. Include law enforcement self-care as a critical component of trauma-informed training and include annual reviews and updates.

16. Create a culture within each department of prioritizing the wellness and self-care of everyone through the implementation of peer support and resiliency training.

17. Implement peer training of trauma-trained officers and staff within each department and agency and consider a program with retired police officers and community members serving as volunteer peer supporters.

18. Collaborate with nonprofit organizations, including where possible religious organizations (chaplains), to assist in dealing with burnout, vicarious trauma, and suicidality.

19. All law enforcement agencies should designate a “Resiliency Program Officer” who has received specialized trauma-informed training to help officers cope with and find appropriate services to deal with stress, trauma, and suicidality and offers confidential peer support and resiliency training to all officers and staff within the department.
20. Establish a 24/7 hotline service to provide opportunities for all officers and staff to obtain help for oneself or another member of law enforcement.

21. Create an easily accessible catalog of resources for all officers and staff to obtain information about and to deal with substance abuse, mental health/trauma, relationships, and financial issues, and provide an “app” on department smartphones to provide easy access to the 24/7 hotline and other support services.

22. Offer third-party counseling services to all officers and staff, especially following a traumatic incident.

23. Establish baseline data to measure officer fatigue, health, and stress as well as accidents, near misses, and injuries to determine progress on promoting health and wellness.

24. Create a procedure for departments to self-evaluate in the event of a suicide death of an officer or a staff member or an attempt.

25. Create a strategy for “postvention” to support law enforcement agencies after a suicide death or attempt.

26. Provide support for the family following a death including support for funeral expenses and free access to counseling services.

27. Provide agency training and support in conducting psychological autopsies because a careful analysis of a police suicide can “offer strategic guidance regarding suicide prevention outreach efforts.”

3. Enhancing Police-Community Relations:

Vision: A culture of trauma-informed policing will enhance the relationships among police and the members of the community.

Recommendations: 28 - 44

28. Foster dialogue between community members and law enforcement by hosting regular meetings (potentially monthly) and establishing programs to solicit involvement such as “Coffee with a Cop.”

29. Identify, recruit, and retain officers with strong people skills.

30. Ensure that information on policing data, policies, and procedures are available in different languages spoken throughout a community.
31. Consider using favorable discretion by issuing verbal warnings to low-level offenders (i.e. traffic offenses) and articulate why actions are being taken when speaking with members of the public.

32. Require officers who have body cameras to use them during interactions with community members.

33. Use social media to interact with community members and formulate policies defining acceptable uses of social media.

34. Provide regular anti-bias and community-relations training and invite community leaders to participate on a regular basis.

35. Implement a mentoring program to build trust with at-risk youth and engage with youth in high-crime areas through sports, volunteering, existing mentorship programs, community festivals, and town halls.

36. Provide training modules to address and minimize implicit bias.

37. Institute IACP Model Policy procedures for dealing with victims of domestic violence statewide.98

38. Establish a statewide survey to gather feedback on policing and its relation to trauma.

39. Working with research partners develop and administer periodic community surveys to those most impacted by crime or policing.

40. Adopt clear use of force and public demonstration policies and make them public.

41. Integrate social workers into police departments and establish a co-responder program where social workers and law enforcement split responsibilities based on the situation.

42. Publish complaint policies and data.

43. Verify potential hires with the national decertification database before hiring experienced officers.

44. Participate in an accreditation, certification, or credentialing process that utilizes an independent organization, which reviews an agency’s policies and procedures.

4. Serving Vulnerable Communities
Vision: Trust between law enforcement and vulnerable communities will be enhanced.

**Recommendations: 45 - 53**

45. Recruit staff that represents the diversity of a community.
46. Provide training on implicit bias. See Act 59.99
47. Partner with local faith leaders from different religious groups and ethnic communities and hold regular meetings.
48. Recruit volunteer community liaisons and community leaders
49. Help educate immigrant communities of the difference between local, state, and federal law enforcement.
50. Train officers on best practices while providing resources and tools for communicating with community members who do not speak English or whose ability to communicate is impaired.
51. Provide regular training in cultural competency.100
52. Train officers of the makeup of their community (country of origin, religious and cultural practices, etc.)
53. Conduct a culture assessment of the organization, with steps taken to address areas of concern and opportunity.

**5. Law Enforcement Trauma-Informed Programs:**

Vision: Evidenced-based trauma-informed programs will be identified and implemented by law enforcement.

**Recommendations: 54 - 61**

54. To reduce the school to prison pipeline and reduce arrests based on student misconduct, consider implementing the Pre-Arrest Diversion program.101
55. Increase the implementation of “Handle with Care” program that partners police departments and school districts to prevent re-traumatization of children in school after being exposed to trauma outside of the school.102
56. Assess existing organizational resources within each department or agency that focus on the self-care and focusing on trauma, vicarious trauma, burnout, and
compassion fatigue of everyone in law enforcement to implement the “Vicarious Trauma Toolkit.”\textsuperscript{103}

57. Develop relationships and engage with other government agencies addressing trauma in areas such as education, health, and human services as well as community organizations and coalitions addressing trauma.

58. Implement the Pennsylvania Attorney General’s Law Enforcement Treatment Initiative to “connect individuals suffering from substance use disorder with treatment options.”\textsuperscript{104}

59. Increase availability of co-responder teams with mental health professionals and police officers. These teams should educate callers and public about the use of 988 for crisis diversion to increase the early use of support and to decrease the involvement of police in mental health crisis situations.

60. To enhance law enforcement responses to mental health issues in the community, law enforcement agencies should consider partnering with or hiring community intervention specialists to respond to mental health calls, help clients navigate mental health services, and conduct home visits.\textsuperscript{105}

61. Create, or support existing, databases on overdoses and appoint a law enforcement official to report real-time overdose data to the database.

6. Legislation and Policies:

**Recommendations: 62 - 65**

62. Amend Act 59 to mandate additional trauma-informed trainings clarifying existing law.

63. Develop best trauma-informed practices for police agencies to include in their department’s policies.

64. Contact the Pennsylvania Law Enforcement Accreditation Commission (PLEAC) and/or the Commission on Accreditation for Law Enforcement Agencies (CALEA) to suggest standard addition to accreditation files for police agencies.

65. Draft standard language for accredited commissions.
COURTS COMMITTEE
Hon. Stephanie M. Sawyer, Co-Chair - Stephen M. Feiler, Ph.D., Co-Chair

Introduction

As part of the HEAL PA initiative, beginning in the fall of 2022, a number of jurists and others within the legal system and academia from across Pennsylvania came together virtually to participate in the Criminal Justice Action Team - Courts Committee. Hon. Stephanie Sawyer, Philadelphia Court of Common Pleas Judge, and Dr. Stephen Feiler, Director, Judicial Education Department of the Administrative Office of Pennsylvania Courts, were selected as the committee chairs and led discussions for almost a year that undertook a comprehensive review of the court system in Pennsylvania with a goal of identifying changes and modifications necessary for Pennsylvania Courts to become trauma-informed. We have concluded that by establishing Trauma-Informed Courts, we will improve outcomes and enhance the experience of people in the justice system, all of which increases the public’s respect for the law and the judicial process.

The Courtroom

People entering any courtroom in America come with at least some degree of trepidation, unsure whether their rights will be respected, and justice will be done. Whether the case is a child custody dispute, contract dispute, a medical malpractice case, or a criminal victimization by fraud or assault, the judicial system represents the Constitutional method that our nation has designed to resolve disputes based on the rule of law and justice.

People who work every day in the courthouse – judges, their staffs, and the lawyers appearing on behalf of their clients – may feel comfortable in this environment. After all this is where they go to work every day. But their familiarity with the courthouse may cloud their appreciation of the emotional impact experienced by the litigants, witnesses, family members, and jurors, many of whom are in court for the first time.

The Policy Research Associates notes why being trauma-informed will enhance the courts:

“[B]ecoming trauma-informed necessitates a mental shift in how judges, attorneys, and court staff see court participants. The courtroom is not immune from stereotypes, bias, and prejudice. Unfortunately, the effects of trauma can contribute to behaviors
that can lead people into the justice system. Moving away from this kind of thinking takes education, considerable patience, empathy, and flexibility.”

After more than three decades of research, we know that victims, witnesses, plaintiffs, and defendants each bring with them a lifetime of experiences that may include exposure to trauma or Adverse Childhood Experiences (ACEs), as well as an exposure to crime, and violence. Prior life events are often exacerbated by the stress people experience when walking into the courtroom. Even for those who have had few, if any, exposures to trauma or ACES, a Court appearance may be highly stressful.

The reality is that most people involved as victims, witnesses, and defendants in the criminal justice system have a history of trauma.” For this reason, when judges and court professionals learn about trauma, they are better able to respond in ways that ensure safety for all, reduce the likelihood of re-traumatization, reduce recidivism, and promote recovery. Judges and other Court professionals can, if trained, conduct the court’s business in a manner that adheres to established policy and procedure, and, at the same time, promotes recovery and reduces recidivism.

Trauma-Informed Courts will also provide an enhanced focus on self-care for judges, Court staff, and the lawyers in Court. For too long, people working in the legal system have suffered from the stigma associated with mental illness, trauma, and addiction and have resisted taking the basic steps to seek appropriate health-care assistance – whether physical or emotional.

**The Pennsylvania Code of Civility**

In fact, the Preamble to the Pennsylvania Code of Civility provides an excellent foundation for the discussion here. The hallmark of an enlightened and effective system of justice is the adherence to standards of professional responsibility and civility. Judges and lawyers must always be mindful of the appearance of justice as well as its dispensation. The following principles are designed to assist judges and lawyers in how to conduct themselves in a manner that preserves the dignity and honor of the judiciary and the legal profession. These principles are intended to encourage lawyers, judges and court personnel to practice civility and decorum and to confirm the legal profession’s status as an honorable and respected profession where courtesy and civility are observed as a matter of course.

The conduct of lawyers and judges should be characterized at all times by professional integrity and personal courtesy in the fullest sense of those terms. Integrity and courtesy
are indispensable to the practice of law and the orderly administration of justice by our courts. Uncivil or obstructive conduct impedes the fundamental goal of resolving disputes in a rational, peaceful and efficient manner. . .

**Trauma-Informed Courts**

Creating trauma-informed courts advances many goals. Primary among these is increasing the likelihood of a well-informed, just result in every case. By incorporating trauma-informed practices into our court system, we will create an environment that reduces anxiety, negative emotion, and even trauma among participants.

When people with a trauma history appear in Court, they may be unable to participate effectively in court proceedings because they simply are unable to understand the proceedings, communicate appropriately, answer questions, comply with directions, and recall past events. Environmental factors and interpersonal dynamics they encounter – if not trauma-informed – can and will exacerbate these affects, creating potential for increased anxiety, diminished capacity to participate fully in court proceedings, and at worst re-traumatization.

Words, lighting, sounds, and smells can all trigger negative responses for those who have experienced past trauma. The way judges conduct court business can serve either to minimize or to exacerbate this effect.

Incorporating trauma-informed policies and practices into the Courts, at its core, is about empowering all parties to participate in their cases without re-experiencing the impact of their traumatic experiences and adversity. This will increase the likelihood that not only will justice be served in an environment that embodies respect for the individual, but the Court participants will walk away from the proceedings with increased respect for the Court and the process.

**Members of the Committee**

- The Honorable Stephanie M. Sawyer (Co-Chair), Judge, Court of Common Pleas of Philadelphia County
- Stephen M. Feiler, Ph.D. (Co-Chair), Director, Judicial Education Department Administrative Office of Pennsylvania Courts
• Timothy J. Barker, Esquire, Chief of Policy and Research, York County District Attorney’s Office
• Deborah Doyle Belknap, J.D., Ph.D., Associate Professor, Keystone College
• The Honorable Kim Berkeley Clark: President Judge, Court of Common Pleas of Allegheny County
• The Honorable Ramy I. Djerassi, Judge, Court of Common Pleas of Philadelphia County
• The Honorable Viktoria Kristiansson, Judge, Court of Common Pleas of Philadelphia County
• Lauren Landers-Tabares, M.SW., Coordinator of Community Based Services, Office of Mental Health (Retired); Montgomery County Department of Health and Human Services
• The Honorable Theodore A. McKee, Judge, United States Court of Appeals for the 3rd Circuit
• The Honorable Stephen P.B. Minor, President Judge, Court of Common Pleas of Potter County
• Emily Robb, JD, M.SW., Director of Advocacy, Youth Sentencing & Reentry Project
• The Honorable Maureen A. Skerda, President Judge, Court of Common Pleas of Forest, and Warren Counties
• The Honorable John F. Spataro, President Judge, Court of Common Pleas of Crawford County

Recommendations

After careful deliberation, the CJAT Courts Committee offers the following 46 recommendations to lay the foundation to make our courts trauma-informed. The recommendations fall into two broad categories:
• Recommendations that individual jurists can follow to make their courtrooms trauma-informed, and

• Systemic recommendations that judicial districts can implement to make their courthouses and their operations trauma-informed.

Individual jurists enjoy broad latitude in how they conduct the business of the court in the context of adjudicating cases that come before them. With this in mind, Courts Committee members identified concrete, trauma-informed steps a judge can take with respect to their demeanor, their communications, and the management of cases that come before them. Incorporating these recommendations into the judge’s practice comes at no direct cost to the court, is not reliant on local court rules or administrative sanction and does not implicate structural or systemic change.

The Courts Committee also offers institutional recommendations that will help make our courthouses and court processes trauma-informed. Incorporating these recommendations may cause a reconsideration of how our courthouses are organized, where specific offices and operations are located, the type of information provided publicly, and the forms in which that information is accessible.

Some of these recommendations may have budgetary and administrative implications that will require support of court leadership, local commissioners, and other criminal justice partners.

To achieve the goal of making our Courts trauma-informed, the Courts Committee recognizes that more than structural and systemic change is required. It also requires a cultural shift among jurists and other court personnel. For this reason, the Committee has identified important principles they feel underlie each recommended action. These principles appear in italics and precede numbered recommendations.

1. Comportment and Demeanor Recommendations: 1-23

   • Being in Court is stressful, especially for non-law trained persons.
   • Most people are in Court because of a negative experience.
     Setting a respectful tone in the courtroom will encourage others to follow.

1. Using trauma-informed techniques reduces participants stress and anxiety.
2. Using trauma-informed techniques yields more information for the Court.
3. Setting a respectful tone in the courtroom will encourage others to follow.
4. Showing kindness puts participants more at ease.
5. Being patient shows respect for the others and for the case itself.
6. Providing more information to participants in Court proceedings yields better decisions.

Because judges are responsible for the tenor of respect in their Court, and for any deficiencies therein:
8. Be prompt. When late, take responsibility and apologize to those affected.
9. Advise all parties when the court is experiencing delays and clearly state if rescheduling is an option.
10. Greet parties by name, when appropriate.
11. Express gratitude for their participation, when appropriate.
12. Explain the Court’s role in ensuring the process is fair to all parties.
13. Use plain language and explain any legal terms used.
14. Ensure there are no barriers to clear communication, language or otherwise.
15. Explain the process in real time so all parties to the action know what is occurring and why.
16. When in doubt, ask the party/parties to restate the Court’s decisions in their own words to confirm their understanding.
17. Take regular breaks during long proceedings.
18. Verbally recognize individual’s strengths, when appropriate.
19. Whenever possible, sandwich concerns and criticism between slices of affirmation.
20. If available, use courtroom dogs or other objects, such as toys, stuffed animals, to calm anxious children.
21. Allow victim/witness support persons, volunteers, or coordinators to be present for all court proceedings, when appropriate.
22. Demonstrate respect for cultural, developmental, and gender diverse expression.

23. Establish a system for parties to indicate their preferred pronouns.

2. Educational Support – Recommendations 24-27

- *Education can be transformational.*
- *Understanding why it is important to use trauma-informed techniques increases compliance.*
- *Common understanding among stakeholders is necessary to achieve systemic change.*

24. Develop and implement specific education curriculum on trauma-informed policies and practices; self-care; and secondary and vicarious trauma specifically designed for:
   
   a. Judges  
   b. Court Staff  
   c. Attorneys  
   d. Sheriffs and Law Enforcement officials.

25. Develop verbal de-escalation trainings for judges and court staff.

26. Deliver educational curricula on a regular and on-going basis.

27. Mandate trauma related training for all new court employees who interact with parties and attorneys.


- *Bench cards and checklists are useful tools for judges and other personnel.*

- *Having written prompts and information available in a stressful moment helps judges and staff navigate difficult situations.*
• Education is more effective when supported by practical tools and reminders.

• Judges, Court staff, and attorneys/ district attorneys will usually do the right thing when they know what that is and how to accomplish it.

28. Develop bench cards for judges and desk cards for staff that:
   a. Provide verbal prompts and other suggestions on how to communicate in ways that are trauma-informed.
   b. Include examples of plain language explanations for procedural steps the court is taking.
   c. Help the Court and staff recognize signs of trauma and suggestions on how to respond.

29. Develop desk cards to assist self-represented litigants available at counsel table that explain how hearings will be conducted.

30. Develop tools to conduct courtroom/courthouse environmental and sensory self-assessments.

31. Develop a Code of Civility and implement it in the courtroom.

32. Develop a local reporting system to identify problematic actors, processes, or environments.

4. Institutional Alignment – Recommendations 33-42

   • Courthouses may be intimidating in their appearance.

   • Environmental factors can impact participants’ stress and anxiety.

   • Parties to a dispute should not be forced to interact outside the court process.

33. Create safe spaces for all parties, paying particular attention to children, to those seeking orders of protection, and to those in high conflict custody and/or divorce proceedings.
34. Develop guidelines to employ courtroom dogs and utilize toys for children when testifying.

35. Provide an activity area for children to use while they are waiting.

36. Make snacks available (either free or at minimal cost) to those with long waits.

37. Provide signage so people can easily find where they are going.

38. Consider courthouse maps similar to those in shopping malls.

39. Provide informational flyers/brochures that contain relevant information written in plain language.

40. Tailor informational flyers/brochures for all different participants: parties to the action, family members, witnesses, witness/victim support, and jurors.

41. Institute a scheduling policy that prioritizes individual calendaring, uses block scheduling only where necessary, and eliminates “cattle calls.”

42. Institute an anonymous local reporting process to help identify problematic actors, processes, and environments.

5. **Health Care Services and Self-Care Recommendations 43-46**

   - *Everyone in the Court system including judges, court staff, the lawyers on both sides, Sheriffs, and jurors may have a mental health and trauma history, may have been exposed to crime and violence, and experienced substance abuse and other addictive behaviors.*

   - *Court administration should prioritize the health of all staff and should encourage all employees to access appropriate health care, including mental health care.*

43. Because self-care should be a priority for everyone working in the court system, regular self-care trainings mental health and should be required for all personnel.

44. Health services -- including confidential mental health, trauma, and substance use and addiction service-- must be available and easily accessible for all persons in the Court system.
45. For persons coming to the courthouse, including victims, witnesses, defendants, lawyers, and jurors, health services should be available and easily accessible.

46. Judges and Court staff should be responsive to requests for health assistance by anyone coming to court.

Court Divisional Considerations

We have offered 46 recommendations to advance the goal of developing trauma-informed courts across the Commonwealth. While the Criminal Justice Action Teams’s name implies a focus on the criminal justice system, the needs and benefits of incorporating trauma-informed practice are applicable to all court divisions including:

- Civil Division
- Criminal Division
- Elderly Issues
- Family and Domestic Relations
- Family Division – Dependency
- Juvenile Division – Delinquency Matters
- Specialty Courts
- Division that Hears Cases Impacting the Elderly

There are circumstances and interpersonal dynamics unique to every Court division that may require special considerations both by an individual jurist and by their respective judicial district. The Courts Committee offers the following additional guidance to judges working in these specific divisions.

1. Civil Division

Civil trials are rare events for most people, but these trials have the potential to raise painful memories and cause litigants to relive the trauma of difficult life experiences. Parties to these actions can experience painful abreaction and be traumatized further by the requirements of our court processes, even those designed to protect their legal best interests. This is especially true of civil cases that arise from an emotional event, such as a traumatic injury, a family business dispute, or a tortious action with grievous results.
If care is not taken, participants in a civil case can leave with the sense that their very personal loss was adjudicated in a very impersonal system that did little to validate them as an individual. They can feel confused about the process, and that confusion can exacerbate existing feelings that they have lost control over a process with life altering consequences. These feelings are further aggravated when judges and lawyers use language or engage in a process that they do not understand.

As judges, we can do a great deal to prevent, or at least minimize, the negative, impersonal aspects of the civil trial, all while acting within the bounds of ethical propriety. Speaking kindly and directly to the parties themselves, and not just to the lawyers, can help litigants feel more comfortable in an unfamiliar setting. Judges cannot assume the attorneys have advised their clients on trial procedure. Explaining the process and the language being used will not only increase the parties’ understanding, it also will positively impact their view of systemic equity irrespective of the verdict.

The judge must also be cognizant of jury members and witnesses during a civil trial. The impact of secondary and vicarious trauma among these groups should not be overlooked. While judges and other Court employees may be used to hearing about traumatic events, most citizens are not. Those serving on juries may be forced to see depictions of terrible events or hear vivid details of personal injuries or of grievous financial losses. They are then asked to render judgement on responsibility and liability in a manner to which they are unaccustomed.

The judge must also be aware of how witnesses in a civil action are impacted by their participation. Witnesses may feel conflicted about telling a truth that may hurt a loved one. Or they may be reliving the trauma of a tragic accident and the pain and suffering that followed. As judges, we know almost nothing about them, even as we are tasked, in a non-jury action, with assessing their credibility.

Judges can help make things more comfortable for witnesses by explaining the process and reminding them of the importance of veracity. The witness should know that they can ask the judge to have a question repeated, and that the judge will not allow an attorney to badger or harass them, even if there is no objection by counsel. We can acknowledge that they are taking time from work and family to testify and thank them for their effort. We can ensure witnesses have easy access to water and handwipes. These, and other courtesies will not only comfort the witness, but will also improve the quality of information proffered and thereby necessarily improve outcomes.

Finally, judges should be sensitive to the sometimes-shocking reality a bad verdict represents following a civil trial. Judges who treat the losing party with dignity and who assure the party that
review is available, may help the losing party absorb the moment of defeat and experience less trauma.

It is easy for civil judges to get caught up seeing their job as ensuring a fair and legal decision and nothing more. Their job, however, is also to be conscious of and understand how individuals are impacted by their court experience, and to do everything in their power to minimize the negative effects of an environment bound by strange legal rules.

2. Criminal Division

Although most people who find themselves in a courtroom face conflict, tension, and anxiety, the potential for stress and trauma is certainly heightened in the criminal division. Cases adjudicated in the criminal division, by their very nature, often involve horrific acts of violence, deceit, and theft. For those providing testimony, the process requires that they recall and recount events that may be traumatic. They may also be concerned that their safety, and the safety of their family, may be compromised by coming to Court. For the accused and their families, the proceedings may result in incarceration, a traumatizing possibility for everyone involved, regardless of their culpability.

All parties to the criminal proceeding are at risk of re-traumatization depending on how our courts conduct their business. The way the judge manages the case, explains the process to the unfamiliar, and delivers the verdict and resulting sentence will either heighten or diminish the risk of re-traumatization for participants.

The risk of re-traumatization is undoubtedly increased during the post-adjudication phase, following a finding of guilt. Properly addressing the needs of victims will not only allow them some closure, but it will also promote public confidence in our justice system. Many victims report a catharsis after facing their perpetrators in court. Victims should be encouraged to submit written impact statements and, for those who are willing, should be allowed the time necessary to read their statements in open court.

The needs of those working within the system (judges, lawyers, social workers, and court staff as well as jurors) should not be overlooked. Judges, lawyers, and other professionals are continually at risk for vicarious or secondary trauma. They often must endure detailed accounts of horrific violence committee by one human being against another. Evidentiary presentations often include graphic images of crime scenes and of the injuries suffered. Over time, these accounts can impact even the most experienced among us. Specific trainings should be developed to redress the risk of vicarious trauma for those working within the Criminal Division.
The Criminal Division, by its very nature, is a trauma inducing system, populated by individuals who, almost universally, have trauma filled histories. It is within this context that it becomes clear that the Criminal Division will benefit from the development of trauma-informed courts.

3. **Family Division, Domestic Relations**

Cases involving child custody and protection from abuse typically involve persons in crisis who are relying on the courts not just to resolve a matter, but to alleviate chronic and persistent issues that implicate child safety and the family’s ability to peacefully function. Because so much trauma is connected to family members and intimate partners involved in such matters, addressing custody and abuse issues may, at best, cause additional stress and, at worst, trigger and re-traumatize court participants. Particularly in cases involving partner and/or child abuse, participants may feel that the Court is their only or final hope to keep themselves and/or their child safe.

The courthouse must have staff who focus on comprehensive customer service – keeping visitors safe, preventing witness intimidation, listening to persons in time of crisis, and de-escalating concerning situations. Everyone should lead with kindness in expression, tone, and words: “Good morning,” “Thank you for coming,” “I hear you,” and “I’m sorry that happened to you,” are a few examples of language that all staff and judges can communicate with a relaxed tone and a smile. What happens during a single day in court may impact a participant’s entire life. It is important in both thought and action to treat people respectfully and ensure all participants are treated with trauma-informed care.

At the beginning of hearings, judges should acknowledge potential trauma, remind participants that feeling stressed is understandable, explain courtroom and trial procedures so participants have realistic expectations, and note that the court’s job is to be fair and to ensure the hearing goes as smoothly as possible. The petitions and their relevant procedural history, as well as a linear explanation of how the petitions will be addressed throughout a hearing or trial, should be provided to the parties. Judges should explain special rules or procedures that will occur when children testify and explain why such procedures exist. During hearings, the court should explain its evidentiary rulings clearly and simply in real time, so litigants understand what is happening.

Child custody case rules permit judges to take testimony of children in camera outside the presence of parties and attorneys. The child should be walked from the waiting area to the judge’s office by a staff member who explains what is happening and introduces the child to the judge. The judge should be welcoming and have an office designed to make children comfortable. Child-friendly posters, toys, and other items should be on display. During the testimony, the child should be seated
facing the back of the office to limit distractions. The child should be offered water and offered an opportunity to hold onto a sensory item during testimony. The door should have a sign clearly stating that a child is testifying so no one is to interrupt or disturb. When the child’s testimony concludes, the same staff member should escort the child back to the waiting area.

Cases involving protection from abuse require due process: all witnesses, including children, testify in open court in the presence of the litigants. Judges should develop a procedure for taking testimony from a minor, review that procedure with the parties, and provide an opportunity for questions or objections. For example, the procedure may include the judge coming off the bench to sit at eye level, closer to the child witness, for the child to feel more comfortable. The judge may start questioning the child by discussing issues not involved in the case, such as sports or school, and then the judge may ask questions to determine witness competence and administer the oath. The judge may tell the child that the judge will remain near the child for the duration of the child’s testimony, and that the child may tell the judge if s/he does not understand a question or has other concerns. Such procedures may allow the child to feel more comfortable and more willing to provide information, and hopefully avoid re-traumatization when the child must recount sad or abusive incidents. After the child testifies, the judge should thank the child for her/his testimony and offer the child the opportunity to re-group with a staff member in the privacy of the judge’s office before returning to the waiting area. When a hearing concludes, judges should announce findings or an order clearly, and thank all participants for coming into court.

4. Family Division, Dependency

Children may be adjudicated dependent for a variety of reasons, but often because they have been neglected, have suffered physical or emotional abuse, and/or have no appropriate or visible family support to protect them. Accordingly, dependent children are traumatized by the very nature of what brought them into the system. Dependency courts must be trauma-informed if there is any expectation of meeting the needs of children who are traumatized before they enter the system.

Court proceedings are stressful for children and may cause them additional distress especially when they find themselves in an unfamiliar process surrounded by strangers who are making decisions concerning their future. The entire dependency process – from the first involvement with a law enforcement official or caseworker – through to Court hearings can cause significant trauma and stress upon a child. These traumatic events may impact healthy brain and nervous system development and may result in long term negative health consequences.
It is imperative that every person working in the judicial system – and especially those working with children – be educated on trauma and trained on how to minimize the negative effects of court proceedings. In addition, the entire physical structure from the entry into the courthouse, through security, to the waiting room and eventually the courtroom, should all be examined to ensure that children feel comfortable and safe. This may include assigning Court personnel to interact with children, acting as a guide through the process. It may entail making modifications to the existing building or how its space is used, though it could be as easy as having children’s toys and books available. If possible, comfort dogs should be present in every courthouse to help alleviate children’s anxiety.

Importantly, no judge should preside over dependency matters who has not been fully trauma trained and understands the unique issues facing dependent children. Judges who are uncomfortable dealing with dependent children should consider requesting assignment to another division of the court. An indifferent judge may cause significant harm to a child.

The judge’s responsibility in these matters begins before ever meeting the child. Before the hearing begins, the judge should have a full understanding of the child’s strengths, challenges, and needs. This may require an advance meeting with counsel and caseworker, not to discuss the merits of the matter, but to determine how best to set a tone for the hearing that will make the child feel secure and able to articulate their needs and desires. Creating an atmosphere where the child feels safe to express themselves is imperative if the court is to have a role in their healing.

The way judges express themselves is critical to this process. The way a judge greets a child, and the tone of the judge’s voice should reflect a person who is caring and attentive. Coming off the bench to sit near the child or having a hearing in chambers may help children feel more comfortable with the judge and will yield better information.

A judge should communicate in simple, easy-to-understand terms and then listen attentively. A judge should emphasize the positive areas of the child’s life and provide affirmations for their accomplishments. A judge should provide the child hope for a better future. Promises should not be made that cannot be kept, but the best results occur when the child feels confident that the judge will listen attentively and act with their stated needs and their best interest in mind. Finally, a judge should hold review proceedings frequently, so that the child does not feel that they are lost in the dependency system.

5. Juvenile Division – Delinquency Matters
It is important for the judge to recognize that delinquency matters may involve crimes of violence with actual victims. For this reason, juvenile delinquency hearings may cause trauma for those involved by virtue of the participation of the victim and/or their family. Victims may be fearful of encountering their offenders in court and reliving the trauma of the event. Witnesses may be fearful of encountering an offender in the courtroom, or of experiencing retaliation outside the courtroom. Parents of juveniles are worried about the outcome of the proceedings and are concerned about long-term placements, even if they realize that their child should be held accountable for their actions.

In these cases, it is critically important that judges, attorneys, probation officers, and Court personnel know how to conduct proceedings in a manner that will reduce trauma and anxiety for all involved or at least not add to the trauma and anxiety that participants experience.

As in all court proceedings, the judge should set the tone by creating an atmosphere of dignity and respect. If possible, the judge should chat with the juvenile even for a few minutes before others enter the courtroom to gauge the stress level and to try to reduce stress. The judge should also “greet and welcome” the participants as they enter the courtroom. The judge should begin the proceedings with a brief explanation of the purpose for which everyone is convened and to ensure that all will have the opportunity to be heard, at the appropriate time.

During the proceedings, the judge should speak in a moderate tone, use plain, easy-to-understand language, and encourage the lawyers and witnesses to do the same. This is particularly important in when the judge is rendering a decision. The court should go beyond explaining the underlying reasons for the decision. The judge should also ensure that the juvenile understands their explanation by asking them to restate the decision in their own words.

After the adjudication and/or dispositional hearing, the court should never require the juvenile to apologize. Often, the juvenile is in a bit of a shock at the decision, particularly if they are being detained or being held for placement. The shock may manifest as anger or resentment and an insincere or non-empathetic apology may further traumatize a victim. If the juvenile, on his own, offers an apology, the court should accept the apology and thank the juvenile for articulating the sentiment.

It is imperative for a judge to understand adolescent brain development before presiding over delinquency matters. Understanding how juveniles process information, react to stressful situations,
and seem to lack empathy and remorse will help the judge conduct proceedings in a more trauma-informed manner. It is also important to understand that many juveniles who enter the juvenile justice system are also dependent children or could have been adjudicated dependent if a petition for dependency had been filed. Many of these juveniles have been exposed to abuse and neglect, may have been subjected to bullying, have been victims of crime and may have been exposed to trauma. Consequently, juveniles who have been charged with crimes often feel afraid, ashamed, and anxious. They may present with a tough demeanor or attitude to mask these feelings or to help them cope with the stress of the situation. There are, however, steps the judge can take to reduce the stress and trauma.

If someone is seeking to introduce confidential information or information that might cause embarrassment to the juvenile, a victim, or a witness, the court should consider clearing the courtroom (except for the lawyers) while the information is being elicited.

Whenever possible, a juvenile should not enter the courtroom in handcuffs and shackles. Unless there is a real and present safety concern, handcuffs and shackles should be removed before entering the courtroom or at least before the public (including victims, witnesses, and family members) are admitted to the courtroom. It is obvious that a juvenile should not be brought into the courtroom or the courthouse in handcuffs and shackles via public corridors or elevators.

If the judge orders a juvenile to be detained after the adjudication or dispositional hearing, the juvenile should be taken into a private corridor, or the courtroom should be cleared, before handcuffing or shackling the juvenile. (This also reduces unhealthy stress or trauma for the juvenile’s family.)

Many victims of and witnesses to juvenile crime are also children. The trauma and fear experienced by child victims and witnesses is immense, and they often experience anxiety about having to come to Court to speak about it. Allowing the district attorney or a victim advocate to bring a victim or witness to the courthouse can reduce some of this anxiety.

It is crucial to have separate waiting areas for victims and offenders. Sitting in the same space with the person who caused the trauma (or the offender’s family members) is certain to increase trauma and anxiety.
While it is true of any case, in those that involve children, it is critical that the judge ensure the personal space of a victim or witness is respected. Anxiety and re-traumatization may occur if a lawyer gets too close to a victim or witness who is testifying, especially when the testimony involves a violent event. The judge should always require the lawyers to ask for permission to approach the witness if they need the witness to review a document or other evidence.

Victims have the right to submit a victim impact statement, orally or in writing. The Court should not insist that the victim give an oral presentation as this may be highly stressful or even traumatic. The Court should acknowledge the statement and state that it has been considered in entering the disposition.

When a child is charged with committing a crime, and especially when the offenses are serious or have caused great harm to another person, there is a likelihood that the juvenile’s family will share the trauma and anxiety of their child. Parents may also feel anger, fear, shame, and disbelief, which may impact their ability to clearly understand the proceedings and to process information provided by the Court or the probation department.

It is important for the court to give family members the opportunity to speak on behalf of their child. While the court should not permit family members to directly address the victim or witnesses and should not permit them to vent or ramble, it is important that their positions be considered by the court. When rendering the decision, the court should acknowledge the statements made by family members and that fair consideration to their statements has been given. The judge should also use plain language that most people, regardless of education, can understand.

If the Court expects the parents or family members of the juvenile to play a role in completing their supervision, the Court should make sure that the family understands the decision and take the time to clarify or explain, if needed.

Well-written Court orders are a critical part of the court process. Findings and orders should be written in plain language and should reflect what has been mentioned above. An order that is easy to understand decreases confusion, reduces stress, and increases the chance for successful completion.

Many children involved in the juvenile justice system are also involved in the child welfare system. Juvenile cases are subject to frequent review by the Court. Having the same judge preside over all
related proceedings is a trauma-informed approach to managing juvenile cases. Children and parents will not be required to repeat their trauma histories repeatedly. Knowing what to expect also reduces trauma and stress.

A final note on speaking with participants in a juvenile case. Motivational interviewing is a trauma-informed, evidence-based way to engage and communicate and is particularly effective when speaking with juveniles. Motivational Interviewing is a guiding style of communication that sits between following (good listening) and directing (giving information and advice). It is designed to empower people to change by drawing out their own meaning, importance, and capacity for change that facilitates natural processes and honors autonomy.

6. Specialty Courts

Specialty Courts, also called Treatment Courts or Wellness Courts, embody the philosophy behind a trauma-informed approach to the court system. The success of Specialty Courts rests upon the demeanor and interactions of the entire Specialty Court Team with its participants. The responsibilities for ensuring that trauma-informed conduct occurs in the courtroom not only falls upon the parties and service provider agencies, but upon the judge as the leader of the Specialty Court.

The Specialty Court approach was developed through the establishment of Drug Courts and their Ten Key Components. To be successful, Specialty Courts require the collaboration and cooperation of multiple agencies within and outside of the criminal justice system. Summarized in Key Component # 10:

The drug court is a partnership among organizations—public, private, and community-based—dedicated to a coordinated and cooperative approach to the AOD offender. The drug court fosters system-wide involvement through its commitment to share responsibility and participation of program partners. As part of, and as a leader in, the formation and operation of community partnerships, drug courts can help restore public faith in the criminal justice system.¹¹²
A collaborative approach requires interactions between all involved rooted in mutual respect, including between the parties in a Specialty Court. Key Component # 2 is succinctly titled “Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.” Id., p.3. While preserving their critical roles in the criminal justice system, attorneys and representatives for the prosecution and defense are expected to perform their duties with civility and a focus upon the rehabilitative needs of the Specialty Courts participants.

The greatest emphasis in the Specialty Court model is placed upon the actions of the presiding judge. The Specialty Court judge is the team leader. The nature and quality of the ongoing interactions between the judge and participants is critical to the successful outcomes of the Specialty Court. Key Component # 7. By spending at least three minutes with each participant, the judge will produce 153% greater reductions in recidivism within the Specialty Court.

The National Association of Drug Court Professionals emphasizes the importance of the supervising judge through the development of the Adult Drug Court Best Practice Standards. Specifically, Standard III is devoted to the roles and responsibilities of the judge. While all best practices for judges are important, highlighted within Standard III is the critical nature of judicial demeanor in the courtroom:

The judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements, and expresses optimism about their abilities to improve their health and behavior. The judge does not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments...

Further elaboration is found in the Commentary to Standard III discussing studies showing that successful outcomes are linked to judicial demeanor:

Those findings are consistent with a body of research on procedural fairness or procedural justice. The results of those studies indicated that criminal defendants and other litigants were more likely to have successful outcomes and favorable attitudes towards the court system when they were treated with respect by the judge, given an opportunity to explain
their side of the controversy, and perceived the judge as being unbiased and benevolent in intent. This in no way prevents judges from holding participants accountable for their actions, or from issuing stern warnings or punitive sanctions when they are called for. The dispositive issue is not the outcome of the judge’s decision, but how the decision was reached and how the participant was treated during the interaction.116

The Best Practices Standards emphasizes the importance of professional demeanor in Standard IV on Incentives, Sanctions, and Therapeutic Adjustments: “Sanctions are delivered without expressing anger or ridicule. Participants are not shamed or subjected to foul or abusive language.”117 The Best Practice Standards further expound upon this in the Commentary:

“A substantial body of research on procedural justice or procedural fairness reveals that criminal defendants are most likely to react favorably to an adverse judgment or punitive sanction if they believe fair procedures were followed in reaching the decision. The best outcomes were achieved when defendants were (1) given a reasonable opportunity to explain their side of the dispute, (2) treated in an equivalent manner to similar people in similar circumstances and (3) accorded respect and dignity throughout the process...Stigmatizing, hostile, and shaming comments from the judge have also been associated with significantly poorer outcomes in Drug Courts.”118

While these standards focus on defendants, these principles are equally critical for victims or other interested individuals involved in Specialty Courts. In particular, the professional demeanor of all involved in the specialty court will also assist the victim in understanding that the judicial process is part of the system of justice and preventing the process from increasing the unhealthy stress and trauma experienced by the victim.

Specialty Courts naturally tend towards a trauma-informed approach given their purpose within our systems of justice. These underlying principles surrounding (1) judicial and professional demeanor, (2) a collaborative approach to justice among public, private, and community partners, (3) attention to the voices of the individuals involved in the proceedings, and (4) a reduction in hostility between parties in the adversarial system are fully applicable to all areas of the Court system, regardless of modifications that may be necessary to fit the given courtroom function. Specialty Courts provide ongoing support for the positive justice and community outcomes that are easily attainable through a trauma-informed approach.
7. Division that Hears Cases Impacting the Elderly

Courts have an obligation to promote access to justice and fair treatment for older adults. This population is at heightened risk for financial victimization, often committed by trusted family or friends. The dynamics surrounding cases involving older adults, especially when they involve a betrayal of trust, compounds the trauma associated with these crimes.

Trauma is an event that renders any individual’s internal and external resources inadequate and makes effective coping difficult if not impossible. When a person is already experiencing age-related issues, the effects are more pronounced. Trauma’s direct impact on the brain and other related physiological effects can remain long after the experience has concluded.

The judge must be particularly sensitive to the older adult in their courtroom. It is helpful to read the individual’s body language. Does the participant appear closed off, agitated, frustrated or anxious? Is the participant able to verbalize their concerns or are there communication issues that must be addressed?

The judge must also take notice of the older person’s unique circumstances. For instance, if the individual is unable to hear well, the judge should make sure that hearing-assisted devices are available. The judge should be aware that older adults often manage continence issues and need more frequent comfort breaks. The judge must also be aware that vision may be compromised in this population, and some may have difficulty reading the exhibits presented. The judge can accommodate the older adult by directing court staff to read any information on an exhibit to the older adult, regardless of whether the adult is represented by counsel.

One of the more difficult situations for the judge managing a case involving an older adult is when diminished capacity is raised. Environmental factors can impact how dementia manifests in older adults. If possible, the judge should consult with the party’s representative to determine what, if any, changes can be made to the courtroom to accommodate the older adult’s limitations or condition.
PROBATION, PAROLE, & REENTRY COMMITTEE
Christi Smith, Ph.D., Chair

This report summarizes the findings and recommendation of the CJAT Probation, Parole, and Reentry Committee (PPRC) to create a trauma-informed probation, parole, and reentry system in Pennsylvania.

Background: The Need for Trauma-Informed Probation, Parole and Reentry in Pennsylvania

It is no secret that the United States has the highest incarceration rate in the world, with high rates being influenced by the inability of justice-involved individuals to successfully participate in or rejoin society (Prison Policy Initiative, 2022). After release from prison, often, justice-involved individuals who do not have or receive the tools to be a successful participant in society, recidivate or commit another crime or crimes. Currently, Pennsylvania has the ninth highest recidivism rate in the United States (World Population Review, 2022).

As of December 31, 2019, Pennsylvania required over a quarter-million justice involved individuals to participate in the Community Corrections System; that is 172,052 classified under probation and 105,938 classified under parole. The number of individuals on Probation or Parole is only expected to increase as societal focus has shifted “to a rehabilitative philosophy and an acceptance of evidence-based practices.”

As thousands of individuals are dependent, and will be dependent, upon Pennsylvania’s Probation and Parole system to assist them in successful societal integration, the need for this system to be universally trauma-informed is great.

As thousands of individuals are dependent, and will be dependent, upon Pennsylvania’s Probation and Parole system to influence successful societal integration, the Committee has concluded that the need for this system to be universally trauma-informed is great.

Trauma produces cognitive brain changes that influence a person’s responses to everyday stressors and interactions; individuals who experience trauma are more likely than the general population to experience Post-Traumatic Stress Disorder (PTSD), and to criminally offend. Research
demonstrates that not only is trauma related to pre-incarceration behavior (offending behavior), but also post-incarceration behavior. Those who are incarcerated have a higher likelihood of experiencing psychological and physical trauma related to direct and indirect violence and assault, environmental and isolation trauma, and more.\textsuperscript{122} Therefore, as those who are on parole and have previously experienced incarceration, programming to combat PTSD-related symptomatology that is linked to prison-exposure is essential to help people successfully reintegrate to their communities and homes.\textsuperscript{123} Trauma-informed methodologies have the potential to dramatically improve public safety, reduce recidivism, and save tax-payer dollars by helping people to stop cycling through our judicial system.\textsuperscript{124}

It has been the mission and vision of the Probation, Parole and Reentry Committee (PPRC) to identify the ways in which trauma can be prevented and mitigated for: (1) persons under community supervision; (2) for the officers that monitor and assist them, and (3) for all of the individuals and agencies that interact with probation, parole and reentry professionals in Pennsylvania.

**Members of the Committee**

In the summer of 2021, the PPRC came together and has met on a number of occasions for the past 14 months. Because of the overlapping responsibilities as a court entity, there was also a discussion about where “probation” falls in the sequential intercept, since probation officers offer pre-trial supervision services, complete pre-sentence investigations with recommendations for sentencing, and, of course, monitor individuals after their release from prison or jail. Similarly, there is a significant amount of overlap between institutional corrections and parole/ reentry. All these complexities contributed to the overall discussions. Our focus has been on the ways in which trauma may be prevented and mitigated for those on community supervision, their victims, supportive others, the officers supervising them, representatives from ally organizations and the community at large. We greatly appreciate the volunteer efforts of all our members listed below.

**Probation Committee Chair**

Dr. Christi M. Smith, chair, Senior Fellow, Criminal Justice, and Civil Liberties at the R Street Institute. Previously, she served as an adult probation and parole officer in Chester and Bucks Counties and is currently an Assistant Professor/ Department Chair/Academic Program Director of undergraduate and graduate Criminal Justice at Delaware Valley University.

**Probation and Parole Committee Members**
• Sally Barry, Director, Office of Justice Programs, Pennsylvania Commission on Crime and Delinquency
• April Billet-Barclay, Director, York County Adult Probation and Parole Department
• Mehra den Braven, Reentry Housing Partnerships Coordinator at City of Philadelphia
• Donna Brown, Chester County Adult Probation & Parole Department
• Hon. Ramy Djerassi, Judge, Philadelphia County Court of Common Pleas
• Audrey Fortuna, Lebanon County Adult Probation and Parole Department
• David Garlock, National Public Speaker, Keynote, Criminal Justice Reform Advocate and TEDx Arcadia Speaker, reentrant/returning citizen
• Sydney Harris, B.S. Degree and Master of Public Policy Candidate at the Pennsylvania State University; Intern, Pennsylvania Office of Attorney General
• Deputy Chief Mike Harrison, Bucks County Adult Probation and Parole Department
• Dan Heydt, Chief, Berks county Adult probation and Parole Department
• Megan Laycheck, Carlisle University - intern – OAG - 2021-2022
• Jennifer Lopez, Executive Director, Friends Association for Care and Protection of Children; former Deputy Chief, Chester County Adult Probation and Parole Department
• Chief Chris Murphy (retired), Chester County Adult Probation and Parole Department.
• Chris Pawlowski, Chester County Adult Probation and Parole Department
• Charla Plaines, Reentry Coordinator, Pennsylvania Commission on Crime and Delinquency
• Melissa Plotkin, Executive Director at York County Reentry Coalition/ Criminal Justice
• Shannon Robinson, Reentry Service Specialist, Friends Rehabilitation Program. former juvenile lifer, reentrant
• Christian Stephens, Deputy Secretary Pennsylvania Department of Corrections Probation/ Parole Field Services
• Jackie Weaknecht, Deputy Director, Pennsylvania Commission on Crime and Delinquency

Our gratitude to all the Committee presenters and members cannot be overstated. In a world where everyone is overextended and under-resourced in their primary occupational duties, the time spent on this effort is immensely appreciated. We are all volunteers who have demonstrated our
commitment to the field in our daily job activities and through the larger CJAT and committee activities. As the committee chair, I continue to be impressed and inspired by the insight and passion of my colleagues as we all strive to prioritize public safety and the welfare of adult probation, parole and reentry professionals and the individuals they supervise and service across the Commonwealth of Pennsylvania.

Committee Processes: Overarching Questions and Responses

After the PPRC convened in 2021, speakers and representatives from organizations were invited to present on the impact of using and implementing trauma-informed practices. (e.g., the W.R.A.P. program in Chester County, the Philadelphia Mentor Court, the York County Justice-Behavioral Health Collaboration) or as an agency model (e.g., Lancaster County Adult Probation and Parole Department).

We reviewed existing training efforts provided to probation and parole officers across Pennsylvania. We have learned that there is disparate training for adult probation, parole, and reentry officers in the Commonwealth’s 67 counties, which supervises 86% of the Commonwealth’s adults on community-based supervision. The Pennsylvania Commission on Crime and Delinquency (PCCD) is responsible for providing Basic and Continued Education Training for County Adult Probation and Parole Officers. The PCCD held its first Basic Training Academy (BTA) on July 26, 2021, which is offered up to four times per year and currently consists of two weeks of intensive training. The curriculum includes one week of virtual instruction and one week of in-person instruction. Modules of this training include Motivational Interviewing, Evidence Based Practices, Core Correctional Practices, as well as other job relevant subject matter. (The state and federal systems do have standard training requirements that differ from this model.) The PPRC supports these efforts to provide unified training to all probation officers in each of the counties.

Overarching Issues Considered

The Committee focused on the following overarching issues:

- How do we create a trauma-informed probation/ parole/ and reentry system in Pennsylvania, in its counties, and in all its departments and agencies?
• What should be the uniform definition of “trauma-informed probation, parole and reentry” for PA and the guiding principles to inform legislatively-mandated standard training for county, state and federal juvenile and adult Probation Offices?
• What should be the standard for assessment and data transparency for these recommendations?
• What is the best Gender-Specific approach to training and implementation of trauma-informed practices?126
• What is Peer support, how is it implemented, and how does it contribute to a trauma-informed probation/parole/and reentry system?
• What should be the “forward facing message” to communicate that trauma-informed training and creating a trauma-informed probation/parole/and reentry system are priorities of the organization.127
• What are the conditions that best promote wellbeing within the Criminal Justice System?
  o First, the adoption of trauma-informed culture from top-down and the bottom up, across all agencies and individuals that interact with adult probation, parole and reentry staff and administrators.
  o Second, creating a common or universal understanding of commonly used terms including standard definitions for “trauma,” trauma-informed care,” “resilience,” and “recidivism”?
The Committee also discussed the necessity of providing the following resources:

- Creating a “Digital Checklist” or “card” through a collaboration between Criminal Justice professionals and behavioral health and social services that will be provided to all probation and parole officers (POs), and reentry specialists (RS) to connect with trauma-informed resources.

- Adoption of trauma-informed culture from top-down and bottom-up.

- Seek legislation and funding to support or enhance access to housing, transportation, education, healthcare, employment, and other reentry services (Second chance housing/clean slate initiatives).129

- Support, funding, and adoption of PCCD, County Adult Probation and Parole Advisory Committee (CAPPAC), and State evidence-based practices leadership team training/standards initiatives that are currently underway (as referenced above).

- Identification of a uniform assessment or classification instrument that is inclusive of trauma but that is not the Adverse Childhood Experiences (ACE) assessment. Examples include SAMHSA and Wellness Recovery and Action Plan (W.R.A.P) practices.

- Encouraging jurisdictions to assess their existing knowledge of the role of trauma in offending and the potential cost-benefit of adopting trauma-informed practices (via electronic survey or another device).

- Forward-facing infographic with basic data, statistics, and principles to help organizations understand the need, importance, and impact of adopting trauma-informed probation, parole, and reentry practices.

The committee next considered the prevention measures that this subcommittee could recommend (i.e., How does prevention fit into this intercept, i.e., “what is the ‘thing’ being prevented?”)
• Traumatization and re-traumatization of staff, administrators, victims, allies, colleagues, clients, and all parties coming into contact with systems of adult probation, parole, and reentry in the Commonwealth of Pennsylvania.

• Generational trauma for justice-involved people and their families.

• Recidivism/continued cycle of justice-involvement/public safety concerns.

• Waste of fiscal and human capital by using ineffective processes.

• A corollary of this goal is to reduce officer vicarious/secondary traumatic stress and burnout as well as to reduce reoffending and recidivism among the client base. Efficacy of this approach enhances public safety and the overall well-being of all involved. With fewer individuals cycling through the system and reduced officer turnover, resources can be dedicated to the most high-risk individuals and supervision can be provided by the most capable officers.

The committee considered how funding could be obtained through grants and legislative funding. Examples of funding sources are listed below:

MacArthur’s Safety and Justice Challenge

Stepping Up Initiative

Familiar Faces Initiative

American Rescue Plan Act

Local Government ARPA Investment Tracker (NLC)

Advancing Justice and Community Safety via the American Rescue Plan

County Investments of American Rescue Plan Recovery Funds

COVID-19 Recovery Clearinghouse

Counties and the Recovery Fund - Justice and Public Safety

Counties Enhance Safety and Improve Outcomes with Recovery Fund Investments in Jail Diversion
Recommendations

**Definition of Trauma:** Because there is no universally established definition for trauma-informed probation, parole, and reentry, we define it as follows:

- “A trauma-informed approach to probation, parole and/or reentry recognizes that unresolved trauma can contribute to criminal behavior and that crime can traumatize individuals, families, communities, and the organizations designed to serve them. Trauma-informed probation and parole departments seek to:
  - Recognize the widespread impact of trauma, including the vicarious trauma experienced by personnel.
  - Recognize the signs and symptoms of trauma in victims, clients, families, staff, and others involved with the system.
  - Understand the potential paths for resilience; and
  - Respond by fully integrating knowledge about trauma into policies, procedures, physical space, and practices, and seek to actively resist re-traumatization.”

* A trauma-informed approach seeks to recognize strengths and skills, build confidence and re-educate, embedding new coping skills to enable recognition and regulation of behavior (SAMHSA).

1. **Prioritize the wellness of staff, administrators, clients, victims, service providers and community members in all interactions.**

Stress and burnout among adult probation and parole officers was first studied in 1985 by Whitehead and Lindquist. Results from this study, and multiple others, indicate that potentially alterable, organizational factors had a significant impact on officer perceptions of stress and burnout, particularly emotional exhaustion. A systematic review of the existing literature by Page and Robertson (2022) confirms the extent to which community corrections officers are impacted by the exposure to trauma in their routine duties. Prioritizing officer wellness to reduce unhealthy stress by adopting a trauma-informed model has the potential to reduce staff, officer and administrator
burnout and vicarious trauma.

Implementing trauma-informed policies and practices within all probation departments will benefit all parties involved at this sequential intercept. According to SAMSHA, “Trauma-informed Care (TIC) is a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” It also involves “vigilance in anticipating and avoiding institutional processes and individual practices that are likely to re-traumatize individuals who already have histories of trauma and it prioritizes the importance of consumer participation in the development, delivery, and evaluation of services.”

According to SAMHSA, “Individuals who have experienced trauma are at an elevated risk for substance use disorders, including abuse and dependence; mental health problems (e.g., depression and anxiety symptoms or disorders, impairment in relational/social and other major life areas, other distressing symptoms); and physical disorders and conditions, such as sleep disorders.” Allely and Allely found that 75% of incarcerated individuals reported trauma histories; other studies have found comparable or higher rates.

Trauma affects cognitive functioning, emotional well-being, and an individual’s compliance with court-ordered terms of community supervision. Presently, there are a variety of evidence-based strategies for intervening with this population.

2. Make a commitment to initial and continued trauma-informed training for new hires and all department employees including, but not limited to, legislatively mandated and Commonwealth funded standard/uniform education and ongoing training for new hires and all employees across the Commonwealth

a. The committee supports the existing efforts of the County Commissioners of Pennsylvania Annual Conference (CCAPAC) for training and standards and EBP Leadership Team recommendations. The (PA) Criminal Justice Advisory Board
(2022), citing SAMHSA research, also advocates for trauma-informed practices, including education and training because these practices can:

- de-escalate behavior,
- avoid re-traumatization,
- reduce the number of people with behavioral health challenges in the Criminal Justice system, and
- promote recovery.

b. Annual review the improvement of trauma-informed policies and practices with community participation:

- “Agencies can maintain a trauma-aware environment through ongoing staff training, continued supervisory and administrative support, collaborative (i.e., involving consumer participation) trauma-responsive program design and implementation, and organizational policies and practices that reflect accommodation and flexibility in attending to the needs of clients affected by trauma” (SAMHSA, 2014, p. 13). Agencies can set reasonable training goals to gradually increase the capacity of all personnel to be trauma-aware/ trauma-informed/ and trauma-responsive. For example, a goal would be to have (x) percent of staff trained within 12 months and (y) percent to be certified as “trained trainers” within (z) months. Variables will depend upon the size of the organization and existing education and training funding.
- Funding is a primary concern. Models that employ train-the-trainer models can reduce training costs and increase adoption of trauma-informed practices in probation, parole, and reentry organizations. SAMHSA offers free and fee-based trainings to facilitate ongoing training and education efforts.
- Local, state, and federal grant support is also needed to bring this goal to fruition.

c. Adopt policies and practices that invite interested and trained officers to supervise high-trauma groups (as opposed to assigning DV, SO, MH to officers ill equipped or uninterested in the unique needs/challenges of working with
high-need populations) while providing these officers with the training and support needed to reduce/mitigate secondary traumatic stress, vicarious trauma, or compassion fatigue.

d. Standardized case-planning with trauma-screening/resilience included (by supervising officers after rapport has been established).

- According to SAMHSA (2014), “The two main barriers to the evaluation of trauma and its related disorders in behavioral health settings are clients not reporting trauma and providers overlooking trauma and its effects” (p. 99).

- A variety of screening tools are available, including symptom checklists, but they should only be administered by trained personnel SAMHSA, 2014, p. 101).

- Many trauma-related symptoms and disorders are culture specific, and a client’s cultural background must be considered in screening and assessment (for review of assessment and cultural considerations when working with trauma, see Wilson & Tang, 2007) (SAMHSA, 2014, p. 103).

- These best practice areas included the case management approach Effective Practices in Supervision (EPICS), trauma informed care (TIC), brain development science, and cultural competency.136

3. Foster an environment that is less triggering/traumatizing/re-traumatizing for all parties.

a. Physical changes to make the environment warmer/more motivating for clients and staff in probation and parole offices, including, for example, the waiting room, lobby, meeting rooms, and offices.

b. Preserve a private office space for more sensitive interviews and conversations:

- One of the least expensive, yet most impactful, practices is to make the physical environment within which clients, victims, witnesses, supportive others service providers and probation,
parole and reentry professionals interact less triggering, traumatizing and stressful for all parties. Trauma-informed designs, create spaces that are welcoming, demonstrate a safe environment, and provide a greater degree of privacy. According to SAMHSA (2014), “trauma-informed organizations ensure that the physical environment promotes a sense of safety and collaboration. Staff working in the organization and individuals being served must experience the setting as safe, inviting, and not a risk to their physical or psychological safety. The physical setting also supports the collaborative aspect of a trauma informed approach through openness, transparency, and shared spaces.” (p. 13).

- Committee members discussed the sterility of the environment, the negative impact of fluorescent lighting and the lack of private rooms to discuss particularly sensitive, triggering, or traumatic experiences. Newer agencies should consider the use of trauma-informed designs, while existing organizations can enhance the physical environment with the use of warmer lighting, inspirational/motivational artworks, increased greenery/plant life and lobbies/waiting rooms that are mindful of children, family members, victims, and others present. Additionally, one or two rooms (private as opposed to a cubicle of open environment), that prioritize safety and well-being, should be reserved for interactions that involve the discussion of traumatizing experiences. SAMHSA (2014) suggests, “Providing culturally appropriate symbols of safety in the physical environment. These include paintings, posters, pottery, and other room decorations that symbolize the safety of the surroundings to the client population” (p. 96).

- Provide highly visible, easily accessible, trauma resources.

4. Utilize peer mentors/navigators/case managers to assist supervising officers and offer client support.
   a. Allow peer mentors, who are formerly incarcerated and professionally trained, to be approved to enter prisons/jails.
According to Wurzburg (2021), “Peer recovery support specialists can play a critical role in reentry programs for people with behavioral health needs, from engaging participants in needed treatment and services to connecting them to prosocial activities.” Further, “peer services provide more hands-on care, with a friendlier relationship between staff and participants in which staff—peers—are offering their personal story to help people reintegrate. Our peers are taking participants by the hand to services they might need, such as education, vocational services, help with moving back in with family members— and whatever else they need to be successful in the community. Peers can offer more support where case managers cannot. They allow for more open conversation, which helps people to gain hope and reset back into the community again.”

While the use of reentry specialists is a newer phenomenon, initial research by Gonzalez (2017) found that, “that peers are continually leveraging their lived experiences to address clients’ mental health and substance use, housing, and employment needs” and there is support for the expansion of this model.137

5. Enhance lines of communication at client transition points.

Transition planning between the prison or jail and probation officers to provide reentrants with medication (upon release) and follow-up appointments in the community (scheduled before release or with a telehealth appointment from jail).

Individuals are most likely to relapse or violate the conditions of their release/community supervision within 30 days of exiting the jail or prison. Continuity of care from the facility to the community is a critical element of success. Reentrants have difficulty with transportation, housing stability, reestablishing relationships with supportive others, obtaining/maintaining employment and with engaging in the therapeutic programming that is either court-ordered or essential to their success. In Pennsylvania, state parole violations often result from people failing to report address changes and using drugs (Deng, 2021). The following steps are advisable:

Conducting telemed intake appointments for continuity of care in the community.
- Providing follow-up treatment and releasing reentrants with the appropriate amount of medication for substance use disorders.
- Providing opportunities for reentrants to report mental health and physical health concerns can reduce the trauma of release and follow-up with service providers in the community.
- Providing emergency housing resources to reduce the likelihood of homelessness.
- Fairly addressing housing-related violations if arranged housing falls through.
- In addition, while those with predicted release dates benefit from advanced reentry planning, emergency provisions for reentrants released under “bench parole” should also be established to ease the transition to the community and reduce the likelihood of committing a technical violation.

According to SAMHSA, transition planning: “Ensures people have workable plans in place to provide seamless access to medication, treatment, housing, health care coverage, and services from the moment of release and throughout their reentry (2022).” Accordingly, there are six key elements that help divert individuals from incarceration/ re-incarceration for failure to abide by conditions of probation and parole.

- Transition planning that includes providers and resources across criminal justice, behavioral health, and physical health care systems.
- Medication and prescription access upon release from jail or prison to reduce likelihood of relapse while reengaging with community-based service providers.
- Warm hand-offs from corrections to providers increases engagement in services.
- Benefits and health care coverage immediately following or upon release. States are encouraged to suspend rather than end Medicaid coverage. This allows people coming back to the community to quickly access important treatment services and medications. Where possible, essential planning and paperwork to start or restart benefits and/or health care coverage should be done before release.
- Providing access to peer support services can assist reentrants.
- In Pennsylvania, there are currently 34 county Reentry Coalitions that can assist reentrants trying to obtain resources and treatment. All Pennsylvania prisons and jails should provide people contact information to these coalitions prior to release. Within the coalitions, there are members from a variety of governmental and non-governmental organizations including, among others, health, education, human services, employment, and housing, who will also
help coordinate the processes and resources available to people with mental and substance use disorders as they plan their transition.

- Court/corrections/probation/parole department reciprocally share access to pertinent information to facilitate the warm hand-offs described above (i.e., MH, DV, trauma) at sentencing (pre-plea), for carceral sentences, reentry and vice versa for non-compliance (via information management systems or other mechanism).

Even if there was little to no trauma prior to the judicial process, the “experience of arrest, jail, court processes, and prison can all create trauma in the lives of correctional clients.”\(^{138}\) Further, “The uncertainty of being in jail while waiting for an unknown legal outcome can be traumatic. The deprivational conditions of jail and prison are traumatic. Other prisoners or correctional officers who prey on the vulnerability of new inmates can feel terrorizing. Use of restraints or seclusion can feel like re-victimization or reenactment of childhood maltreatment for individuals. These experiences in an environment where it is unsafe to express fear or distress can leave few outlets for coping in healthy, adaptive ways. More problematic is that “exclusionary practices and shaming labels often separate returning prisoners from mainstream social life, ironically reinforcing deviant identity and criminal behavior.”\(^{139}\) It is imperative, therefore, that each of the relevant intercepts, professionals and entities involved communicate underlying trauma-concerns and be cognizant of the impact of transitioning from one intercept to another.

If arrest is necessary for a technical violation, it should be done in the least traumatic way (not in front of children, if possible; providing the individual and their significant others/families members with information regarding future proceedings, the ability to visit or receive communications while incarcerated, etc.)

Collaboration and regular meetings with stakeholders (service providers, court personnel, police, DOC, community partners, PCCD, CJAB, Pennsylvania Reentry Council (PARC), local reentry coalitions, etc.) to coordinate service delivery. These collaborations can reduce overlaps and deficits in service provision. Moving toward a trauma-informed approach in Pennsylvania represents a paradigm shift and a greater level of service integration than traditional approaches. There is room for regular discussion about progress, barriers, and mechanisms for improvement.

**Presumption against incarceration for technical violations.**

a. Compliance incentives (recognition for progress)
b. If/when consequences are necessary, consider SCF, graduate sanctions or similar in lieu of revocation/BT after multiple minor violations.

Incentives and sanctions are based on “operant conditioning” which asserts that human behavior is learned through the consequences that result from our actions. Incentives reinforce certain behaviors while sanctions deter others, and the research indicates that “positive reinforcement is more effective in long-term behavior change than sanctions. Four positives to each negative are the suggested ratio.”

Traditional violations processes that allow multiple minor violations to result in revocation/remand to incarceration following a period of months have proven to be a less effective intervention than swift, certain, gradual interventions and sanctions. According to the National Institute of Justice and related research, “Swift and certain” punishment for violating terms of probation sends a consistent message to probationers about personal responsibility and accountability. Research has shown that a swift response to an infraction improves the perception that the sanction is fair, and that the immediacy is a vital tool in shaping behavior.141

“In many states, admissions for supervision violations are rising even as prison populations are otherwise falling. For instance, from 2008 to 2018, Pennsylvania reduced prison admissions for conduct other than parole violations by 21 percent, while admissions from parole violations grew by 40 percent.”142 This practice is inconsistent with evidence-based practices, and it is a more costly, less effective method to achieve behavioral change and reduced recidivism.

7. Support expanded access to diversion, problem-solving courts and models that emphasize support and rehabilitation as opposed to violation processes and incarceration for minor issues of non-compliance.

- The research on diversion and deflection is clear: the earlier a person is diverted from traditional criminal justice processing, the less likely they are to re-offend.143 There are different models that divert or deflect individuals at various stages of the legal process. Diversion programs, when implemented properly and when participants are appropriately screened, are an established model of intervention that addresses the underlying causes of crime, holds individuals accountable while enhancing public safety and reducing recidivism. These models are less expensive and more effective than incarceration, especially for law violations stemming from poverty, homelessness, housing and employment instability, substance use disorders and mental health concerns.
Caps to sentence/supervision lengths (legislatively mandated or court approved early termination).

- There is a growing body of research indicating that there are diminishing returns on the length of an individual’s supervision. Supervision beyond the timeline with which a person has established change and the ability to remain law-abiding are counterproductive to the goals of reintegration in communities and the collateral consequences of such can encourage, rather than discourage, continued law-abiding behavior.\textsuperscript{144}

- Of the 50 states, Pennsylvania has the second highest percentage of its citizens on probation and parole and the highest incarceration rate in the Northeast. Pennsylvania keeps its citizens under carceral control at one of the highest rates in the Western world. Pennsylvania’s lengthy probation sentences are unnecessary and disproportionate compared with the rest of the country.\textsuperscript{145} The failure of this approach is evident by the ACLUPA report that there was a 41% recidivism rate in Pennsylvania (2022). The Department of Corrections reported an even higher recidivism rate of 60% in Pennsylvania, which is among the highest in the nation (2022). Drawing on research from other states and jurisdictions, advocates have called for reform to Pennsylvania’s reliance on statutory maximum sentences.\textsuperscript{146} (Until legislative or sentencing commission changes are implemented to reduce the usage of maximum sentencing, probation, parole and reentry agencies should consider the adoption of administrative supervision or early termination for case compliance. This approach incentivizes people to remain compliant, enhances public safety and saves fiscal, personnel and practical resources for more high-risk individuals.

8. Increasing Funding for Additional Probation & Parole Officers

In the federal system, pre-sentence reports are routinely done in every criminal case to assist judges in understanding the background of the defendant including the defendant’s criminal history, mental health history, and substance abuse history, as well as the defendant’s quality of life in their home (i.e., parental separation or divorce, adoption, foster care, violence, drug abuse, etc.) This information, combined with trauma and mental health screens, can inform the court whether: (1) the defendant has been exposed to violence, (2) exposed to trauma, and (3) the impact of such exposure on the
defendant’s mental and physical health. Based on this information, the judge may choose an alternative sentence. Because of the large numbers of probationers or parolees that each officer must supervise, few probation offices can afford to use their officers to prepare pre-sentence reports. This will require additional funding.

F. Probation, Parole and Reentry Committee Future Steps

Using trauma-informed best policies and practices and the most current research on evidence-based probation, parole, and reentry policies, we plan to continue to enhance our knowledge of current initiatives already underway in Pennsylvania and nationally. We will continue to invite PPR departments utilizing some or all trauma-informed practices to inform the conversation so that we may provide a comprehensive blue-print for assessing the needs, strengths and challenges to this approach. The appropriate mechanisms for enhanced outcomes and the ongoing assessment of the efficacy of this approach include cost-saving, reduced recidivism, and reductions in staff turnover. The following best practices continue to guide our conversations as does the existing work of the various groups currently dedicated to this process, including but not limited to the PCCD, PARC, CJAB and county reentry coalitions. Best practices for enhancing public safety include:

- Enact alternatives to arrest, incarceration, and supervision, where appropriate.
- Implement evidence-based policies centered on risks and needs
- Adopt shorter supervision sentences and focus on goals and incentives.
- Establish effective, appropriate, and realistic supervision conditions.
- Develop individualized conditions for payment of legal financial obligations.
- Reduce use of and pathways to incarceration.
- Support community supervision agencies.

To this end, the Probation/Parole/ and Reentry Committee will continue to meet monthly to refine our recommendations and continue progressing towards the committee goal of creating a trauma-informed probation, parole, and reentry system throughout Pennsylvania.
Introduction

As of 2022, the United States continues to lead the world with the highest incarceration rate. Although the U.S. comprises only 5% of the international population, it is responsible for almost 25% of the prison population, directly affecting 2.2 million people. Further, criminal recidivism, or the re-arrest and re-incarceration rates of those with criminal involvement, has been a major issue for U.S. correctional systems. According to the Pennsylvania Department of Corrections (2022), of the 19,824 individuals released, over 9,300 return to prison in a three-year period (46.9%). This makes Pennsylvania the U.S. state with the ninth-highest recidivism rate.

Among these incarcerated populations, traumatic and adverse childhood experiences (ACE) are widespread. Research consistently substantiates that incarcerated individuals have disproportionately high levels of trauma exposure and trauma symptomatology, compared to the general public. According to the Substance Abuse and Mental Health Services Administration, “trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening, and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being.”

Research also indicates that exposure to traumatic experiences and trauma symptoms can increase the risk of criminality and criminal recidivism and can reduce the benefits of corrections-based treatment. This is unsurprising, given that in the general community, traumatic experiences are associated with substance use and relapse, domestic violence, and increased likelihood of poor family health, and vocational outcomes. Scholars report that symptoms of post-traumatic stress disorder (PTSD) affect incarcerated individuals similarly to survivors of “direct violence and war.” Prisons and jails may be exposure points for further traumatic experiences that negatively affect rehabilitation, reentry, and mental and physical health outcomes.

Given this information, a trauma-informed approach to correctional systems is most effective, efficient, ethical, and humane. It promotes public safety, reduces prison populations, reduces taxpayer costs, and ensures that prisons are serving their purpose as a place for reform and
rehabilitation. If reentry is to begin on the first day of incarceration, a common phrase used in corrections work, it must include a trauma-informed approach by everyone in the correctional system and be guided by the six principles to a trauma-informed approach offered by the Centers for Disease Control and Prevention and SAMSHA: (1) safety, (2) trustworthiness and transparency, (3) peer support, (4) collaboration and mutuality, (5) empowerment and choice, and (6) sensitivity to cultural, historical, and gender issues. A corrections system that does not work to become trauma-informed, address trauma-related needs, and reduce traumatic events experienced by incarcerated individuals, will fail to prepare people to re-enter society, and may contribute to continuing high recidivism rates. Moving forward, it is deemed essential that policymakers, correctional leaders, and researchers continue to work together to identify how to best equip correctional systems with the tools needed to assess and treat individuals with significant trauma histories and trauma-related needs, reduce the prevalence and impact of traumatic and triggering events, and otherwise embody a trauma-informed approach.

Members of the Corrections Committee

The Criminal Justice Action Team Corrections Committee was formed in July of 2021 to identify recommendations and related guidance to implement trauma-informed policies and practices in corrections systems in Pennsylvania. Led by the committee chair, Jacoba Rock, Ph.D., L.C.S.W., and Sydney Harris, a student intern from Penn State, the committee has met 20 times through August of 2022, and developed the recommendations set forth below. The 15+ committee members, all of whom have all volunteered to participate on this committee, include five with lived experiences of incarceration, four current and former employees of the Pennsylvania Department of Correction (DOC), and at least six individuals who lead organizations and initiatives to support treatment and re-entry in correctional systems. It is the hope of this Committee that the recommendations here are found to be instructive to all Pennsylvania correctional systems and facilities, including, but not limited to, the DOC and all county-based jails. The members are listed below:

**Corrections Committee Chair:**

- Jacoba Rock, Ph.D., L.C.S.W., Professor at Boise State University School of Social Work and practicing Forensic Social Worker

**Corrections Committee Members:**
• Sam Barlow, Lived Experience
• Adam Clausen, RISE Village, Training Specialist, Lived Experience
• Kurt Danysh, Tomorrow’s Neighbors, Executive Director, Lived Experience
• Jennifer Digby, Pennsylvania Department of Corrections, Treatment Services Program Manager
• Gretchen Frank, The Council of Governments Justice Center, Senior Policy Analyst
• Sydney Harris, B.S. Degree, and Master of Public Policy Candidate at the Pennsylvania State University; Intern, Pennsylvania Office of Attorney General
• Dennis Horton, Advance Wellness Recovery Action Plan, Facilitator and Field Organizer, Lived Experience
• Lee Horton, Advance Wellness Recovery Action Plan, Facilitator and Field Organizer, Lived Experience
• Lynn Miller, MHeD., Certified Peer Specialist, Senior Criminal Justice Associate and Advocate
• Carl Milofsky, Bucknell University, Department of Sociology and Anthropology, Professor Emeritus
• Mary Floyd Palmer, speaker, SCI-Chester, Archbishop, President, Philadelphia Council of Clergy, Inc.
• George Scott, MDiv., MSSI, LTC USA (retired), Pennsylvania Department of Corrections, former Treatment Services Program Manager
• Tracy Smith, Pennsylvania Department of Corrections, Director of Treatment Services
• Joanne Troutman, Cornell University, Director of Social Impact Programs

Recommendations

1. Implement trauma-informed education in all correctional facilities.

   **Background:**

   Even though trauma-informed approaches in schools are known, available, and studied in the broader community, these approaches are generally not used in corrections-based educational settings (i.e., classrooms, GED classes, etc.). As a result, correctional education may be an especially triggering environment for individuals who have been traumatized and incarcerated, given their background and increased likelihood of challenges and failures in the school context, if not provided in a trauma-informed environment and by a teacher who is trauma-informed.

   **Goals:**
1a. All correctional officials and staff should receive training in trauma-informed policies, practices, and care.

1b. Trauma-informed principles and best practices drive trauma-informed classrooms and educational processes in correctional systems.

1c. Correctional system-based educators are required to be trauma-informed in their approach and should receive advanced trauma-informed training. SAMHSA training and other existing introductory trauma-informed approach training. (see goal #6)

1d. Educational programs that already use a trauma-informed approach are increased and enhanced.

1e. Peer specialists are trained in basic trauma-informed approaches and more involved in supporting educational programs and initiatives.

Outcomes (short- and long- term):

- Identified barriers to learning for trauma-impacted, student inmates.
- Improved engagement in and completion of educational programs (including GED and college coursework).
- Fewer behavioral challenges in the educational setting.
- More educational and vocational success upon re-entry resulting in reduced recidivism.

Action Steps:

- The implementation of trauma-informed education in correctional facilities will require collaboration among correctional leadership, educational staff, peer specialists, and incarcerated individuals.

2. Implement trauma-informed services that promote rehabilitation of incarcerated persons in all correctional facilities.

Background:
Even though evidence-based trauma-informed treatment services are available in the broader community (outside of corrections), most current corrections-based rehabilitative services are not trauma-informed and may have the effect of re-traumatizing incarcerated individuals. Currently, there are not nearly enough corrections-based trauma-informed mental health providers. This results in frequent changes in providers, which affects rapport-building and therapeutic progress for traumatized individuals. Additionally, deficits and gaps in assessment processes result in many individuals with trauma histories and clinical PTSD symptoms or diagnoses not being identified and treated. Correctional environments may also be especially triggering for those with trauma histories, as individuals with trauma exposure may be more sensitive to and affected by stimuli in correctional facilities, including, for example, lights and noise.

Goals:

2a. The number and presence of qualified trauma-trained mental health providers will provide the mental health services necessary for individuals in the correctional systems. Individuals in the correction systems will receive rehabilitative services (evidence-based practices and other effective approaches) when needed, in a structured and reliable manner.

2b. The physical atmosphere and environment of correctional settings is less triggering for individuals with trauma histories. Mental health providers contribute to mezzo-level changes in correctional facilities and processes to reduce triggering.

2c. There are improved and ongoing evidence-based assessment processes which effectively identify individuals with trauma history and existing mental health needs, with reduced risk of labeling / stigma.

Outcomes (short- and long-term):

- Increased mental health contact (number of individuals receiving regular treatment, and overall amount of treatment contacts).
- Reduced number of mental health episodes and behavioral episodes per individual.

Action Steps:

- The implementation of trauma-informed rehabilitative services will require collaboration among correctional leadership, correctional staff, mental health
and trauma-informed providers and experts, service organizations, and trainers.

- The Pennsylvania Department of Human Services, private practitioners, and organizations may be able to provide alternative forms of treatment including, for example, animal-assisted therapy.

3. Encourage family involvement that is safe, healthy, and supportive

**Background:**

Research indicates that family members can be a healthy source of support in the treatment process for incarcerated individuals, despite any family background that may have contributed to individual challenges. Research also supports that with a greater quantity and quality of family contact, there is better behavior and functioning in correctional environments, and more successful re-entry. Because re-entry can be particularly challenging for individuals with trauma exposure and symptoms, trauma that may have occurred in the family system needs to be resolved in the family system through contact and involvement. Unfortunately, there are many reported barriers that exist to family contact and involvement.

**Goals:**

3a. Provide and enhance family-involved treatment and support for individuals and families who are in need and willing to engage.

3b. Increase the availability of allowances and supports for family contact and involvement.

3c. Reduce and eliminate barriers to family contact and involvement including, for example, transportation issues, mail issues, and technology.

3d. Improve visitation areas to be less triggering and more welcoming of families – including children – and supportive relationships. (Ex. murals, toys, etc.).

3e. Provide, increase, and make more accessible opportunities for family-oriented events (ex. family days, graduation.)
3e. Through trauma-informed training, train all staff to understand the importance of family involvement and contact.

3f. Information about visiting policies, the facility, and the status of the incarcerated individuals is clear, updated, and easily accessible to family members and other visitors.

Outcomes (short- and long-term):
- Increased family involvement in treatment.
- Increased amount of family contact.
- Improved quality of family contact, measured by ability to communicate about real issues, and ability to discuss expectations and needs.
- Improved behavior, mental health, and functioning of incarcerated individuals.
- Reduced recidivism; less interpersonal, interspousal violence.
- More involved parents (parents of incarcerated individuals, and incarcerated individuals as parents.)

Action Steps:
- To achieve these goals, there must be collaboration between correctional leadership, families, including, parents, children, extended family, and non-biological kinship, correctional staff who supervise and coordinate visits, and mental health providers and trainers.

4. Further develop peer mentoring initiatives.

Background:
Research consistently indicates that mentoring programs support meaningful relationships and improved functioning for system-involved individuals. Successful peer mentoring initiatives in correctional systems are already underway and could further support trauma-related needs and initiatives. In addition, peer support can be used to prevent and deescalate potential violence against staff and inmates.

Goals:
4a. Further develop Certified Peer Specialist (CPS) services as a resource to create and enhance trauma responsiveness and trauma-informed approaches.

4b. Increase the number of available and trained peer specialists / mentors, through intentional funding and agency partnerships.

4c. All peer specialists are trained in trauma-informed approaches, and related mental health and behavioral challenges (ex. substance use).

4d. Increase CPS efforts toward re-entry preparation for incarcerated individuals. See Goal # 5.

4e. Successfully re-entered individuals are authorized to engage in peer support efforts with incarcerated individuals. Contact between peer mentors and mentees is increased and improved via video conferencing and other opportunities.

4f. Ongoing support groups and trauma-informed trainings are available for peer specialists to reduce secondary trauma and ensure necessary use of strategies and resources.

4g. Specialists are supported, individually and in groups, by mental health support staff.

4h. Educate correctional staff about the importance and role of peer support.

**Outcomes (short- and long-term):**

- Increased quantity and quality of contact with peer specialists.
- Increased recognition by peer specialists of the effects of trauma, and how to address trauma-related needs.
- Expanded, authentic support networks for individuals who are incarcerated.
- Improved relationship and communication skills.
- Improved sense of responsibility and accountability.
- Reduced behavioral and functioning challenges.”
- Improved re-entry and reduced recidivism.

Action Steps:
- Create or enhance peer mentoring programs through the collaboration of correctional leadership, mental health service staff, peer specialists, successfully re-entered individuals, and community members.
- Provide and require a 3-day introductory trauma-informed approach training for peer mentors.
- Provide existing WRAP reentry training program.
- Provide opportunities for trained peer specialists to serve in leadership and training roles.

5. Implement trauma-informed reentry programming.

Background:
As indicated by research, trauma-informed initiatives in correctional systems can lead to better reentry outcomes. Unfortunately, many individuals who demonstrate improvement and success in carceral settings continue to struggle in the re-entry process, for trauma-related reasons.

Goals:

5a. Re-entry programming incorporates understanding of trauma-related needs and barriers.

5b. Peer specialists, community members, and professional staff are more involved with incarcerated individuals preparing for and engaged in re-entry.

5c. Opportunities for successful reentrants to participate in trauma-informed reentry preparation are increased.

5d. Because successful reentrants can serve as role models, they should be given opportunities to participate in trauma-informed staff and inmate reentry trainings.
Outcomes (short- and long-term):

- Improved hope and security toward re-entry.
- Available role models for “successful” re-entry.
- Increased community involvement.

Action Steps

- Implement or expand WRAP program\textsuperscript{159} / reentry involvement, which supports authentic conversations about reentry expectations.
- Implement or expand existing models of community member involvement.
- Provide opportunities for successful reentrants to meet with incarcerated people to share their experiences and participate in training / reentry preparation.
- Provide or enhance Peer Support services available post-release.

6. Develop and implement staff training to understand trauma, and related cultural, historical, and gender issues.

Background:

Research suggests that there is a lack of correctional staff knowledge and empathy regarding trauma and cultural differences. Further, there is a high exposure to secondary and vicarious trauma in the correctional workplace. Research also indicates that for correctional staff, there may be a particularly high prevalence of traumatic experiences in their personal and family lives. Thus, correctional work could be especially triggering and unhealthy, without necessary prevention and supports, resulting in consequences for the correctional community.

Goals:

6a. Correctional staff of all levels and at all facilities have initial and ongoing access to effective trauma-informed mental health focused materials, training, and support.
6b. Access to mental health care for staff members is increased, allowing for a more trauma-informed workplace, and reduced impact of secondary and vicarious trauma.

6c. Positive and respectful relationships between incarcerated individuals and staff are supported.

6d. Relationships and communication between staff are improved and supported.

6e. Hiring processes prioritize candidates who indicate values aligned with trauma-informed care and cultural competency / humility.

6f. Representation amongst staff and leadership (gender, race/ethnicity, geographical origin) is improved.

6g. Staff training is developed and supported by trauma-informed care evidence and expertise.

Outcomes (short- and long-term):

- Improved correctional staff knowledge and application of trauma-informed principles and practices.
- Increased use of mental health services by correctional staff members.
- Reduced mental health challenges for correctional staff members.
- Less anger and hostility between staff and incarcerated individuals, and amongst incarcerated individuals, which leads to less conflict and violence.
- Change in culture and perception around trauma and treatment for trauma, to more compassion-driven perspectives.
- Reduced stigma within correctional environment about seeking help and taking care of mental health.
- Reduced recidivism / re-entry.
- Improved job satisfaction for correctional staff.
- Increased involvement by external community.
Action Steps:

- Provide training to all staff, including new hires, on trauma, vicarious trauma, and implicit bias, and cultural differences.

- Provide asynchronous trainings and training materials to support introductory trauma-informed trainings, cultural competence / humility trainings through higher education, and existing private and non-profit organizations.

- Draw upon existing resources and successful trauma-informed training programs, including The House of Hope (at SCI Muncy) and House of Healing (at SCI Cambridge Springs).

7. Address access barriers to non-therapeutic basic needs.

Background:

When incarcerated individuals lack adequate access to basic needs, including sleep, nutrition, and healthcare, it is often stressful or adds to existing unhealthy stress and trauma that may be triggering, placing individuals in ‘survival mode,’ and otherwise negatively affecting mental health, particularly for those with prior trauma exposure and symptoms. There is clear evidence about the connection between mental and physical health, and the need for a holistic approach to improve physical and mental health conditions for people experiencing unhealthy stress and trauma.

Goals:

7a. Mechanisms are in place to identify existing barriers and assess basic needs.

7b. Trauma-informed oversight committees exist for incarcerated individuals to report issues related to basic needs (see goal #9).

7c. Improved sanitation meets public health standards and community norms.

7d. Higher quality and quantity of nutrition meets public health standards and community norms.

7e. Improved sleep autonomy meets public health standards and community norms.
7f. Reliable access to and use of outdoor areas.

7g. Freedom-based religious practices are upheld.

7h. Access to education and entertainment material, including for individuals in solitary confinement.

7i. Prison labor pay is improved, to decrease economic disadvantage due to incarceration.

Outcomes (short- and long-term):

- Individual non-therapeutic basic needs and rights, including related to sanitation, nutrition, sleep, recreation, religion, education, vocation, and entertainment, are met.

- Reduced medical and healthcare system costs of those involved in correctional systems.

- Improved morale and reduced stress of those incarcerated.

- Improved participation in rehabilitative processes.

- Reduced conflict and violence in correctional facilities.

- Improved views of correctional systems by incarcerated individuals, reentrants, and the general community.

Action Steps:

- Data about previously filed grievances is evaluated.

- Existing grievance processes in correctional systems are improved.

8. Minimize and eliminate traumatic experiences in correctional environments.

Background:

Not only is there a high prevalence of incarcerated individuals with significant trauma history, but there are also many sources of trauma exposure in correctional environments, which increase prevalence. Reducing or eliminating the traumatic events commonly experienced in correctional environments, including physical altercations, sexual abuse, isolation and
segregation, and solitary confinement, is essential to a trauma-informed approach to corrections.

**Goals:**

8a. Reduce traumatic experiences based on these recommendations, resulting in reduced use of solitary confinement.

8b. Decrease or eliminate physical and sexual violence. All complaints about threats of physical and sexual violence should be respected and investigated,

8c. Decrease or eliminate reliance on solitary confinement. When a person is placed in solitary, enhanced due process including appeals should be provided and respected to assure that the confinement is limited in time and justified by the nature of the infraction. Under no circumstances should the confinement be extended without due process.

8d. Processes and forums for reporting and sharing about experiences in the community are available and reliable.

8e. Accountability processes to maintain the rights of those in correctional systems are available and reliable.

**Outcomes (short- and long-term):**

- Reduced number of physical altercations and reduced number of physical injuries.
- Reduced number of sexual abuse incidents.
- Reduced use of solitary confinement (number and length of confinements).

**Action Steps:**

- To minimize and eliminate traumatic experiences in correctional facilities, conflict resolution and behavioral de-escalation training should be enhanced by adding trauma-informed components, as well as providing improved access to Prison Rape Elimination Act (PREA) resources and legal support.

9. Create systems of accountability and oversight
**Background:**

There is a need for leadership, guidance, and follow-through in order for trauma-informed change in correctional systems to be sustained and effective long-term. Change will result in both a top-down (at the superintendent/warden and correctional administration levels) and bottom-up transformation. It will require leadership to embrace both trauma-informed training for all staff at all levels, and a change in culture that will enhance accountability and improve relationships among staff and incarcerated people.

**Goals:**

9a. An independent, external body is established and used to monitor and review progress on a trauma-informed plan. Community members and consultants/experts on trauma-informed care are actively involved in this body.

9b. SMART goals (with specific, measurable, achievable, realistic, and time-specific outcomes) toward creating trauma-informed correctional facilities and systems are developed and regularly reviewed as part of the trauma-informed plan.

9c. Measurement tools for Recommendations #1-8 are developed, utilized, and continually evaluated, in combination with system audits.

9d. A system of collaboration and oversight across correctional facilities and jurisdictions (including at county level) is developed and utilized.

**Outcomes (short- and long-term):**

- Improved relationships between correctional leadership, staff, and incarcerated individuals.

- Reduced violence in corrections settings.

- Institutional and cultural improvement.

**Action Steps:**

- To create a system of oversight and accountability, support collaboration between facility and correctional system leadership, facility staff, incarcerated individuals, successful reentrants, trauma experts and researchers, and community members.
- Create correctional trauma-informed guidelines subject to annual audits, and an external review panel to monitor the efforts to create a trauma-informed facility and system.

10. Support collaboration between and among correctional systems and facilities within Pennsylvania.

   **Background:**

   Clear processes for correctional leaders and professionals to share ideas, resources, and approaches related to trauma-informed care would help to make a trauma-informed correctional approach more efficient and successful. While individual correctional facilities and systems’ successes in developing trauma-informed initiatives and programs are celebrated, a clear process promoting communication for sharing these ideas and resources would improve the overall correctional system and its culture surrounding trauma-informed care in the state of Pennsylvania.

   **Goals:**

   10a. Increased communication between correctional leaders and professionals, across every state and county facility.

   10b. A statewide corrections committee is established (or an existing committee enhanced) to include regular partnership meetings involving state, county, and local correctional leadership during which they share ideas, resources, and approaches related to trauma-informed care and trauma-informed corrections.

   10c. Funded resources, including a newsletter and website, are readily available highlighting correctional facilities’ implementation of trauma-informed care, program achievements, and guidance and support for all facilities.

   10c. Voice is given to incarcerated individuals and reentrants, such that there is clear communication with incarcerated individuals and reentrants about the perceived quality of the trauma-informed program and experience. Incarcerated individuals and reentrants have the opportunity to discuss the importance of trauma-informed care to officers of other facilities.
10d. Correctional facilities are supported in evaluating their methods and the overall progress of trauma-informed approaches; evaluation mechanisms are readily available to other facilities.

**Outcomes (short- and long-term):**

- Increased communication between correctional leaders and professionals, across every state and local facility.

- Increased knowledge about ideas, resources, and approaches by correctional leaders and professionals.

- Improved integration of trauma-informed approaches across correctional systems in the Commonwealth of Pennsylvania.

- Increased presence of the voices of incarcerated individuals and reentrants, to aid in program promotion and development.

- Updated tracking system of trauma-informed program implementation, and successes and ongoing needs related to implementation.

- Informational resources are readily available to correctional leaders.

- Pennsylvania correctional system trauma-informed programs and practices are widely implemented and evaluated, and successes are shared.

**Action Steps:**

- To provide effective collaboration between facilities and systems, create a highly coordinated collaborative structure that includes facility and correctional system leadership, trauma experts and researchers, policy- and law-makers, incarcerated individuals and reentrants, and third-party organizations that specialize in trauma-informed care.

- Work with and learn from the Pennsylvania Department of Corrections, which has developed a comprehensive plan to implement and enhance trauma-informed care training across the DOC.
- Implement trauma-informed “best practices” in individual correctional facilities and work with trauma-informed care experts, who are available and invested in supporting improvements to correctional systems.

- Seek funding through federal grants, including, but not limited to:
  
  The Justice and Mental Health Collaboration Program (JMHCP): a grant program administered by the U.S. Department of Justice (DOJ) that provides federal funding to assist state, local, and tribal governments in their efforts to improve outcomes for individuals with mental health conditions involved in the criminal justice system.

  The Justice Information Sharing Solutions (JIS): an implementation program that assists state, local, and tribal jurisdictions in reducing crime and improving the functioning of the criminal justice system through more effective information sharing, multi-agency collaboration, and implementation of data-driven, evidence-based strategies.

THE JUVENILE JUSTICE SYSTEM COMMITTEE

Sean Snyder, M.SW, Co-Chair
Stevie Grassetti, Ph.D., Co-Chair

Introduction

This document is divided into sections that cover the theoretical background to view this document, an overview of the sequential intercept model, and specific sections that outline recommendations for each intercept.

Background

In conceptualizing a trauma-informed juvenile justice system, we consider the following four pillars. First, the definition of child trauma necessarily recognizes the impact of trauma on youth, and how it affects those who help children. The second pillar is viewing the child in terms of their development, considering what is developmentally appropriate and typical. The third pillar is a shift away from the model of solely treating individual children for individual problems to a model of prevention that
considers multi-tiered systems of support. The fourth and final pillar is recognizing how the child is influenced by their environment, which points to the ecological systems perspective. Knowledge of these four pillars can move towards a system that is dynamically responsive, health promoting, and appropriate.

Traumatic experiences can cause developmental disruptions, a sense of chaos, and potentially lead to poor health outcomes. Youth impacted by the Juvenile Justice System (JJ) have higher rates of traumatic exposure than their peers and a higher likelihood of having Post Traumatic Stress Disorder. Traumatic exposure can create other problems for children, such as impact on cognitive ability and school achievement (CDC, 2019). Trauma exposure does not correlate to delinquent behavior, the problems trauma produces can lead to risk-taking behaviors, survival coping, and externalizing behaviors. Involvement in the juvenile justice can further complicate these problems that youth face. Youth have psychological, emotional, and behavioral milestones that are occurring on a developmental pathway, and services for youth should reflect where youth are at on that pathway. Adult services cannot be transplanted to youth services; one cannot treat a developing child as an adult. Each child too has different needs, which necessitates a service portfolio that matches the intensity and type of service to the child’s individual needs. A child’s environment is unique to their development because they are influenced heavily by their peers, neighborhood networks, the school environment, and by other contexts that support or negatively impact the child. The child’s environment must be considered when evaluating a child’s development, treatment, and rehabilitation. In summary, youth should be seen as a person in an environment, on a developmental pathway that can be disrupted through traumatic exposure and juvenile justice involvement. To best respond to these needs, services need to consider the individual needs of youth and resist re-traumatization.

Adolescence and emerging adulthood are periods of massive changes in social, emotional, and cognitive processes and brain development that will shape the trajectory of their adult lives. What we often hear from youth-serving professionals, parents, and the human services field in general is that this is a time of “Risky Behavior.” There is a neurobiological basis for that, but what we do not always hear emphasized is how the plasticity of brain development during this period opens tremendous opportunities for positive experiences to impact emotional regulation positively and resulting in the child eventually making sound decisions as an adult. Youth engagement is a way to provide a safe and supportive environment for youth to gain leadership skills, take risks, and be exposed to new experiences.
System-involved youth may lack natural supports and/or have experienced chronic stressors and adverse childhood experiences. Research is clear that trauma-responsive care, access to support networks, proactive and cooperative relationships, and normative experiences during adolescence can help mitigate earlier trauma.

There has been a growing recognition in the juvenile justice field that youth and families should not just be passive recipients of services and programs, but actively involved in the decisions that affect their lives. From a system reform and system’s change perspective, those closest to a problem are also closest to the solution, so any adult who is making decisions that impacts a young person’s life, whether that be at the case level or system level, has a responsibility to engage them in developing the solutions that will meet their specific needs.

The Sequential Intercept Model has utility in understanding specific needs at specific times during legal system involvement. The Sequential Intercept Model is a framework to understand how to divert individuals with serious mental illness away from the juvenile justice system to rehabilitative services related to their wellness challenges. These are “touch points” of care, where services can be mapped based on need of the patient as they progress through their legal proceedings. The original intercepts can be seen below. For our purposes, we have adapted these intercepts and have defined them as (0) Community Based Prevention, (1) Law Enforcement, (2) Courts, (3) Confinement, (4). Each of the following sections will provide an overview of the intercept, the key areas of recommendation, and a discussion of our intended results, stakeholder mapping, opportunities to implement recommendations, and progress indicators.

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Recommendations

A. Intercept Zero: Community-Based Prevention

Community-based prevention as described by the Substance Abuse and Mental Health Services Administration (SAMHSA) involves “opportunities to divert people into local crisis-care services. Resources are available without requiring people in crisis to call 911, but sometimes 911 and law enforcement [currently] are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime.”

Our recommendations will have these key areas of focus:

- School to Prison Pipeline
- Health and Behavioral Health Support
- Child Welfare System

School to Prison Pipeline
The school to prison pipeline\textsuperscript{167} is a phrase used to describe the tragic impact of harsh “policies and practices that directly and indirectly push students out of school and on a pathway to [[juvenile
detention] and prison.” To counter the “pipeline,” is a recognition that many of the behaviors that result in harsh discipline and referral to the juvenile or criminal justice system could be ameliorated through implementation of a trauma-informed approach to children in schools. It is an upstream way to divert youth from system contact and prevent trauma that can accompany system involvement.

The intended results of this effort are to:

- support youth in their natural environments and to keep them in school (to degree attainment)
- develop school connection
- provide educators with support to implement Individual Educational Plans (IEP)
- enable youth to receive mental health supports in schools with referrals to community supports
- reduce and limit of role/elimination of police in schools
- focus on restoring harm over exclusionary discipline
- address disparities in school discipline (e.g., race; disabilities; LGBTQ)
- create sustainable policy change (e.g., reforming truancy policies, reforming policies similar to “zero tolerance” even if it is not official PA policy)

To achieve these intended results, the following actors and stakeholders need to be in alignment:
Pennsylvania Department of Education (PDE), School Boards, school administrators and staff (particularly teachers, school counselors, school psychologists, school social workers, and any staff involved in school discipline), Families, youth, advocates, Disproportionate Minority Contact (DMC)/Racial and Ethnic Disparities (RED)/PA State Advisory Groups, School Resource Officers, when applicable.

**Recommendation 1:** All educators should receive trauma-informed training.

**Recommendation 2:** Educators should refer youth to receive mental health support and/or treatment when appropriate.

**Recommendation 3:** Provide mental health professionals in all schools.

**Recommendation 4:** Reduce the role of police in schools and require School Resource Officers to receive trauma-informed training.

**Recommendation 5:** Provide training and implement Restorative Justice tools to address school discipline.

**Recommendation 6:** Provide cultural competency training for all educators and school police.
The following programs can serve as models, such as:

- The school pre-arrest diversion program in Philadelphia
- Pursuing Equitable Restorative Communities (PERC) Pittsburgh Public Schools
- Multi-tiered Systems of Support in schools
- Cognitive Behavioral Interventions for Trauma in Schools (CBITS) & Bounce Back
- The Connecticut School-Based Diversion Initiative
- School-based youth courts e.g., Center for Court Innovation, Dane County Time Bank
- Substance use treatment courts

To benchmark progress, the following metrics should be collected and reviewed:

- Reduction in suspensions and ongoing progress toward less detentions and suspensions;
- Fewer drop-outs;
- Improved attendance;
- Reduced disparities in suspensions/expulsions;
- Student and teacher report of improved school climate;
- Increased number of school mental health professionals per school;
- Reduction in the number of calls to police from schools and the arrests made in schools;
- Increases in number of calls to behavioral health supports; Increases in funding and implementation of multi-tiered systems of support in schools that have a Restorative Justice (e.g., Relationships First program);
- Increase in staff knowledge about trauma/increase in staff implementation of trauma-sensitive classroom practices;
- Increase in SPED funding/staff;
- Student and teacher ratings of school safety; and
- Reduced expulsion/referrals to alternative placements

**Health and Behavioral Health Support**

Providing youth with health and behavioral health supports in the community can provide protective factors against exposure to traumatic situations and reduce problems if such exposure occurs. Our intended results focus on youth having access to care in the place that they and their family prefer (school, home, community). Youth should have access to:

- Culturally sensitive/relevant care;
- Continued telemedicine use (inclusive of phone or video options); and
- Culturally responsive care (and consider training pipeline and job connections for underrepresented racial/ethnic groups).
Recommendation 7: Each school should provide culturally sensitive care to all students.

Recommendation 8: All schools should be able to access needed mental health services.

Recommendation 9: Where appropriate, telemedicine via phone and/or video should be available.

Recommendation 10: Provide language access for all students in need of mental health services.

To achieve these intended results, the following actors and stakeholders would need to be in alignment: Insurance companies (considering network; benefit packages); City government and local behavioral health ‘funders;’ PA Medicaid; School districts / Department of Education; Academic training centers.

There are current initiatives that are helpful models:

- Integrated Care Models in pediatric primary care
- School-based mental health services
- 311/911 split—Consider promotion of 988 vs. 311 (encourage PA to fund crisis services and supports)
- Insurance and payer reimbursement models that cover tele-mental health services
- Targeted programs like National Service Corps.169

To benchmark progress, the following metrics should be collected and reviewed:

- Absolute change in reimbursement schedules;
- Number of organizations implementing trauma related screening and treatment
- Reports of the percentage of individuals/families making it to appointments
- Quality Metrics from the Centers for Medicare & Medicaid Services (CMS)
- The number of people from underrepresented groups graduating from professional programs; and
- Pennsylvania Youth Survey (PAYS) (provides data about student’s views on critical issues including mental health by participating school districts/counties.

Child Welfare

Youth may be dually involved with the Juvenile Justice System (JJ) and child welfare systems. Improving the child welfare system could be impactful on JJ outcomes. Our intended results focus on the following:
Recommendation 11: Provide improved training around mandated reporting (esp. racial biases)

Recommendation 12: Provide information about trauma-informed supportive services and treatments that specifically target post-traumatic emotional problems (priority access to such services)

Recommendation 13: Provide Trauma-informed training focusing on foster care/kinship care (inclusive of youth with diverse sexual orientation, gender identity and expression (SOGIE))

To achieve these intended results, the following stakeholders would need to be in alignment: PA-DHS, individual county offices, along with all levels within an organization – from leadership to direct care staff.

There are existing programs that provide examples of opportunities to implement successful approaches:

- Communities of Hope (Casey Programs)
- Family Resource Centers
- PhillyFamiliesCan.com referral to home visiting programs
- Mandated “Supporters” messaging Pre-trial system for dependency cases (diversion tracks) 170

To determine progress, the following metrics should be collected and reviewed:

- The number of youth diverted cases from child welfare referrals;
- The number of youth with access to benefits;
- The length of time the youth/ family was receiving the benefit;
- Length of time the youth were in DHS supervision;
- The number of individuals receiving trauma informed care training; and
- The number of linkages/ referrals to trauma treatments.

B. Intercept One: Policing of Juveniles

This intercept focuses on diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. It allows people to be diverted to treatment instead of being arrested or booked into juvenile detention or jail.
Our recommendations will have these key areas of focus:

1. Supporting officer health and wellness;
2. Supporting and enhancing relationships between police and community; and
3. Increasing the use of diversion and prevention programs.

**Supporting Officer Health and Wellness (See also The Report of the Policing Committee)**

Law enforcement provides a public service with many demands. Supporting police through focusing on their health and wellness can have impact on communities. Intended results include:

- Improved quality of life for law enforcement officials and staff
- Decrease burnout for law enforcement
- Less stress on officers, which leads to less reactive policing (bias/stereotypes)
- Reduced trauma, vicarious trauma, and suicidality
- Improved competencies in handling crisis situations and being fit to use those competencies

To achieve these intended results, the following actors and stakeholders must be in alignment: Chiefs of Police Association, Pennsylvania State Police, Police Associations of all types, police unions.

To enhance officer wellness and reduce unhealthy stress, burnout, and vicarious trauma, there exist programs that provide models:

- Peer Support programs incorporate trauma-informed practices into other safety training like firearms, use of force, control tactics.
- Understanding that confidentiality must be at a premium, providing robust Employee Assistance Programs (EAP) benefits or alternatively access to mental health services outside of the law enforcement agency.
- Mental health and trauma-informed training for self-care.
- Combining Crisis Intervention Team (CIT) and trauma-informed training.
- Utilizing the National Child Traumatic Stress Network (NCTSN) curriculum.

To determine progress, the following metrics should be collected and reviewed:

- Decrease in officer suicide;
- Increase in use of EAP-related services and other services outside of the department;
- The number of trauma-informed policing trainings; and
- Whether a department leadership is creating a trauma-informed culture.
Supporting Relationships Between Police and the Community

The importance of supporting community relationships is to provide more resources to communities, more information regarding the juvenile justice system, and to empower police to have a trauma-informed relationship with the community.

To achieve these results, the following actors and stakeholders must be in alignment: police commander (preferably the chief); police supervisors (up to lieutenant); patrol officers; District Attorneys, members of the Defense Bar, Department of Human Services (DHS), judges, community leaders, and members of the local/county government.

There are opportunities to achieve these results via existing programs:

- Enhancing Law Enforcement Response to Children Exposed to Violence and Childhood Trauma: Toolkit
- Community Oriented Policing
- Crisis Intervention Team (CIT) Training

We could be able to indicate progress with metrics that track:

- The number of officers trained in trauma-informed policing;
- The number of departments becoming trauma-informed;
- The number of assaults on police. The number of shootings by police in community; and
- The number of times police de-escalated rather than escalated (opposite number.)

Increase Use of Diversion and Prevention Programs

Increasing the use of diversion and preventative programs, including Pre-Arrest diversion programs, will reduce the exposure of juveniles to confinement and enhance prevention and rehabilitation.

To achieve these results, the following stakeholders must be in alignment: Police Chief and Command staff), patrol officers, District Attorneys, Defense Bar, Department of Human Services, Courts, Community Leaders, elected officials.

There are opportunities to achieve these results via existing programs:

- Emerging Adult Program (Long Beach model)
- Cross-over model and fidelity to the model
- Restorative conferencing in schools
We would be able to indicate progress with metrics such as: the number of arrests particularly in communities of color and the number of cases diverted pre-arrest.

C. Intercept Two | Juvenile Court (See the Report of the Court Committee)
This intercept involves diversion to community-based treatment by jail clinicians, social workers, or court officials during booking, jail intake, or initial hearing.

Our recommendations will have these key areas of focus:

- Court Processes
- Court Connection to Evidence-Based Practices

Juvenile Court Processes
The focus on juvenile court processes seeks to change the culture of the juvenile court system and to make it less adversarial. Moving away from a zero-sum approach and to allow the voices of youth to be heard, will be empowering, and may contribute to a less traumatic experience for the juvenile justice population.

Recommendation 13: Implement Restorative Justice processes where appropriate to reduce the adversarial culture of juvenile court.

Recommendation 14: Provide enhanced opportunities for justice-involved youth to be heard.

To achieve these intended results, the following stakeholders should be in alignment: Judges, the District Attorney’s Office, probation, members of the Defense Bar, Department of Human Services (DHS), community providers, and Congregate Care leadership.

There are current initiatives that are helpful to learn from:

- NCTSN Resources including Judges Bench Cards
- Trauma-informed Juvenile Court Assessment
- Court trauma-informed trainings
- Restorative conferencing
- Restorative Justice sentencing\(^{173}\)
To measure progress, the length of time from arrest to disposition can show a change in court process. There can be confounding variables, however, because unnecessarily long processes can limit opportunities to prevent re-traumatization.

**Court Connection to Evidence-Based Practices**

Increased knowledge of evidence-based practices related to post-traumatic problems can bridge the knowledge to treatment gap. This would entail providing substantial investment in community-based providers to implement evidence-based practices.

**Recommendation 15:** Provide training on and funding to develop and support evidence-based practices that focuses on post-traumatic exposure and PTSD to assist in providing the most effective treatment.

To achieve these intended results, the following stakeholders should be in alignment: the courts, District Attorney’s Office, probation, members of the Defense Bar, DHS, Community Providers, & Congregate Care leadership.

There are current initiatives that are helpful models:

- JCJC Trauma Informed Case Planning (TIDP);
- Developing relationships between courts and intermediary organizations that support capacity to implement trauma-informed interventions
- In Philadelphia, the Philadelphia Alliance for Child Trauma Services includes a network of providers and court liaisons embedded in the courthouse to help navigate this network.  
- Progress can be tracked by the number of successful linkages to community-based organizations that provide trauma-informed, evidence-based practices. Additionally, progress can be tracked by youth satisfaction surveys on court and treatment experiences—in keeping with the greater inclusion of youth voice.

**D. Intercept Three | Juvenile Detainment, Confinement, Residential Services**

This intercept includes services that prevent confinement and triggering environments that have a negative impact on a child’s mental health during their stay.

Our recommendations will have these key areas of focus:

- Limiting contact with detention
- Focus on family engagement
• Multi-tiered systems of support in facilities

**Limiting Contact with Detention**

In limiting contact with detention, the intended results include:

Reduced number of youth in detention;
Decreased length of stay;
Trauma informed spaces within detention
Ensuring detention is not used as a holding place for child welfare cases; and
Increasing appropriate and accessible Mental Health care for young people with SMI.

**Recommendation 16:** The length of juvenile detention should be reduced and should only be used as a sanction and not for any other purpose.

**Recommendation 17:** Trauma-informed Mental Health services should be easily accessible in juvenile detention facilities.

To achieve these intended results, the following stakeholders need to be in alignment: Judges, probation, Detention facility staff / leadership, members of the Defense Bar, police, and educators.

There are current initiatives that can serve as models:

Use of Pennsylvania Detention Risk Assessment Instrument (PaDRAI) (consistent use and application) and building increased capacity for alternatives to detention such as Electronic Monitoring and shelter care options. While the latter option is not ideal, it is an option with less restriction than juvenile detention.

To realize this goal, an increase in indigent defense funding would be needed to reduce the high caseloads for public defenders to allow the time and attention to advocate for the youth.

We would be able to indicate progress with metrics such as the number of youth admitted to detention related to the number of juvenile arrests and cases processed. Length of stay in detention would be a metric here as well.

**Focus On Family Engagement**

With increased focus on family engagement, the intended result is to:

• Provide more front-end opportunities to increase family participation in case planning for individual youth;
Develop ongoing family cohesion and stability for youth;
Consider how to involve families in detention or residential programming; and
Family engagement requires transparency from stakeholders and opportunities to build trust and collaboration.

Recommendation 18: Increase family participation in case planning for youth in the juvenile justice system and following their release.

To realize these intended results, the following stakeholders must be in alignment: judges, probation, Detention/Youth program staff, Family Advocates, and youth themselves.

Within Pennsylvania, there are training opportunities for juvenile probation and family advocates around family engagement. Also, there are resources through JCJC related to family engagement throughout the court and confinement process. To understand if progress is being made, families can be provided satisfaction surveys around case planning and participation in family programming.

Multi-Tiered Systems of Support in Facilities
With the implementation of multi-tiered systems of support in restrictive settings, the intended results are to:

- Increase well-being of youth and staff.
- Reduced use of restraint/seclusion in facilities.
- Decrease in stress symptoms for both youth and staff; and
- Responding in a targeted way to secondary trauma affecting the staff. (This aligns with SAMHSA’s trauma-informed approach to respond appropriately to criminal justice staff exposed to trauma and to prevent re-traumatization after an exposure to trauma.)

Recommendation 19: Introduce Multi-Tiered Systems of Support (MTSS) frameworks in order to prioritize physical and mental health wellness of both youth and staff.

Recommendation 20: Restraints and Seclusion should only be used in exceptional circumstances when the safety and security of any person or self is in danger. Because of the substantial risk that seclusion may be traumatizing or exacerbate existing trauma, seclusion should be limited, as set out in written guidelines, by the facility and available to residents, families, and the public.
To realize these intended results, the following stakeholders must be in alignment: Facility leadership, Direct Care staff, Clinical staff, training leaders, families, and youth. Additionally, community-academic partnerships could be brought in to increase capacity to implement programs successfully.

Resources exist related to providing universal, selective, and indicated intervention, including:

- “Think Trauma 2.0” is a free resource for groups to implement trauma informed care for justice-involved youth.
- Interventions have also been implemented with success in facilities, with varying levels of intensity and need including Trauma Grief Components, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) / Support for Students Exposed to Trauma (SSET) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). ¹⁷⁵

To know if progress is being made towards these intended results, data should measure:

- The number of facilities adopting the approach;
- The number of individuals trained to provide the intervention support;
- The number of restraints/incident reports within facilities; and
- Survey of youth experiences in facilities, which can be provided by youth mentors.

**E. Intercept Four: Community-based Services**

This intercept involves supported reentry back into the community after juvenile detention, jail, or prison to reduce further justice-involvement of people with mental and substance use disorders. This involves reentry coordinators, peer support staff, and/or community in-reach to link people with proper mental health and substance use treatment services. It involves community-based criminal justice supervision with added supports for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

Our recommendations will have these key areas of focus:

- Building capacity of community programs
- Public health approach to gun and anti-violence
- Supporting trauma-informed probation
Building Capacity of Community Programs

Our intended results look to increase the number of youth-serving organizations that promote positive youth development and to increase the capacity and effectiveness of community-based programs to support justice-involved youth. This trauma-informed capacity effort would increase the number of organizations trained in trauma-informed and healing-centered services, as well as to provide for their financial sustainability.

Recommendation 21: Provide trauma-informed training to community-based programs serving youth in the juvenile justice system.

To achieve intended results, we can look to current initiatives such as:

- “Effective Practices in Community Supervision (EPICS),” supporting JCJC spread / scale of projects.
- Investment in Positive Youth Development models as well as build capacity for task-sharing models in mental health, such as peer specialist programs.
- Increased funding for behavioral health programs can come from increased Medicaid reimbursement rates for behavioral health. 176

To know if progress is being made towards these intended results, the following metrics should be used:

- Pre/post evaluations of trauma-informed care knowledge and skills for existing organizations; and
- The number of new providers involved in service delivery.

Public Health Approach to Gun and Anti-Violence

The intended results include:

- Creating a culture of support and accountability post-involvement in JJC to decrease violence towards self or others. This will contribute to a change in wellbeing for both juvenile justice-involved youth and the community through decreased exposure to gun violence
- Provide trauma-informed support to youth after exposure to violence.

Recommendation 22: After release from juvenile detention, priority must be given to providing trauma-informed support services to youth to prevent violence towards themselves and others.
To achieve these intended results, the following stakeholders need to be in alignment: Justice-involved youth, probation departments, law enforcement, other public safety officials, and trained Restorative Justice facilitators.

The following initiatives may serve as models:

- Hospital Based Violence Intervention Programs
- Cure Violence
- Restorative Justice Circles of Support and Accountability

To know if progress is being made towards these intended results, data should measure:

- Sense of belonging for youth;
- Rates of violent offenses post-involvement by youth;
- Externalizing behavior outcomes (e.g., antisocial behavior/ aggression); and
- Mental health outcomes for youth.

**Supporting Trauma-Informed Probation (See also Report of the Probation/ Parole/ and Reentry Committee)**

To create a trauma-informed probation system would emphasize collaboration between youth and probation in their rehabilitation plan.

**Recommendation 23: Create a trauma-informed juvenile-justice probation system.**

To achieve these intended results, the following actors and stakeholders would need to be in alignment: probation departments, courts, and families.

There are current initiatives that may serve as models:

- Transforming Probation Resource from AECF
- The current trauma-informed probation initiative through JCJC

**Conclusion**

Trauma informed transformation requires designing for implementation, which involves clearly defining the changes being made, understanding barriers to and facilitators of those changes, selecting implementation strategies to support the roll out and sustainability of changes. These recommendations are priority areas from exploratory work by this committee. The decision to adopt these recommendations will require a preparation phase that should pay attention to the outer
contexts of implementation – policies, funding, inter-organizational environment, to the inner contexts of implementation – including organizational leadership, staffing, culture, quality monitoring, to the bridging contexts of implementation – such as, purveyor organizations and community-academic partnerships. It also requires an attitude of cooperation. Youth benefit when adults or other people in positions of power cooperate - and do not compete. The results from changes are not owned by one group or entity. Wellness is a public good.

PREVENTION COMMITTEE
Liam Power, Chair
Jeannine L. Lisitski, PhD., Chair Emeritus

Introduction
The role of prevention in mitigating trauma is of unequivocal importance. The prevention space broadly encompasses aspects of everyday life and touches all people and organizations. The scope of prevention is potentially endless, however, efforts to merely prevent trauma illustrate the futility of combating such a complex issue on a singular front. Trauma is already everywhere and affects humanity across a large and complex continuum, which includes individuals, relationships, communities, and societies.

The individual effects of trauma do not impact all people equally. There are myriad factors for this including access to support systems, healthy relationships, and general abundance of other Protective and Compensatory Experiences (PACEs) which facilitate healing. Conversely, the abundance of poverty, community violence, generational trauma (causing epigenetic changes in DNA), and general exposure to Adverse Childhood Experiences (ACEs) are facilitators which contribute to re-traumatization. These effects are further compounded by disparities in race, ethnicity, and socioeconomics (to name only a few). For instance, ACEs are more prevalent in Black and Hispanic children with 61% and 51% of children, respectively, experiencing at least one ACE.\textsuperscript{179} This is discordant when compared to white children, of whom 40% experience at least one ACE (Id.)

As children grow, they may experience multiple ACEs and carry the weight of those ACEs with them throughout their lives without acknowledgment, help, or treatment. Some children have protective factors to aid in their coping and recovery... many do not. Biologically wired for survival, children
develop behaviors to adapt. These adaptive (and maladaptive behaviors) are necessitated by their survival instincts and vary based on the abundance or absence of protective factors. The development of one type of adaptation over the other often plays a profound role in the eventual life trajectory of youth.

Schools are a community ecosystem where children have the propensity to flourish. Schools are, therefore, a natural focal point for efforts to nourish and develop young people to their maximum potential. In the best of circumstances, schools can develop young people to become the best they can be. At present (in 2022) however, school funding is disparate, teachers are leaving their profession in unprecedented numbers, and an insufficiency of school counselors is contributing to learning environments enduring a period of unprecedented need. This decline comes at a time when ACEs are increasing on the heels of the COVID-19 pandemic.

The prevalence of suspected child abuse is a barometer for understanding how commonplace certain ACEs are. In Pennsylvania, a total of 38,013 reports of suspected child abuse were made in 2021, with 5,438 of those reports being substantiated. Among the founded allegations were 2,171 substantiated reports of sexual abuse and 1,418 substantiated reports of physical abuse. As these students (often silently) carry their trauma with them to and from school, the lack of sufficient school resources makes it more difficult to identify and support students who may need the most help. This lack of access to critical student support has contributed to the deterioration of student mental health.

In Pennsylvania schools, 40.1% of students have reported feeling depressed most days out of the past year. Further, 17.6% of students have self-harmed, and 18.6% have seriously considered suicide in the past year. These frightening statistics are directly impacted by ACEs and PACEs experienced by students. ACEs are often mirrored in other community settings, leading to negative or threatening interactions spilling over into the learning environment. For instance, 16.7% of students have reported being threatened at school. These numbers are considerably higher for LGBTQ+ youth, 86.3% of whom report experiencing harassment or abuse based on personal characteristics across the country.

Further along this social continuum are the relational effects of trauma which impact a child’s home environment, and family dynamics. Adults are no less susceptible to the effects of trauma than children and carry a lifetime of varying trauma exposure with them. These experiences directly affect their relationships at home and with their children. The statistics are concerning: 67% of adults surveyed across 25 states reported at least one ACE and 1 in 6 (16.7%) reported 4 or more ACEs.
Therefore, access to support is not only needed in schools, but is also paramount to successfully supporting adult mental health – although access remains an issue.

According to the National Alliance on Mental Illness (NAMI), 1,814,000 people in Pennsylvania have a mental health condition, but in 2022, 1,710,371 people in PA live in a community without enough mental health professionals. Unsurprisingly, these data indicate disparities in communities of color, other minority populations, and rural communities as well. However, these statistics highlight only one portion of the problem. Mental health is directly correlated with criminal justice system involvement. One in four people (25%) with a mental health condition will be arrested in their lifetime, and 7 in 10 (70%) youth in the juvenile justice system have a diagnosed mental health condition.

Recent data categorically underscores the prevalence of trauma in our society, its impact on education, relationships, and its connection to juvenile and adult criminal justice involvement. These same data relate how trauma reaches children, parents, grandparents, and even transcends generations. Simply put, trauma impacts all individuals, relationships, communities, systems, and societies.

The Prevention Committee Process

The Prevention Committee met on twenty-seven occasions between September 2021, and August 2022. After the first six months of collaborating to complete a framework of recommendations, the Committee felt comfortable with the path forward.

During our meetings, the Prevention Committee reflected on the disturbing breadth of trauma impacting our nation, state, and communities. The scope of the Committee mandate was vast: “Applying trauma-informed principles, how do we prevent people from entering the juvenile justice and criminal justice systems?” The committee was resolved to rise to the challenge by utilizing our collective expertise to create recommendations to heal existing trauma and prevent future trauma.

In January 2022, the Prevention Committee broke into three sub-committees to tackle specific elements outlined in an internal recommendation framework document. Those committees were the:

- Comprehensive and Ongoing Training Sub-Committee,
- Reducing Violence by Building Community & Family Resilience Sub-Committee, &
- Interrupting the Cradle to Prison Pipeline Sub Committee.
These three sub-committees met bi-weekly to create recommendation matrices, which further refined the goals of each sub-committees’ complex primary recommendations and provided explicit clarity on the method of realizing each. From June 2022 until the end of August 2022, each sub-committee created a document outlining their final recommendations and sub-recommendations. Attached as appendices are the Prevention Committee’s “Recommendations Document,” along with versions of each document, entitled “Matrices,” containing the specific action steps and other details.

Members of the Committee

- Liam N. Power, chair
- Adrienne Dixon, President CEO, Sarah A. Reed Children’s Center
- Joan Evelyn Duvall-Flynn, Ed.D., Chair Trauma-Informed Education Coalition
- Jay Gilmer, Esq., Coordinator, STOP the Violence Coordinator for the City of Pittsburgh
- Timothy Hutt, student intern, Penn State University
- Nicole G. Johnson, Ph.D., LPC, ACS, CAADC, CCDP-DP, BC-TMH, Program Director, Assistant Professor – Community & Trauma counseling Program, Thomas Jefferson University
- Eric Kennel, MPA, Executive Director, Compass Mark
- Darcy Walker Krause, Executive Director, Uplift Center for Grieving Children
- Megan Laychak, student intern,
- Jeannine L. Lisitski, PhD.
- Dana Milakovic, PsD, NCSP, Department of Education
- Helen Hale-Mowry, student intern, University of Delaware
- Brinda Penyak, Deputy Executive Director, County Commissioners Association of PA
- Mariko Rauch, Program Manager Drug Demand Reduction Outreach Program, PA National Guard, Counterdrug Task Force
- Lisa Ryan, LCSW, CCTP, Social Worker 2, PA Office of Victim Advocate
- Kali Tennis, Advocate, Reducing Violence by Building Community resource & Family Resilience Subcommittee
- Robert Warner, Director, Cure Violence, Philadelphia – Temple University Medical School
Theory

The breadth of prevention, having already been established, leaves only the Prevention Committee’s final recommendations. It is, therefore, critical to examine the logic behind the recommendations, to reaffirm the context and validity of each. The statistics used to outline the scope of prevention illustrates the interconnected nature of trauma. To illustrate the interconnected nature of trauma, consider The Social Ecological Model in figure 1.189

The Social Ecological Model highlights the interactive effects of different internal and external factors on human experience and human behavior. This figure visually demonstrates the interplay between the factors noted in the introduction and helps illustrate how trauma experienced in one domain, may be experienced in (and between) multiple domains. This model also underscores the breadth of contexts, which increase the likelihood that an individual may eventually experience a traumatic event.

![Social Ecological Model](https://example.com/social-ecological-model.png)

Figure 1. (cdc.gov, 2022)

Historically, the concept of trauma (and post-traumatic symptoms) was initially associated with mental health. Contemporary research has shown undeniably that, “as the number of traumatic life events increase, so too does the likelihood of developing a chronic medical condition.”190 It would therefore be beneficial to relate the impact of trauma to both mental health and physical health when viewing it through the trauma lens. Further, in consideration of The Social Ecological Model, when trauma is viewed through the lens of public health, a cogent strategy for preventing trauma emerges, and the overall approach is simplified.

The public health model191 (figure 2.) illustrates that when considering strategies to prevent trauma, and how to provide resources to heal and recover from current trauma, support across multiple domains must target multiple layers of risk factors simultaneously, thereby increasing the impact of
the combined efforts. When viewed through the public health lens, three domains of interventions emerge consistent with the extant public health approach to the prevention of disease. In this context, “traumatic exposure” replaces the point in figure 2, titled “Biological Onset of Disease.” These primary, secondary, and tertiary prevention strategies can be applied using The Social Ecological Model, resulting in interventions that can be implemented before a trauma (primary prevention), in response to existing trauma (secondary prevention), and in response to Post-Traumatic Stress Disorder (PTSD), or other manifestations of acute trauma exposure (tertiary prevention). These strategies are then further differentiated for the target Social Ecological group (individual, relationship, etc.). The CDC reaffirms that “... it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time and achieve population-level impact” (cdc.gov, 2022).

**Disease Prevention**

![Figure 2. (Wainger, 2022)](image)

Although the Prevention Committee has focused on the prevention of trauma, we have also considered it fundamental to focus on affecting change for those already living with trauma and for those who live with acute trauma manifestation. Until disruption can occur to the cycles of trauma across the entire continuum, prevention strategies will be unable to reach their full potential. The following recommendations have an impact on all areas within The Social Ecological Model and
promote changes that (although predominantly in the primary prevention space) ultimately achieve the goal of simultaneously addressing the entire continuum.

Recommendations

1. Comprehensive and Ongoing Training on Trauma and Trauma-Informed Care

Amidst the maelstrom of economic turmoil, global warming, food insecurity, war, and a once-in-a-century pandemic event (to name a few origins), trauma exposure is increasingly prevalent. In the twenty-first century, emerging research on the multi-dimensional effects of trauma has opened our collective understanding to the necessity of becoming a trauma-informed society. We have discovered that trauma has effects that begin prior to birth and exist long after our passing—sometimes for generations. We have learned that many children are exposed to trauma; and carry them like heavy stones through life, collecting them as they go. There are cases where this pain emerges as maladaptive behaviors, which can result in school infractions and interaction with the juvenile justice system. We refer to this as the Cradle-To-Prison-Pipeline (C2PP).

Adults who have carried this heavy trauma through their lives are all around us. They are our colleagues, family, and friends. We see them on TV, they coach our children, and in some cases, they are driven by their trauma to their present circumstance, wherever that may be. Throughout life, the physical ramifications of trauma follow, often affecting our decisions and our mental and physical health.

In the initial aftermath of COVID-19, anxiety and depression have skyrocketed in children and adults. Renewed attention is being paid to the impact of trauma, as is evident by Governor Wolf’s Trauma-Informed PA Plan, the PA Juvenile Justice Task Force findings, and the Families First Act, all of which embrace trauma-informed care to move our common trajectory towards becoming a trauma-informed Commonwealth. In response to the frightening statistics around mental health, Governor Wolf recently allocated $200 million dollars to ensure youth and adults have the resources they need to overcome the mental health challenges they are facing. Trauma touches us all: individuals, families, organizations, and agencies.

The implications of trauma are omnipresent and engrained in every aspect of prevention. This omnipresence creates great difficulty when determining how to prevent trauma effectively in day-to-day life. The following recommendations illustrate how trauma training, and raising awareness around the impact of trauma, can benefit society.
General Recommendations 1-5

1.  Establish a clear understanding of the continuum of trauma-informed care.
   - Provide universal access to free trauma-informed training.
   - Align organizational leadership. Personnel, clientele, and others to maximize buy-in.
   - Identify measures to determine progress.

   Rationale: Implementing these recommendations will provide accessible/applicable trauma-informed care information for each setting.

2.  Embed trauma-informed specialists in all Government Agencies.
   - Identify agencies with trauma-informed specialists.
   - Where no specialist exists, recommend that the head of the agency appoint a person to lead the agency’s trauma-informed implementation.
   - Increase subject matter experts within each agency.
   - Measure trauma training engagement.

   Rationale: Implementing these recommendations will provide ongoing training and technical assistance/resources to all agencies in the 12 major categories: (Business/infrastructure, consumer protection/regulation, education/arts, food/agriculture, government, health/human services, labor, military, officials, public safety, tourism/recreation, & transportation).

3.  Create permanent changes in culture.
   - Identify which unique aspects of an organization will constitute the baseline measures in an initial culture survey.
   - Prioritize, normalize and promote healing-centered practices (such as self-care, identifying/avoiding burnout, empathetic leadership training).
   - Periodically re-deliver the culture survey to measure change in cultural norms.
**Rationale:** Implementing these recommendations will make healing-centered Trauma-Informed Care practices the norm, which will improve ecosystems and agency outcomes.

4. **Support ongoing trauma-informed training for all teachers and childcare workers in schools and daycares.**
   - Provide training to equip educators and private childcare workers to understand the impact of trauma, recognize the signs of trauma, and respond/refer appropriately.
   - Prioritize funding for systemic, specific, and sustained trauma training.

**Rationale:** Implementing these recommendations will foster or expand trauma-informed learning environments.

5. **Provide training for others who interface with children and youth in the community.**
   - Include trauma-informed community training as a line item in municipality/county plans.
   - Provide trauma-informed training at low/no cost to community members.
   - Track delivery of training to community members.

**Rationale:** Implementing these recommendations will develop trauma-informed communities able to recognize and respond to trauma and refer for treatment as needed.

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**2. Interrupt the Cradle-to-Prison Pipeline**

Much has been learned about the connection between Adverse Childhood Experiences (ACEs), psychological and emotional trauma, and the academic and social performance of school students. At the same time, current research that examines school disciplinary practices has discovered the notable racial disparities in school suspensions and expulsions to rates of incarceration for Black and Hispanic populations.

“The Cradle-to-Prison (C2P) Pipeline embodies the cumulative impact of multiple factors—beginning before birth and persisting through childhood, adolescence, and the teen years—
that disproportionately diverts youth from communities of color toward incarceration. Mass incarceration and the cradle-to-prison pipeline are manifestations of structural racism and white supremacy...” 192

Consequently, at present, there is a growing call for reform in school discipline policies, with a particular focus on rethinking “zero tolerance” approaches. As noted by the New York Civil Liberties Union:

“The school-to-prison pipeline refers to education and public safety policies that push students into the criminal legal system. Schools send students into the pipeline through zero-tolerance disciplinary policies, which involve the police in minor misbehavior and often lead to arrests and juvenile detention referrals.” 193

F.C. Curran adds:

“Zero tolerance policies that focus primarily on punishing negative behavior can decrease academic achievement and student perception of safety, while also increasing rates of dropout, problem behaviors, and involvement in the criminal justice system”. 194

Based on current research, findings, and thought, this sub-committee has provided the following recommendation to address the “Cradle to Prison Pipeline” (CTPP).

Recommendations 6-10

6. Identify causes of student misbehavior.195

• Clarify parent, family, and student needs to help identify potential causes of disruptive behaviors.
• Identify specific school/student problems and focus school resources to resolve those problems.
• Implicit bias.

Rationale: Implementing these recommendations will provide the child with a sense of safety, personal value, and self-efficacy as a system of focused support mitigates the adverse, potentially traumatizing, experiences influencing misconduct.

7. Expand non-punitive alternatives to school discipline.
• Put into practice diversionary programs with non-judicial outcomes that circumvent court involvement.
• Implement non-punitive alternatives that build character and civic responsibility.

**Rationale:** Implementing these recommendations will provide alternatives to school suspensions/expulsions, law enforcement/ court involvement in the lives of young people and circumvent the juvenile justice system. Non-punitive resolutions to misconduct also foster character development, help students develop a sense of fairness and promote civic responsibility.

**8. Review laws that criminalize child/ youth behavior.**

• Reconsider Zero Tolerance policies that pertain to children and youth.
• Avoid applying adult criminal terms to the behaviors of children.

**Rationale:** Implementing these recommendations will improve school climate and have a positive impact on overall education outcomes with a special impact on the experiences of Black and Hispanic students.¹⁹⁶

**9. Distinguish supports known to keep students in school.**

• Develop school programs such as mentoring and service-learning initiatives (Ex. volunteer opportunities) which benefit the social-emotional growth of students.
• Avoid applying adult criminal terms to the behaviors of children.
• Implement resource mapping to identify available or needed support systems.

**Rationale:** Implementing these recommendations will improve school climate and have a positive impact on overall education outcomes.¹⁹⁷

**10. Develop interagency collaborations and coordinate approaches to block the Cradle-to-Prison Pipeline (C2PP).**

• Encourage and incentivize restorative practices in schools.
• Teach trauma coping/ regulation skills to youth.
• Align interagency collaborations (schools, the justice system, policing, etc.) around a cohesive set of strategies.
3. **Reduce Violence by Building Community & Family Resilience**

Building community and family resilience across systems of care, within our education and justice system, and at the neighborhood, community, and household levels is critical to preventing violence. Those with high ACE scores are less likely to have had the positive, foundational early childhood experiences necessary to learn or even experience empathy. When children are denied what their growing brains need to thrive, neurotypical development is impacted. This can lead to life-long developmental, social, and health challenges. Unfortunately, “…opportunities to grow and flourish are not shared equally by all infants, toddlers, and families, reflecting past and present systemic racism and barriers to critical resources”.198 When children, “… have nurturing relationships, early learning experiences, and good health and nutrition, those neural connections are stimulated and strengthened, laying a strong foundation for the rest of their lives” (Id.). Conversely, if children learn mistrust, distress, avoidance, detachment, insensitivity, and interpersonal dysregulation, then it follows that their neural connections, not being stimulated or strengthened, will be developmentally different. In a household where there is no sense of safety (and/or exposure to Adverse Childhood Experiences), there is a high risk of children developing behavioral challenges that have an adverse lifelong impact. These maladaptive behaviors are stress-induced adaptations to a life that may include one or more traumatic events.

Long before a child enters school or the juvenile justice system, their relational health, threshold for stress, regulation skills, capacity for empathy, and social-emotional health are built. Often, when children are exposed to trauma, the resulting maladaptive behaviors can lead to violent or criminal conduct. Maladaptive behaviors often coincide with a punitive education system, compounding the problem of youth failing to gain access to the necessary mental health and social supports they need to grow and heal from trauma. Tragically, the education system itself becomes a conduit to the juvenile justice system, which increases the likelihood that the child will experience additional Adverse Childhood Experiences and possibly re-traumatization. If education systems would shift the paradigm from punitive to restorative and seek to support rather than punish in the education setting, fewer students would enter the juvenile justice system via the school system.

When we invest in children, families, and communities, we invest in our future. Children become adults who are our workers, innovators, and future leaders. Trauma-informed practices that build compassionate communities, will lead to safer, healthier, and more prosperous communities across the Commonwealth. To reduce violence by building community and family resilience, we recommend implementing the following:

- Incorporate systems of care to improve service delivery.
Recommendations 11-14

11. Implement and enhance mentoring programs

Identify and assemble a list of mentorship providers with the support of county executives.

- Identify a lead entity or coalition as the convener of the mentorship initiative (responsible for training and development).
- Train all mentors and mentorship organizations around trauma-informed mentoring strategies.
- Promote the mentorship program and engage families in the delivery.

**Rationale:** Implementing these recommendations will provide youth with trauma-informed peer support programs, improve their access to holistic support, enhance their social-emotional growth, and improve their academic outcomes.

12. Prevent household violence and abuse.

- Provide training, conferences, and work/support groups to raise awareness around domestic abuse.
- Utilize collaborative case management software to de-silo systems of support, ensuring people-serving organizations can communicate efficiently and maximize treatment outcomes for clients.
- Provide enhanced mental health awareness, treatment, and training programs for families.
- Connect with groups who deliver restorative practices such as conflict resolution training and mediation.

**Rationale:** Implementing these recommendations will increase awareness around domestic abuse and ensure cohesive case management practices are in place to improve outcomes and will improve family (and individual) access to supportive services.

13. Expand caregiver and parent-support programs.

- Establish a parent and caregiver-support program in every county.
- Increase access to evidence-based prevention programs.
• Provide more specialized services to prevent and mitigate Adverse Childhood Experiences in children.

**Rationale:** Implementing these recommendations will ensure all parents and caregivers in the Commonwealth have access to support programs, provide additional community supports and school resources to prevent ACES, increase funding for home visiting models and provide access to evidence-based support programs.

**Rationale:** Implementing these recommendations will recognize trauma as a social determinant of health and will galvanize a unified approach (or set of approaches) through interagency collaboration. Coordinated restorative practices will improve the learning environment, provide tools to help children cope with and overcome adverse childhood experiences (i.e., Support groups, and age-appropriate trauma education), and will reduce the number of students entering the C2PP.

14. **Raise awareness of ACES/PACES to enhance the development of trauma-aware communities.**
   - Engage with community officials to implement awareness campaigns.
   - Educate communities on how ACES/PACES can impact individuals.
   - Educate communities about available screening tools and trauma supports.

**Rationale:** Implementing these recommendations will educate communities on the impact of ACES/PACES and increase awareness about how to access health and wellness supports. These recommendations will empower community members by improving their understanding, and will assist in the development of informed, compassionate communities.
Future Actions

The scope of prevention is vast and encompasses myriad domains. As intervention efforts focus on a multi-pronged approach to prevent and treat trauma, there are additional opportunities to improve the efficacy of these approaches, which are outside the scope of this report. These opportunities illustrate additional areas that have the potential for significant and lasting positive impacts on individuals, families, and communities.

Enmeshment of Juvenile Justice in Education

One such area that warrants further exploration is the enmeshment of juvenile justice and the educational setting. Historically, this relationship was strengthened as a desperate response to the mass shooting event experienced at Columbine in 1999. Since then, hundreds of mass school shootings have sewn fear and helplessness into school communities, turning schools into fortresses to prevent further violence. Focusing on school safety is paramount; however, the “fortress mentality” does little to allay anxiety and fear among students.

The use of punitive practices and tendency to criminalize adolescent behavior has contributed to more students entering the juvenile justice system than ever before. Schools have become an “on-ramp” for countless students (disproportionately so for youth of color) who enter the juvenile justice system each year. Some progress has been made with the inclusion of trauma-informed training being ratified into the Pennsylvania school code but there is substantial room to build upon this. Additional trauma training beyond the one-hour presently required would afford educators the opportunity to explore other critical topics, such as self-care, burnout, and vicarious trauma. These topics are critical aspects of trauma-informed which school staff may experience. It is critical that districts begin to weave principles of trauma-informed care into all aspects of daily life by acting upon recommendations made in this report, such as those in recommendations in section I (which describe changing culture). Creating a trauma-informed school culture will help decrease the reliance on punitive practices by developing a restorative mentality, predicated on positive relationships and empathic communication.

Enhancing Civil Commitment

Another area worthy of major study and re-examination is to provide confinement (inpatient and outpatient) that focuses on treatment without punishment, as part of civil commitment to support people suffering from a mental illness, addiction, and those experiencing a mental health crisis that
endangers themselves and others. Since the 1970’s, when many such facilities were appropriately closed down to end the “One Flew over The Cuckoo Nest”\textsuperscript{199} horrors of civil commitment. Many people suffering mentally illness and substance use addictions have ended up on the streets, homeless, and many have also filled up prisons and jails without receiving appropriate treatment. Most have (predictably) failed to recover.\textsuperscript{200} In fact, in 1972, “the term “criminalization of the mentally ill’ was coined to describe the increasing arrest and prosecution rate of individuals with mental disorders.”\textsuperscript{201} As a result, from 1955 to 1998, the number of occupied state psychiatric beds was reduced by 84%. Today, prisons “are widely held to be the largest provider of mental health services in the nation.”\textsuperscript{202} Given that history, it is not surprising that “Individuals with mental illness and substance use disorders are significantly overrepresented in American jails and prisons, a development.”\textsuperscript{203}

Now, more than 50 years later, it is time to do better. In the course of their day-to-day service, police frequently encounter people suffering from mental illness and some in a state of personal crisis (i.e., threat of self-harm or suicide). But these responses are inherently complex and fraught with the potential for injury (to all parties) because of the threat to the officers, situational anxiety, lack of adequate mental health crisis training, and increased stress to the person who is experiencing the crisis and their family members. Often, such interactions end in arrest.

One way to change course is to provide mental health and trauma-informed treatment without incarceration and traditional punishment. While some inpatient facilities provide assistance to a limited number of people with severe mental health issues, there are simply too few.

Supporting medical facilities that are not part of the prison system by assuring they have the proper staffing and expertise to provide necessary treatment (while also guaranteeing due process) for people experiencing mental illness is a way to reduce the prison population, help people get the mental and psychological help they need, and reduce the trauma or re-traumatization that occurs in prison.

**Self-Care to Combat Compassion Fatigue**

An additional area that warrants investigation is how fatigue impacts the ability to carry the trauma-informed care movement forward. As described earlier in this report, traumatic experiences affect all people differently, but all people carry their accrued experiences with them. This is no less true for champions of trauma-informed care and service providers in grassroots organizations who propel the pedagogy forward, individuals who may be the singular trauma-informed advocate in an institution or
organization, or even politicians who advocate for the cause. The exposure to the COVID-19 pandemic, economic turmoil, educator shortages, crime, civil unrest, racism, war, and many other everyday stressors make a sustained effort to promote care and compassion difficult.

“Compassion fatigue,” called by any other name (burnout, vicarious or secondary trauma, etc.) is just as exhausting. Those who understand the impact of compassion fatigue are in the unique position of knowing better but often capitulate to self-inflicted suffering in the name of feeling that they alone must “fix” the problem by promoting trauma-informed care. Heroes as they may be, these individuals must hold others to account and share the workload. Accountability is a part of trauma-informed care; and little progress will be made with physically and emotionally exhausted champions.

Enhance Data Sharing

Lastly, the siloing of our data systems and the failure to communicate across people-serving agencies is a significant blind spot worth resolving. Case management is only as effective as the communication that takes place between services. The degree to which lives may be saved, crises may be avoided, outcomes may be improved, and dollars may be more effectively spent are only four of the numerous factors that will be affected by improved communication. This committee has concluded that investigating extant integrated case management solutions would benefit all agencies and individuals in the Commonwealth.
RACIAL AND COMMUNAL TRAUMA PREVENTION ACTION TEAM

Co-Chairs: Father Paul Abernathy and Dr. Cathy Sigmund

PREVENTING RADICALIZATION SUBCOMITTEE

Co-Chairs: Prabha Sankaranarayan and Mary Jo Harwood

Committee members: Prabha Sankaranarayan, Co-chair, Mary Jo Harwood, Co-chair, Robert Reed, Susan Jordon, Sharon Browning, Venus Ricks, TaLisa Ramos, Fr. Paul Abernathy, Kenneth Tompson, Eli Downie, Stacy Irving

Frequency of Meetings: Monthly since January of 2021

Goal of committee: Our initial project is to pilot programs in two areas of Pennsylvania that are hotspots for racial radicalization. In partnership with the Trust Network (TN), the Preventing Radicalization subcommittee of HEAL-PA will advance a whole-of-society method and trauma-and-violence-informed approach for preventing and countering violent extremism (P/CVE) at individual and collective levels.

The locations identified for this project are Pittsburgh (urban) and the Susquehanna Valley (rural), where we are identifying key prevention partnership with whom Trust Network will work as credible convenors. While TN has not yet identified a convener in urban Pittsburgh, efforts in Susquehanna Valley will be coordinated by Susan Jordan, Executive Director of Susquehanna Valley Mediation, based in Selinsgrove. The committee’s goal is to develop localized frameworks to protect and promote cohesion and safety within the identified communities. Following these pilot programs, we plan to reflect on and learn from the experience, modify if necessary, and then replicate this model in other at-risk communities.

Proposed Activities:

The following proposed activities for the first two phases of the project will be covered over a period of 4-6 months.

1. Train each local convener and conduct semi-structured interviews with 35-50 local stakeholders using a knowledge, attitudes, belief and behavior (KABB) protocol developed by Parallel Networks (PN). These efforts will identify needs and existent assets, inform the project activities and allow us to begin a mapping and stakeholder process of identifying organizations, sectors and individuals who can exert influence with at-risk populations in each locality.
2. Unite members from each area’s network and present the project and findings from the needs Assessment in an open online half-day webinar. This gathering will include all elements of a comprehensive analysis that focuses on root causes, compares the urban and rural settings, and outlines the Trauma- and CVE-informed approach to combating hate.

3. After the online webinar, create a HEAL-PA website that will outline the project, share findings from the needs assessment and online webinar, and map the two networks. Additionally, the website will provide access to Parallel Networks’ SHIFT-Hate (Support and Help for Individuals and Families Touched by Hate) Helpline and Ctrl+Alt+DelHate counter-narrative material, so network participants and the general public have access to deradicalization-oriented intervention services.

4. In collaboration with local conveners, Parallel Networks/Trust Network will coordinate, organize, and gather in each area (a week in Pittsburgh, a week in Susquehanna Valley) to hold meetings and convene at least five Listening Circle Events. These gatherings are intended to provide participants an opportunity to exercise voice and choice over their self-identified local concerns, aspirations, and goals for building cohesive communities.

5. After the week-long events, Parallel Networks/Trust Network will elicit reactions from each HEAL-PA stakeholder network participant to assess their knowledge and learning, to identify next steps and opportunities for furthering the capacity to treat individual and collective cases of radicalization locally, and to establish preventive and intervention initiatives in phase II of the project, which will be self-sustaining as TN/PN, the funder and local partners pursue federal, state, and local governmental, philanthropic, and private funding sources to maintain and expand the HEAL-PA initiative.

See the full project proposal on the following page
HEAL-PA: Strengthening Civic Infrastructure and Social Trust in The Keystone State

Background & Project Summary

The U.S. currently faces unprecedented levels of democratic backsliding, deepening toxic polarization, and weakening social cohesion.1 Research shows Americans lack confidence in government and fear each other. Toxic polarization has infused government, media, and social life, increasing political violence, intimidation of marginalized groups, anti-voting rights legislation, and widespread rejection of election outcomes.2 This particularly impacts people who live in communities vulnerable to escalating violence and anti-democratic initiatives.

Introduction: Why PA? Why now?

Over 20 years into the War on Terror, the intelligence community assesses that domestic violent extremists (DVEs) motivated by a range of ideologies pose an elevated threat to the Homeland, and that racially or ethnically motivated violent extremists (RMVEs) and militia violent extremists (MVEs) present the most lethal threats, with RMVEs being most likely to conduct mass-casualty attacks against civilians and MVEs typically targeting law enforcement and government personnel and facilities. Additionally, a primary motivation for these domestic extremists pertains to biases against minority populations and perceived government overreach, something that will almost certainly continue to drive radicalization and mobilization to violence. Experts predict that divisions and incitement to violence will continue. Contentious protests and rallies, and possible dangers around them, are expected well into 2022 and likely beyond. Clearly, the problem of radicalization to violence is not going to go away on its own.

In order to establish an effective response to these concerning developments, it is important to initiate programming in the physical and online arenas that are most susceptible to radicalization. Pennsylvania, and Pittsburgh in particular, represent such an arena:

1. It is a key radicalization hub in the American context, that is, in PA there are “organized structures, charismatic personalities or, in some cases, tight-knit groups of friends” that create networks and craft a context conducive to disproportionate rates of radicalization at a local level with outsized, second-order influence on radicalization at a national scale.

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2 Building Sustainable Peace and Preventing Violence in the United States: Recommendations for the Biden-Harris Administration, Alliance for Peacebuilding, January 2021
2. The existence of "voting islands," that is, where residents are surrounded by neighborhoods with higher numbers of Biden supporters, or vice versa: Pennsylvania ranks third among the 50 states in terms of the number of people charged criminally for the events on January 6th.

3. High Prevalence of Extremist Groups/Activities: The state of hate in Pennsylvania exploded onto the world stage three years ago with the October 2018 shooting at the Tree of Life Synagogue in Pittsburgh that left eleven community members dead. The shooting is believed to be the single-worst anti-Semitic attack in U.S. history. Additionally, Pennsylvania is home to 36 hate groups, the eighth highest in the country, and the FBI’s most recent data show 81 hate crimes reported in Pennsylvania in 2020, up from 45 in 2019, the highest figure since 2006.

4. The TRUST Network’s Early Warning Early Response reports in the statistical analysis of hot spots list PA, for a variety of reasons as one of the states at risk, with Pittsburgh and Philadelphia on the list of cities at risk for some of the reasons mentioned above.

The Team

Recognizing the growing negative impact of violent extremist groups and ideologies on community cohesion in Pennsylvania, the OAR reached out to the Trust Network (TN) in order to bring the resources and best practices for programming being developed and implemented around the USA. The TN serves as an organizer and connector and will support a needs assessment to include the mapping and analyzing of key risk and protective factors related to radicalization processes, as well as to identify partners with an ability to exert influence on these processes at a local level. TN will simultaneously collaborate with multi-sectoral stakeholders in each pilot area to share relevant resources and material, and to raise localized knowledge and awareness. In this instance, Parallel Networks (PN), led by Dr. Juncal Fernandez-Garayzabal, is one such program partner. PN’s TCVE-informed approach offers a tested model for implementing whole-of-society approaches to prevention and countering violent extremism (P/CVE) in line with the Department of Homeland Security’s 2019 Strategic Framework for Countering Terrorism and Targeted Violence, which takes a whole-of-society approach to prevention; empowering our citizens and our state, local, tribal, and territorial authorities, as well as our private sector, non-governmental, and community leaders, to develop localized frameworks to protect their communities. Susquehanna Valley Mediation (SVM) led by Susan Jordan is a 501(c)(3) non-profit community mediation center in the Susquehanna Valley, serving residents across the three rural counties of Union, Snyder, and Northumberland. Founded in 2010, SVM’s mission is to support constructive responses to conflict in the Susquehanna Valley through mediation, facilitation, and education. SVM serves and connects many different sectors, including area schools, non-profits, grassroots efforts, human service agencies, hospitals, the courts, and probation. SVM staff and volunteers are rooted in a shared belief that people and communities are capable of transforming conflict when they voluntarily come together to address issues that trouble and divide them, and that people are capable of living together humanely, even when there is profound difference.
Project Strategy

HEAL-PA will advance a whole-of-society method and trauma and violence-informed approach for preventing and countering violent extremism (P/CVE) at individual and collective levels in two PA locations, Pittsburgh (urban) and the Susquehanna Valley (rural), and identify key prevention partnerships opportunities (which may be unique to both settings - one urban/one rural), where TN will work with credible convenors. While TN has not yet identified a convener in Pittsburgh (the urban location), efforts in the Susquehanna Valley (a rural one) will be convened by Susan Jordan, Executive Director of Susquehanna Valley Mediation, based in Selinsgrove.

The program is designed to be delivered in three phases and will include activities such as the following:

An open community presentation at a university or community center that utilizes the lived experience of PN’s influencers to motivate communities and impart awareness. These influencers include Bryant Neal Viñas, America’s first foreign fighter after 9/11; Daryl Davis; world renown African-American musician and race relations expert that has pulled several hundred people from far-right wing movements; Ryan Lo’Ree, former right wing extremist leader, now activist and community organizer in Michigan and Program Director at PN; and Hope Hyder, survivor of a white supremacist murder that targeted her father.
Project Objectives:

- Conduct an empirical analysis of the community’s perceptions, concerns, fears, needs, hopes, and wishes regarding community cohesion and safety.
- Identify key community partners and formulate a multisectoral network (government, civil society, activists, community leaders, houses of worship, etc.); Reps for 15 insts. and 25 actors.
- Enhance learning and awareness among stakeholders about the interrelationships of violence, trauma, alienation, stigmatization, and extremism.
- Facilitate cohesion and collaboration within each multisectoral network through an array of tailored in-person events informed by the needs assessment process.
- Establish sustainable networks that are woven into the community.

Proposed Activities:

The following proposed activities for the first two phases of the project will be covered over a period of 4-6 months.

1. Train each local convenor and conduct semi-structured interviews with 35-50 local stakeholders using a knowledge, attitudes, belief, and behavior (KABB) protocol developed by PN. These efforts will identify needs and existing assets, inform project activities, and allow to begin a mapping and stakeholder identification process of organizations, sectors, and individuals that can exert influence with at-risk populations in each locality.
2. Unite members from each area’s network and present the project and findings from the needs assessment. In an open online half-day webinar, to include all elements of a SWOT analysis (strengths, weaknesses, opportunities, threats), that compares the urban and rural settings and outlines the Trauma and CVE-informed approach to combating hate and radicalization in a manner that gets to root causes.

3. After the online webinar, create a HEAL-PA website that will outline the project, share findings from the needs assessment and online webinar, and map the two networks. Additionally, the website will provide access to PN's SHIFT-Hate (Support and Help for Individuals and Families Touched by Hate) Helpline and Ctrl+Alt+Del- Hate counter-narrative material, so network participants and the general public have access to deradicalization-oriented intervention services.

4. PN/TN staff, in collaboration with local conveners, will coordinate, organize and gather in each area (a week in Pittsburgh, a week in Susquehanna Valley) to hold meetings and deliver at least five events:

5. After the week-long events, PN/TN will elicit reactions from each HEAL-PA stakeholder network participant to assess their knowledge and learning, to identify next steps and opportunities for furthering the capacity to treat individual and collective cases of radicalization locally, and to establish preventive and intervention initiatives in phase II of the project, which will be self-sustaining as TN/PN, the funder and local partners pursue federal governmental, philanthropic, and private funding sources to maintain and expand the HEAL-PA initiative.
TRAINING AND ORGANIZATIONAL SUPPORT ACTION TEAM

Co-Chairs: Leslie Lieberman and Caren Rosser-Morris

Members: Rob Reed, Mary Sonke, Erika Brosig, Sheila Gillespie-Roth, Donna McNeils, Jennifer Brown, Earl Smith, Paul Toth, Anita Kinsley, Carolyn Cook-Rittenhouse, Jamal Ford, Denina Bautti, Anastasia Rega, Darcel Gibson, Venus Ricks, Mary LeVasseur, Steve Minick, Shellie Vincent, Rebecca Dempsey, and Eda Kauffman

Summary

In November 2020 the Training Action Team (TAT) and the Organizational Support Action Team (OSAT) were launched to advance the recommendations set forth in the July 2020 Trauma-Informed PA (TIPA) Plan. In late 2021 OSAT joined TAT to become the Training and Organizational Support Action Team (TAOS) with the agreement to focus first on the goals developed by TAT. TAOS regularly communicates with the Department of Human Services (DHS) and The Office of Mental Health and Substance Abuse Services (OMHSAS) to ensure their work is complementary with goals and objectives to be a trauma-informed Commonwealth. At its inception, TAOS was charged with establishing Specific, Measurable, Attainable, Realistic, and Time Oriented (SMART) goals focused on ensuring access to trauma informed training across the Commonwealth and supporting organizations to become trauma-informed.

SMART Goals

The Training Action Team began regular monthly meetings in January 2021 and developed two SMART goals to guide their work. These goals were endorsed by the Organizational Support Action Team when the teams were merged:

1. Expand and diversify the Training Action Team to ensure it accurately reflects Pennsylvania residents and communities, especially those who have been disproportionally affected by trauma.
2. Conduct an inventory of existing trauma-informed training across the Commonwealth of Pennsylvania.

SMART GOAL #1 – Activities and Results

1. Created and administered a confidential survey for its existing members to better understand the composition of the team.
2. Analyzed results of the survey and used it to focus recruitment strategies for new members.
3. Intentionally recruited and onboarded 8 new members who were not well represented on the initial team, including individuals identifying as BIPOC, LGBTQIA and people with lived experience of trauma and adversity.

SMART GOAL #2 – Activities and Results
1. Reached consensus within TAT that the trauma training inventory should focus, first, on identifying foundation level training to help agencies and others become trauma aware as defined in the TIPA Plan.

2. Developed a set of criteria/standards for foundational training on trauma-informed care that is consistent with the definition of Trauma-Awareness—the first level on the continuum set forth in the TIPA Plan, and also in the TIPA/DHS continuum adapted specifically for application to human services.

3. The criteria were piloted on three trauma trainings developed by HEAL-PA TAT Team Members.

4. The criteria were presented and approval by the HEAL-PA Board of Directors.

5. The criteria were used to develop an on-line survey to be completed by anyone who provides training on trauma-informed care. The intent is to collect information about available training so that training consumers (organizations, communities, groups) can choose a training that meets their needs and advances the goals of the HEAL-PA initiative.

**Current and Future Plans**

1. Continue to disseminate the Trauma-Aware Training Survey

2. Create a searchable database of available trauma-aware training based on the survey results and post it on the HEAL-PA and Resilient PA websites.

3. Develop a new two-year plan for the TAOS Team that might include the following:
   a. Gather information, updates, and data regarding increased access to and completion rates of trauma-awareness training within governmental offices such as OMHSAS, OCYF, OIM, and other DHS offices.
   b. Develop criteria for more advanced levels of knowledge and practice about becoming trauma informed that are identified in the PA Trauma Informed plan from Trauma-Aware to Healing-Centered.
   c. Support more inclusion of voice of youth and adults with lived experience into the development of trauma-informed training.
   d. Identify and share training, guidance, and support resources for organizations seeking to implement trauma-informed policies, procedures and practices.

**Walking the Walk**

How the TAOS moves forward will depend in part on how the HEAL-PA Board conceptualizes the roles and goals of this specific action team and our continued commitment to function as a trauma-informed team. Throughout our existence, the TAOS Team has invested time and energy into ensuring that we operate in a trauma-informed manner. Along with achievement of our goals, we are proud of our team’s commitment to regular attendance at meetings, group cohesion, productivity, and shared commitment to the group process.

*See our Trauma-Aware Training Criteria on the following pages*
CRITERIA FOR “TRAUMA AWARENESS” TRAININGS

INTRODUCTION

These criteria were developed by the HEAL PA Training and Organizational Support Action Team (TAOS) as part of our team’s charge to identify and make available to all Pennsylvanians free, foundational training about trauma and trauma-informed care. This training is designed to help people become “trauma aware,” the first level of the HEAL PA continuum. It was important to TAOS members that the criteria be expressed in simple, easy-to-understand language and that they not be too prescriptive. The criteria are intended to help ensure trauma awareness trainings are sharing a consistent and comprehensive message across the Commonwealth of Pennsylvania. TAOS collaborated with the Commonwealth’s Office of Mental Health and Substance Abuse Services (OMHSAS), as they were working on a similar effort identifying objectives that “Basic Trauma Awareness” trainings should strive to meet. The TAOS criteria are similar in intent and content as much as possible to those proposed by OMHSAS.

The criteria were drafted by a sub-committee of TAOS, then reviewed and refined by all TAOS members and several other experts. TAOS members who currently provide foundational training then pilot-tested these criteria by using them to evaluate their own trainings. All reported that the process was validating and illuminating.

The next step for TAOS is to develop an inventory form that can be used to gather information about trainings that are designed to raise awareness about trauma and that are offered across the Commonwealth of Pennsylvania. Trainers will be able to use the criteria to evaluate, describe and refine their curricula as needed to meet the needs of audiences that may not yet have a solid foundational knowledge of trauma and trauma-informed care. The results of this inventory will be accessible on the HEAL PA website so that people can easily locate foundational trauma trainings that meet their needs.

Developed August 2022.
CRITERIA

The following are suggested criteria for trauma awareness trainings, meaning that any training identified as covering “trauma awareness” should include these five topics:

Trauma

- Defines trauma in formal and simple definitions.
- Introduces the concept that there are many types of traumas. At a minimum, briefly describes and makes distinctions among major categories of trauma: acute, complex, chronic, and also individual vs. group/collective trauma. May also include references to other types of traumas such as developmental, historical/generation/communal, secondary/vicarious trauma, sexual trauma etc.
- Includes discussion of why trauma-awareness is important to the specific audience being trained, and also as a universal concept with applicability to everyone.

Prevalence of Trauma

- Provides relevant and representative statistics regarding the frequency and pervasiveness of trauma.
- Provides examples and prevalence of specific types of trauma and traumatic experiences, including Adverse Childhood Experiences (ACEs).
- Provides an overview of the ACEs study, including why it is important to understand the impact of ACEs on health and human development.
- References replications of the ACEs study that demonstrate how the rates of ACEs and traumatic experiences are higher among some groups – particularly those historically marginalized and oppressed.
- Identifies other important sources of trauma and adversity for individuals and families that might not be included in the initial ACEs study and its formal replications, with particular attention to the impact of the social determinants of health on individuals, families, and communities.

OVERVIEW OF FIVE (5) "TRAUMA AWARENESS" TRAINING TOPICS

1. Formally and simply defines trauma.
2. Provides information on the prevalence of trauma.
3. Describes the impact of trauma as a wide range of reactions and responses.
4. Explains that trauma-informed practices are implemented at multiple levels and settings.
5. Defines resilience, recovery, healing, and growth.
CRITERIA CONTINUED

Impact of Trauma

- Explains that trauma is experienced at the sensory level (e.g., by the brain and body) and may impact social, emotional, spiritual (including beliefs, sense of purpose, and sense of connection) and the economic well-being of individuals.
- Explains that individual, social, cultural, and historical factors can result in a wide range of reactions and responses to trauma, and that two people can experience and react to the same event very differently.
- Describes risk and protective factors affecting both individuals and collective trauma responses and recovery.
- Explains the importance of maintaining “a trauma lens” and remaining non-judgmental and empathetic.

Trauma-Informed Practices

- Explains that trauma-informed practices are implemented at multiple levels (e.g., individual, community, organizational, and systemic) and in multiple settings (e.g., human services, education, healthcare, job settings, etc.).
- Explains that trauma-informed practices involve numerous components/parts, including:
  - Realizing the widespread impact of trauma and the need for prevention.
  - Recognizing the signs and symptoms of trauma and realizing that these result from “what happened to” someone rather than “what is wrong with” them.
  - Developing a system that can respond to trauma and provide resources for recovery, while encouraging self-care to reduce the impact of vicarious trauma in caregivers and responders.
  - Recognizing the impact of triggers and resisting re-traumatization.

Healing and Recovery

- Defines resilience (including the role of both personal and community supports and resources), recovery, healing, and post-traumatic growth.
- Describes simple tools for self-care regardless of gender, income, etc. (e.g., nutrition, sleep, hydration, physical activity, healthy relationships) for trauma survivors, caregivers, and other helpers.
TRAINING AND ORGANIZATIONAL SUPPORT ACTION TEAM COMMITTEE

- TAOS Co-Chair: Leslie Lieberman, MSW, Senior Director, Training and Organizational Development, Health Federation of Philadelphia
- TAOS Co-Chair: Caren Rosser-Morris, PhD, Consulting Psychologist, Trauma-Informed Care Specialist, PA Department of Human Services, Office of Mental Health and Substance Abuse Services

Contributing Members

- Denina Bautti, Sage Action Consulting
- Erika Brosig, LCSW, Chief Operating Officer, Victim Services, Inc.
- Jennifer Brown, Cross-Systems Specialist, Office of Children, Youth and Families
- Sharon Czabafy, DSW, LCSW, CAADC, TTS
- Darcel Gibson
- Jamal Ford, Youth Resources Coordinator, PA CARE Partnership
- Paige Harker Naylor, Executive Director, GOAL Project
- Kristin Hesch, MS., Associate Director of Community Outreach, Susan Hirt Hagen CORE, Penn State Behrend
- James J. Hodge, Ph.D., Director, Susan Hirt Hagen CORE, Penn State Behrend
- Mary LeVasseur Dormon, Health Promotions Specialist, Penn Medicine Lancaster General Health
- Melissa McDermott, Training Specialist, KCIT of NOVA Bucks
- Kimberly McLaughlin, PhD, LPC, Program Director, Thomas Jefferson University MATER
- Donna McNelis
- Steve Minick, LPC, Co-Chair, Erie Coalition for a Trauma Informed Community (ECTIC), Vice President of Programs - Family Service of NWPA
- Anastasia Rega
- Robert Reed, Executive Deputy Attorney General for Special Initiatives, Office of Pennsylvania Attorney General
- Venus L. Ricks, M.Ed, Director, Diversity, Equity, and Inclusion, Governor's Office of Advocacy & Reform
- Sheila Gillespie Roth, PhD, MSW, LCSW
- Mary Sonke, MSW
- Paul W. Toth, PhD, LPC, Director of Clinical Education and Training, Eagleville
CHILD ABUSE PREVENTION ACTION TEAM

Co-Chairs: Leslie D’Avila and Maryann McEvoy

Members: Amanda Dorris, Amber Kalp, Andrea Algatt, Beth Tyson, Brian Bornman, Casi Hoyle, Paula Powe, Christian Connell, Dana Milakovic, Daniel Lawler, Erin Milbourne, Gabrielle Dietrich, James Paolicelli, Jessica Castle, Josh Feldblyum, Lisa Kornetka, Madalene Rutherford, Teresa Olsen, and Mackenzie Oliver

Summary

The Child Abuse Prevention Action Team was originally chaired by Dr. Paula Powe and Casi Hoyle. In January of 2022, the Action Team changed leadership with both original chairs remaining on as influential members of the team. In its initial year the team created a comprehensive survey to assess community needs as they pertain to providing preventative and restorative services to children ages 0-3. In its second year of operation, the team collaborated heavily with the Policy and Legislation Action Team to advocate for the confirmation of an Office of the Child Advocate for Pennsylvania. Additionally, the team developed a Trauma Informed Workspace Roundtable to assist county agencies in engaging in healing and solutions-oriented conversations.

Achievements

1. The team is proud to have supported the development of legislation in the Pennsylvania House, and a cosponsorship memo in the Senate to confirm an Office of the Child Advocate for Pennsylvania. Links to both can be found in the Policy and Legislation Action Team section of this report.

2. Additionally, the team successfully created and disseminated a survey tool to gather information on current needs for organizations focused on trauma prevention and treatment for children ages 0-3.

3. Starting in September of 2022, the team supported the roll-out of a Trauma Informed Lunch Hour series, bringing conversations about trauma and healing to Pennsylvania via virtual platform. This series hosts conversations with internationally renowned trauma experts at no cost to Pennsylvanian’s. Additionally, upon registration all participants are given the opportunity to submit a question directly to the panel to ensure that conversations are truly centered around community needs.

4. In the Fall of 2022 the team piloted a Trauma Informed Workspace Roundtable with two county Children and Youth Agencies. The goal of the webinars remains to create a safe space to promote healing and solutions-oriented conversation within our Children and Youth Agencies that can ultimately support a trauma-informed work culture that can aid the team in employee satisfaction and retention.
POVERTY REDUCTION ACTION TEAM

Co-Chair: Karen Rice

Members: Erin Lukoss, Heidi Niebauer, David Hyde, Christine Heyser, Emily Aubele, Jennifer Frank

Summary

The Poverty Reduction Action Team was chaired by Erin Lukoss from 2020-2021, who remained on as an influential member of the team from 2021-2022. The team focused on operational structure and team development in addition to multiple community-centered activities.

Achievements

In collaboration with United Way of Pennsylvania-Resilient PA, the Poverty Reduction Action Team hosted several Community Conversations with local Trauma-Informed initiatives and projects to showcase grassroots efforts across the state. These Community Conversations are virtual and free to attend. Each session is recorded, and the recordings are available on the Resilient PA website.

The team organized an online inquiry form, available for anyone in Pennsylvania to utilize to request a Community Conversation be organized and hosted in their area. In the upcoming years, the team hopes to continue to build upon this program as was work to reduce poverty and empower individuals in communities throughout the Commonwealth.

PHYSICAL AND BEHAVIORAL HEALTH ACTION TEAM

Co-Chairs: Tracy Vogel and Gina Goth

Members: Cathy Sigmund, Michele Crosson, Jim Sharp, Daniele Shollenberger, Joyce Lukima, Chris Echterling, Alice Yoder, Gordan Hodas, Beth Docherty, and Mary Dorman

Summary

The Physical and Behavioral Health Action Team (PBHAT) started in September 2020 and was led by Sharon Curran. In January of 2021, Sharon stepped down to join the team as an influential member, transferring leadership responsibilities to Tracey Vogel.
Achievements

1. In the Spring of 2022, the team worked collaboratively, and successfully, with the Policy and Legislation Action Team to advocate for the extension of the COVID19 Telehealth Waiver Program.
2. Trauma Informed Training for FQHCs: The training is one hour and is a basic training for trauma informed care. Moving forward, the training will be enhanced to include multiple modules
   a. Module One: This module will be developed specifically for doctors, nurses, NP, PAs
   b. Module Two: This module will be developed for housekeeping, maintenance, front desk and other administrative professionals.
   c. Module Three: This module will be designed for CEO, s, CFO’s and other Senior Leaders.

COMMUNITY OUTREACH AND COMMUNICATIONS ACTION TEAM
Co-Chairs: Winden Rowe and Kimberly Preske
Members: Shannon Zimmerman, Doris Arena, Rob Reed, Ken Smythe-Leistico, Stephanie Dodge, Amanda McNaughton, Lori Cullen, Tyra Wallace, and Cara Devine

Summary
The Community Outreach and Communications Action Team has met monthly since its inception in January of 2020. In its initial years, the team focused efforts on creating a foundational structure for the coalition and enhancing internal communications. The team does regular reviews of communication needs and provides solutions to the Executive Steering Council to be implemented coalition wide.

Achievements
The Community Outreach and Communications Action Team has supported the implementation of all community events, both virtual and in-person from 2020-2022 including, but not limited to:

- Working closely with the United Way of Pennsylvania-Resilient PA to launch our initial website in the Summer of 2020. Since it’s launching the team has developed and launched an independent website for HEAL PA that went live in December 1st, 2022!
- Developing and maintaining a social media presence for the coalition on both facebook and Instagram
- Promotion of the Lunch Hour Series, the Trauma Training Series, and all Community Conversations hosted by our Action Teams.
- Development of print materials including external communications and internal. This includes a Membership Orientation Handbook, Standard Operating Procedures, Membership Directory, and more.
We would like to take this opportunity to acknowledge the support that has been provided for this work by Governor Tom Wolf and his administration. Countless individuals dedicated to supporting our most vulnerable populations have provided insight and guidance on a range of operational pieces of the work, including but not limited to, communications and marketing, political and legislative advocacy, intergovernmental affairs, stakeholder relationship building and strategic planning for HEAL PA.

Additionally, numerous partners outside of state government have pledged their commitment to this work by partnering with our office over the past two years. We thank the United Way of Pennsylvania and Resilient PA for supporting the development of the HEAL PA website, developing a Learning Management System that can support a variety of trainings available to our constituents, and funding the development of trainings and resources implemented through HEAL PA.

We thank our national partners for joining us in this work to becoming part of a larger trauma informed nation and look forward to continuing collaborate with the Campaign for Trauma Informed Policy and Practice, the National Governor’s Association State Trauma and Resilience Network, PACES Connection, Pathways to Resilience, and the WeHealUS foundation.

The path to a healing-centered nation is complex, but with the collaboration of these and many other partners, we are confident that we will continue to bring trauma informed systems change to Pennsylvania.

Pennsylvania Office of Advocacy and Reform and HEAL PA

See Notes 27-40, below.

This decision to divide into committees was guided by SAMSHA’s Sequential Intercept Model[7] which we adapted to work towards our goal.

8. “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach,” at 7.


11. There is no singular criminal justice system in the United States. Federal, state, local, and tribal systems apply different laws and procedures. See https://www.umassglobal.edu/news-and-events/blog/what-is-criminal-justice

12. “Criminal justice is an umbrella term that refers to the laws, procedures, institutions, and policies at play before, during, and after the commission of a crime. As a modern concept, criminal justice expresses two central ideas: Suspects, convicted criminals and victims of crime all have certain rights; [and] Criminal conduct should be prosecuted and punished by the state following set laws.” https://www.law.cornell.edu/wex/criminal_justice

13. See 42 PA Code 3151 (PA Oath of Office)


19. https://www.cdc.gov/violenceprevention/aces/index.html. The study asked the participants if they had experienced any of the following prior to the age of 19.
ACEs (10) FACTORS

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Mental illness
- Divorce or Separation
- Substance abuse
- Domestic Violence
- Having a relative who has been sent to jail or prison

20 Id.
21 Id.
22 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4185140/
23 Roper v. Simmons, 543 U.S. 551 (2005) (execution of individuals under 18 at the time of their capital comes is prohibited under the 8th and 14th Amendments); Miller v. Alabama, 567 U.S. 460 (2012) (Mandatory sentence of life without parole for juvenile convicted of homicide violates 8th Amendment.)
25 The Restorative Justice Exchange, https://restorativejustice.org/; see the Department of Justice’s Office of Justice Programs, “Restorative Justice: An Overview,” (1998): “Objectives of restorative justice are to attend to victims’ needs, reintegrate offenders into the community, enable offenders to assume responsibility for their action, recreate a working community that supports victims and offender rehabilitation, and avoid escalation of legal justice and the associated costs and delays.” https://www.ojp.gov/ncjrs/virtual-library/abstracts/restorative-justice-overview
28 https://www.prainc.com/creating-a-trauma-informed-criminal-justice-system/

The study (“The Prevalence of … ACEs in the Lives of Juvenile Offenders”) surveyed 64,329 juvenile offenders, only 2.8% reported no childhood adversity compared to 34% surveyed in the original CDC ACEs study. https://proquest.com/docview/1681541057?pq-origsite=gscholar


Dr. Meagan Corrado, cited in PowerPoint


See id.

Almost the entire prison population has experienced mental health problems, homelessness, suffered abuse or violence as a child, been addicted to drugs, or grown up in care. The children we do not help end up as the adults we do not want in society, and the problem is getting worse.” M. Snelle, “From care to incarceration: The relationship between adverse childhood experience and dysfunctionality in later life,” (2015) - https://www.independent.co.uk/life-style/health-and-families/features/from-care-to-incarceration-the-relationship-between-adverse-childhood-experience-and-dysfunctionality-in-later-life-10409737.html

“Results indicated that people who are incarcerated report four times as many adverse events in childhood than an adult male normative sample. Eight of ten events were found at significantly higher levels among the criminal population. In addition, convicted sexual offenders and child abusers were more likely to report experiencing sexual abuse in childhood than other offender types.” C. Vellegas, Prison Project Teaches Inmates about Childhood Trauma and its Effects,” Spectrum News 1 (2021) - https://spectrumnews1.com/ca/la-west/public-safety/2021/09/12/prison-project-teaches-inmates-about-childhood-trauma-and-its-effects; see https://beckyhaas.com/index.php/practice-areas/


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3386595/


“Diverse childhood experiences: a retrospective study to understand their associations with lifetime mental health diagnosis, self-harm or suicide attempt, and current low mental wellbeing in a male Welsh prison population” - https://healthandjusticejournal.biomedcentral.com/articles/10.1186/s40352-020-00115-5

43 Britain has conducted studies of the impact of ACES in their prisons. See https://phys.org/news/2019-04-men-prison-childhood-adversity.html

44 See Note 33
https://sciencebeta.com/brain-injury-criminals/

45 “Mental Health by the Numbers,” National Alliance on Mental Illness, https://nami.org/mhstats


47 Papazoglou & Tuttle (2018), quoting from Police psychologist Rudofossi.


49 https://nicic.gov/assign-library-item-package-accordion/probation-parole-officers


56 PA DOC Definition of Recidivism: “Overall Recidivism: calculated using the first re-arrest or re-incarceration after each release. This means that some individuals who recidivate are re-arrested but not incarcerated, some are re-incarcerated, and
some are both. A release that results in a recidivism event is counted the same whether there is just one recidivism event, or multiple” https://www.cor.pa.gov/About%20Us/Statistics/Documents/Reports/Recidivism%202022%20Report.pdf


58 https://webcache.googleusercontent.com/search?q=cache:EkpSMStFU0J :: https://www.odu.edu/content/dam/odu/offices/academic-affairs/docs/racial-trauma-and-diversity.pdf&cd=6&hl=en&ct=clnk&gl=us

59 L. Polanco-Roman, MA, A. Danies, BA, D. Anglin, PhD, “Racial discrimination as race-based trauma, coping strategies and dissociative symptoms among emerging adults.” (Internal citations omitted), National Library of Medicine (2016); “Racial trauma can refer to a specific incident of racial discrimination or the ongoing, harmful emotional impact of racial discrimination that builds up over time. People can experience racial trauma from something that happens directly to them or from seeing others mistreated because of their race. Coverage of events caused by racial discrimination in the media can also be upsetting, and repeated viewing or frequent media accounts can amplify those feelings.”

https://www.ptsd.va.gov/understand/types/racial_trauma.asp


62 P. Lanier, PhD, MSW, “Racism is an Adverse Childhood Experience (ACE),” UNC School of Social Work (2020 https://www.cdc.gov/violenceprevention/aces/fastfact.html) https://jordaninstituteforfamilies.org/2020/racism-is-an-adverse-childhood-experience-ace/; “Our Take: Racism is an Adverse Childhood Experience,” https://earlymilestones.org/our-take-racism-is-an-adverse-childhood-experience/; see also “The Trauma of Racism,” Psychology Today (June 4, 2020) https://www.psychologytoday.com/us/blog/compassion-matters/202006/the-trauma-racism; “In the United States, many black people are born into a life of trauma. It is a trauma informed by long history of brutal inhumanity, repression, violence, and injustice that continues to firmly grip black men and women each and every day……. Countless studies have shown the adverse physical and psychological effects of racism. “Racism is considered a fundamental cause of adverse health outcomes for racial/ethnic minorities and racial/ethnic inequities in health” The experience of individual, institutional, and cultural racism has been found to be uniquely predictive of post-traumatic stress symptoms……. Racial trauma can involve a “negative, sudden, and uncontrollable experience or crisis. Alternately, it can involve an “ongoing physical or psychological threat that produces feelings of fear, anxiety, depression, helplessness, and post-traumatic stress disorder (PTSD). “

63 https://www.cdc.gov/ violence prevention/aces/fastfact.html


“A total of 1,784 adults completed the Philadelphia Urban ACE Survey for a response rate of 67.1%. The survey found a higher prevalence of ACEs than found in previous studies. 33.2% of Philadelphia adults experienced emotional abuse and
35% experienced physical abuse during their childhood. Approximately 35% of adults grew up in a household with a substance-abusing member; 24.1% lived in a household with someone who was mentally ill; and 12.9% lived in a household with someone who served time or was sentenced to serve time in prison.” Id. at i.

Id. at 13.


https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2020&sessInd=0&act=59


https://www.cor.pa.gov/CorrectionalNewsfront/Pages/Article.aspx?post=1811


https://www.ova.pa.gov/Pages/default.aspx:


https://www.nctsn.org/resources/essential-elements-trauma-informed-juvenile-justice-system

(1) **TRAUMA-INFORMED POLICIES AND PROCEDURES**: Trauma-informed policies and procedures make juvenile justice organizations safer and more effective by ensuring the physical and psychological safety of all youth, family members, and staff and promoting their recovery from the adverse effects of trauma.

(2) **IDENTIFICATION/SCREENING OF YOUTH WHO HAVE BEEN TRAUMATIZED**: Carefully timed traumatic stress screening is the standard of care for youth in the juvenile justice system.

(3) **CLINICAL ASSESSMENT/INTERVENTION FOR TRAUMA-IMPAIRED YOUTH**: Trauma-specific clinical assessment and treatment and trauma-informed prevention and behavioral health services are the standard of care for all youth identified as impaired by posttraumatic stress reactions in the screening process.

(4) **TRAUMA-INFORMED PROGRAMMING AND STAFF EDUCATION**: Trauma-informed education, resources, and programs are the standard of care across all stages of the juvenile justice system.

(5) **PREVENTION AND MANAGEMENT OF SECONDARY TRAUMATIC STRESS (STS)**: Juvenile justice administrators and staff at all levels recognize and respond to the adverse effects of secondary traumatic stress in the workplace to support workforce safety, effectiveness, and resilience.

(6) **TRAUMA-INFORMED PARTNERING WITH YOUTH AND FAMILIES**: Trauma-informed juvenile justice systems ensure that youth and families engage as partners in all juvenile justice programming and therapeutic services.

(7) **TRAUMA-INFORMED CROSS SYSTEM COLLABORATION**: Cross system collaboration enables the provision of continuous integrated services to justice-involved youth who are experiencing posttraumatic stress problems.

(8) **TRAUMA-INFORMED APPROACHES TO ADDRESS DISPARITIES AND DIVERSITY**: Trauma-informed juvenile justice systems ensure that their practices and policies do address the diverse and unique needs of all
groups of youth and do not result in disparities related to race, ethnicity, gender, gender-identity, sexual orientation, age, intellectual and developmental level, or socioeconomic background.

(9) The imprisonment rate for African American women is 2x that of white women.\(^72\)


\[^75\] PA Act 59, enacted July 18, 2020 - [https://mpoetcp.psp.pa.gov/Pages/Act-59.aspx](https://mpoetcp.psp.pa.gov/Pages/Act-59.aspx); [https://www.legis.state.pa.us/cfdocs/legis/li/tucentsCheck.cfm?vr=2020&sessInd=0&act=59](https://www.legis.state.pa.us/cfdocs/legis/li/tucentsCheck.cfm?vr=2020&sessInd=0&act=59)

\[^76\] Substance Abuse and Mental Health Services Administration (SAMSHA), [https://opentextbc.ca/peersupport/chapter/samhas-six-principles-of-trauma-informed-care/](https://opentextbc.ca/peersupport/chapter/samhas-six-principles-of-trauma-informed-care/)

\[^77\] [https://www.cdc.gov/violenceprevention/aces/index.html](https://www.cdc.gov/violenceprevention/aces/index.html)


through consistent recognition of the signs and impacts on trauma.

"A Workplace fair conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.)

Supporting the systematic use of partnerships and problem

positive


87

of

neglect“ (Marrow et al, 2012), all cited in Dr. Meagan Corrado PowerPoint.

likelihood that a youth will be arrested as a juvenile increase by 53% when that child has experienced child abuse and the juveniles evaluated in one Pennsylvania county had potentially traumatic event

difficulties linked to multiple childhood traumas and losses. The Child and Adolescent Trauma

E., juvenile justice system,”

Practice

systems: Child welfare, education, first responders, health care, juvenile justice,

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https://www.healthline.com/health

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https://www.washingtonpost.com/health/2021/12/24/collective-trauma-public-outbursts/

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See also “Resilient Minds on the Front Lines,” https://resilientminds.us/

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Final report of the President’s Task Force on 21st Century Policing, (May 2015)
https://cops.usdoj.gov/pdf/taskforce/taskforce_finalreport.pdf (“Community Policing requires the active building of positive relationships with members of the community”...[and] is a philosophy that promotes organizational strategies that support the systematic use of partnerships and problem-solving techniques to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime.)

89

Adapted from: Cambridge, MA Police Department: “Guide for a Trauma-Informed Law Enforcement Initiative” (2019) (“A Workplace culture that focuses on the impact of trauma on law enforcement staff, as well as the public they serve, through consistent recognition of the signs and impacts on trauma. It provides support, skills, and strategies to manage staff trauma, promote well-being and resiliency of staff, and actively works to avoid re-victimization/re-traumatization of
victims [or witnesses] when they are engaged in the criminal justice system”)
and SAMSHA, “Trauma
https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals; https://www.samhsa.gov/criminal-juvenile-justice/about,” “It is estimated that 18% of the general population has a mental illness. However, an estimated 44% of those in jail and 37% of those in prison have a mental illness. It is estimated that 11% of 18-25 year old’s, and 6% of those over 25 years old have a substance use disorder. It is estimated that 63% of people in jail and 58% in prison have a substance use disorder. People with these disorders have challenges in getting appropriate treatment and often incarceration exacerbates their symptoms. This can lead to individuals staying incarcerated longer than those without behavioral health concerns.”

90 See Note 1.


94 https://www.theiACP.org/resources/document/successful-trauma-informed-victim-interviewing

95 https://www.theiACP.org/resources/trauma-informed-sexual-assault-investigation-training-curriculum

96 Law Enforcement Psychological Autopsies; https://www.policechiefmagazine.org/focus-on-officer-wellness-investigating-police-suicide/.

97 See https://www.policechiefmagazine.org/community-engagement-coffee-with-a-cop/


102 http://handlewithcarewv.handle-with-care.php

103 Vicarious Trauma Toolkit, https://ovc.ojp.gov/program/vtt/introduction and other effective programs

104 https://www.attorneygeneral.gov/leti/


With respect to defendants in criminal cases the following data is illuminating: Approximately 64% of the U.S. population has at least one Adverse Childhood Event (ACE) in their background. In contrast, 97% of people living in prisons have at least one ACE, according to “The Compassion Prison Project,” National Institute of Corrections. Federal Partners Report on Women and Trauma. (2011), retrieved from http://nicic.gov/Library/025082. In addition, according to the National Association on Mental Illness:

- About 2 million times each year, people with serious mental illness are booked into jails.
- About 37% of people who are incarcerated have a history of mental illness in state and federal prisons and 44% held in local jails).
- 66% of women in prison reported having a history of mental illness, almost twice the percentage of men in prison.
- Nearly one in four people shot and killed by police officers between 2015 and 2020 had a mental health condition.
- Suicide is the leading cause of death for people held in local jails.
- An estimated 4,000 people with serious mental illness are held in solitary confinement inside U.S. prisons.

See 97% of people living in prisons have at least one ACE, according to The Compassion Prison Project - National Institute of Corrections. Federal Partners Report on Women and Trauma. (2011), retrieved from http://nicic.gov/Library/025082; https://mhs.com/what-is-the-impact-of-trauma-in-the-criminal-justice-population/; “It is estimated that 85 percent of women in correctional settings have an early experience of physical and or sexual abuse. Other reports estimate even higher lifetime experience of traumatic events and show little difference between genders on the prevalence of trauma and abuse. In fact, in a recent study of people participating in jail diversion programs across the country both women and men, almost universally, reported a history of significant traumatic experience prior to incarceration (95.5% and 88.6% respectively).”

“The Trauma Informed Courtroom,” Justice Speakers Institute, http://justicespeakersinstitute.com/the-trauma-informed-courtroom/, citing “Trauma in State Courts,” National Center for State Courts (2018). “Trauma affects not only the victims, witnesses, and litigants who appear in court, but also judges and other court staff. Vicarious trauma is defined as “repeated or extreme exposure to details of the event(s).” Repeated exposure to pictures or videos (such as autopsy photos; a dead body at a crime scene; the results of an assault) qualifies as vicarious trauma if it is related to work. Anyone who regularly works or appears in courts may be exposed to this kind of repeated exposure to graphic photos, videos, or testimony about horrific events. The symptoms of vicarious trauma are closely related to post-traumatic stress disorder (PTSD) so that judges, court personnel, or jurors who sit through child abuse, domestic violence, or other case types providing graphic details of someone else’s traumatic experience are at risk. Their need for treatment options is being recognized by many state court systems.”


Id., p.15.

National Drug Court Institute, Adult Drug Court Best Practices Standards Worksheet.

116 Id., p.23-24 (internal citations omitted).

117 Id., p.27.

118 Id., p.29-30 (internal citations omitted).

119 (National Institute of Corrections, 2022).

120 (Ritter, 2014).

121 (Ardino, 2012).

122 (Armour, 2012).

123 (Wolf et al., 2014).

124 (Lehrer, 2012)

125 See Act 114 of 2019, established the County Adult Probation and Parole Advisory Committee (CAPPAC) under the Pennsylvania Commission on Crime and Delinquency (PCCD).

126 See Summary of Evidence on a Woman’s Path to Recovery: https://www.treatment-innovations.org/evid-wpr-summary--studies.html


128 See Centers for Disease Control and Prevention (CDC) and Substance Abuse & Mental Health Services Administration (SAMHSA); https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

129 We repeatedly tried to assess this using a Google form survey. The survey was administered two times via the distribution list of the County Chief Adult Probation and Parole Officers Association and outreach to the PA State Board of Probation and Parole and the PA district offices of U.S. Probation. The results could not be used due to respondent errors and lack of response.


133 Id. at 24.


Gonzalex, at 9.


Id. at 7.

National Institute of Justice, 2013


(ACLUPA, 2022).

Bread & Roses Community Fund, 2021

See Note 142


156 See https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

157 See Note 151

158 See https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals

159 See https://www.wellnessrecoveryactionplan.com/


164 See (Abram et al., 2015; Ford & Hawk, 2012; Modrowski & Kerig, 2019; Underwood & Washington, 2016).

165 “Plasticity means the brain is modifiable — that it can be changed based on our experiences and repaired after injury. Researchers first described the concepts of brain plasticity in 1890, and the definition has expanded with time and research. . . . One example of brain plasticity is recovery after a stroke or a traumatic brain injury, such as a blow to the head. These conditions can cause nerve cell death due to a lack of blood flow to the brain. Nerve cell tissue is famous for not being able to regenerate or grow back well. However, researchers have found that although the brain doesn’t change in structure (new tissue doesn’t grow back), the brain seems to “re-wire” itself to start to transmit messages around the damaged brain portions.” https://www.healthline.com/health/brain-plasticity-and-behavior#examples
SAMSHA states that: “The Sequential Intercept Model (SIM) helps communities identify resources and gaps in services at each intercept and develop local strategic action plans. The SIM mapping process brings together leaders and different agencies and systems to work together to identify strategies to divert people with mental and substance use disorders away from the justice system into treatment.” https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

“The school to prison pipeline is a term coined early in the early twenty-first century to refer to the policies and practices that directly and indirectly push students out of school and on a pathway to prison. These policies and practices include overuse of harsh school disciplinary procedures including suspension, seclusion, restraint, and expulsion; increased policing and surveillance that create prison-like environments in schools; referrals to law enforcement and the juvenile justice system, and an alienating and punitive high-stakes testing-driven academic environment that diverts students from the intended purpose of the public education system and deposits them in the correctional system.” B, Tolley, “What is the School to Prison Pipeline? “Alliance against Seclusion and Restraint,” (May 20, 2020). https://endseclusion.org/2020/05/20/what-is-the-school-to-prison-pipeline/

The school pre-arrest diversion program in Philadelphia, developed by former Philadelphia Deputy Police Commissioner Kevin Bethel, described reduces the involvement in the juvenile justice system for children and youth in school who commit minor offenses in school (July 22, 2022), School Diversion; Similarly, “Pursuing Equitable Restorative Communities (PERC) Pittsburgh Public Schools aims to reduce the incidents of juvenile justice involvement, violence and out-of-school suspensions,” PERC (2022); “Multi-tiered Systems of Support in schools is a framework that helps educators provide academic and behavioral strategies for students with various needs,” MTSS; Cognitive Behavioral Interventions for Trauma in Schools (CBITS) & Bounce Back are school based trauma interventions CBITS; School-based youth courts are peer-to-peer model of addressing disciplinary infractions Youth Courts

Integrated care blends behavioral health services with medical services Integrated Care; National Service Corps help health care workers find jobs in high-need communities NHSC.

Communities of Hope is an initiative of cross-sector collaboration Community of Hope Report; Family resource centers are “community-based or school-based, flexible, family-focused, and culturally sensitive hubs of support and resources” FRC; Philly Families Can provides free support and expertise for new parents PFC; Mandated supporter training seeks to provide alternative responses to mandated reporting that centers families Mandated Supporting; Pre-trial system for dependency cases involve “Pretrial procedures, such as pretrial hearings and conferences, can bring parties together before a contested trial in a less adversarial setting to discuss possible settlements or engage in early efforts to ensure that trial time is more efficiently spent.” Pretrial

Crisis Intervention Teams “create connections between law enforcement, mental health providers, hospital emergency services and individuals with mental illness and their families” CIT; The National Child Traumatic Stress Network has a free curriculum to address secondary traumatic stress, which is “the emotional duress that results when an individual hears about the firsthand trauma experiences of another” STS; Enhancing Law Enforcement has a toolkit designed specifically for police interactions with youth Toolkit

The Emerging Adult Program is a “community-based, pre-charge diversion program for young adults to improve criminal justice outcomes” EAP; The Crossover Youth Practice Model (CYPM) aims “to address the unique needs of youth that are at risk of or are fluctuating between the child welfare and juvenile justice systems” CYPM; Restorative conferencing mirrors the practice of youth courts along with debriefing for youth RJC

NCTSN Bench Cards provides judges with useful questions and guidelines to help make decisions in a trauma-informed context (Bench Card). The Trauma Informed Court Assessment provides a framework for courts to consider how court operations can be trauma-informed (Court Assessment).

Trauma-informed case planning incorporates the Youth Level of Service Assessment with trauma assessment like the Child Trauma Screen to appropriately plan services (JCIC). PACTS is a network of child serving systems that trains providers to implement evidence-based practices for youth exposed to trauma (PACTS)
175 “Think Trauma” was designed for implementation in justice settings (2.0); “Support for Students Exposed to Trauma” is an adaptation of CBITS to help schools that do not have access to school-based clinicians (SSET). CBITS is an evidenced based intervention delivered in schools for post-traumatic problems; TF-CBT is considered the gold standard for intervention for youth exposed to traumatic events (TF-CBT).

176 EPICS is a practice to support probation officers translate effective principles to practice (EPICS); Positive youth development is a prosocial approach to developing positive relationships, leadership and opportunities to utilize strengths (PYD); Task sharing is an approach where clinical tasks are delivered by staff with less specialized training while under the supervision of a licensed provider (Task Sharing).

177 Hospital based violence intervention programs harness the opportunity of engaging patients in the hospital, during their recovery, is a golden opportunity to improve lives and reduce retaliation and recidivism (HAVI); Cure Violence is a violence interruption program that takes a public health approach (CV).

178 Transforming Probation is a resource that incorporates current knowledge of adolescent brain development and behavior, increased use of a continuum of diversion (AECF).


181 Id.

182 Pennsylvania Youth Study (PAYS) 2021 - https://www.pccd.pa.gov/Juvenile-Justice/Pages/2021-PAYS-County-Reports.aspx

183 Id.

184 Id.


188 Id.


192 Northeastern University School of Law, (n.d.), “Mapping the Cradle to Prison Pipeline,” retrieved from http://www.cradle2prison.info/


195 Trauma and Learning Policy Initiative, 2022


198 “Think Babies Toolkit. Think Babies,” (2022), retrieved from https://www.thinkbabies.org/toolkit

199 See https://www.britannica.com/topic/One-Flew-Over-the-Cuckoos-Nest-novel-by-Kesey


- In 1955, there were 339 occupied state psychiatric beds per 100,000.
- In 1998, there were 21 occupied state psychiatric beds per 100,000.

- From 1955 to 1998, the population in state mental hospitals dropped from approximately 559,000 to fewer than 60,000, a decline of nearly 90%.


203 Id.

- Number of people experiencing "serious psychological distress" in jails: 1 in 4 +
- Percent of people in federal prisons who reported not receiving any mental health care while incarcerated: 66% +
- In state prisons: 74% +
- Percent of police shootings in 2015 that involved a mental health crisis: 27% +
- Portion of people jailed 3+ times within a year who report having a moderate or serious mental illness: 27% +
- Lasting effects of incarceration: post-traumatic stress, anxiety, impaired decision-making