



Whole Health Louisiana

STATE PLAN 2024–2028

LETTER TO THE READER

Dear Reader,

We are honored to introduce Louisiana's first statewide plan to systematically address the widespread issue of childhood adversity and trauma through the integration of trauma-informed and healing-centered approaches in our state's systems of care and support for children and families. Addressing this issue is critical to the well-being and fulfillment of our state's children, families, and communities. Two years ago, the Whole Health Louisiana (WHL) initiative was formed in partnership with the Louisiana Department of Health, the Louisiana First Foundation, and leaders across the state to ensure Louisiana is equipped to respond to the drivers and impacts of childhood adversity through the development of a comprehensive plan.

The development of the plan presented in this document represents the first step toward Louisiana becoming a trauma-informed state. Plan objectives will be implemented from January 2024 to December 2028, establishing structures, policies, and practices to propel Louisiana toward our vision of healthy and thriving children, families, and community members, regardless of who they are or where they live.

This plan has been created through the dedication and hard work of countless community-based organizations, advocates, public entities, and community members representing all parishes and many diverse communities. Plan implementation and ongoing adaptation will require many more voices to be included. We want to express our deepest gratitude to everyone who gave their time, energy, and unique perspective to help shape this plan. We also invite those who have not yet joined the coalition. We are stronger when we work together, and this plan could not have been created without the collaboration of so many voices.

We look forward to continuing to work together to make Louisiana a stronger, safer, and healthier state for all residents.

Sincerely,

The WHL State Planning Team

WHL@la.gov

www.ldh.la.gov/WholeHealthLouisiana



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The Whole Health Louisiana State Plan was prepared by the Louisiana Department of Health in partnership with Trepwise



EXECUTIVE SUMMARY

Plan Purpose

Whole Health Louisiana (WHL) is Louisiana’s cross-sector initiative created to prevent, recognize, and treat childhood adversity and its effects utilizing a trauma-informed approach. This report represents the state’s first-ever plan to systematically address childhood adversity and trauma in our systems of care and support. In this document, you will find the strategies that will be employed by WHL leadership and plan partners to reach the state’s shared vision. In addition, this document includes the history of this effort, community-based learnings upon which the plan was founded, commitments from leaders of our state agencies, content to help readers understand childhood adversity and trauma, the structure of the implementation and evaluation approach, a case study demonstrating successful work underway in Louisiana, and additional resources that can help readers take action themselves. This document is intended to be used by the WHL State Plan implementers, public leaders, leaders and members of the child- and family-serving workforce, and the community at large.

Plan Development Process

The WHL State Plan is grounded in the science of early adversity and resilience, the experience of professionals, leaders, and community members throughout the state. The initiative commenced with a 10-month-long discovery process in 2021-2022 to gain insights into the current state of addressing childhood adversity in Louisiana. The discovery process identified the challenges, needs, bright spots, and opportunities that exist. During this phase, more than 700 Louisiana service providers, subject matter experts, and community members were interviewed and surveyed.

Building upon the findings from the discovery phase (see Appendix C), plan development included broad engagement with service providers, advocates, state leaders, and community members. Over the course of a year, the Louisiana Department of Health’s (LDH) Bureau of Family Health and Trepwise, a strategy consulting firm, convened the WHL Steering Committee, Working Group, Advisory Group, Youth Advisory Group, and community members from across Louisiana, and their insights, knowledge, and experiences were integrated into the strategies included in the plan. Concurrently, the Power Coalition for Equity and Justice led Community Conversations across Louisiana to gather direct feedback from community members about how to best address childhood adversity and trauma. The result of this work is a plan to guide the first five years of implementation, centered around a shared vision, mission, desired outcomes, and four priority areas: **Collaboration**, **Awareness**, **Prevention + Healing**, and **Workforce**.



Plan Foundation

OUR VISION

Children, families, and community members across Louisiana are healthy and thriving, regardless of who they are or where they live.

Desired Outcomes

- Increased recognition and understanding of childhood adversity and its effects by all Louisianans.
- Increased robustness and support of the child- and family-serving workforce.
- Reduced causes and drivers of childhood adversity.
- Reduced occurrences of childhood adversity.
- Increased healing from childhood adversity and its effects.
- Improved, equitable health and life outcomes for the people of Louisiana, across race, ability, income, identity, and parish.

OUR MISSION:

Transform Louisiana’s approach to cross-system collaboration and community-specific care, so that together we can effectively prevent, recognize, and treat childhood adversity and its effects, allowing the people of Louisiana to access their full potential.

Priority Areas

Collaboration:

Connect and align government agencies, community based-organizations, educational institutions, and healthcare providers to create a seamless network of support for children and families.



Awareness:

Inform the public, policymakers, and workforce about the impacts and drivers of childhood adversity to reduce stigma and encourage the adoption of evidence-based early intervention and preventative measures.



Prevention + Healing:

Expand preventive programs, access to services, and community-based initiatives that promote resilience and well-being.



Workforce:

Implement strategies for training and support to ensure that frontline workers can effectively care for themselves and those they serve.



Plan Implementation, Ownership, and Support

LDH will serve as the plan’s public sector “anchor” organization, dedicating \$1 million dollars annually for the first five years of plan implementation to support its success. The plan will be led by a public-private partnership between LDH and the WHL Statewide Lead, which will serve as the neutral convener of the WHL Coalition and facilitate the corresponding plan implementation efforts. Together, they

will steward this plan, working in collaboration with various partners, including community members, government agencies, non-profits, and community organizations. A dedicated Steering Committee, as well as the broader WHL Coalition, will provide guidance and oversight to ensure the successful implementation of the plan.

THE STATE'S COMMITMENT

Our state's public sector leaders have been actively involved in plan development and have provided feedback on how the WHL State Plan priorities might be brought to life within their agencies. Our public sector leaders have committed to integrating and expanding trauma-informed principles within their respective agencies, fostering cross-sector collaboration to advance efforts aligned with plan recommendations, and pledging sustained involvement in the WHL Coalition.

While leaders from each state agency have implemented trauma-informed policies and initiatives within their organizations, their commitment to cross-sector collaboration and advancing plan recommendations will ensure a coordinated and successful implementation. The outcome of this collective work will improve the overall well-being of Louisiana's children, families, and child- and family-serving workforce.



The Louisiana Department of Health is extremely proud to have partnered on this effort to develop a comprehensive approach to preventing and addressing trauma across child-serving systems. We remain committed to working with our partners from across the state to support the implementation of the Whole Health Louisiana State Plan. Building on the community input we have gathered, we will continue to integrate the healing-centered and trauma-informed objectives outlined in this plan within our agency, and provide support to other state agencies, organizations, and communities that are working to do the same.

To that end, the Department will be supporting the implementation of the State Plan over the first five years with both funding and dedicated staff support to ensure a successful transition from planning to implementation. We recognize that this initiative has the potential to impact the health and well-being of our state's youngest and most vulnerable residents. The success of this plan lies in all of our hands and within each community across our state. If you are just learning about this work, we invite you to join us. If you have supported the development of this initiative in any way, we thank you and look forward to continuing this work together.

Deputy Secretary Tonya Joiner, JD, Louisiana Department of Health



The mission of the Louisiana Department of Children and Family Services (DCFS) is to keep children safe, help individuals and families become self-sufficient, and provide safe refuge during disasters. We approach every aspect of this work from a trauma-informed angle. We know that the families we serve likely have experienced some form of trauma that led them to us, either seeking Family Support programs to access services or working with our Child Welfare Division to support their family. From the way we train our staff members who work directly with the clients, to the trauma-informed services we connect families with, to our Diversity, Equity, Inclusion, and Belonging work within the agency, DCFS is committed to understanding the trauma our families face and treating them with dignity, compassion, and respect.

Secretary Terri P. Ricks, JD, MS-LHRD, Louisiana Department of Children and Family Services



The Louisiana Office of Juvenile Justice operates with an understanding that most youths referred to our agency have a history of childhood adversity. Therefore, the Office of Juvenile Justice has worked to implement trauma-informed interventions that address the needs of youth with mental health and trauma-related disorders. The Office of Juvenile Justice is committed to cross-sector collaboration to advance trauma-informed initiatives recommended by the Whole Health Louisiana initiative that align with the Office of Juvenile Justice's mission and vision.

Deputy Secretary Otha "Curtis" Nelson, Jr., JD, Louisiana Office of Juvenile Justice

Key Concepts



KEY DEFINITIONS AT A GLANCE

Childhood Adversity

A broad term that refers to a wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being that may occur during all developmental stages including prenatal, infancy, and throughout childhood and adolescence.¹

Adverse Childhood Experiences (ACEs)

Typically refers to the subset of adverse events occurring in childhood (0-17) identified by the ACE study conducted in the late 1990s by Drs. Felitti and Anda.² Current scientific research endorses the use of the broader term childhood adversity or expanded ACEs that include individual- and community-level indicators to more accurately measure adversity in childhood.

Trauma

The experience of an event, series of events, or immediate or ongoing circumstances that interrupt or inhibit the development of a person's sense of safety, agency, dignity, and/or belonging. Traumatic events may be experienced by an individual, a generation, or an entire community or culture. The impacts of traumatic experiences can vary widely according to when they occur in a person's development and what protective or mediating factors are available and accessible.

Historical Trauma

The intergenerational trauma experienced by a specific cultural group as a result of historical systematic oppression. Impacts of current traumatic exposure can be exacerbated by a traumatic ancestral past resulting in additional adversity.³

Toxic Stress

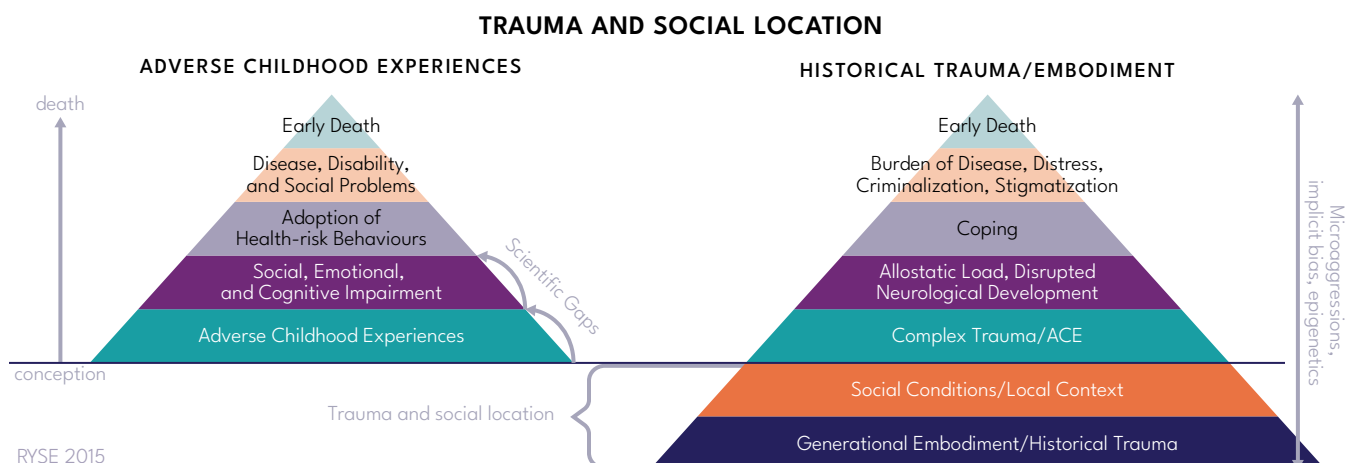
The result of exposure to perceived stressful and adverse experiences over a long period of time without adequate support. Extended exposure to toxic stress can result in the interruption of typical development in children and adolescents that can have consequences for long-term mental and physical health issues throughout the lifespan and potentially negatively impact the health of future generations.

Secondary Traumatic Stress

The emotional duress as a result of an individual witnessing or hearing about firsthand trauma experiences of another. Recognized as a common occupational hazard experienced by those serving trauma-impacted populations placing them at high risk for secondary traumatic stress (STS) or the related conditions of post-traumatic stress disorder (PTSD) and vicarious trauma.⁴ Negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.⁵

Social Determinants of Health

The conditions in the environments where people are born, live, learn, work, play, worship, and age that may affect a wide range of health, functioning, and quality-of-life outcomes and risks.⁶



KEY DEFINITIONS AT A GLANCE CONTINUED

Primary Prevention

Practices or policies that aim to prevent disease or injury before it ever occurs.

Protective Factors

Characteristics or conditions that reduce or buffer the effects of risk, stress or trauma exposure.

Resilience

The learned ability of a child or adult to recover from and show effective adaptation following traumatic events or an accumulation of adverse circumstances.⁷ A consistent and nurturing relationship with at least one supportive parent, caregiver, or other adult is the single most common factor for children who develop resilience.⁸ Collective resilience results when individuals with a shared identity band together to support one another and draw on their solidarity to promote healing.⁹ Systemic resilience refers to policies and practices that promote healing.¹⁰

Trauma-Informed

Practices, interventions, and systems-change strategies that weave foundational knowledge of trauma and its impact into an individual's daily practice, the workforce knowledge base, organizational culture, and the systems of support provided to youth and their families. The act of being trauma-informed requires ongoing learning, reflection and adaptation.

Trauma-Informed Approach

A program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.¹¹

Healing-Centered Engagement

An asset-driven approach, focusing on strengths, well-being, and positive outcomes that utilizes a more comprehensive and inclusive approach to addressing childhood adversity that goes beyond treating trauma to promoting well-being and healing in a holistic and culturally grounded manner.¹²

In summary,

childhood adversity is the event
(WHAT HAPPENED)

...

that can result in the
experience of trauma
(HOW YOU EXPERIENCE IT)

...

that if unmitigated can
result in toxic stress
(HOW YOUR BODY PROCESSES IT)

...

creating a cascade of biological
stressors often resulting in
detrimental effects on all
aspects of health
(THE RESULTING EFFECTS)

...

which can be buffered against by
protective factors

...

and recovery can occur with
interventions that are
healing-centered and
trauma-informed.

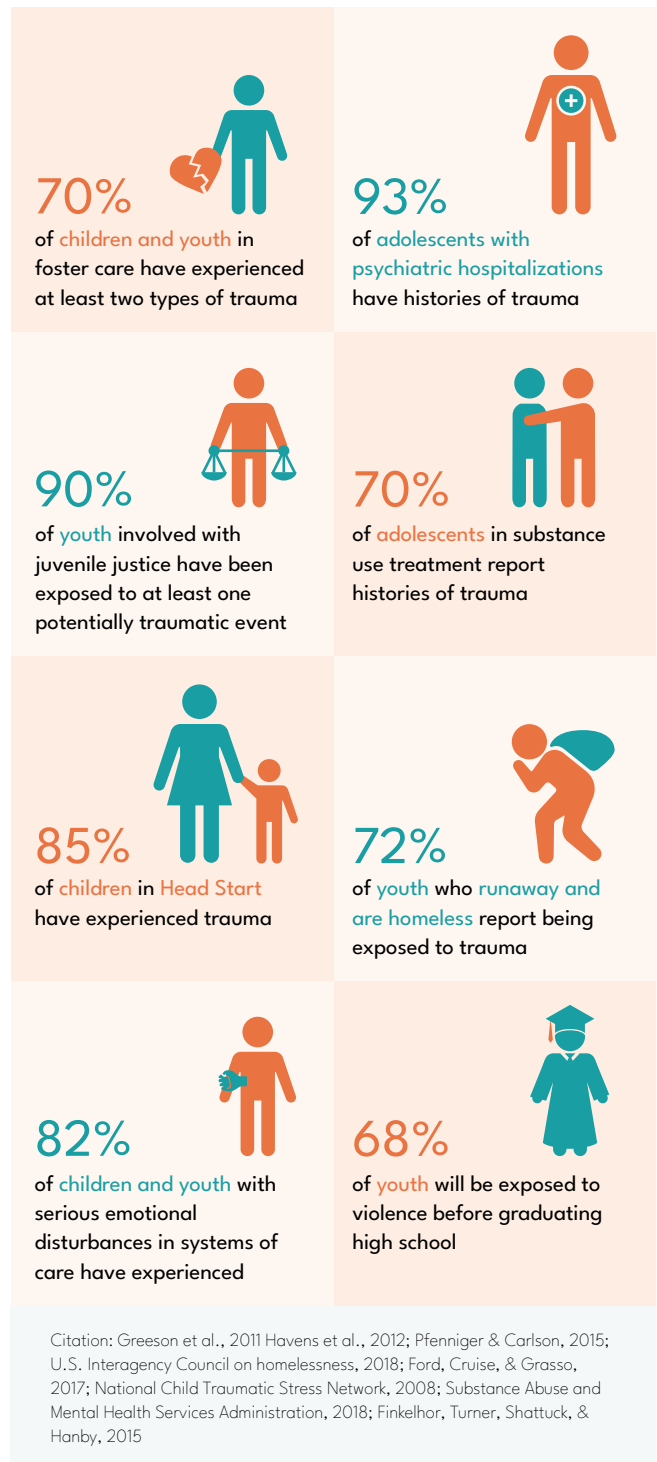
UNDERSTANDING CHILDHOOD ADVERSITY & TRAUMA

Across Louisiana, childhood adversity and trauma affect a significant number of children and families, potentially disrupting all aspects of health. Failing to recognize these experiences and respond in ways that are grounded in the science of adversity and resilience can have profound consequences for the well-being of our state. Due to the historical and contemporary lack of coordinated, supportive systems for children and families, opportunities to provide or strengthen individual- and community-level preventative and protective factors have not been fully realized.

Research reveals that children who experience toxic stress as a result of trauma exposure without the buffer of supportive interventions can experience long-term health problems, such as diabetes and heart disease, impacting their well-being but also their life span. Moreover, these challenges translate into increased strains on healthcare and mental health services. Individuals may experience involvement with child welfare and juvenile legal systems, as well as obstacles to forming stable relationships and securing employment.

Experts in the field have identified unaddressed adverse childhood experiences as the single biggest predictor for later problems in adult health and well-being.¹³

The annual economic cost of childhood adversity-related health consequences in North America is estimated at \$748 billion.¹⁴ This includes the costs associated with confirmed child maltreatment cases and financial implications that extend throughout a lifetime attributed to the cost of disease burden, including premature death and years of productive life lost to disability.¹⁵ Failure to address childhood adversity and its impacts correlate to substantial economic costs at the state level.¹⁶



UNDERSTANDING CHILDHOOD ADVERSITY & TRAUMA CONTINUED

A Louisiana Perspective

According to America’s Health Rankings (2022), Louisiana ranks 49th in overall child well-being in the United States,¹⁷ with one of the highest rates of children per capita experiencing two or more adverse childhood experiences.¹⁸

The rankings listed below reflect the negative health outcomes associated with the impacts of the high prevalence of unresolved adversity here in Louisiana.

43 rd Diabetes	43 rd Obesity
49 th Chlamydia (STI)	44 th Mental distress
48 th Premature death	49 th Low birth weight
49 th Infant mortality	43 rd Mortality

Louisiana’s low position for overall child well-being directly relates to outcomes that impact population health such as the rankings listed below:

47 th Less than high school education	43 rd Unemployment
50 th Poverty	49 th Concentrated disadvantage
46 th Exposure to violent crime	45 th Access to licensed mental health professionals

These rankings, as well as U.S. News & World Report’s (2023)¹⁹ rankings placing Louisiana at 45th in the nation for supportive public health policies and 48th in opportunity metrics that include equality, economic opportunity, and affordability underscore the need for coordinated, solution-focused action.

While our ranking as a state faces obstacles to advance, there is hope. By working toward systemic change to prevent, recognize, and address these challenges, we can improve outcomes for all Louisianans. To begin this collective process, it is essential to have a shared understanding of the core concepts that are the foundation of our state’s plan.

What is Childhood Adversity?

Childhood adversity refers to a wide range of circumstances or events that pose a serious threat to a child’s physical or psychological well-being.¹ Childhood adversity may occur during prenatal development and all other developmental stages, from infancy through adolescence. While adversity can be experienced as harmful at any age, unbuffered adversity early in life can impair critical brain and biological systems development and functioning.

Adversity at any developmental stage can be experienced as traumatic; however, not all adversity results in trauma. Many adverse childhood experiences, such as abuse, neglect, or exposure to violence, have the potential to be traumatic for a child, but protective factors such as having basic needs met, safe and nurturing relationships, and access to culturally responsive mental and behavioral healthcare can play a significant role in mitigating the traumatic impact of adversity experienced at the individual, community or collective levels. The more severe and chronic the adversity, the greater the risk of it leading to trauma.





What is Trauma?

Trauma refers to single events or chronic conditions that interrupt or inhibit the development of safety, agency, dignity, and/or belonging.

Trauma results when interruptions in safety, agency, dignity, or belonging overwhelm a person's coping abilities. This can lead to temporary and/or lasting adverse effects on the individual's functioning and mental, physical, social, emotional, and/or spiritual well-being.²⁰

Many people think about trauma at the individual level, but it is important to understand that trauma occurs at multiple levels. Trauma at all levels can be exacerbated by formal and informal social structures, policies, and cultural ideologies that create harm. For example, although disasters affect everyone, they often exacerbate long-standing disparities and inequities experienced by people from racial and ethnic minority groups, people with low incomes, and other communities with less power and access to resources. Decades of systemic and environmental injustices have resulted in these groups being disproportionately affected by disasters. A recent study of the impacts of urban flooding found its impacts are most harmful to Black communities,²¹ and Black neighborhoods are less likely to receive flood protection.²²

Systemic and structural inequities create disparities in both trauma exposure and impacts by contributing to a greater experience of secondary disaster-related traumatic experiences among Black, Hispanic, and Native American communities related to displacement as a result of the disaster, delays in restoration of infrastructure services, lack of access to health care, and loss of social networks in the weeks and months following the disaster.



SAFETY

A sense of being physically, psychologically, and emotionally secure. Having all basic needs met in ways that do not cause harm or exploitation.



AGENCY

The ability to make a decision, experience reasonable consequences for that decision, and make another decision.



DIGNITY

A sense of power and worthiness that is not based on harm or dehumanization.



BELONGING

Being a full and accepted member of a group. Being in meaningful relationships with people, the planet, spirit, and/or other living beings.

Adverse **childhood** experiences

(Leaves and Branches)

Abuse — emotional,
sexual, physical

Substance abuse

Domestic Violence

Neglect — physical, emotional

Parental separation

Mental illness

Incarceration

Adverse **community** environments

(Roots)

Poverty

Racism,
discrimination

Poor / Unaffordable
housing

Community
violence

Lack of educational,
economic opportunity

Adverse **collective historical** experiences

(Soil)

Mass incarceration

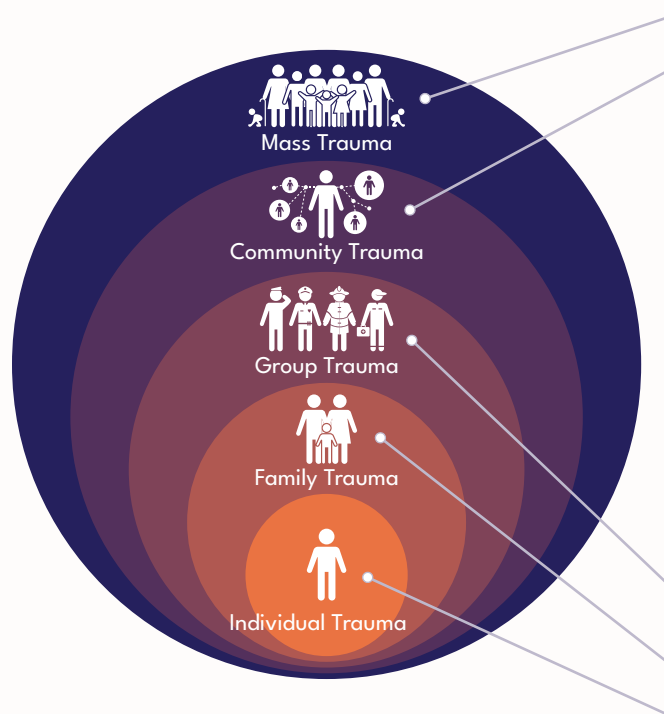
Slavery

Genocide

Holocaust

Forced displacement

Adapted from Ellis W. Dietz W., BCR Framework. Academic Peds (2017)



Mass Trauma (Affects large numbers of people)

Community Trauma (Impacts a few people but has structural or social traumatic consequences)

Cultural Trauma — A type of community trauma that occurs when a group that shares a culture or identity experiences an event that causes lasting effects on group consciousness.

Racial Trauma — A reaction or response to racial discrimination, which is the direct experience of conflict, hatred, injury, or threatened harm to an individual based on their race.

Historical Trauma (Generational Trauma) — Widespread trauma that affects an entire culture and influences generations of the culture beyond those who experience it directly.

Group Trauma (Affects a particular group, e.g., military service members, first responders, LGBTQI+ community)

Family Trauma (Affects multiple members within a family)

Individual Trauma (Affects one person)

SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach.

DEEPENING OUR RECOGNITION

The WHL State Plan is built on a foundation of understanding the drivers of trauma and developing goals and strategies that both acknowledge and address them. Louisiana's approach to collaboration and community-specific care will require a trauma-informed and healing-centered transformation so that together, we can effectively recognize, prevent, and treat childhood adversity and its effects at all levels, allowing the people of Louisiana to access their full potential. To achieve this mission, we must recognize the drivers of racial trauma and respond to the

complex impacts of historical and contemporary experiences of psychological harm resulting from experiencing or witnessing racism, discrimination, or structural inequities caused by institutional racism. The WHL State Planning Team engaged Dr. Denese Shervington, an expert in public health and clinical and academic psychiatry with a focus on healing from historical, intergenerational, interpersonal, and community trauma, to ensure the WHL planning partners understood the impacts of racialized trauma and used that understanding to inform the development of plan goals.



Moving Beyond Racialized Traumas to Achieve Whole Health for Louisiana

By Denese Shervington, MD, MPH, Institute of Women and Ethnic Studies

Entrenched and encoded in multiple layers of societal institutions and culture, centuries of racial harm and injuries (genocide, land capture, enslavement) have been passed on through the generations and have become deeply lodged in the biology and psychic inheritance of both the oppressed and oppressors in America. Frantz Fanon stated, “Black peoples’ contact with the white man was traumatic,” a statement that could be ascribed to the experiences of the indigenous peoples as well.

Maria Yellow Horse Brave Heart and DeBruyn describe historical trauma as the cumulative and collective psychic wounding from generation to generation following the loss of lives, land, and vital aspects of culture.²³ They likened such injury to a ‘soul wound’ with unresolved lingering grief that persists into the present. In like vein, Joy Degruy developed the theory of post-traumatic slave syndrome to describe adaptive survival behaviors in African Americans due to multigenerational oppression resulting from centuries of chattel slavery, which she stated was “predicated on the belief that African Americans were inherently / genetically inferior to whites, and this was then followed by institutionalized racism which continues to perpetuate injury.”²⁴

There is now clear scientific evidence that constant exposure to toxic levels of stress gets “under the skin” and unfortunately, racialized trauma does not only destroy individuals’ well-being. The adversity from factors related to structural inequities dysregulates and destroys the communities in which racialized others live, making it difficult for community members to have communities in which they can be held, rest, heal, and find equanimity. Such adversities are usually evidenced by inequitable economic environments; crumbling built environments with inequitable exposure to environmental toxins; and dysregulated sociocultural norms which oftentimes leads to violence.

Martin Luther King, Jr. noted, “Of all the forms of inequality, injustice in health is the most shocking and inhuman because it often results in physical death.” A construct of healing justice, one that addresses the multi-layer and full consequences of centuries of racialized trauma, must be embarked upon if we are to truly eliminate traumas in Louisiana families and communities. Healing justice is a framework that recognizes the impact of trauma and violence on individuals and communities and names collective processes that can heal and transform these forces to free us from the toxic injury.²⁵

Achieving healing justice, however, is simply not a matter of behavior change due to awareness of implicit bias. Todd McGowan has posited that racism is not simply a problem of knowing – if it were, it could be summarily corrected and eliminated – we would just need a little diversity training that teaches us that our biases were unfounded. Instead, he notes – “Racism is not the result of a bias in our knowing, but rather we have a bias in our knowing because of racism.”²⁶ This Whole Health Louisiana State Plan has embarked upon a bold vision in which children, families, and community members across Louisiana are healthy and thriving, regardless of who they are or where they live. Achieving this vision, one embedded in transforming Louisiana’s approach to cross-sector collaboration and community-specific care will require a bold mindset and heartfelt change.

Embracing indigenous wisdom, such as Desmond Tutu’s principle of Ubuntu – “I am because you are” can help Louisianans consciously and explicitly reconnect and recognize the reality that, as humans, our existence is embedded and interconnected with each other and our physical world. So, in addition to embarking upon the journey set forth in the WHL State Plan, we must also create spaces and opportunities wherein we can re-educate our minds for cooperation, collaboration, and flourishing together. In so doing, we will oppose constructs that are set up to benefit a particular group. For, to survive upon this Land that is now showing disastrous evidence of the cumulative impact of our degradation of her, we will have to create new constructs that benefit all Louisianans, all Americans, and all humanity.

Indeed, if implemented, the Whole Health Louisiana State Plan will contribute to the “bending of the long arc of the moral universe as it bends towards justice.” [Adapted from Martin Luther King Jr.]

Si se puede!

UNDERSTANDING HEALING-CENTERED APPROACHES

Pathways To Healing

A primary step in reducing exposure to and healing from traumatic experiences requires the systems that Louisianans interact with to become trauma-informed. However, it is critical to understand that being trauma-informed is an ongoing process and not a final destination -- nor is it the ultimate objective. The WHL State Plan recommends that organizations integrate trauma-informed approaches that also include **healing-centered principles**.

Healing-centered engagement and trauma-informed care share similar goals of addressing the impacts of trauma and promoting healing and well-being. However, the difference is in the focus and approach. The principles of the trauma-informed approach to care are primarily focused on trauma awareness and prioritize safety, collaboration, and organizational practices that avoid retraumatization. Healing-centered engagement provides a more comprehensive and inclusive approach to addressing childhood adversity that goes beyond treating trauma to promoting well-being and healing in a holistic and culturally grounded manner.

Dr. Shawn Ginwright has outlined several elements of the healing-centered engagement framework, including incorporating activities that **mitigate harm** and acknowledging **the importance of culture and community in the healing process**. Specifically, this approach promotes collective healing practices that foster connection, support, and belonging, while attending to the physical, emotional, mental, and spiritual aspects of individuals and communities; acknowledging the significance of cultural practices, traditions, and beliefs in healing; and incorporating cultural relevance and responsiveness into its approach.¹²

Healing-centered interventions employ an **asset-driven approach**, centering repair and resilience using a strengths-based lens that utilizes the knowledge and skills of the individual and their community. The focus is on well-being and positive outcomes, rather than pathologizing damage.¹² This requires empowering individuals and communities to reclaim their agency and **identifying and nurturing individuals' strengths**, resources, and cultural assets as sources of resilience and healing.²⁷ While trauma is acknowledged, healing-centered engagement goes beyond a sole focus on trauma. It recognizes the potential for restoration of well-being, transformation, and post-traumatic growth.

Healing centered approaches are grounded in five core principles.²⁷



CULTURE

The values and norms that connect us to a shared identity.



AGENCY

The individual and collective power to act, create and change personal conditions and external systems.



RELATIONSHIPS

The capacity to create, sustain and grow healthy connections with others.



MEANING

The profound discovery of who we are, why we are, and what purpose we were born to serve.



ASPIRATION

The capacity to imagine, set, and accomplish goals for personal and collective livelihood and advancement. The exploration of possibilities for our lives and the process of accomplishing goals for personal and collective livelihood.

THE POTENTIAL FOR CHANGE

Healing-centered, transformative change is not just a concept. It is an attainable future for Louisiana's children and families when we understand that childhood adversity can be recognized, prevented, and treated effectively within the context of community.

Protective Factors

The Centers for Disease Control and Prevention (CDC) report the following protective factors, occurring both before and after adversity, make a significant impact. On the individual level these include connecting youth to activities and caring adults, teaching essential healthy relationship and emotional regulation skills, and offering accessible, culturally responsive therapy or treatment options to mitigate immediate and long-term harms. Protective factors on the community level

include leveraging our policies and programs to actively and positively impact the social determinants of health that sustain healthy families and communities. These include, but are not limited to enacting policies to dismantle drivers of structural and systemic inequities, robust health and educational systems, supportive access to basic needs (housing, food, water), and family-friendly policies in the workplace that support and protect employees.



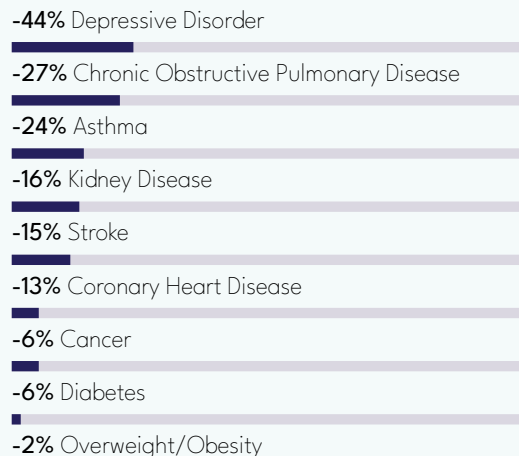
Prevention: Our Most Powerful Tool

Prevention is integral to any comprehensive strategy to improve outcomes. Prevention strategies are those that proactively create safe environments for everyone, addressing the issue at its core. This approach can operate on both individual and societal levels.

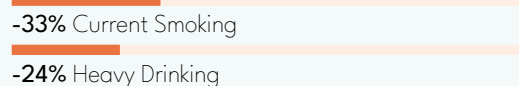
Research has shown that the prevention of childhood adversity can significantly reduce adversity-related health conditions.²⁸ These health conditions may occur due to toxic stress from unmitigated childhood adversity that can change brain development and affect how the body responds to stress. This prolonged exposure to toxic stress as a result of childhood adversity is linked to chronic health problems, mental illness, and substance misuse in adulthood. However, by integrating preventative and protective measures outlined by the CDC, such as organizations adopting and supporting family-friendly policies and legislation that includes effective social and economic supports that address financial hardships, these negative health outcomes can be prevented.^{29, 30, 31} Potential reduction of negative outcomes in adulthood by preventing childhood adversity are reflected below.



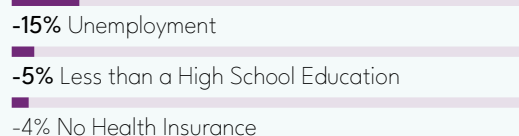
Health Conditions



Health Risk Behaviors



Socioeconomic Challenges



Demonstrated Results of Interventions

There is real-world evidence of the results of integrating trauma-informed approaches that focus on preventing, recognizing, and treating childhood adversity and its effects. For example, expansion of the Child Tax Credit was associated with an immediate reduction in child abuse and maltreatment cases showing that policies that support families have a positive effect on child well-being.³² The following outcomes shared by PACEs Connection (2021), a social network that recognizes the impact of childhood adversity and promotes trauma-informed and resilience-building practices and policies, highlight a selection of interventions that integrated trauma-informed approaches and yielded notable results:



A juvenile diversion program in Philadelphia reduced arrests from **1600 to 500 in three years.**



The Wisconsin Economic Development Corp. achieved a **decrease in staff turnover, from 21% to 10%.**



A batterer intervention program in Bakersfield, CA, **reduced recidivism rates from 60% to 6%.**



In San Diego, a trauma-informed juvenile detention facility reported **no violent incidents** during its inaugural year.



A health clinic in Pueblo, Colorado, witnessed a **30% drop in emergency room visits.**



In Cowlitz County, WA, **youth suicide and suicide attempts fell by 98%.**



Attainable Change

The critical importance of this work is clear; childhood adversity and its impacts are challenges that must be addressed. There is significant potential for policies, systems, and individuals across Louisiana to work together to prevent, recognize, and treat childhood adversity. Change is possible when we bring together hope and action. The plan on the following pages outlines how we as a state can enact that change, and create a brighter future for all Louisianans.

Whole Health Louisiana State Plan



THE PLAN'S FOUNDATION: COMMUNITY INSIGHTS

The Whole Health Louisiana (WHL) State Plan is grounded in insights from community members, service providers, agency leaders, and experts in childhood adversity that were collected during the 2021 - 2022 discovery process and the 2022 - 2023 plan development process.

2021 - 2022 DISCOVERY INSIGHTS*

Findings demonstrated four core strengths that the state can build upon in its plan:

- The high impact of public education on improving outcomes of childhood adversity and trauma
- The important role of healthcare professionals and faith-based communities in providing support
- The potential for shared learning across organizations, sectors, and parishes of Louisiana

The existence of exciting and effective initiatives across the state (See the Caddo Parish Case Study on page 36 for one example)

Engaged individuals also highlighted seven core barriers that need to be addressed to realize success:

- Barriers to families accessing, navigating, and receiving high-quality services
- Disparate experiences across urban, rural, and suburban communities that are not effectively addressed by the current system
- Disparate experiences and unique challenges across racial identities, including the lack of culturally responsive approaches
- Workforce turnover, burn-out, and capacity constraints for schools, service providers, and state agencies
- Silos and communication challenges across systems
- Stigma around mental health and distrust of authority
- Low saturation of education and training around childhood adversity and trauma

“Much of the time I feel like an afterthought or a box that needs to be checked. Hard to feel whole when you feel like that. At my school, I lost three classmates last year to gun violence and two in my community. All I hear about is violence in big cities. We have beaucoup violence in small towns too.”

— Teen, Monroe Region

PLAN DEVELOPMENT

These insights were built upon through the plan development process, which included a statewide convening, working sessions, and community conversations that engaged community members across Louisiana throughout 2023. Four essential priorities emerged during this process for the state of Louisiana to address to create a trauma-informed Louisiana: Collaboration, Awareness, Prevention + Healing, and Workforce.

“There are so many bright spots here in our communities. People serve as natural resource navigators. My church established a program where they just help us figure out these systems. You need help with medicaid or medicare call this person. You need help with mental health support because you are a victim of gun violence call this person. And the state should know that my church does that.”

— Community Member, Lafayette Region

Creating change within each of these priorities cannot be accomplished by one organization alone. Each priority area is supported by a number of recommendations that may be implemented through partnerships convened and supported by the WHL leadership (LDH or WHL Statewide Lead) that include members of the WHL Coalition or external partners. Over the five years of plan implementation, WHL leadership will actively solicit additional funding and recruit additional partners to advance implementation. The Coalition will partner with mission-aligned entities: those who already perform related work and those with the potential to perform this work. While numerous organizations are advancing trauma-informed efforts across the state, many are hampered by external or institutional policies that do not promote multi-sector collaboration. The people of Louisiana have encountered unnecessary obstacles as a result of the disconnected siloed approach to date. This plan strives to usher in a new era of coordinated action for Louisiana.

**To protect privacy and encourage honest participation, all discovery and community conversation participants and their subsequent quotes have been anonymized.*

THE GUIDING ELEMENTS OF THE PLAN

Our Vision

Children, families, and community members across Louisiana are healthy and thriving, regardless of who they are or where they live.

DESIRED OUTCOMES

- Increased recognition and understanding of childhood adversity and its effects by all Louisianans
- Increased robustness and support of the child- and family-serving workforce
- Reduced causes and drivers of childhood adversity
- Reduced occurrences of childhood adversity
- Increased healing from childhood adversity and its effects
- Improved, equitable health and life outcomes for the people of Louisiana, across race, ability, income, identity, and parish.

Together, our vision and desired outcomes will guide the implementation of the State Plan. They represent the ultimate change we believe can be realized if the plan is successfully implemented.

Our Mission

Transform Louisiana's approach to cross-system collaboration and community-specific care, so that together we can effectively prevent, recognize, and treat childhood adversity and its effects, allowing the people of Louisiana to access their full potential.

- The plan will embed the following cross-cutting elements into its strategies, design, and implementation.
- Co-creation with community voice, representative of the diversity of Louisiana's people and regions
- Prioritizing equity, cultural responsiveness, and trauma-informed best practices in strategy and process
- Approaching our challenges with optimism and care
- Designing the plan to drive future investment, with a focus on long-term sustainability
- Balancing strategies to achieve complex, system-wide change with near-term wins to build momentum and create immediate impact

The WHL Coalition will move Louisiana towards the above mission, desired outcomes, and ultimate vision by advancing recommendations within four priority areas:



Please reference page 30 to view the full Theory of Change model.

COLLABORATION: RECOMMENDATIONS + OBJECTIVES

The first priority area of the WHL State Plan focuses on transforming cross-system collaboration to direct collective energy and resources towards strategies identified in the plan.

The Collaboration priority emerged as a result of some of the most prominent insights from the discovery process, which were reinforced by participants throughout the plan development process:

Addressing childhood adversity and trauma requires an interconnected approach across many different systems (Health, Education, Legal, Custodial Care, etc.); however, there is no coordinating body responsible for aligning all of the systems towards measurable goals.

There are significant challenges to coordination and information-sharing. There are not effective channels for sharing best practices, leading to a loss in learning. Additionally, impact is often minimized or duplicative because there is no easy way to access information on all of the services and initiatives occurring across the state in a particular focus area.

Lack of information-sharing and care coordination across public services results in re-traumatization for children and families who are required to re-share the story of their experiences with multiple providers.

Barriers to families accessing, navigating, and receiving high quality services are exacerbated by the lack of supported or sustained coordination across systems.

In response to these challenges, and in line with the approach taken by other states, the individuals engaged in the WHL planning process aligned on the importance of creating a cross-sector coalition to (1) improve collaboration across systems, and (2) guide the implementation of the WHL State Plan recommendations.

The establishment of the WHL Coalition serves as the foundation for the Collaboration priority area, and provides the framework upon which the seven following Collaboration recommendations can be implemented. The suite of recommendations and objectives is ambitious - from creating inter-organizational accountability systems, to pursuing shared funding goals, to creating a single point of entry intake system for individuals. As a state, it is essential that we take action to improve the lives of Louisiana's children and families.

See page 40 for more information on the WHL Coalition and how you can become a partner.



Collaboration Goal

Establish and provide foundational support for the WHL Coalition, a collective of state-led entities, service providers, universities, funders, and leading community-based organizations, that drives cross-system collaboration and plan implementation.

Collaboration Long-Term Desired Outcome

Louisiana's child- and family-serving entities more effectively collaborate in service of improving outcomes for children and families.

Recommendations

RECOMMENDATION C1

Establish Effective Coordination for Cross-System Collaboration

Objective C1.1 | Establish practices to maintain regular communication and coordination across relevant systems and entities focused on implementing the WHL State Plan.

Objective C1.2 | Align roles and responsibilities across systems and entities to ensure clarity and effective collaboration.

Objective C1.3 | Conduct joint planning sessions to foster collaboration and alignment around strategy.

RECOMMENDATION C2

Establish a Shared Accountability Framework

Objective C2.1 | Develop a shared accountability framework to ensure that all relevant systems and entities are held accountable for achieving shared goals and outcomes.

RECOMMENDATION C3

Develop Shared Data Infrastructure

Objective C3.1 | Establish shared performance metrics and data tracking systems to monitor progress of the WHL State Plan objectives and improve clarity across entities, with a particular focus on public agencies.

Objective C3.2 | Advance efforts to create a coordinated single point of entry system across state agencies for individuals who may need to access support and resources, decreasing the need for individuals to engage in redundant or retraumatizing intake processes across entities.

RECOMMENDATION C4

Foster Meaningful Community Engagement

Objective C4.1 | Develop, utilize, and standardize an approach for community engagement that prioritizes meaningful input and participation from individuals and families affected by childhood adversity, as well as the organizations that support them, to accurately understand community needs and tailor WHL State Plan approaches and strategies in line with findings.

Objective C4.2 | Partner with community-based and local organizations to advance prevention, recognition, and treatment of childhood adversity and its impacts through a community-centered lens. (See PH3)

RECOMMENDATION C5

Secure Sustainable Funding

Objective C5.1 | Pursue opportunities for sustainable funding to support cross-system collaborative service expansion and improvement, as well as ongoing system coordination.

RECOMMENDATION C6

Promote Shared Best-Practices

Objective C6.1 | Establish a method and cadence for sharing learnings and best practices across entities. Methods may include automated reporting or structured convenings.

RECOMMENDATION C7

Continually Assess & Improve WHL Collaborative

Objective C7.1 | Regularly assess and evaluate the effectiveness of the system-wide collaboration efforts. Assessment may focus on information sharing as well as identifying changing needs in order to support continued system improvement.

AWARENESS: RECOMMENDATIONS + OBJECTIVES

The second priority area focuses on addressing two significant barriers to preventing and addressing childhood adversity: (1) the lack of awareness of best practices for preventing, recognizing, and responding to childhood adversity and its impacts, and (2) the harmful mindsets that prevent progress.

The WHL discovery process and review of current scientific literature showed:

A lack of knowledge about childhood adversity and trauma in Louisiana.

The prevalence of stigma related to these and similar topics, and strong concerns regarding the harmful effects of stigma, especially in rural communities.

The incredible benefit of education around childhood adversity. For discovery participants, this education boosted their confidence in effectively addressing and preventing

traumatic experiences among children in their families and communities.

Universally, respondents also believed in the benefit of more widespread knowledge of childhood adversity for diverse audiences.

Shifting mindsets is one of the greatest tools for creating systems change, and when our community members receive evidence-supported information about childhood adversity and trauma in particular, they become committed to change.

“People have a stigma about mental health. They don’t want to go get treatment or take medication. When they are asked about trauma, many people make up answers so they don’t sound ‘crazy.’ They are worried truthful answers will mean they need to go get help.”

–Ecosystem Expert



Awareness Goal

Promote accurate and widespread understanding across the state of the prevalence and effects of childhood adversity and the importance of advancing investment in and practices supporting prevention and mitigation.

Awareness Long-Term Desired Outcome

Louisiana's decision-makers, child- and family-serving workforce, and the general public have a greater understanding of and a decreased stigma toward childhood adversity and its impacts.

Recommendations

RECOMMENDATION A1

Build Buy-In for Trauma-Informed Policies amongst Local and State Leaders

Objective A1.1 | Engage with local- and state-level decision-makers (e.g., elected officials, appointees, etc.) to expand their understanding of childhood adversity and its impacts and to increase their recognition and advocacy for evidence-based prevention and mitigation of childhood adversity and its impacts.

Objective A1.2 | Work with policymakers to advance state- and local-level policies that integrate trauma-informed care across systems, including education, healthcare, juvenile legal, and other public sectors.

RECOMMENDATION A2

Build Awareness and Support for Childhood Adversity Prevention and Mitigation

Objective A2.1 | Develop and implement targeted messaging and communication strategies to engage diverse audiences and increase public awareness and support for preventing and addressing childhood adversity and its impacts, with a focus on primary caregivers and the future child- and family-serving workforce.

Objective A2.2 | Establish partnerships with trusted organizations, advocates, and pre-professional programs to embed messaging surrounding evidence-based prevention and mitigation strategies into their existing messaging, programming, or curricula.

RECOMMENDATION A3

Reduce Stigma and Misconceptions Surrounding Childhood Adversity and Its Impacts

Objective A3.1 | Create messaging strategies that address misconceptions, myths, and stigmas related to mental health and trauma linked to childhood adversity. Ensure the messaging is inclusive, respectful, and promotes empathy toward individuals who may be affected.

Objective A3.2 | Implement a multi-channel approach that leverages a variety of platforms, including social media, email newsletters, and public events, to reach diverse audiences and engage them in dialogue and action.

Objective A3.3 | Collaborate with community leaders and organizations to co-create content that resonates with different demographic groups, effectively addressing relevant misconceptions and stigmas.

PREVENTION + HEALING: RECOMMENDATIONS + OBJECTIVES

The third priority area focuses on improving the quality, quantity, and accessibility of community-centric resources and services across Louisiana so that community members can effectively prevent childhood adversity and heal from its effects.

The discovery process elevated many concerns about resource quantity and quality. It also highlighted the many challenges individuals - especially those receiving Medicaid - face when attempting to access or navigate the resources that do exist. Additionally, respondents emphasized the pervasiveness of inequities in social determinants of health, and the need for increased trust between program implementers and the community they are seeking to support. Specific concerns include:

Outdated databases detailing resources and services.

Limited quantity of licensed healthcare professionals.

Decreased access to support services in rural communities due to limited services and service providers, as well as transportation barriers.

Lower satisfaction with services in urban communities relative to rural communities.

Barriers to mutual trust with service providers, as a result of the lack of culturally responsive approaches, privacy concerns, and a general distrust of authority figures.

Absence of “one-stop shops” that could provide a wide array of services and resources, addressing trauma and challenges in a more holistic way.

Additionally, respondents rated prevention, including improving environmental factors that can cause adversity for children (ex: poverty, discrimination, unstable housing), as their number one priority.

“No one is there to help you figure it out. In these extreme moments, people feel overwhelmed and don’t know how to use the resources available.”

—Parent



Prevention + Healing Goal

Increase buy-in for, investment in, and adoption of trauma-informed systems and services that enhance the prevention of and healing from childhood trauma for families and communities statewide.

Prevention + Healing Long-Term Desired Outcome

Louisiana's residents are able to access services they need to prevent and/or heal from the effects of trauma.

Recommendations

RECOMMENDATION PH1

Enhance Resource Awareness for Prevention and Healing

Objective PH1.1 | Identify and collaborate with existing information sharing systems and resource databases to advance the establishment and utilization of a unified, accurate, and accessible database of current available resources for youth and families that support the prevention of and healing from childhood adversity across the state. Note: This resource database could be utilized in concert with a centralized intake and single point of entry system, but is not dependent on the creation of that system (See C3.2).

Objective PH1.2 | Execute statewide awareness campaigns and targeted outreach efforts to connect individuals and referral organizations to the information sharing system, after the information-sharing system and/or resource database has been identified and advanced (PH1.1).

RECOMMENDATION PH2

Expand Trauma-Focused Services and Treatments

Objective PH2.1 | Building upon information available through Objective PH1.1, assess the current landscape of trauma-focused services, identifying gaps and successful programs.

Objective PH2.2 | Based upon the assessment, and in collaboration with leading providers across the state, develop a plan for expanding existing programs and, if necessary, support the creation of new trauma-focused services that align with identified areas of need.

Objective PH2.3 | Leveraging best practices from successful programs, inform and promote additional trauma-focused services and treatments that are accessible, affordable, provide quality care, and prevent re-traumatization.

RECOMMENDATION PH3

Foster Community-Driven Health and Well-being

Objective PH3.1 | Identify and designate WHL community ambassadors, engaging existing community leaders where possible.

Objective PH3.2 | Utilizing insights from community members and community-based organizations (see C4), collaborate with community ambassadors to develop, implement, and promote community-driven, trauma-informed solutions that are specific to the areas they impact.

WORKFORCE: RECOMMENDATIONS + OBJECTIVES

The final priority area is dedicated to strengthening the capacity of the child- and family-serving workforce, equipping them with trauma-informed, evidence-based practices that empower them to provide the highest quality of care. Additionally, this priority area addresses the need for additional support across the workforce, leading to better care for employees and service recipients alike. Across the country, states are realizing that one of the most important ways to create trauma-informed communities is to focus on the child- and family-serving workforce and the leaders who make decisions governing that workforce.

Learnings from the WHL discovery process and 2023 community conversations (See Appendix C) underscore the critical importance of this priority area:

Across the state, there are high levels of workforce turnover, secondary traumatic stress, and capacity constraints for schools, service providers, and state agencies.

Community members highlighted that low wages for service providers impact the care they are able to provide to those they serve.

Education and training are important tools to build buy-in across the workforce and lead to more effective care.

Additionally, many members of the workforce are coping with their own historical childhood adversity and/or experiencing secondary traumatic stress as a result of their professions. In Louisiana, the child- and family-serving workforce is encountering critical burnout, turnover, and recruitment challenges, especially in direct care roles. High turnover leads to inconsistency across care and a lack of trained or experienced providers, rendering services less effective, increasing strain on the workforce, and creating frustration amongst recipients of care.³³

To learn more about the implementation of the Workforce priority, see Trauma-Informed Approach Transformation on pages 32–37.

“Some parents and families stop using services because of the high turnover.”

–Focus Group Participant

“All law enforcement needs this training. All teachers need this training. All healthcare providers need this training. One agency cannot manage everyone’s trauma.”

–Ecosystem Expert



Workforce Goal

Increase access to, commitment to, and investment in evidence-based, trauma-informed, and culturally responsive practices within child- and family-serving entities and systems across Louisiana.

Workforce Long-Term Desired Outcome

Louisiana's child- and family-serving entities are fully trauma-informed and healing-centered.

Recommendations

RECOMMENDATION W1

Build Buy-In for Trauma-Informed Practices Amongst Child- and Family-Serving Entities

Objective W1.1 | Engage with leaders of child- and family-serving entities to expand their understanding of childhood adversity and its impacts (CAI) and to increase their recognition and interest in the adoption of evidence-based prevention and mitigation efforts of CAI across their organization.

Objective W1.2 | Engage with staff members of child- and family-serving entities to expand their understanding of CAI and to increase their recognition and interest in adoption of evidence-based prevention and mitigation efforts of CAI within their practice.

RECOMMENDATION W2

Support Organizations in Undergoing Shared Trauma-Informed Approaches (TIA) Transformation

Objective W2.1 | Recruit leaders of child- and family-serving entities to undergo TIA organizational transformation processes.

Objective W2.2 | Connect participating organizations into WHL Coalition and WHL State Plan evaluation infrastructure.

Objective W2.3 | Provide process navigation and access to technical assistance for organizations engaging in TIA transformation process. Maintain an easily accessible virtual repository for supporting toolkits and resources.

RECOMMENDATION W3

Enhance Support for the Workforce

Objective W3.1 | Enhance systems of support for the child- and family-serving workforce, including prioritizing practices and policies that support staff well-being and decrease turnover.

Objective W3.2 | Address capacity constraints for the child- and family-serving workforce, including prioritizing practices and policies that increase organizational effectiveness and retention, and facilitate workforce recruitment.

PLAN THEORY OF CHANGE

The WHL theory of change is a visual depiction of how the WHL State Plan is expected to lead to our desired change. The model shows how our approach (the plan mission, priorities, and recommendations) is designed to create direct effects (mid-term outcomes), which will over time catalyze longer-term improvements in our environment (long-term outcomes). These will ultimately support the desired outcomes and vision that this plan was created to achieve. While not depicted in this visual, all components of our theory of change are guided by the foundational principles articulated on page 21.



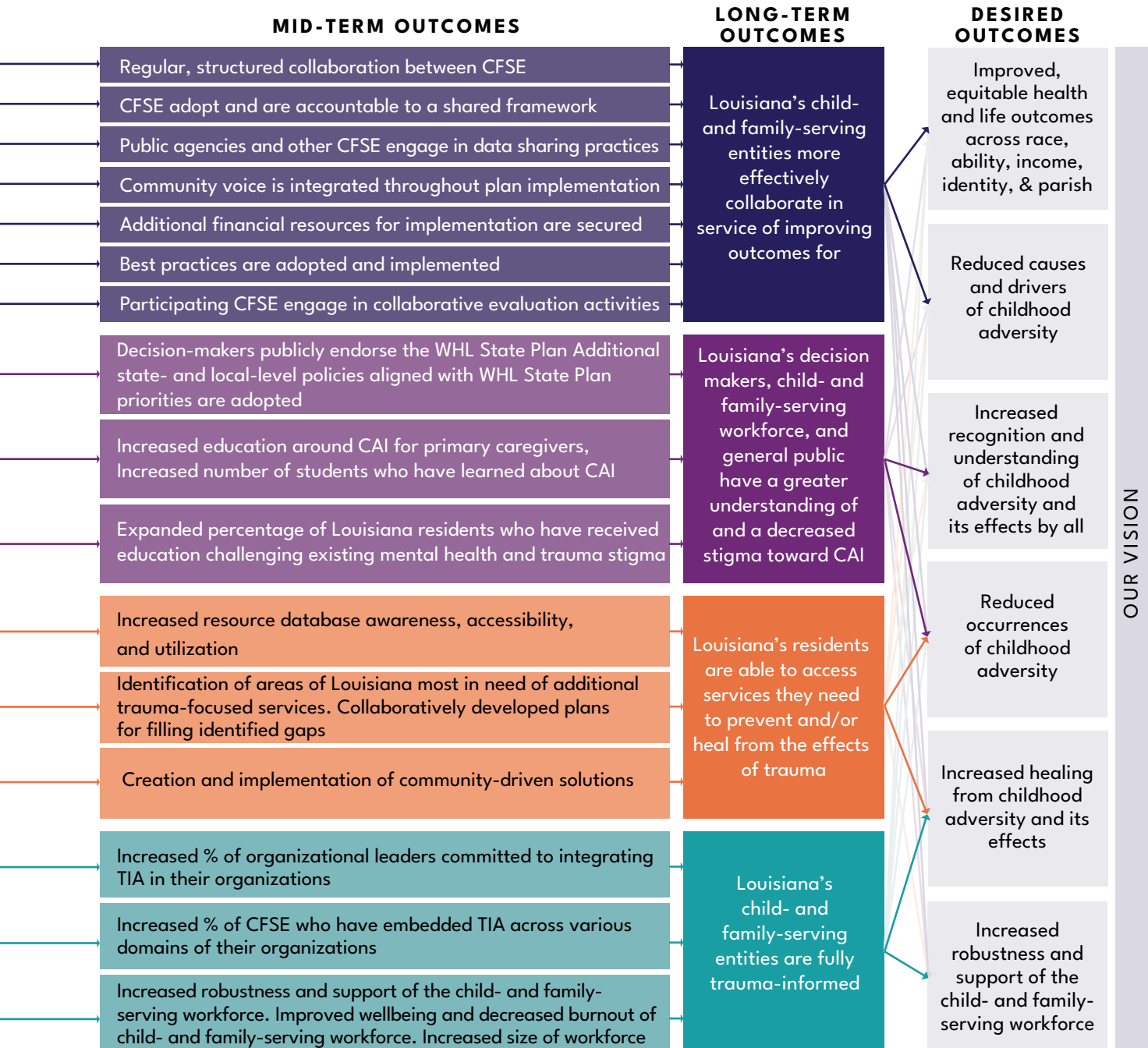
CFSE: Child- and Family-serving Entities, CAI: Childhood Adversity & its Impacts, TIA: Trauma-Informed Approaches

OUR MISSION

Transform Louisiana’s approach to cross-system collaboration and community-specific care, so that together we can effectively prevent, recognize, and treat childhood adversity and its effects, allowing the people of Louisiana to access their full potential.

OUR VISION

Children, families, and community members across Louisiana are healthy and thriving, regardless of who they are or where they live.



Each of the long-term outcomes supports each of the desired outcomes, as represented by the light gray arrows. The strongest two connections for each long-term outcome are indicated in bold coloring.

Trauma-Informed Approaches Transformation



UNDERSTANDING TRAUMA-INFORMED APPROACHES

What is a Trauma-Informed Approach (TIA)? What does it mean to be a Trauma-Informed System?

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the defining features of TIA include a **realization** of the widespread prevalence and impact of trauma, the **recognition** of the signs and symptoms of trauma, and a system for **responding** to trauma in ways that promote healing and actively **resist** re-traumatization.³⁴ Thus, the goal of systemwide TIA is to

provide a framework for effective practices, interventions, and systems-change strategies that integrate foundational knowledge of trauma and its impact into the workforce knowledge base, organizational culture, and the systems of support provided to youth and their families. The information below details how SAMHSA's Four R's are brought to life.

Key Assumptions in Trauma-Informed Approach: The Four R's

REALIZE BY CLEARLY SEEING AND/OR APPRECIATING

Possessing the foundational understanding of trauma and its impacts is the first step to incorporate a trauma-informed approach.

Realize how trauma affects individuals, families, and communities including:

- The individual and collective nature of trauma, secondary traumatic stress, and their impacts on people's brains, bodies, and behaviors.
- The individual and collective nature of resilience and healing.
- The intersection of systemic inequity and trauma, including racial trauma.
- Our own place in traumatization as victims, survivors, and individuals who perpetuate trauma.

RESPOND TO TRAUMA IN WORDS AND ACTIONS

Effective responses require leadership that applies knowledge of trauma in the continuous design, implementation, and evaluation of operational policies, procedures, and practices. This leadership ensures that all staff and communities served are able to navigate services and resources in a physically and psychologically safe environment that promotes trust, fairness, and transparency.

Respond with policies and practices that operationalize:

- The need to support emotional regulation.
- The need for supportive interpersonal relationships (recognition of mutuality, collaboration, peer support).
- The importance of strengths-based frameworks of practice.
- Culture-bound (recognition of empowerment, voice, and choice) collective remembering as restoring culture and community building.

RECOGNIZE THE EXISTENCE OF TRAUMA AND HEALING AS WORTHY OF CONSIDERATION

The recognition of trauma responses and healing from trauma requires ongoing reflection, education, and cultural awareness. It requires an understanding of how trauma affects all individuals, including our workforce.

Recognize trauma by understanding:

- The signs of trauma and secondary traumatic stress.
- The need for systems to respond.
- The signs of resilience and healing.
- The factors that sustain optimal well-being and functioning.

RESIST RETRAUMATIZATION AND PROMOTE HEALING

Resisting retraumatization requires changes in organizational policies and practices that sustain the well-being of individuals and systems. When we acknowledge institutional practices that harm, we are obligated to change the thinking and doing that are the root cause(s).

Resist retraumatization and promote healing by:

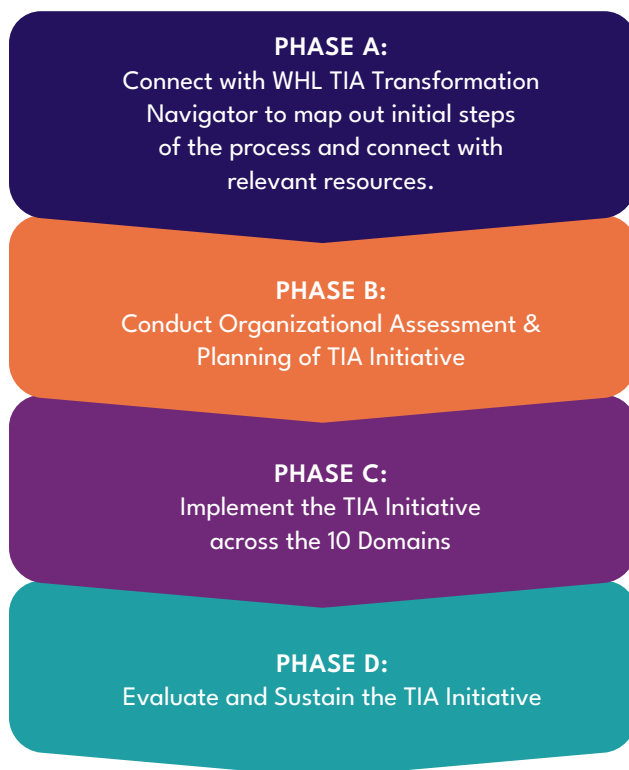
- Active and ongoing interrogation of doing things "the way they've always been done," by adopting a tendency toward innovation.
- Actively dismantle systems and practices that create and maintain trauma
- Creating new systems or adapting current systems that allow individuals to thrive, including creating the conditions for organizations to adopt healing-centered, trauma-informed policies and practices.
- Expanding beyond single organizations to the networks of organizations working within the community (schools, medical institutions, industries, etc.).

TIA TRANSFORMATION: ORGANIZATIONS

As outlined in Recommendation W2, The Whole Health Louisiana (WHL) initiative seeks to support state agencies and other child- and family-serving entities as they undergo TIA transformation processes. The WHL State Plan recommends organizations follow the four phase process below to realize that transformation.

Phase A focuses on providing staff and/or organizations with the knowledge and resources they need to implement an organization-wide TIA initiative by connecting them with the WHL network, and specifically with a point of contact who will serve as their transformation navigator, providing necessary guidance and support throughout the process. **Phase B** involves conducting a critical pre-initiative assessment to prepare for initiative implementation.

Phase C encompasses the core of the transformation process, and **Phase D** is the evaluation and sustainment of the initiative. Phases B, C, and D are all adapted from SAMHSA's 2023 Practical Guide for Implementing a Trauma-Informed Approach.⁹



10 DOMAINS OF IMPLEMENTATION

1 | Governance and Leadership: Establish and strengthen a governance and leadership structure that prioritizes trauma-informed principles and practices, and is supported at the highest levels of the organization.

2 | Training and Workforce Development: Design and implement intentional strategies for recruiting, hiring, training, and retaining both clinical and non-clinical staff.

3 | Cross-Sector Collaboration: Actively participate in cross-sector, trauma-informed initiatives through the WHL Coalition.

4 | Financing: Identify sustainable funding strategies, including resources for staff training; development of safe facilities; provision of screening, assessment, treatment, and recovery supports; and development of cross-agency collaborations.

5 | Physical Environment: Build an environment that fosters both physical and psychological safety for both clients and staff.

6 | Engagement and Involvement: Engage individuals with lived experiences in intentional, meaningful, empowering, and ongoing conversations across all organizational levels.

7 | Screening, Assessment, and Treatment Services: Implement screening and assessment after standardizing trauma-informed practices, referral or treatment options to support individuals who may have experienced trauma, and identify their needs to tailor services accordingly.

8 | Progress Monitoring and Quality Assurance: Embed a continuous quality improvement approach to support the ongoing change process required to implement a TIA.

9 | Policy: Establish formal policies and procedures that reflect trauma-informed principles and ensure that these approaches will continue, even with changes in leadership and staff.

10 | Evaluation: During implementation, conduct ongoing evaluation to determine whether the program is having an impact and how it is affecting the quality of services.

TIA TRANSFORMATION: INDIVIDUALS & COMMUNITIES

Becoming trauma-informed requires education, training, and ongoing self-reflection. It is about cultivating empathy, compassion, and an understanding of how trauma affects individuals and communities. By being trauma-informed, individuals and communities can play a vital role in creating spaces that promote healing, resilience, and recovery for those who have experienced trauma.



TRAUMA-INFORMED INDIVIDUALS

To become trauma-informed as an **individual** means possessing an understanding of trauma and its potential impact on individuals, communities, and systems. It involves recognizing the prevalence of trauma, understanding its various manifestations, and developing strategies to support and interact with people who may have experienced trauma in a sensitive and empathetic manner.



TRAUMA-INFORMED COMMUNITIES

When a **community** becomes trauma-informed, it means that its members, organizations, and systems have developed an understanding of trauma and its effects on individuals and have incorporated this knowledge into their practices, policies, and attitudes. Being trauma-informed involves recognizing that most, if not all, people in the community have likely experienced trauma at some point in their lives, with certain people and groups experiencing disproportionate exposures due to structural inequities and systemic oppression, and that trauma can have long-lasting impacts on their physical, emotional, and psychological well-being.

ESSENTIAL PRINCIPLES OF BECOMING A TRAUMA-INFORMED INDIVIDUAL OR COMMUNITY INCLUDE:

Awareness and Understanding: Having knowledge and cultural awareness about the prevalence and impact of trauma and the potential for retraumatization. This involves understanding potential effects on behavior, cognition, and emotional well-being utilizing a culturally responsive lens, and avoiding judgment or assumptions.

Safety and Trustworthiness: Creating safe and secure environments where individuals feel physically, emotionally, and psychologically safe. This involves establishing clear boundaries, fostering trust, and avoiding practices that may retraumatize or trigger individuals.

Collaboration and Empowerment: Actively involving individuals who have experienced trauma in decision-making processes, seeking their input and valuing their perspectives. The focus of this principle is empowering individuals to regain control and autonomy over their lives.

Cultural Sensitivity and Responsiveness: Recognizing that experiences of trauma and healing can vary across cultures, and responding in a manner that recognizes, affirms and values the worth of people of all cultures. This principle requires respect and recognition of the value of diverse cultural backgrounds, experiences, and beliefs, while avoiding practices that perpetuate discrimination or further marginalization.

Resilience and Recovery: The community emphasizes resilience and supports individuals in their recovery journeys. This principle promotes opportunities for healing, self-care, and well-being, and provides access to a range of services and resources that address the impacts of trauma.

CASE STUDY: BUILDING A TRAUMA-INFORMED COMMUNITY IN SHREVEPORT

Background

Before trauma-informed community efforts were initiated in Shreveport, Louisiana, the community and broader Caddo Parish population encountered significant challenges related to childhood trauma. The child welfare system was often reactive, focusing primarily on addressing the symptoms of trauma rather than preventing it. Many children experienced severe, unbuffered, and repeated relational trauma, leading to negative behavioral and emotional outcomes. The legal system, especially in child maltreatment cases, had a limited understanding of the profound and lasting effects of childhood trauma, resulting in children being placed in increasingly restrictive settings.

Judge David Matlock, Chief Judge of Caddo Parish Juvenile Court, played a pivotal role in Shreveport's journey towards becoming a trauma-informed community. His significant political influence allowed him to rally key decision-makers around the importance of addressing childhood trauma and the mitigation of intergenerational trauma, enabling Volunteers for Youth Justice to implement a range of highly effective trauma-informed programs.



Shreveport's Approach

SHREVEPORT'S INITIAL TIA EFFORTS FOCUSED ON FOUR PRIMARY INITIATIVES:

- Screening, Assessment, and Referral: Developed a system for early, comprehensive, and trauma-focused mental health assessments and referrals in child protection cases.
- Treatment Capacity and Training Team: Identified and trained mental health providers in evidence-based, trauma-focused treatment.
- Caregiver Training Group: Promoted trauma-informed caregiving through Trust-Based Relational Intervention (TBRI®) training for parents, teachers, and childcare providers.
- Multi-Disciplinary Trauma Intervention Team: Provided interdisciplinary interventions for specific trauma-related cases.

The journey to create a trauma-informed community in Shreveport was marked by several important developments:

FORMATION OF A STRATEGIC PLANNING GROUP FOR TRAUMA:

A diverse group formed in 2017 to address trauma within the child welfare system, setting goals and strategies. Four working groups tackled specific aspects of trauma intervention, including assessments, treatment, caregiver training (TBRI®), and school initiatives. **Early advances included:**

- Development of the TBRI® Advocate Program between Volunteers for Youth Justice (VYJ) and Caddo Juvenile Court (2018-present)
- Weekly TBRI® Caregiver Training for biological and nonbiological kin for Child-In-Need of Care cases (2020-present)

COMMUNITY-WIDE EFFORTS:

Shreveport expanded trauma-informed practices beyond child welfare to schools, law enforcement, and healthcare. **This included the creation of:**

- Partnerships with local pediatricians and SEEK screening to address child maltreatment risk factors (2018-present)
- The University Elementary Trauma-Informed School-Based Resource Center, established by VYJ (2021-present)
- Trauma-informed curriculum and specially trained support staff for Caddo parish schools (2022-present)
- TBRI® Caregiver Training for those detained at Caddo Correctional Center (2022-present)
- The Harbor, Volunteers for Youth Justice Resource Center for families in need of services (2023)

CASE STUDY: BUILDING A TRAUMA-INFORMED COMMUNITY IN SHREVEPORT CONTINUED

Outcomes

The TIA efforts in Shreveport yielded significant positive outcomes:

- **Reduction in School Suspensions:** An elementary school in Shreveport reduced out-of-school suspensions from 78 to 8 in just two years.
- **Decrease in Behavioral Incidents:** Another elementary school in Shreveport saw a 93.5% decrease in overall behavioral incident reports after the first two years of the implementation process.
- **Reduction in Truancy:** An elementary school in Shreveport reduced court-involved truancy students from 35 to just 1 in a single year.

Key Success Factors

Several key factors contributed to the success of the TIA effort in Shreveport:

- **Leadership and Advocacy:** Chief Judge David Matlock's leadership and advocacy for TIA were instrumental in driving change.
- **Promising Research-Based Training:** The incorporation of Trust-Based Relational Intervention (TBRI®) training and advocacy proved highly effective in addressing relational trauma.
- **Community Collaboration:** Collaboration among various stakeholders, including schools, legal system professionals, and community organizations, facilitated a comprehensive approach.
- **Early Intervention:** Emphasizing early intervention and trauma-informed care, especially in schools, led to significant improvements in student behavior and outcomes.
- **Public Awareness and Policy Development:** Raising public awareness and developing supportive policies were crucial for sustainability.

The champions of this process in Caddo Parish recognize that there is more work to do before they are truly a trauma-informed community. However, these advances are having real, tangible outcomes for children and families today, and will yield many more positive outcomes as TIA become further integrated into the community.

These success factors are replicable in other communities seeking to address childhood trauma and build trauma-informed systems of care. By prioritizing research-based training, community collaboration, and early intervention, other regions can also work towards creating trauma-informed communities that promote healing and resilience among individuals affected by trauma.

To learn more about these efforts, contact Lucinda Miles at lucinda.miles@vyjla.org or visit <https://vyjla.org>.

Overview: Collaborating to Build Trauma-Informed Schools

The Coalition for Compassionate Schools (CCS), funded by SAMHSA, serves as a National Child Traumatic Stress Initiative Category II Treatment and Service Adaptation Center. CCS brings together expertise from community-based organizations, city agencies and programs, mental health agencies, NOLA Public Schools, a public health organization and Tulane University.

Since 2015, the CCS has supported 17 local public schools in the implementation, evaluation, and sustainment of trauma-informed approaches. CCS has completed a rigorous study on the effectiveness of specific implementation strategies and developed a Trauma-Informed Schools Training of Trainers model. Through this work, CCS has helped schools adopt policies and practices to create safe and supportive school environments that promote healing from trauma and prevent future trauma. You can read more about their work at <https://cforcs.org>.

For more information about these efforts, contact Stacy Overstreet, PhD at soverst@tulane.edu.

The WHL team will continue to highlight case studies on the WHL webpage. To view additional available case studies, please visit www.ldh.la.gov/WholeHealthLouisiana. To share a success story from your community, please email WHL@la.gov.

Bringing the Plan to Life



IMPLEMENTATION & EVALUATION

Public-Private Implementation Structure

WHL State Plan implementation will begin in January 2024 and will continue through December 31, 2028. Plan implementation will be led via a public-private partnership. The Louisiana Department of Health (LDH) will serve as the plan's public sector "anchor." The WHL Statewide Lead will serve as the neutral convener of the WHL Coalition leading the corresponding plan implementation efforts and identifying additional funds to further support implementation. The WHL Statewide Lead will be identified during the first phase of implementation. The WHL Steering Committee and WHL Coalition members will be involved in the implementation of plan recommendations.

CORE ROLES OF WHL STATEWIDE LEAD

Convene & Align Stakeholders

Gain Buy-In of Public, Private, & Nonprofit Partners

Project Manage Implementation

Oversee Plan Evaluation & Reporting

Lead with Commitment & Accountability to WHL Guiding Principles

Implementation Approach

Each of the four priorities includes numerous recommendations that cannot be implemented at once. Recommendations within each priority area will be sequenced so that each responsible entity can divide the workload over the five years of the plan implementation. Additionally, Recommendation W2, which includes supporting organizations through the TIA transformation process, will require staggered cohorts of participating organizations. This phased implementation approach will allow for course correction, momentum building, and resource optimization.

The following pages provide a high-level overview of the work included in each of the phases. This implementation process serves as an initial roadmap for the next five years, and will be adjusted throughout as appropriate.

Evaluation Approach

To ensure progress towards the goals outlined in this plan, evaluation will be essential to the success of the plan's implementation. Plan partners will finalize the evaluation metrics to be utilized during implementation, and will also identify and establish baselines for relevant measures to set targets and monitor progress. These elements will be included in a more detailed evaluation plan upon initiation of plan implementation.

Evaluation will include:

- Monitoring implementation progress and initial effectiveness of the plan by tracking relevant outputs and indicators (i.e., Were we able to take the actions we outlined in the plan? Are we beginning to see the changes in behaviors or environment we expected?)
- Evaluating overall plan impact through a more robust, coordinated effort focused on assessing the change over time in outcomes for the populations receiving interventions (i.e., Are Louisianans experiencing the positive effects of the plan?)

Draft measures were proposed during plan development, which you can find along with suggested activities and outcomes in Appendix B. These recommendations are preliminary, and subject to change.

WHOLE HEALTH LOUISIANA COALITION

The Whole Health Louisiana (WHL) Coalition will be assembled to support two core objectives: (1) improving collaboration across systems, and (2) guiding the implementation of the WHL State Plan recommendations.

The WHL Coalition will be led by the WHL Statewide Lead and the Louisiana Department of Health (LDH), and will include both a steering committee and a broader body of coalition members representing various individuals and entities who are dedicated to and involved in advancing the recognition, prevention, and treatment of childhood adversity and its impacts.

It will be the only coalition in the state uniting all child- and family-serving entities across sectors and populations. While other coalitions in the state collaborate with cross-sector partners to address childhood adversity, they generally specialize in certain areas, stages of development, sectors, or regions. The WHL Coalition will include representatives from these coalitions in its steering committee and broader coalition membership. Its goal is not to duplicate existing efforts but to enhance them by raising public awareness, amplifying evidence-based policies, engaging in challenges holistically and systemically, sharing data for future decisions, and supporting the workforce to expand trauma-informed efforts statewide.

We invite you to join the WHL Coalition. Email WHL@la.gov to begin the process.

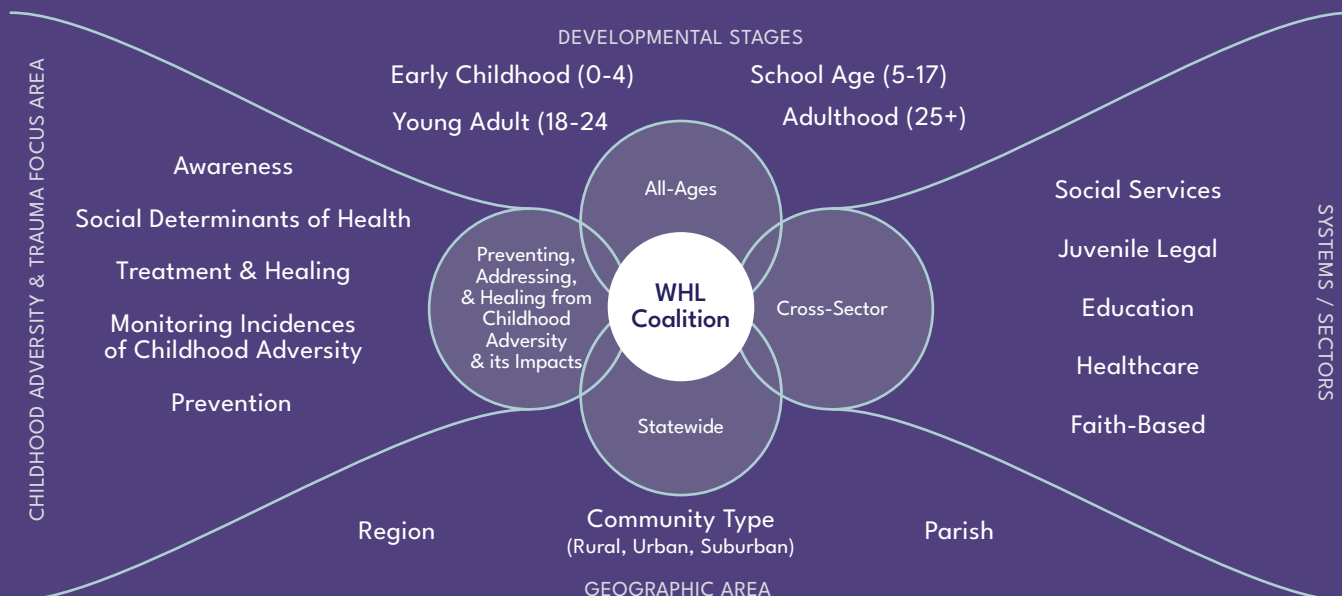
Dual Impact of Coalition



WHL Coalition Leadership Structure



Role of WHL Coalition in the Ecosystem



IMPLEMENTATION PHASED APPROACH (2024-2028)

		PHASE 0: PREPARE Jan 2024 - June 2024	PHASE 1: ACT July 2024 - Dec 2025	PHASE 2: ADAPT AND BUILD 2026 - 2027	PHASE 3: SUSTAIN 2028
PLAN PRIORITIES	COLLABORATION	Ongoing funding, policy, and implementation efforts			
		Identification + engagement of regional champions	Identification + engagement of local champions	Expansion of WHL Coalition and related cross-entity partnerships	Long-term plan ownership, sustainability, and community engagement strategy
		Initial systems infrastructure building with WHL Coalition members	Continued systems infrastructure building with WHL Coalition members		Impact evaluation
	AWARENESS	Ongoing promotion of plan and its awareness resources during plan launch		Initiation of “Awareness” strategies with core partners	Ongoing implementation of “Prevention + Healing,” “Awareness,” and “Workforce” recommendations
	PREVENTION + HEALING	Identification + engagement of Phase 1 implementation partners for “Prevention + Healing” and “Workforce” recommendations	Identification and engagement of Phase 2 implementation partners for “Prevention + Healing,” “Workforce,” and “Awareness”	Implementation of “Workforce” and “Prevention + Healing” pilots with Phase 2 implementation partners; continued implementation with Phase 1 partners	
	WORKFORCE			Identification and engagement of Phase 3 implementation partners for “Prevention + Healing,” “Workforce,” and “Awareness” recommendations	
CROSS-PLAN IMPLEMENTATION		Identification of WHL Statewide Lead	Development of action steps for phases 1 and 2, including incorporation of a continuous quality improvement approach	Development of action steps for Phases 2 and 3, including implementation of continuous quality improvement approach	
COLOR KEY		WHL LEADERSHIP	IMPLEMENTATION PARTNERS	BOTH	

CONCLUSION

Over the past two years, Louisiana partners have set a vision in motion—a **vision where children, families, and communities thrive, regardless of their backgrounds or where they live**. The Whole Health Louisiana (WHL) initiative was born out of this vision, driven by dedication, collaboration, and the belief that change is possible and necessary.



Collaboration is at the core of our strategy, connecting government agencies, non-profit organizations, educational institutions, and healthcare providers into a unified network of support. Together, we are stronger, and our unity is the driving force behind change.



Awareness is essential to dispelling the stigma and misconceptions surrounding childhood adversity. By increasing the understanding of the public, policymakers, and workforce, we are laying the groundwork for early intervention and reduced suffering.



Our **Workforce**—our frontline champions—must be equipped with the support, training, and resilience to address childhood adversity and its impacts effectively. They are the heart of our mission, caring not only for others but also for themselves.



Prevention + Healing are our ultimate goals. We aim to prevent childhood trauma whenever possible and provide interventions and healing when needed. It is a multi-pronged approach, rooted in the belief that every child deserves a safe and nurturing environment.

This plan is not just words on paper; it is a commitment to Louisiana's children and families. LDH, along with the WHL Statewide Lead, will oversee the plan's implementation. A dedicated Steering Committee and the WHL Coalition will provide guidance and oversight to ensure success.

This work is not solely about addressing adversity; it is about transforming Louisiana's future. We recognize the deep and long-standing challenges our state faces—challenges that impact not just our children but our entire community. The economic, health, and well-being benefits of addressing childhood adversity can be truly revolutionary for our state, and we are committed to realizing them.

As WHL's plan partners embark on this five-year journey and beyond, all Louisianans are invited, from every corner of the state, to join us. Some of you have dedicated your entire careers to this cause, while others may be taking your first steps today. In Louisiana, and through this plan, we can all be on this journey together. Whether you are a parent, service provider, community member, organizational leader, or elected official, there are tangible ways you can get involved today. You can find educational resources to help you learn more and drive change within your own families, organizations, and communities in Appendix A: Additional Resources & Information and at www.ldh.la.gov/wholehealthlouisiana.

Together, we can create a safer, healthier, and more nurturing environment for our children, families, residents, and communities. The path ahead is filled with hope, and the time for action is now.

**LOUISIANA'S BRIGHTER FUTURE BEGINS TODAY.
TOGETHER, WE WILL MAKE IT HAPPEN.**

TAKE ACTION TODAY

Join the Whole Health Louisiana Coalition

Email WHL@la.gov to begin the process.

Stay Connected

Learn more and connect with us at www.ldh.la.gov/wholehealthlouisiana.

Learn More

Look through the additional resources in Appendix A to deepen your learning.

Take the First Steps in Transformation

INDIVIDUALS

Read about what it means to become a trauma-informed individual on Page 35: TIA Transformation: Individuals & Communities. Reach out to the WHL TIA Transformation Navigator at WHL@la.gov to get started.

ORGANIZATIONS

Read SAMHSA's 2023 Practical Guide for Implementing a Trauma-Informed Approach (accessible at <https://www.samhsa.gov/resource/ebp/practical-guide-implementing-trauma-informed-approach>) and reach out to the WHL TIA Transformation Navigator to get started.

Spread the Word

Share this plan with your friends, neighbors, colleagues, and elected officials. Invite others to join the state on its path to transformation!

APPENDIX A:

Additional Resources & Information



ADDITIONAL RESOURCES & INFORMATION

National Child Traumatic Stress Network (NCTSN)

Resources including trauma-focused trainings and assessments for multiple audiences and topics related to childhood adversity and trauma. Spanish resources available.

<https://www.nctsn.org>

Substance Abuse and Mental Health Services Administration (SAMHSA)

This web page includes multiple trauma-focused resources including the Practical Guide for Implementing a Trauma-Informed Approach. The SAMHSA website as a whole provides a vast array of public health resources for diverse audiences as well as funding opportunities. Multiple language options are available on the website.

<https://store.samhsa.gov/product/practical-guide-implementing-trauma-informed-approach/pep23-06-05-005>

Center for Disease Control and Prevention VetoViolence

CDC's website offers trainings, tools, and resources to help you prevent childhood adversity and create positive childhood experiences. Multiple language options are available on the website

<https://vetoviolence.cdc.gov/apps/main/aces-resources>

Campaign for Trauma-Informed Policy and Practice (CTIPP)

Trauma-informed guides and toolkits, coalitions, and research for multiple sectors – from education and health care to the legal system and funding.

<https://www.ctipp.org>

Harvard University's Center on the Developing Child

Videos, infographics, and instructional briefs on multiple subjects related to childhood development, stress and resilience.

<https://developingchild.harvard.edu>

Child Welfare Information Gateway

Multiple resources for families including tips for handling real life situations available in English and Spanish.

<https://www.childwelfare.gov>

PACEs Connection

A free, publicly accessible social network that provides programmatic and policy support to focused on the promotion of trauma-informed and resilience-building practices and policies for multiple audiences and populations.

<https://www.pacesconnection.com>

The California Evidence-Based Clearinghouse for Child Welfare

A nationally recognized repository that provides information on both evidence-based and non-evidence-based child welfare related practices to statewide agencies, counties, public and private organizations, and individuals.

<https://www.cebc4cw.org>

For more information about Louisiana-specific resources, please reach out to WHL@la.gov

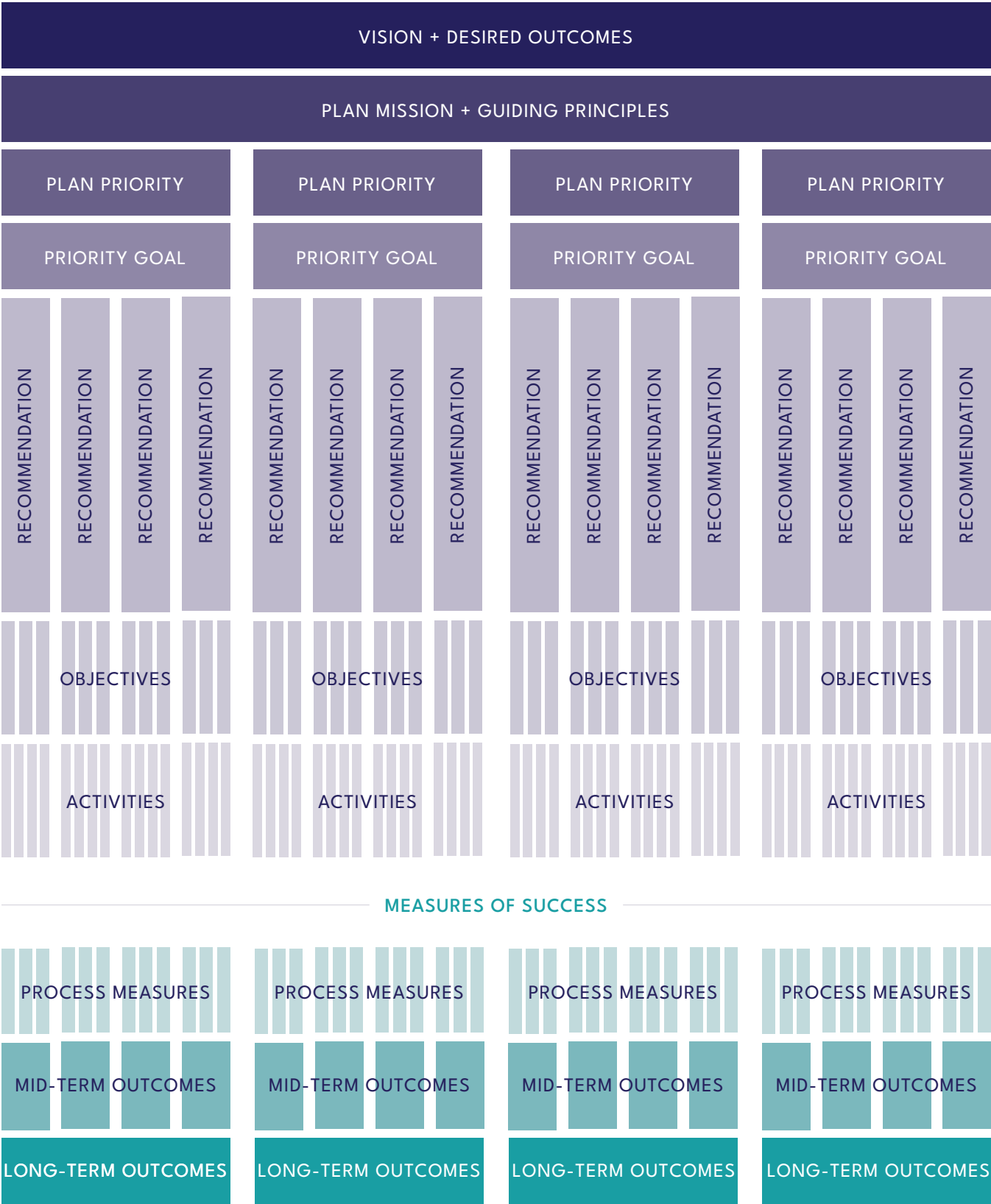
APPENDIX B:

Plan Framework, Suggested Plan Activities, and Potential Measures of Success





PLAN FRAMEWORK



COLLABORATION:

RECOMMENDED ACTIVITIES + MEASURES OF SUCCESS

The following tables reflect ideas sourced from the WHL Steering Committee and Working Group. Content is in progress and will be further refined during implementation.

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
RECOMMENDATION C1 Establish Effective Coordination for Cross-System Collaboration			
Objective C1.1 Establish practices to maintain regular communication and coordination across relevant systems and entities focused on implementing the WHL State Plan.	<ul style="list-style-type: none">• Create project management system.• Develop Coalition meeting cadence and calendar.• Provide monthly or quarterly progress updates.• Utilize an accessible dashboard for project status.• Launch a public-serving website.• Regular updates shared with involved parties highlighting achievements, challenges, and upcoming milestones.• Regular, structured collaboration between child- and family-serving entities	Regular updates shared with involved parties highlighting achievements, challenges, and upcoming milestones.	Regular, structured collaboration between child- and family-serving entities
Objective C1.2 Align roles and responsibilities across systems and entities to ensure clarity and effective collaboration.	<ul style="list-style-type: none">• Collaboratively define expectations for participating entities.• Create collaborative decision-making protocols.• Develop a charter outlining Coalition roles and responsibilities.• Invite and engage additional organizations.• Develop a self-nomination process.		
Objective C1.3 Conduct joint planning sessions to foster collaboration and alignment around strategy.	<ul style="list-style-type: none">• Facilitate semi-annual virtual summits to engage potential coalition members and provide an overview of the progress of the initiative.• Facilitate ongoing strategic convenings involving coalition members and sector leaders.		
RECOMMENDATION C2 Establish a Shared Accountability Framework			
Objective C2.1 Develop a shared accountability framework to ensure that all relevant systems and entities are held accountable for achieving shared goals and outcomes.	<ul style="list-style-type: none">• Facilitate framework development workshop.• Develop cooperative endeavor agreements collaboratively with participating organizations.• Provide public documentation of commitment via press and other public-facing communication platforms.• Conduct regular progress meetings.	Number of signees of the shared accountability framework	Child- and family-serving entities adopt & are accountable to a shared framework
RECOMMENDATION C3 Implement Shared Data Tracking Systems			
Objective C3.1 Establish shared performance metrics and data tracking systems to monitor progress of WHL objectives and improve clarity across entities, with a particular focus on public agencies.	<ul style="list-style-type: none">• Measure the number of shared performance metrics and data tracking systems adopted.• Develop data-sharing agreements.• Develop data tracking system to track the degree of public agency participation in shared data tracking.	Initial data-sharing agreements signed between public agencies and other child- and family-serving entities	Active data sharing practices and protocols implemented among public agencies and other child- and family-serving entities
Objective C3.2 Advance efforts to create a coordinated single point of entry system across state agencies for individuals who may need to access support and resources, decreasing the need for individuals to engage in redundant or retraumatizing intake processes across entities	<ul style="list-style-type: none">• Research available coordinated care platforms and agency specific requirements for adoption.		

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
RECOMMENDATION C4 Foster Meaningful Community Engagement			
Objective C4.1 Develop, utilize, and standardize an approach for community engagement that prioritizes meaningful input and participation from individuals and families affected by childhood adversity, as well as the organizations that support them, to accurately understand community needs and tailor WHL approaches and strategies in line with findings.	<ul style="list-style-type: none">• Define meaningful engagement approach.• Identify effective communication channels.• Leverage existing data from organizations.• Track the number of individuals and families providing input, indicating increased engagement and representation.	Utilization of community engagement approach	Community voice is integrated throughout plan implementation
Objective C4.2 Partner with community-based and local organizations to advance prevention, recognition, and treatment of childhood adversity and its impacts (CAI) through a community-centered lens. (See PH3)	<ul style="list-style-type: none">• Diverse partnership identification.• Form cross-sector collaborations.• Invite participation in WHL activities.• Measure the number of community-based organizations partnering for childhood adversity prevention and treatment efforts.		
RECOMMENDATION C5 Secure Sustainable Funding			
Objective C5.1 Pursue opportunities for sustainable funding to support service expansion and improvement, as well as ongoing system coordination.	<ul style="list-style-type: none">• Conduct funding landscape analysis.• Develop alignment plan for strategic financing.• Coordinate and facilitate stakeholder engagement events.	Identification of potential funding opportunities and partnerships to support service expansion and system coordination	Successful securing of additional financial resources to support the implementation of WHL initiatives
RECOMMENDATION C6 Promote Shared Best-Practices			
Objective C6.1 Establish method and cadence for sharing learnings and best practices across entities. Methods may include automated reporting or structured convenings.	<ul style="list-style-type: none">• Measure attendance at learning exchange convenings and workshops by sector and attendee’s occupation.• Measure traffic of knowledge repository on digital platform to evaluate usage.	Participation in established method for sharing learnings and best practices across entities	Adoption and implementation of identified best practices by participating entities
RECOMMENDATION C7 Continually Assess & Improve WHL Collaborative			
Objective C7.1 Regularly assess and evaluate the effectiveness of the system-wide collaboration efforts. Assessment may focus on information sharing as well as identifying changing needs in order to support continued system improvement.	<ul style="list-style-type: none">• Develop and schedule recurring assessment cycles.• Measure the regularity of assessments conducted to evaluate and improve the effectiveness of system-wide collaboration efforts.	Initiation of regular assessments and evaluations of system-wide collaboration efforts, including the start of information sharing assessments	Active engagement of participating child- and family-serving entities in collaborative evaluation activities to identify areas for improvement and implement necessary changes

AWARENESS: RECOMMENDED ACTIVITIES + MEASURES OF SUCCESS

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
RECOMMENDATION A1 Build Buy-In for Trauma-Informed Policies amongst Local and State Leaders			
Objective A1.1 Engage with local- and state-level decision makers (e.g., elected officials, appointees, etc.) to expand their understanding of childhood adversity and its impacts (CAI) and to increase their recognition and advocacy for evidence-based prevention and mitigation of CAI.	<ul style="list-style-type: none">• Define "decision maker" parameters.• Craft engagement strategy.• Document decision-maker commitments.• Develop tailored engagement materials and approaches.• Conduct engagement activities that build momentum.• Track number of decision-makers who have attended engagement activities.	Number of engaged decision-makers who publicly endorsed the WHL State Plan OR demonstrated endorsement of efforts to become a trauma-informed state in post-engagement assessment Number of state and local-level policies aligned with WHL policy priorities that are successfully adopted	Decision-makers publicly endorse the WHL State Plan Additional state- and local-level policies aligned with WHL State Plan priorities are adopted
Objective A1.2 Work with policymakers to advance state- and local-level policies that integrate trauma-informed care across systems, including education, healthcare, juvenile legal, and other public sectors.	<ul style="list-style-type: none">• Develop policy priorities.• Conduct analysis and monitor legislative sessions.• Engage policymakers and advocate for research-based trauma-informed policy inclusion.• Demonstrate constituent impact through development of policy priorities.		
RECOMMENDATION A2 Build Awareness and Support for Childhood Adversity Prevention and Mitigation amongst Primary Caregivers and Future Workforce			
Objective A2.1 Develop and implement targeted messaging and communication strategies to engage diverse audiences and increase public awareness and support for preventing and addressing CAI, with a focus on primary caregivers and the future child- and family-serving workforce.	<ul style="list-style-type: none">• Develop and launch comprehensive communication strategy that includes caregiver-centric campaigns.• Refine audience and engagement talking points that include culturally responsive messaging.• Integrate audience feedback.• Conduct incremental implementation and reduce duplication of efforts.	Frequency of engagement with targeted messaging and communication strategies Number of engaged organizations that embed messaging about CAI prevention and mitigation into their work Number of students who are learning about CAI prevention and mitigation Number of professionals trained in CAI prevention and mitigation	Child and family-serving entities adopt and are accountable to a shared framework
Objective A2.2 Establish partnerships with trusted organizations, advocates, and pre-professional programs to embed messaging surrounding evidence-based prevention and mitigation strategies into their existing messaging, programming, or curricula.	<ul style="list-style-type: none">• Partner with educational institutions, pre-professional programs, and professional licensing agencies to leverage subject expertise in established programs to advance evidence-based prevention and mitigation curricula.• Collaborate and develop plan for integrating new content about CAI prevention and mitigation into existing curricula.• Engage with nonprofit, advocacy, and volunteer organizations to advance messaging initiatives.		

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
RECOMMENDATION A3 Reduce Stigma and Misconceptions Surrounding Childhood Adversity and Its Impacts			
Objective A3.1 Create messaging strategies that address misconceptions, myths, and stigmas related to mental health and trauma linked to childhood adversity. Ensure the messaging is inclusive, respectful, and promotes empathy toward individuals who may be affected.	<ul style="list-style-type: none">• Compile existing research.• Synthesize research and gathered insights.• Create messaging framework outlining themes, language guidelines, and strategic approach.• Pilot messaging testing summary report with feedback received from target communities.• Finalize messaging guidelines.	<p>Stigma Reduction Index: Changes in public attitudes and perceptions toward mental health and trauma stigma based on pre- and post-campaign surveys</p> <p>Content Reach and Engagement: Number of Louisianans engaged (likes, shares, comments) with multi-channel messaging</p>	<p>Increased percentage of Louisiana residents who have received education challenging existing mental health and trauma stigma</p> <p>Decreased stigma and misconceptions with diverse demographic groups as reported by organizations and credible messengers</p>
Objective A3.2 Implement a multi-channel approach that leverages a variety of platforms, including social media, email newsletters, and public events, to reach diverse audiences and engage them in dialogue and action.	<ul style="list-style-type: none">• Identify communication platforms and audiences reached.• Develop content library with messaging tailored for each platform.• Schedule multi-channel campaign and launch plan.• Monitor engagement.	<p>Content Impact: Number of organizations and credible messengers distributing co-created content</p>	
Objective A3.3 Collaborate with community leaders and organizations to co-create content that resonates with different demographic groups, effectively addressing relevant misconceptions and stigmas.	<ul style="list-style-type: none">• Identify trusted community members and organizations that are credible messengers.• Co-create and amplify content with network of credible messengers, trusted community members and organizations.• Engage in ongoing dialogue with network members to inform quality improvement.		

PREVENTION + HEALING: RECOMMENDED ACTIVITIES + MEASURES OF SUCCESS

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
RECOMMENDATION PH1 Enhance Resource Awareness for Prevention and Healing			
Objective PH1.1 Identify and collaborate with existing information sharing systems and resource databases to advance the establishment and utilization of a unified, accurate, and accessible database of current available resources for youth and families that support the prevention of and healing from childhood adversity across the state. Note: This resource database could be utilized in concert with a centralized intake and single point of entry system, but is not dependent on the creation of that system (See C3.2).	<ul style="list-style-type: none">• Conduct resource landscape assessment.and gap analysis.• Develop implementation plan including strategic enhancement strategies.• Integrate plan with existing care coordination efforts.	Awareness Campaign Impact: Increased reach of and engagement with statewide awareness campaigns Resource Database Utilization: Increase in utilization of the established resource database	Increased resource database awareness, accessibility, and utilization
Objective PH1.2 Execute statewide awareness campaigns and targeted outreach efforts to connect individuals and referral organizations to the information sharing system, after the information-sharing system and/or resource database has been identified and advanced (PH1.1)	<ul style="list-style-type: none">• Leverage reach of WHL Coalition and partners to execute statewide awareness campaign and targeted outreach efforts that promote awareness and use of information sharing system.• Draft and release a comprehensive report summarizing the outreach campaign activities and impacts.		
RECOMMENDATION PH2 Expand Trauma-Focused Services and Treatments			
Objective PH2.1 Building upon information available through Objective PH1.1, assess the current landscape of trauma-focused services, identifying gaps and successful programs.	<ul style="list-style-type: none">• Develop data collection plan including strategies to engage experts and collect and analyze data.• Ensure connection with and build off of PH1.1 objectives.• Track the completion and submission of the initial landscape assessment report	Gap Filling: Identified and quantified gaps in trauma-focused services and track progress in addressing those gaps through new or expanded programs 	

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
RECOMMENDATION PH3 Foster Community-Driven Health and well-being			
Objective PH3.1 Identify and designate WHL community ambassadors, engaging existing community leaders where possible.	<ul style="list-style-type: none">• In collaboration with Recommendation C2, engage with community leaders to develop and support the nomination and selection process and onboarding of ambassadors.• Measure the successful completion of the training and onboarding process for designated community ambassadors.• Track the number of community leaders designated as WHL community ambassadors.	Number of community members that successfully completed the training and onboarding process Number of active, designated WHL community ambassadors Number of attendees at collaborative workshops and focus groups conducted	Creation and implementation of community-driven solutions that increase knowledge and implementation of prevention and healing strategies
Objective PH3.2 Utilizing insights from community members and community-based organizations (see C4), collaborate with community ambassadors to develop, implement, and promote community driven, trauma-informed solutions that are specific to the areas they impact.	<ul style="list-style-type: none">• Collaborate with community ambassadors to develop workshops and focus groups utilizing insights gathered during execution of C4 activities.• Collaborate with community ambassadors to develop trauma-informed solutions and activities tailored to specific audiences.• Identify and support the attainment and mobilization of resources to support community-driven solutions and activities.• Support the promotion and outreach activities to advance the adoption of community-driven solutions.• Evaluate the development progress of the community-informed, trauma-informed solutions.• Track the number of community- informed solutions implemented by community ambassadors for reporting and potential funding opportunities..	Number of people reached by community- informed solutions and activities implemented by community ambassadors Number of community ambassadors satisfied with the process and results of partnership	

WORKFORCE: RECOMMENDED ACTIVITIES + MEASURES OF SUCCESS

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
Recommendation W1 Build Buy-In for Trauma-Informed Practices amongst Child- and Family-serving Entities			
Objective W1.1 Engage with leaders of child- and family-serving entities to expand their understanding of childhood adversity and its impacts (CAI) and to increase their recognition and interest in adoption of evidence-based prevention and mitigation efforts of CAI across their organization.	<ul style="list-style-type: none">Connect trainers to WHL initiative.Provide trainings on responding to and preventing CAI at conferences.Embed evidence-based prevention and mitigation efforts in organizations' policies, procedures and professional development protocols by crosswalking with existing protocols.Support and promote organizational cultural shift.Secure commitment from funders to support integration.	Number of organizations/ leaders who have attended trainings Number of service providers at targeted organizations who have engaged with WHL educational materials	Increased percent of leaders commitment to integrating TIA approaches in their organizations Increased percent of service providers committed to integrating TIA in their practices
Objective W1.2 Engage with staff members of child- and family-serving entities to expand their understanding of CAI and to increase their recognition and interest in adoption of evidence-based prevention and mitigation efforts of CAI within their practice.	<ul style="list-style-type: none">Conduct surveys and facilitate conversations to identify strengths and opportunities that support adoption of efforts.Provide incentives for training participation and completion.Encourage peer-to-peer learning activities.Train staff to provide reflective supervision.Evaluate comprehension and adoption of mandated trainings.		
Recommendation W2 Support Organizations in Undergoing Shared Trauma-Informed Approaches (TIA) Transformation			
Objective W2.1 Recruit leaders of child- and family-serving entities to undergo TIA organizational transformation processes.	<ul style="list-style-type: none">Engage and collaborate with child- and family-serving entities, caregiver organizations, higher education and professional training programs involving accreditation bodies to develop strategies to support adoption and implementation of TIA transformation.Recruit and prioritize organizations serving populations disparately impacted by structural inequities.Incentivize entities that initiate TIA transformation.	Percent of participating organizations who have begun the process, set and/or reached their goals Number of organizations connected into WHL Coalition and evaluation infrastructure	Increased percent of child and family-serving organizations who have embedded TIA across various domains of their organizations
Objective W2.2 Connect participating organizations into WHL Coalition and WHL evaluation infrastructure.	<ul style="list-style-type: none">Establish agreements with participating organizations and WHL infrastructure.Ensure collaboration among organizationsDevelop and implement an accountability framework.	Number of organizations engaging with WHL technical assistance	
Objective W2.3 Provide process navigation and access to technical assistance for organizations engaging in TIA transformation process. Maintain easily accessible virtual repository for supporting toolkits and resources.	<ul style="list-style-type: none">Connect organizations to technical assistance resourcesEvaluate to ensure and improve satisfaction with technical assistance.Maintain a virtual resource repository for interested and participating organizations.Monitor and evaluate progress.		

OBJECTIVE	ACTIVITIES	POTENTIAL MEASURES IDENTIFIED DURING PLANNING	
		INDICATORS	OUTCOMES
Recommendation W3 Enhance Support for the Workforce			
Objective W3.1 Enhance systems of support for the child- and family-serving workforce, including prioritizing practices and policies that support staff well-being and decrease turnover.	<ul style="list-style-type: none">• Gather employee Insights on existing systems of support through anonymized surveys.• Adopt an employee-informed model of self-care that includes supportive policies with a focus on holistic wellness and healing-focused initiatives.• Provide leadership training that incorporates reflective supervision and other trauma-informed interventions.• Seek additional funding sources to sustain interventions.• Facilitate access to culturally responsive mental health support that address secondary traumatic stress and compassion fatigue.	<p>Number of organizations within the WHL Coalition that have adopted the care model</p> <p>Number of people who have attended the training program</p> <p>Number of applicants to positions</p> <p>Number of positions available with competitive salaries and family-friendly benefits</p> <p>Increase in wellness score (baseline vs. post-intervention)</p>	<p>Improved well-being and decreased burnout of child- and family-serving workforce</p> <p>Increased retention across organizations</p> <p>Decreased vacancy rate and time-to-fill for participating organizations</p> <p>Increased size of child- and family- serving workforce</p>
Objective W3.2 Address capacity constraints for the child- and family-serving workforce, including prioritizing practices and policies that increase organizational effectiveness and capacity, and facilitate workforce recruitment.	<ul style="list-style-type: none">• Establish clear professional development pathways that support rather than hinder staff effectiveness.• Improve physical and psychological safety of workplace.• Promote and adopt policies that support accessibility, belonging, diversity, equity, inclusion and justice.• Explore shared recruitment models.• Anticipate and respond effectively to potential budgetary constraints.• Engage with accreditation and credential programs to create pathways to employment and support staff retention practices.		

APPENDIX C:

Implementation Considerations



IMPLEMENTATION CONSIDERATIONS: COMMUNITY CONVERSATIONS

The Power Coalition for Equity and Justice hosted Community Conversations throughout Louisiana's nine public health regions to gather direct feedback from community members about their thoughts and experiences as they relate to the development of a community-focused plan to address childhood adversity and trauma.

These conversations validated and further elaborated many of the core themes expressed during the 2020–2021 WHL discovery process. Additionally, participants in these conversations emphasized new areas that should be considered during implementation. The summary below includes insights that were not highlighted in the preceding pages of this plan. You can find the full summary of community conversations at www.ldh.la.gov/wholehealthlouisiana.

Community Resources:

Participants expressed concerns that community centers and programs, like Boys and Girls clubs and after-school programs, have disappeared in many areas. Many of these programs offered tutoring, addressing educational gaps in households. Community members felt that the remaining programs often have unaffordable fees.

Participants feel that the loss of these programs has also meant that many youth job opportunities have disappeared.

Public Health:

Participants highlighted concerns about access to dental care for children in Baton Rouge.

Waiting lists for providers are long, especially for Medicaid and Medicare recipients.

There is a desire for more state-supported facilities to address gaps left by private providers. Healthcare expansion is good, but infrastructure improvements are needed to fully support service access.

Many community health clinics have closed or been sold to private companies, limiting access.

Food Insecurity:

- With the absence of community center programs, free meals for children have disappeared.
- Expanding free and reduced school meal programs is essential to ensure children have the energy for learning.
- In the absence of centralized programs, churches and community organizations attempt to fill some of the gaps.

Infrastructure:

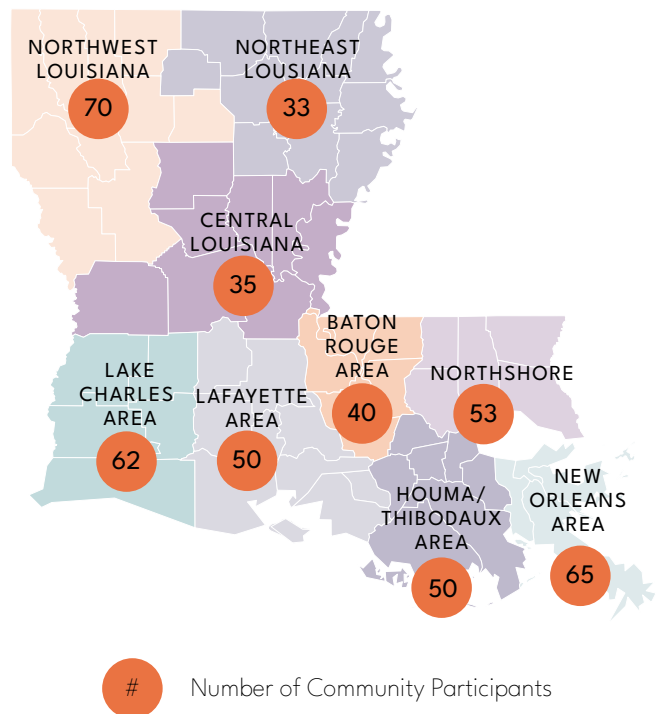
- Participants emphasized physical infrastructure improvements for healthier outcomes. Examples include more walking trails and green spaces, better street lighting, walkable neighborhoods, transit systems, and addressing blight.

“Where do I go when I am not okay? Can I even say that or will I be punished? Things just keep happening and just keep going. We had a hurricane and kept going. Toxic waste in our air. Keep going.”

—Parent, Lake Charles Region

School Systems:

- Schools are perceived as not serving students or families well.
- Students often travel long distances to school, hindering parent-school interactions.
- Parents expressed frustration with the charter school system in New Orleans.
- Lack of neighborhood school systems diminishes community connections.
- Families feel excluded from finding solutions.



Parent Resources:

- All conversations highlighted that, in addition to the lack of programs for children, **there is also a lack of programs to support parents and adults in the community are making it more difficult for them to succeed as parents.**
- This was particularly highlighted in New Orleans, Lake Charles and Hammond.
- Consider what would support parents both in their parental role and as individuals with their own goals and needs

Community Engagement:

- Alexandria participants voiced concerns about extractive research projects and conversations by community partners that take community ideas and concerns, and then programs and the partners are not seen again and the programs are not realized.
- Many community members feel disillusioned by unfulfilled promises from those in power.
- Community members expressed that there must be deliberate relationship building and continued community involvement to both create the most successful programs and to rebuild trust that has been eroded over decades of intentional and unintentional marginalization.
- Additionally, participants desire greater access to local and state government, facing barriers like language access and confusing processes.

Additionally, community members identified the following priorities for plan implementation:

Utilizing an equity-based approach that will put the most affected communities at the center and is intentional about addressing both past and current conditions.

When asked about the causes of deep trauma in their communities, community members overwhelmingly cited the persistence of extreme concentrated poverty and pollution in neglected areas. Community members voiced that addressing these major concerns are critical to ensuring the effectiveness of plan recommendations.

- Utilizing a people-focused approach that incorporates resource navigators (e.g., community health workers) rather than relying on paper resources or digital tools.
- Care Centers for mental health and community care needs with violence disruptors and non-police involved forms of mental health care.
- Cross-system information sharing so that those who qualify for multiple benefits or resources will be automatically registered for other eligible benefits.
- Leveraging existing infrastructure in communities, such as churches and community centers.



IMPLEMENTATION CONSIDERATIONS: YOUTH ADVISORY GROUP

The WHL Youth Advisory Group provided input to inform the implementation of specific plan recommendations. A summary of their feedback is captured below.

C4 | Foster Meaningful Community Engagement

How can the WHL Coalition gather consistent community member feedback?

- Engage with Family Resource Community Centers and other highly utilized service providers
- Build trust by avoiding unfulfilled promises and unrealistic expectations to encourage transparency

PH3 | Foster Community-Driven Health and Well-being

What are the best methods for identifying community ambassadors?

- Choose leaders with family and child-focused qualities
- Utilize individuals with existing trust within communities
- Engage individuals in influential or well-recognized organizations in the region: Job1, Boys and Girls Clubs, Casey Families, Foster Club, ThinkofUS
- Utilize faith-based leaders and communities
- Focus on everyday community locations: libraries, barber shops, parks
- Involve school leaders in community engagement
- Tap into places where people congregate for resources: food banks, soup kitchens

W2 | Support Organizations in Undergoing Shared TIA Transformation

What are the highest priority systems for implementation?

Prioritize education and training for school personnel and police departments

A3 | Reduce Stigma and Misconceptions Surrounding Childhood Adversity and Its Impacts

What are the main misconceptions? What should messaging strategies include or not include?

- Misconceptions surrounding race that have been passed down across generations
- The belief that when a child has mental health challenges or learning differences, that it is the child or the family's fault
- An individual's ability to heal after receiving treatment, and the role that relapse plays in a typical recovery process
- The ease or difficulty of healing from trauma
- The limitations of the education system alone to solve children's problems

What are some of the best ways to reach young people?

- Social media
- Peer support specialists
- Young leaders and mentors who already interact with and can relate to their peers
- Interacting with young people in schools and extracurricular activities



IMPLEMENTATION CONSIDERATIONS: 2021/2022 DISCOVERY

The 2021 - 2022 WHL discovery process provided foundational insights that the plan is built upon. In addition to informing the priorities and recommendations within the plan, the discovery process yielded numerous insights that will be helpful for the implementation phase. You can find the full report www.ldh.la.gov/wholehealthlouisiana.

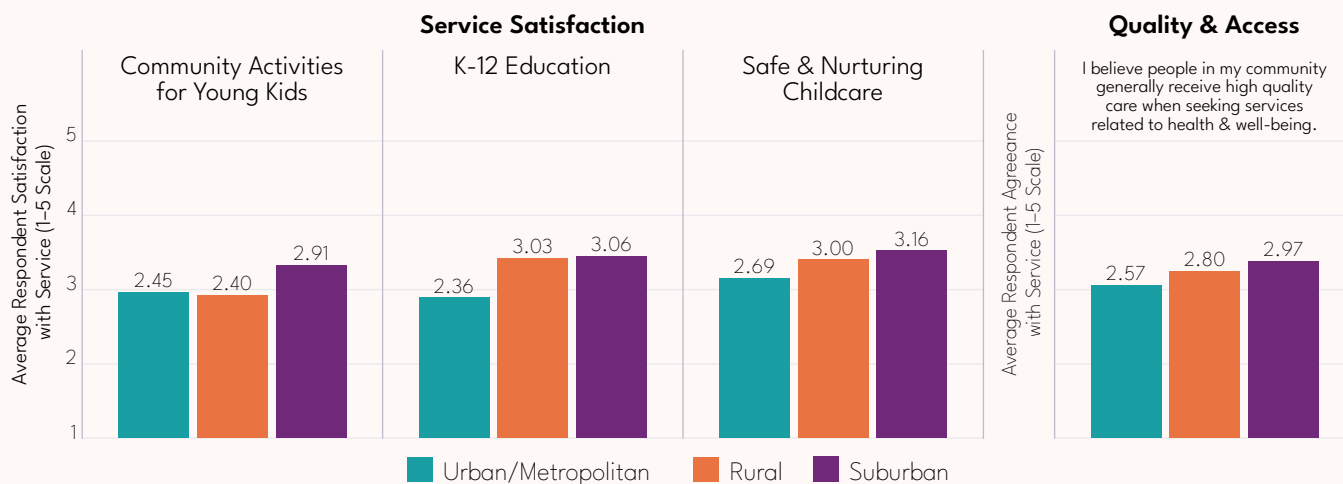
In particular, the discovery processes highlighting the importance of:

- Engaging primary caregivers and family networks as part of strategy implementation.
- Utilizing relationship-building to build trust with families.
- Leveraging faith-based communities and healthcare providers as key partners.
- Identifying opportunities to leverage schools without adding to schools' capacity strain.

Additionally, interviewees and focus group participants spoke often of the unique experiences of rural communities relative to Louisiana's major cities, and the need for tailored approaches for each during strategy implementation.

Notable differences between the two community types include:

- Decreased access to support services in rural communities due to limited services and service providers, as well as transportation barriers.
- Lower average satisfaction rate with services in urban communities relative to rural communities.
- Respondents from suburban communities rated their satisfaction with services higher than urban and rural communities across all 11 service areas defined in the survey.
- Greater cultural barriers to engaging in prevention and treatment of childhood adversity for rural areas (e.g., stigma surrounding mental health, "bootstrap" mentality, mistrust of "outsiders").
- Greater familiarity with the terms "ACEs," "trauma," and "trauma-informed care" in urban areas. This results in greater awareness of these concepts; however, the differentiations between trauma, ACEs, and other negative experiences children face can get lost, leading to imprecise assessments and a dilution of the public's understanding of the terms.

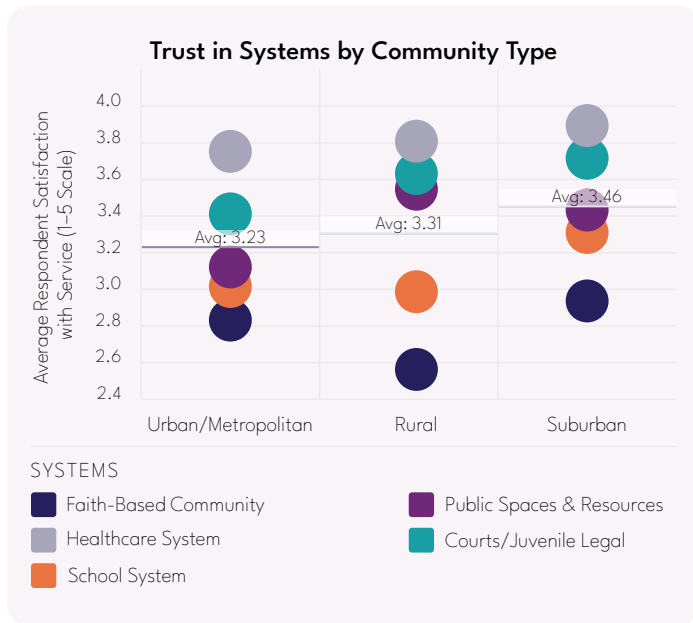


Many of the survey insights surrounding trust can also help guide implementation approach.

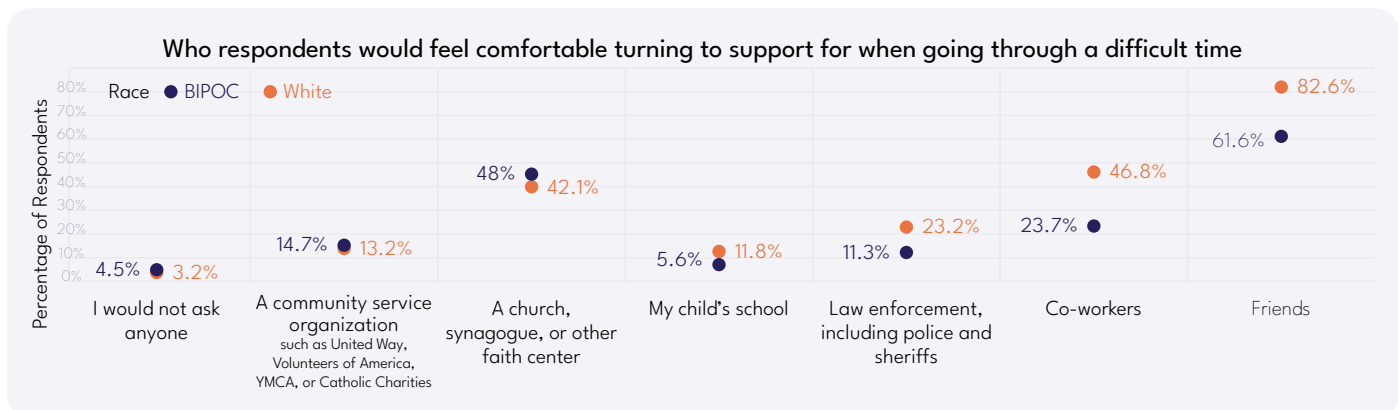
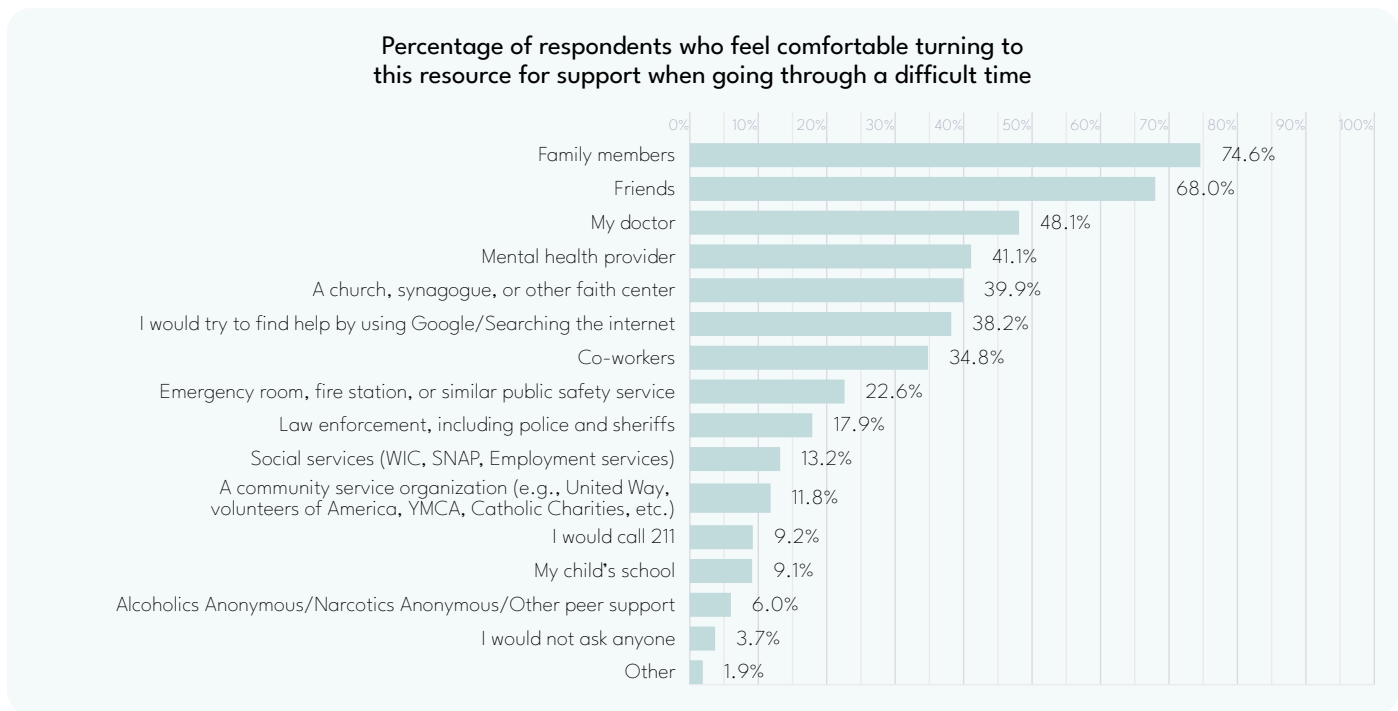
Across the different community types, respondents spoke about privacy concerns and a general distrust of authority figures across Louisiana, creating a barrier between community members and the resources available to them. Across all community types (Rural, Suburban, Urban), survey respondents on average rated their trust with the people they interact with in their faith-based community higher than

other systems, followed by the healthcare system. This is in contrast to their trust in people in the juvenile justice system and the school system, which were either neutral or low.

The overwhelming majority of those engaged by our survey felt comfortable turning to a resource or another person for support. Specifically, most respondents feel comfortable turning to their family and friends. When moving outside of this close network, doctors, mental health providers, and faith-based institutions were the leading support resources.



The survey and focus groups also highlighted important differences in trust amongst racial groups. Black, Indigenous, and people of color (BIPOC) Louisianans face unique barriers to receiving high-quality services. They are also less likely to turn to other groups for support when compared to their white counterparts. Of the sixteen resources identified in the survey, the only two resources BIPOC respondents were more likely to turn to than White respondents were community service organizations and faith centers. BIPOC respondents were also more likely to “not ask anyone” at all. The likelihood of turning to specific resources for support differs most significantly across the following: Their child’s school; Law enforcement; Co-workers; and Friends.



APPENDIX D:

Plan Development Process



PLAN DEVELOPMENT PROCESS

The WHL State Plan development process spanned from January 2023 to November 2023, facilitated by a collaboration between the Louisiana Department of Health and Trepwise, a New Orleans-based strategy consulting firm. The creation of this plan was shaped by a diverse and dedicated group of stakeholders, ensuring that the resulting plan was both holistic and deeply informed by the needs, aspirations, and perspectives of the various individuals and communities across Louisiana.

Plan development was led in large part by the WHL Steering Committee, Working Group, and Trauma-Informed Subject Matter Expert Group.

- **Steering Committee:** Comprised of 30 statewide leaders and experts, the Steering Committee provided strategic direction and plan development oversight.
- **Working Group:** Represented by over 50 direct service workers, professionals across education, health, and the criminal legal system, and community leaders, Working Group participants provided insights grounded in real-world experience, ensured that our plan was practical and responsive.
- **Trauma-Informed Subject Matter Expert Group:** Formed with six subject matter experts on the topics of trauma-informed care, healing-centered approaches, and evidence-based practices, this group was specifically responsible for building the Understanding Key Concepts section and TIA Framework outlined in the plan, (pages 7–18, 32–37).

Plan development was additionally informed by an Advisory Group, Youth Advisory Group, and numerous community conversations.

- **Advisory Group:** Composed of subject matter experts across the Philanthropy and Policy space, Advisory Group members provided additional insight into long-term funding and sustainability.
- **Youth Advisory Group:** The Youth Advisory Group amplified the voices and perspectives of young Louisianans, providing feedback on methods and considerations for effective plan implementation.
- **Community Conversations:** Incorporating voices from all nine regions of Louisiana, community conversations were leveraged to ensure the unique, community-specific needs and solutions for the various areas of the state were understood and incorporated into implementation planning.

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
SC Session	WG Session	SC Session	WG Session	SC Session	WG Session	SC Session	WG Session	AG Meeting	Final State Plan
SC - Steering Committee				AG Meeting	TI SME Session	TI SME Session	SC Session	YAG Meeting	
WG - Working Group				TI SME Session					
AG - Advisory Group									
TI SME - Trauma-Informed Subject Matter Expert Group							State Plan Draft	Plan Review & Design	
YAG - Youth Advisory Group				Community Conversations					

Throughout this process, intentional steps were taken to ensure representation from various geographies, identities, and lived experiences to ensure the resulting plan would be inclusive and well-informed.

Geographic Representation: A diverse range of areas across the state were represented through this process, including community conversations held in each of the nine public health regions of Louisiana (Northwest LA, Northeast LA, Central LA, Lake Charles Area, Lafayette Area, Baton Rouge Area, Houma/Thibodaux Area, Northshore, New Orleans Area), as well as rural, urban, and suburban perspectives represented through the members of the Steering Committee and Working Group.

Demographic Representation: Voices from a wide array of demographics and identities were engaged through this process, including various racial and ethnic backgrounds, such as white, Black, Hispanic, Vietnamese, and Indigenous communities.

Sector & Industry Representation: The process incorporated perspectives from individuals across mental and behavioral health, medical, education, juvenile legal, child welfare, advocacy, foster care, and public sector entities.

Lived Experience Representation: Multiple diverse communities were integral in shaping the final plan, including individuals with lived experience and advocates for multiple populations that have been disparately impacted by systemic issues that cause or exacerbate exposure to childhood adversity and traumatic experiences.

APPENDIX E:

Plan Development Participants



ORGANIZATIONS REPRESENTED IN WHL STATE PLAN DEVELOPMENT

To date, over
100 organizations
and agencies have
been involved in
Plan development.

Many entities will continue to
be involved throughout the life
of the plan, by way of:

- Public Support
- Coalition Membership
- Priority & Strategy Implementation
- Funding

ADAPT, Inc.

American Academy of Pediatrics,
Louisiana Association

Anthem, Blue Cross Blue Shield

Beacon Community Connections

Blue Cross and Blue Shield of Louisiana

Children's Advocacy Center,
Terrebonne Parish

Caddo Parish Juvenile Court

Caddo Parish Juvenile Services

Capital Area Alliance for the Homeless

CASA (Court Appointed Special
Advocates) New Orleans

CASA of SoLA

CASA of Lafourche

Casey Family Programs

Children's Advocacy Center, Terrebonne

Children's Coalition for
Northeast Louisiana

Children's Justice Act Task Force and
Trauma-Informed Work Group

Chitimacha Tribe of Louisiana, Health
& Human Services

Coalition for Compassionate Schools

Community Foundation
of North Louisiana

Crossroads Nola

Daughters Beyond Incarceration

Disability Rights Louisiana

East Baton Rouge Parish Juvenile Court

Equality Federation

ETC Youth Monroe

Families Helping Families of SWLA

Family & Youth Counseling
Agency, Lake Charles

Family Resource Center, Lake Charles

Feeding Louisiana

Florida Parishes Human
Services Authority

Friends and Families of Louisiana's
Incarcerated Children

Healthy BR

Immigration Services
and Legal Advocacy

Institute of Mental Hygiene

Jefferson Parish School
District, Trauma Program

Lafayette Parish School District

Louisiana ACE Initiative

Louisiana Association of Child
Advocacy Centers

Louisiana Association of
Clinical Social Workers

Louisiana Association of Educators

Louisiana Association of Principals

Louisiana Autism Spectrum and
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Louisiana Board of Elementary and
Secondary Education

Louisiana Budget Project

Louisiana Center for Children's Rights

Louisiana Center for Health Equity

Louisiana Department of Children and
Family Services

Louisiana Department of Education

Louisiana Department of Health

ACE Educator Program

Bureau of Health Services
Financing (Medicaid)

Office of Behavioral Health

Office for Citizens with
Developmental Disabilities

Office of Public Health

Louisiana Commission for the Deaf
Perinatal, Infant and Early Childhood
Mental Health Consultation Program

Rape Prevention and Education
Program

Louisiana Elite Advocacy Force

Louisiana Fair Housing Coalition

Louisiana First Foundation

Louisiana Foundation
Against Sexual Assault

Louisiana Office of Juvenile Justice

Louisiana Parenting Education Network

Louisiana Partnership for
Children & Families

Louisiana Policy Institute for Children

Louisiana Professional Counselor Board

Louisiana Psychological Association

Louisiana Public Health Institute

Louisiana Rural Health Association

Louisiana Rural Mental Health Alliance

Louisiana School for the Deaf

Louisiana State University - Health
Sciences Center

School of Public Health

Center for Evidence to Practice

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Louisiana Survivors for Reform	Pelican Center for Children and Families	United Way of Southeast Louisiana
Mental Health Advocacy Services	Power Coalition of Equity and Justice	University of Louisiana at Lafayette
My Community Cares	Prevent Child Abuse Louisiana	Cecil J. Picard Center for Child Development and Lifelong Learning
National Association of Women Judges	Rapides, 9th Judicial District Court	College of Nursing & Health Sciences
New Hope Community Development of Acadiana	Riley Educational Consulting	Department of Psychology
New Orleans Children's and Youth Planning Board	Terrebonne Parish	Louisiana Center for Research and Education on Languages and Literacies
NOLA C.A.R.E.S. at Beloved Community	District Attorney's Office Communications District / 911	VAYLA
Office of the Governor	The Family Tree Information, Education & Counseling Center	VIA Link
Children's Cabinet	Tulane University	Volunteers for Youth Justice
Children's Trust Fund	Tulane Infant Mental Health and Early Childhood Learning & Policy Institute	Volunteers of America, Southeast Louisiana
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**Denotes Steering Committee membership*

CITATIONS

- 1 Bartlett, J. D., & Sacks, V. (2019, April 10). Adverse childhood experiences are different than child trauma, and it's critical to understand why. *Child Trends*. Retrieved from <https://www.childtrends.org/blog/adverse-childhood-experiences-different-than-child-trauma-critical-to-understand-why>
- 2 Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- 3 U.S. Department of Health & Human Services, Administration for Children and Families. (n.d.). Historical trauma. Retrieved from <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>
- 4 National Child Traumatic Stress Network. (n.d.). Secondary traumatic stress. Retrieved from <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>
- 5 U.S. Department of Health & Human Services, Administration for Children and Families. (n.d.). Secondary traumatic stress. Retrieved from <https://www.acf.hhs.gov/trauma-toolkit/secondary-traumatic-stress>
- 6 U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (n.d.). Social determinants of health. Retrieved from <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- 7 National Child Traumatic Stress Network. (2016). Resilience and child traumatic stress. Retrieved from https://www.nctsn.org/sites/default/files/resources/resilience_and_child_traumatic_stress.pdf
- 8 Center on the Developing Child at Harvard University. (2023). Resilience. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/resilience>
- 9 Drury, J., Carter, H., Cocking, C., Ntontis, E., Tekin Güven, S., & Amlôt, R. (2019). Facilitating collective psychosocial resilience in the public in emergencies: Twelve recommendations based on the social identity approach. *Frontiers in Public Health*, 7, 141. <https://doi.org/10.3389/fpubh.2019.00141>
- 10 Ungar, M. (2018). Systemic resilience: Principles and processes for a science of change in contexts of adversity. *Ecology and Society*, 23(4). <https://doi.org/10.5751/ES-10385-230434>
- 11 Substance Abuse and Mental Health Services Administration. (2023). Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory.
- 12 Ginwright, S. (2023, January 31). The future of healing: Shifting from trauma-informed care to healing-centered engagement. *Medium*. Retrieved from <https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- 13 New Orleans Children and Youth Planning Childhood Trauma Task Force. (2020). Called to Care: Promoting Compassionate Healing for Our Children.
- 14 Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-analysis. *The Lancet Public Health*, 4(10), e517-e528. [https://doi.org/10.1016/S2468-2667\(19\)30145-8](https://doi.org/10.1016/S2468-2667(19)30145-8)
- 15 Miller, T.R., Waehrer, G.M., Oh, D.L., Purewal Boparai, S., Ohlsson Walker, S., Silverio Marques, S., et al. (2020). Adult health burden and costs in California during 2013 associated with prior adverse childhood experiences. *PLoS ONE*, 15(1), e0228019. <https://doi.org/10.1371/journal.pone.0228019>
- 16 Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86, 178-183. <https://doi.org/10.1016/j.chiabu.2018.09.018>
- 17 America's Health Rankings. (2022). Explore Overall in the United States. Retrieved October 2023, from <https://www.americahealthrankings.org/explore/measures/Overall>
- 18 America's Health Rankings. (2023). Explore Adverse Childhood Experiences in the United States. Retrieved October 2023, from https://www.americahealthrankings.org/explore/measures/ACEs_8
- 19 U.S. News & World Report. (2023). Best states 2023. Retrieved from <https://www.usnews.com/news/best-states/rankings>
- 20 McGlynn-Wright, T., & Briner, L. (2021, March 30). Integrative Trauma and Healing Framework. *In the Works*. Retrieved from <https://intheworkslc.squarespace.com/inflections/2021/3/30/integrative-trauma-and-healing-framework>

CITATIONS CONTINUED

- 21 Howell, J., & Elliott, J. R. (2018). As Disaster Costs Rise, So Does Inequality. *Socius*, 4. <https://doi.org/10.1177/2378023118816795>
- 22 SAMHSA. (2022, October 24). Diversity, equity, and inclusion in disaster planning and response. Retrieved October 19, 2023, from <https://www.samhsa.gov/dtac/disaster-planners/diversity-equity-inclusion>.
- 23 Brave Heart, M. Y., & DeBruyn, L. M. (1998). The American Indian Holocaust: healing historical unresolved grief. *American Indian and Alaska native mental health research : journal of the National Center*, 8(2), 56–78.
- 24 George, Sheldon. (2016). *Trauma and Race: A Lacanian Study of African American Racial Identity*. Waco, TX: Baylor University Press.
- 25 Atlas, Galit. (2022). *Emotional Inheritance*. Little, Brown Spark, Hachette Book Group.
- 26 McGowan, Todd. (2021). The bedlam of the lynch mob: racism and enjoying through the other. In *Lacan and Race: Racism, Identity and Psychoanalysis* (Chapter 1), edited by Sheldon George and David Hook. Routledge. <https://doi.org/10.4324/9780429326790>
- 27 Flourish Agenda. (2022, January 28). Our Process. Retrieved from flourishagenda.com/our-process/.
- 28 Centers for Disease Control and Prevention. (2023, June 29). Fast facts: Preventing adverse childhood experiences. Retrieved from <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.
- 29 Anda, R. F., & Brown, D. W. (2010, July 2). *Adverse Childhood Experiences & Population Health in Washington: The Face of a Chronic Public Health Disaster*. Retrieved June 2022, from www.theannainstitute.org.
- 30 Centers for Disease Control and Prevention. (2021, August 23). Adverse Childhood Experiences (ACEs): Preventing early trauma to improve adult health. Retrieved from <https://www.cdc.gov/vitalsigns/aces/index.html>.
- 31 Dube, S.R., Anda, R.F., Felitti, V.J., Chapman, D.P., Williamson, D.F., & Giles, W.H. (2001). Childhood Abuse, Household Dysfunction, and the Risk of Attempted Suicide Throughout the Life Span: Findings From the Adverse Childhood Experiences Study. *JAMA*. 286(24):3089–3096. doi:10.1001/jama.286.24.3089
- 32 Kovski, N. L., Hill, H. D., Mooney, S. J., Rivara, F. P., & Rowhani-Rahbar, A. (2022, July). Short-Term Effects of Tax Credits on Rates of Child Maltreatment Reports in the United States. *Pediatrics*, 150(1), e2021054939. <https://doi.org/10.1542/peds.2021-054939>.
- 33 Casey Family Programs. (2023, August). The High Cost of Turnover: How to Invest in Your Workforce to Save Money and Improve Outcomes for Children and Families. Retrieved from <https://www.casey.org/media/23.07-QFF-HO-Workforce-Turnover.pdf>.
- 34 Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf



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