



Chat from Webinar

Incorporating Trauma Informed Systems and Practices into Fatality Review November 18, 2020

Participants shared examples of activities and initiatives that are trauma informed practices they have recommended and/or implemented:

- Participant 1: Connecting individuals with peer specialists. Placing peers in various offices and organizations. Connecting families with supports such as Al-Anon or hospice grief circles.
- Participant 2: In DE we try to notate the strengths of the Mother who does her best to stay away from illicit substances and seek improved parenting skills especially if they accept home visiting services for improved relationships with parent/child(ren).
- Participant 3: paid family leave; quality, affordable childcare and housing; annual mental health screenings similar to annual physical
- Participant 4: Laurel County (KY) CFR Team and Partners have partnered to conduct a Quick Response Team for near-overdose and overdose fatalities to work with families with peer support and connecting families to needed clinical and community-based resources.
- Participant 5: We are framing our recommendations for decreasing unsafe sleep fatalities to improve peer support and resources for our caregivers, addressing isolation, being overwhelmed, tired and marginalized.
- Participant 3: Behavioral health and home visitation that reflects diversity of community
- Participant 6: Recommendation for increase in home visiting referrals and Centering Pregnancy/Centering Parenting models of group care.
- Participant 7: Centering Pregnancy has provided support to moms and dads
- Participant 8: CDR Team member who feels there is a potential contact who might be encouraged to provide support; not necessarily the team member but someone, e.g. school/family-to-family/public health nursing, etc
- Participant 7: Implicit bias training for providers
- Participant 9: We have discussed the negative impact of COVID on management of chronic health conditions in children such as asthma. Some families are avoiding exposure by reducing medical care which has led to poor management of asthma. This may require the medical community to alter their practice. For example, medical offices will follow up for missed appointments for some issues but historically not for asthma. This may need to change.

- Participant 5: using restorative justice as a mechanism to decrease the prevalence of youth victims of violence
- Participant 10: universal community health workers for every expectant family.