Building Trauma-Sensitive, Trauma-Informed, and Resilient Communities

PRESENTED BY:
Mary McHugh, NYS Office of Mental Health
Angel Mendoza, The New York Academy of Medicine
Elizabeth Meeker, Coordinated Care Services, Inc. (CCSI)

FACILITATED BY: Michele Calvo, The New York Academy of Medicine
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Note: Today’s presentation is being recorded and will be distributed at a later date.

Your Participation

If you have any technical questions or problems please contact:

Chideraa Ukeje
cukeje@nyam.org
212-822-7242
Agenda

• NYS Prevention Agenda & Advancing Prevention Project Background

• Building Trauma-Informed, Trauma-Sensitive and Resilient Communities

• Introduction to ACES & trauma-informed pediatric primary care

• An example of how to leverage community partnership to address ACES: schools, data collection, & resiliency

• Q&A, discussion
About The New York Academy of Medicine

Priorities:

• Strengthen systems that prevent disease and promote the public’s health
• Eliminate health disparities
• Support healthy aging
• Preserve and promote the heritage of Medicine and Public Health.
Prevention Agenda, Part of State Health Reform

Critical Components
- Population Health
- Behavioral Health
- Collaboration

**PREVENTION AGENDA**

Priority Areas:
- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

**STATE HEALTH INNOVATION PLAN (SHIP)**

Pillars and Enablers:
- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy
- Maximize health information technology
- Performance measurement & evaluation

**ALIGNMENT:**
- Improve Population Health
- Transform Health Care Delivery
- Eliminate Health Disparities

**MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM**

Key Themes:
- Integrate delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability

**POPULATION HEALTH IMPROVEMENT PROGRAM (PHP)**

PHP Regional Contractors:
- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- Serve as resources to DSRIP Performing Provider Systems
NYS Prevention Agenda

Steered by Ad Hoc Leadership Group
- 6 members of Public Health and Health Planning Council
- Other state agencies
  - Office of Mental Health
  - Office of Alcoholism and Substance Abuse Services
- State Education Department
- Office for the Aging
- Consumers
- Healthcare
- Business
- Academia
- Community-based
- Local Health Departments
NYS Prevention Agenda

Collaborators:
• NYS Office of Alcohol and Substance Abuse Services (OASAS)
• NYS Office of Mental Health (OMH)
• NYS Association of County Health Officials (NYSACHO)
• NYS Conference of Local Mental Hygiene Directors (CLMHD)
• Greater New York Hospital Association (GNYHA)
• Healthcare Association of Northeastern New York (HANYS)
• Local Health Departments (LHDs)
• Hospitals
• Local Governmental Units (LGUs)
• DOH Program Staff: Office of Public Health Practice, Chronic Diseases, Injury Control
To support implementation of Prevention Agenda plans in the priority areas of:

- Prevent Chronic Disease
- Promote Mental Health/Prevent Substance Abuse

www.advancingpreventionproject.org
New York State Prevention Agenda
Priorities Selected by Counties, 2013

Priority Areas (# Selected by Counties)
- Chronic Disease (n=57)
- Mental Health and Substance Abuse (n=29)
- Women, Infants, Children (n=16)
- Environment (n=9)
- HIV, STD, Vaccines & HAI (n=3)
Why a Webinar on Trauma/Resiliency?

- Prevention Agenda is the State Health Improvement Plan, developed with the help of diverse stakeholders.
- Plan identifies five statewide priorities, one of which is Promote Mental Health and Promote Substance Abuse (MHSA).
- MHSA is identified as a priority by 29 counties and NYC.
- Review of local* community health improvement reports indicated measures/interventions were further along when a specific MHSA issue was identified.
  - “Addressing Trauma” was not identified in any of the reports and indicates a potential gap, presenting an opportunity for specific yet cross-cutting action.

* Local health department, hospital, local governmental unit.

ADVANCING PREVENTION PROJECT
Addressing Trauma/Building Resiliency in Goal 2.2

Table 1: "Promote Mental Health Prevent Substance Abuse" - Focus Areas and Goals

<table>
<thead>
<tr>
<th>Focus Area 1: Promote mental, emotional and behavioral (MEB) well-being in communities</th>
</tr>
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<tbody>
<tr>
<td>Goal 1: Promote mental, emotional and behavioral (MEB) well-being in communities</td>
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</table>

<table>
<thead>
<tr>
<th>Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2.1: Prevent underage drinking, non-medical use of prescription pain relievers drugs by youth, and excessive alcohol consumption by adults</td>
</tr>
<tr>
<td>Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.</td>
</tr>
<tr>
<td>Goal 2.3: Prevent suicides among youth and adults.</td>
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<tr>
<td>Goal 2.4: Reduce tobacco use among adults who report poor mental health.</td>
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</table>

<table>
<thead>
<tr>
<th>Focus Area 3: Strengthen Infrastructure Across Systems</th>
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</thead>
<tbody>
<tr>
<td>Goal 3.1: Support collaboration among leaders, professionals and community members working in MEB health promotion, substance abuse and other MEB disorders and chronic disease prevention, treatment and recovery.</td>
</tr>
<tr>
<td>Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.</td>
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</tbody>
</table>
Learning Objectives and Next Steps

- What are Adverse Childhood Experiences (ACES)?
- How it is related to trauma in children and adults?
- How does ACES affect mental, emotional behavioral and physical health?
- How is it measured?
- How can communities address trauma?
- How can evidence-based approaches be tailored to your community?

After the webinar . . .
- Consult accompanying fact-sheet on trauma & resiliency
- Complete evaluation form & indicate your interests in ongoing TA
Building Trauma-Informed, Trauma-Sensitive and Resilient Communities

Presented by: Mary McHugh LCSW-R, Director of Strategic Clinical Solutions, NYS Office of Mental Health
Some Key Findings From the IOM Report:

• Successful prevention is inherently interdisciplinary.
• Interventions before a disorder manifests itself offer the best opportunity to protect individuals.
• A developmental approach is key to successful prevention.
• Interventions can be integrated with routine health care as well as in schools, families and communities.
Normative Settings Such As Primary Care and School Settings Offer the Best Opportunity to Intervene Earlier
Nationally

TIP 57

Trauma-Informed Care in Behavioral Health Services

SHIFT

YOUR PERSPECTIVE

Apply Trauma-Informed Care

Empowering, Engaging, Effective

NCTSN BENCH CARD

for the trauma-informed judge

Taking on Trauma to Bring Healing and Change
Becoming Prevention Focused and Trauma Informed Requires a Paradigm Shift

Paradigm Shift:
Fundamental change in an individual's or a society's view of how things work in the world.
A New model for promoting the mental well-being of young people (RWJF)
## Community Resilience

The ability for an individual and the collective community to respond to adversity and change

<table>
<thead>
<tr>
<th>Signs of This Type of Resilience</th>
<th>Vulnerability Factors Inhibiting Resilience</th>
<th>Protective Factors Enhancing Resilience</th>
<th>Facilitators of Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connectedness</td>
<td>Lack of support services</td>
<td>Access to support services</td>
<td>Community leaders</td>
</tr>
<tr>
<td>Commitment to community</td>
<td>Social discrimination</td>
<td>Community networking</td>
<td>Faith-based organizations</td>
</tr>
<tr>
<td>Shared values</td>
<td>Cultural discrimination</td>
<td>Strong cultural identity</td>
<td>Volunteers</td>
</tr>
<tr>
<td>Structure, roles, and responsibilities exist throughout community</td>
<td>Norms tolerating violence</td>
<td>Strong social support systems</td>
<td>Nonprofit organizations</td>
</tr>
<tr>
<td>Supportive</td>
<td>Deviant peer group</td>
<td>Norms against violence</td>
<td>Churches/houses of worship</td>
</tr>
<tr>
<td>Good communication</td>
<td>Low socioeconomic status</td>
<td>Identification as a community</td>
<td>Support services staff</td>
</tr>
<tr>
<td>Resource sharing</td>
<td>Crime rate</td>
<td>Cohesive community leadership</td>
<td>Teachers</td>
</tr>
<tr>
<td>Volunteerism</td>
<td>Community disorganization</td>
<td></td>
<td>Youth groups</td>
</tr>
<tr>
<td>Responsive organizations</td>
<td>Civil rivalry</td>
<td></td>
<td>Boy/Girl Scouts</td>
</tr>
<tr>
<td>Strong schools</td>
<td></td>
<td></td>
<td>Planned social networking events</td>
</tr>
</tbody>
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**SAMHSA**
“Community coalitions are an essential ingredient, and can provide a platform for evaluating the effectiveness of preventive and treatment interventions and monitoring overall community health. Several communities have found that using a trauma and developmental lens greatly helps to identify common interests across divergent sectors, and provides a template for community action.” Toxic Stress, Behavioral Health and the Next Era in Public Health", MHA
Trauma-Informed Pediatric Primary Care

Presented By: Dr. Angel Mendoza, MD, Health Policy Director, The New York Academy of Medicine
ACES: Adverse Childhood Experiences

• ACE Categories

• Concept of Toxic Trauma/Stress

• Work started with children in institutionalized settings (Romania) → children in welfare systems

• ACES study: started with obesity
ACES: Adverse Childhood Experiences

• The traditional concept of related events leading to early death

• Most studies actually show “graded” relationships or “dose-related”

• Disease risk not fully explained by risk behaviors
ACES: Adverse Childhood Experiences

• Direct relationships
  • Behaviors

• Indirect relationships
  • Mediated by other events

• Associations
  • Increase in occurrences
Case 1 – 7 year old, Male

• 35 week former premie
• Chief Complaint: Failing 2nd grade
• History: Talkative in class; needs constant reminders
• Observation: Obese, sleepy, fidgety
• PE: Hypertensive, tachycardic
• Follow-up history?
Case 2 – 14 year old, Female

- Full-term, normal development, late talker
- Chief Complaint: Dysmenorrhea
- History: Decreasing appetite, poor sleep
- Observation: Emaciated, sullen, poor eye contact
- PE: Hypotensive, Arrhythmic
- Follow-up history?
Central Message:
Prevention of chronic illness necessarily includes consideration of trauma-related risks, especially those that occur early in childhood.

**Diagnostic and treatment plans are incomplete without efforts to address ACEs.**
Leveraging Community Partnership to Address ACES
Examples from the Field

Presented By: Elizabeth Meeker PsyD, Senior Consultant, Coordinated Care Services, Inc. (CCSI)
Creating a Community Approach to TIC

Monroe County Example
• 2009 - Created Research to Practice Group to support multiple grants
• 2010 – Implemented Trauma Informed Pilot
• 2011 – Released Trauma Informed Community White Paper
• 2012 – Perinatal Network Conference on ACES
• 2014 – Formation of the Community Network on TIC
• 2015 – Anti-Poverty Initiative, Youth Risk Behavior Survey
Youth Risk Behavior Survey

The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include:

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

Source: Center for Disease Control http://www.cdc.gov/healthyyouth/data/yrbs/overview.htm
Monroe County YRBS

- Conducted in public high schools bi-annually between 1991 and 2011
- Now conducted every 4 years
- County level results shared with community
- Data incorporated into the Community Health Assessment (CHA)
- School district representatives meet 3-4 months before the survey is administered to decide which questions to include in the survey
- Most questions mirror the national YRBS survey, however, we have added questions based on topics that are relevant at the time.
  - Examples of questions added before CDC added at the national level
    - Prescription drug abuse (ie oxycotin, adderal, etc.)
    - Bullying
    - Electronic bullying
Monroe County YRBS

• In 2015
  • 12 districts surveyed all of their students so they can report results for their district
  • 4 districts provided a sample only for the county sample
  • 2 districts opted out

• Planning for 2015 Survey
  • MCDPH highlighted importance of measuring ACES in the 2015 survey.
  • School district representatives agreed that these were important topics to measure and include in the 2015 survey
Monroe County YRBS

What we know:

What’s new: There is a great likelihood of smoking, sexual risk behaviors, teenage pregnancy, obesity, substance abuse, depression and suicide attempts as ACE scores increase.

<table>
<thead>
<tr>
<th></th>
<th>MC YRBS 2011</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing their usual activities, in the past year</td>
<td>27.5%</td>
<td></td>
</tr>
<tr>
<td>Attempted suicide in the past year</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>Smoked cigarettes on one or more days in the past 30 days</td>
<td>12.8%</td>
<td></td>
</tr>
<tr>
<td>Consumed 5 or more drinks of alcohol in a row, within a couple of hours on one or more occasions in the past month</td>
<td>19.2%</td>
<td></td>
</tr>
<tr>
<td>Used marijuana in the past month</td>
<td>22.5%</td>
<td></td>
</tr>
<tr>
<td>Ever engaged in sexual intercourse</td>
<td>42.1%</td>
<td></td>
</tr>
<tr>
<td>Used birth control pills to prevent pregnancy, last time they had sex, (of currently sexually active students)</td>
<td>21.3%</td>
<td></td>
</tr>
<tr>
<td>Engage in a total screen time of 5 or more hours on an average school day</td>
<td>33.3%</td>
<td></td>
</tr>
</tbody>
</table>
## Crosswalk between ACES & YRBS

<table>
<thead>
<tr>
<th>ACES</th>
<th>MC YRBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did a parent or other adults in the household often or very often swear at you, insult you, put you down or humble you, or ever act in any way that made you afraid that they might physically hurt you?</td>
<td>How often did a parent or adult in your home swear at you, insult you or put you down?</td>
</tr>
<tr>
<td>Did a parent or other adult in the household often or very often push, grab, slap or throw something at you? Or ever hit you so hard that you had marks or were injured?</td>
<td>How often has a parent or adult in your home hit, beat, kick or physically hurt you in any way?</td>
</tr>
<tr>
<td>Did an adult or person at least 5 years older than you ever touch or fondle you or have your touch their body in a sexual way or attempt to, or have sex with you?</td>
<td>Have you ever been forced to have sexual intercourse, forced to touch someone in a sexual way or forced to be touched by someone in a sexual way?</td>
</tr>
</tbody>
</table>
## Crosswalk between ACES & YRBS

<table>
<thead>
<tr>
<th>ACES</th>
<th>MC YRBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect you or your parents were to drunk or high to take care of you or take you to the doctor if needed?</td>
<td>How often has your family not had enough money to buy food or pay for housing?</td>
</tr>
<tr>
<td>Was your mother or stepmother often or very often pushed, grabbed, slapped or had something thrown at her or sometimes, often or very often kicked, bitten, hit with a fist, or hit with something hard or ever repeatedly hit for at least a few minutes or threatened with a gun or a knife.</td>
<td>How often did your parents or adults in your home slap, hit, kick, punch or beat each other up?</td>
</tr>
<tr>
<td>Did you ever live with someone who was a problem drinker or alcoholic or used street drugs.</td>
<td>Have you ever lived with anyone who was an alcoholic, problem drinker, used illegal street drugs, took prescription drugs to get high or was a problem gambler?</td>
</tr>
</tbody>
</table>
## Crosswalk between ACES & YRBS

<table>
<thead>
<tr>
<th>ACES</th>
<th>MC YRBS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was a member of your household depressed, mentally ill or did a</td>
<td>Have you ever lived with anyone who was diagnosed mentally ill or</td>
</tr>
<tr>
<td>household member attempt suicide?</td>
<td>suicidal?</td>
</tr>
<tr>
<td>Did a household member ever go to jail or prison?</td>
<td>Has anyone in your household ever gone to jail or prison?</td>
</tr>
<tr>
<td>Were your parents ever divorced or separated?</td>
<td>Which BEST describes who you live with?</td>
</tr>
<tr>
<td>Did you often or very often feel that no one in your family loved</td>
<td>My family give me help and support when I need it (strongly agree –</td>
</tr>
<tr>
<td>you or thought you were special or your family didn’t look out for</td>
<td>strongly degree)</td>
</tr>
<tr>
<td>each other, feel close to each other or support each other?</td>
<td>Did you ever see someone get shot, stabbed or beaten in your neighborhood?</td>
</tr>
</tbody>
</table>
Next Steps for YRBS

• Data Analysis (August)
• Distribute results to Districts (September)
• Public Health and Office of Mental Health to convene stakeholders (Fall)
  • Interpreting the data
  • Implications for community prevention efforts
• Share data with other community initiatives
  • Anti-Poverty Initiative
  • DSRIP
“Schools can no longer limit interventions to individual children with known trauma histories but must create instructional frameworks that integrate a trauma sensitive approach into all aspects of the school day”

Susan Craig, Reaching and Teaching Children Who Hurt
ACES and School Performance

Students dealing with trauma are:

- 2 ½ times more likely to fail a grade
- Score lower on standardized assessments
- Have more receptive & expressive language difficulties
- Are suspended or expelled more often
- Are designated to special education more frequently
## ACES and School

<table>
<thead>
<tr>
<th></th>
<th>Odds for Academic &amp; Health Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academic Failure</td>
</tr>
<tr>
<td>3 or more ACES</td>
<td>3x</td>
</tr>
<tr>
<td>N=248</td>
<td></td>
</tr>
<tr>
<td>2 ACES</td>
<td>2.5x</td>
</tr>
<tr>
<td>N=213</td>
<td></td>
</tr>
<tr>
<td>One ACES</td>
<td>1.5x</td>
</tr>
<tr>
<td>N=476</td>
<td></td>
</tr>
<tr>
<td>No Know ACEs</td>
<td>1</td>
</tr>
<tr>
<td>N=1,164</td>
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</tbody>
</table>

Washington State University Spokane, 2013
ACES and School

Resilience Trumps ACEs

• ACEs are **NOT** a life sentence and they are **NOT** set in stone
“I believe each one of us has the capacity to become resilient. But our parents, siblings, extended family and community can either give us resilience or reduce our resilience. I also believe that resilience is like a muscle. You can strengthen your resilience, just as you strengthen a muscle.”
- Tina Marie Hahn, MD
Resilience

I Have
• External supports and resources

I Am
• Internal, personal strengths

I Can
• Social and interpersonal skills

International Resilience Project, 1995
Trauma Informed Schools

Why take a school wide approach?
• Normative setting
• Universal precautions
• Front-line for mitigating the impact of trauma
• Building resiliency
What is a trauma sensitive school?

- Acknowledges the prevalence of traumatic events and toxic stress in students’ lives
- Creates a flexible framework that provides universal supports and is sensitive to the unique needs of students
- Mindful of avoiding re-traumatization

**NOTE:** Trauma Informed Care is NOT a program – It is an ongoing process that is unique to the strengths and needs of each organization and community
Essential elements of a trauma sensitive school

• Commitment
  • Leadership
  • Trauma Champions/Steering Committee
  • Staff

• Professional Development
  • Training
  • Academic and nonacademic strategies
  • Ongoing coaching and mentoring

• Practice Change
  • Policies, procedures, and protocols
  • Continuous Quality Improvement
Opportunity to Strengthen the Model

Leveraging existing and/or new Community Partnerships in order to:

• Disseminate knowledge about ACES and TIC
• Utilize the YRBS with ACES to establish baseline rates of reported trauma and high risk behaviors
• Implement a universal screen across systems (child and adult)
• Implement evidence based universal and targeted interventions
• Monitor change over time to determine reduction in high risk behaviors
Please review the factsheet and the language crosswalk available on the Advancing Prevention Project website (scroll to the bottom of the page):
http://www.nyam.org/nys-prevention-agenda/resources.html
Upcoming Learning Opportunities
SIGN UP FOR TA!

On the Advancing Prevention Project Website you can:

• Schedule a one-on-one TA appointment

• Join a Learning Collaborative

• You can also find resources and current training opportunities, including a fact sheet on trauma & resiliency, slides and recording for webinars
Preventing Non-Medical Use of Prescription Opioids and Heroin
When: Friday, September 18th, 1:30pm-3:00 EDT
Who is the Audience: Staff from Local Health Departments (LHD), Hospitals, Local Governmental Units (LGU), and Community-Based Organizations.
Presenters: Staff from NYS OASAS, local practitioners
UPCOMING WEBINARS - CHRONIC DISEASE

Evaluating the Food Environment
Date: August 3, 2015
Time: 12:00 PM - 1:00 PM
Speaker(s):
Rebekka Lee ScD, Harvard Prevention Research Center (HPRC)
Rebecca Mozaffarian MS MPH, Harvard Prevention Research Center (HPRC)
Alyssa Moran MPH RD, New York Academy of Medicine Technical Expert

The webinar will discuss strategies for evaluating programs to improve the food environment in accordance with the reducing obesity in children and adults focus area of the NYS Prevention Agenda. Experts from the Harvard Prevention Research Center will discuss the different methods of data collection for program evaluation and the settings where you can apply them.

Increasing Access to Healthy Beverages
Date: August 17, 2015
Time: 1:00 PM – 2:30 PM

The webinar will discuss strategies to increase access to healthy beverages in vending machines in accordance with the reducing obesity in children and adults focus area of the NYS Prevention Agenda. Practitioners from Rockland and Orange County will describe their experiences with increasing access to healthy beverages in public buildings. Each webinar will be followed up with opportunities for LHDs to participate in one-on-one technical assistance with content experts.
Thank you!

www.AdvancingPreventionProject.org