

ADVANCING PREVENTION PROJECT

*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

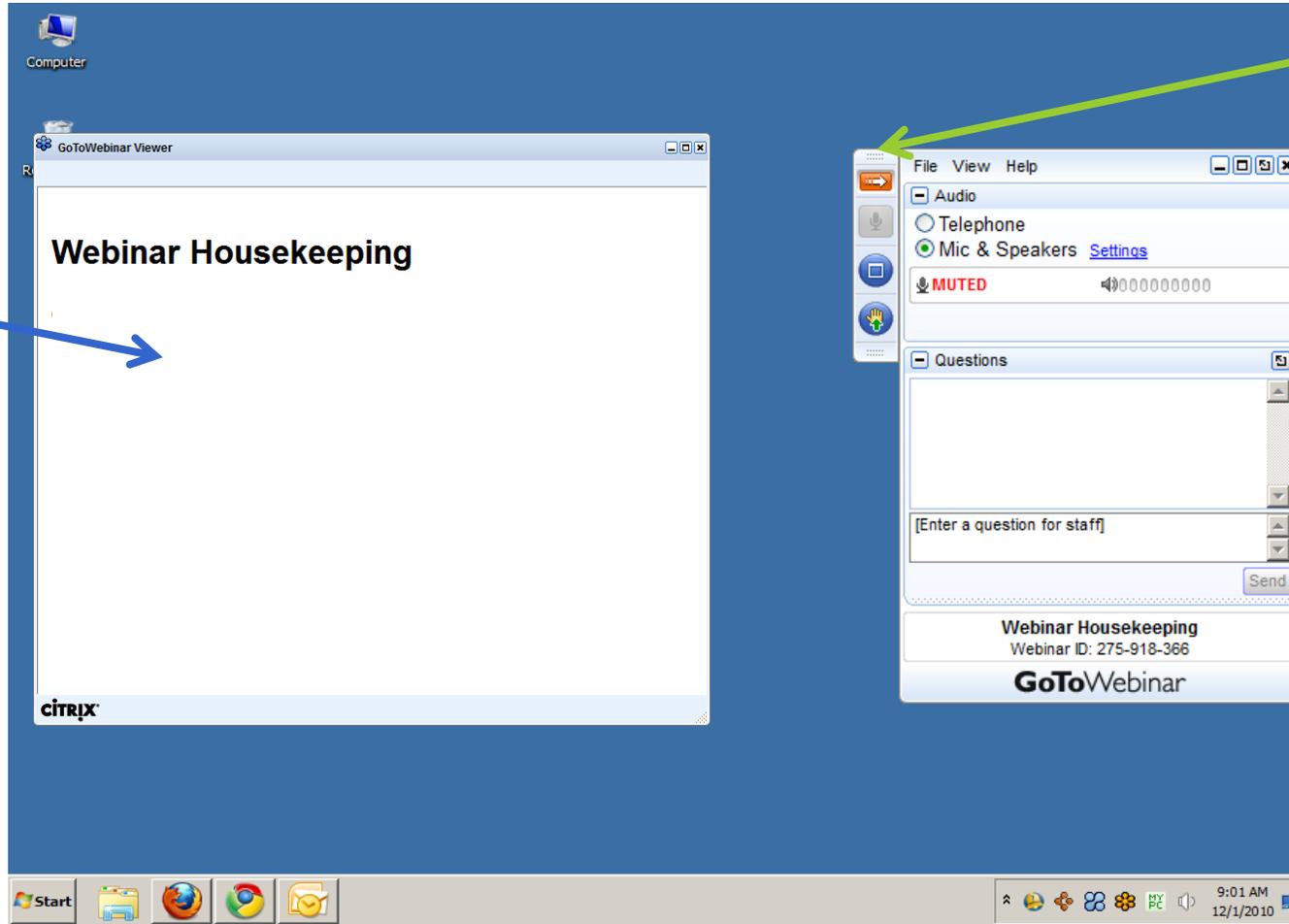
Elizabeth Meeker, Coordinated Care Services, Inc. (CCSI)

FACILITATED BY: Michele Calvo, The New York Academy of Medicine

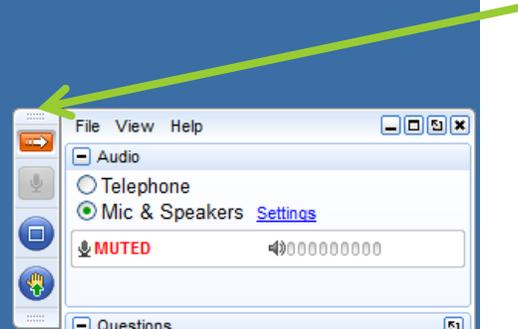


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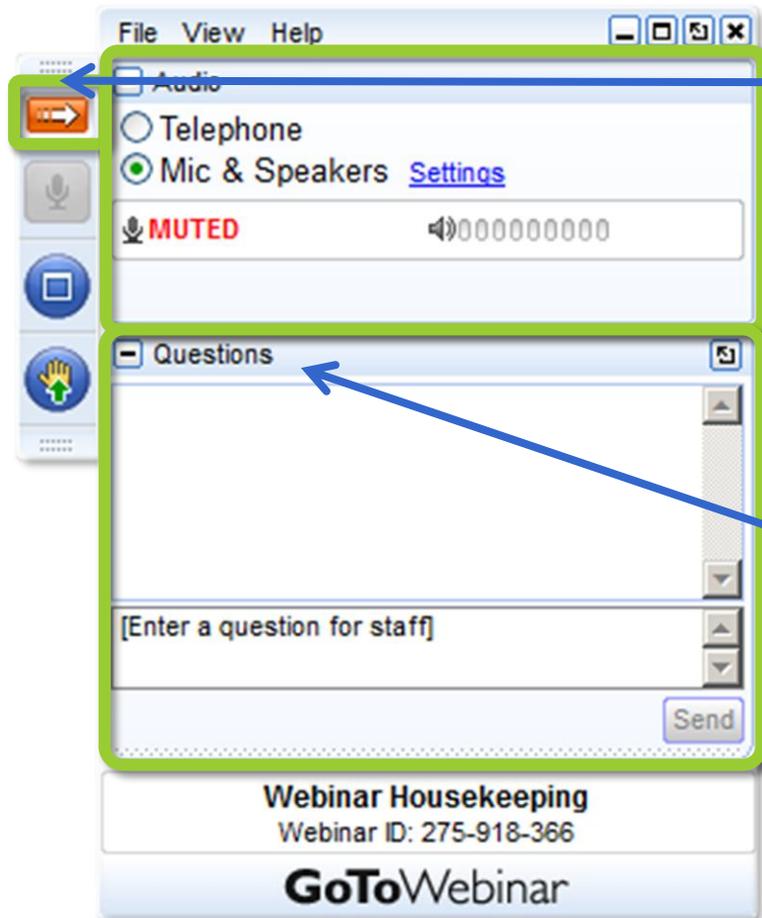
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How to use Gotowebinar



Your Participation

Open and hide your control panel

Submit questions and comments via the **Questions panel**

Note: Today's presentation is being recorded and will be distributed at a later date.

If you have any technical questions or problems please contact:

Chideraa Ukeje
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212-822-7242

ADVANCING PREVENTION PROJECT

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.



ADVANCING PREVENTION PROJECT



Prevention Agenda, Part of State Health Reform

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 (PHIP)

PHIP 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

Critical Components

- Population Health
- Behavioral Health
- Collaboration

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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



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NYS Prevention Agenda

Collaborators:

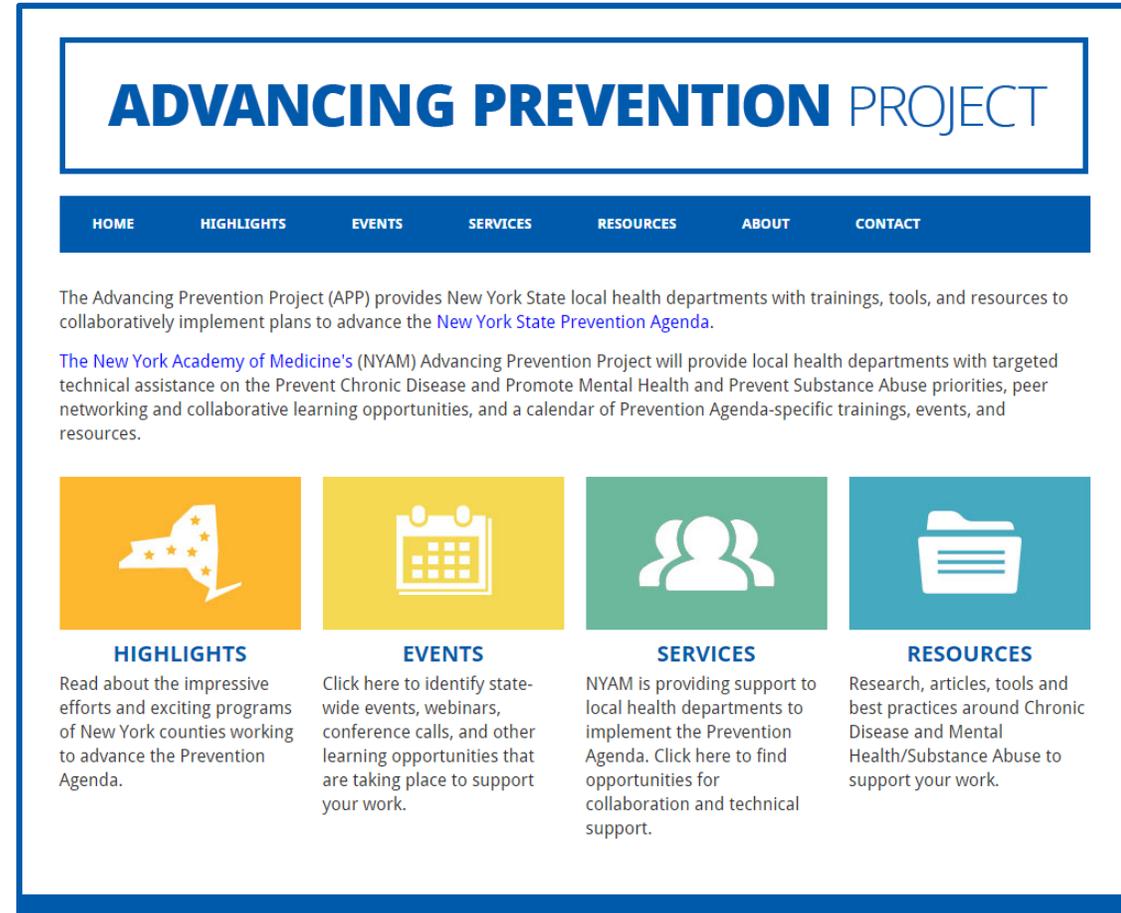
- NYS Office of Alcohol and Substance Abuse Services (OASAS)
- NYS Office of Mental Health (OMH)
- NYS Association of County Health Officials (NYSACHO)
- NYS Conference of Local Mental Hygiene Directors (CLMHD)
- Greater New York Hospital Association (GNYHA)
- Healthcare Association of Northeastern New York (HANYS)
- Local Health Departments (LHDs)
- Hospitals
- Local Governmental Units (LGUs)
- DOH Program Staff: Office of Public Health Practice, Chronic Diseases, Injury Control

Advancing Prevention Project (App)

To support implementation of Prevention Agenda plans in the priority areas of:

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

www.advancingpreventionproject.org



ADVANCING PREVENTION PROJECT

HOME HIGHLIGHTS EVENTS SERVICES RESOURCES ABOUT CONTACT

The Advancing Prevention Project (APP) provides New York State local health departments with trainings, tools, and resources to collaboratively implement plans to advance the [New York State Prevention Agenda](#).

The [New York Academy of Medicine's](#) (NYAM) Advancing Prevention Project will provide local health departments with targeted technical assistance on the Prevent Chronic Disease and Promote Mental Health and Prevent Substance Abuse priorities, peer networking and collaborative learning opportunities, and a calendar of Prevention Agenda-specific trainings, events, and resources.

HIGHLIGHTS
Read about the impressive efforts and exciting programs of New York counties working to advance the Prevention Agenda.

EVENTS
Click here to identify state-wide events, webinars, conference calls, and other learning opportunities that are taking place to support your work.

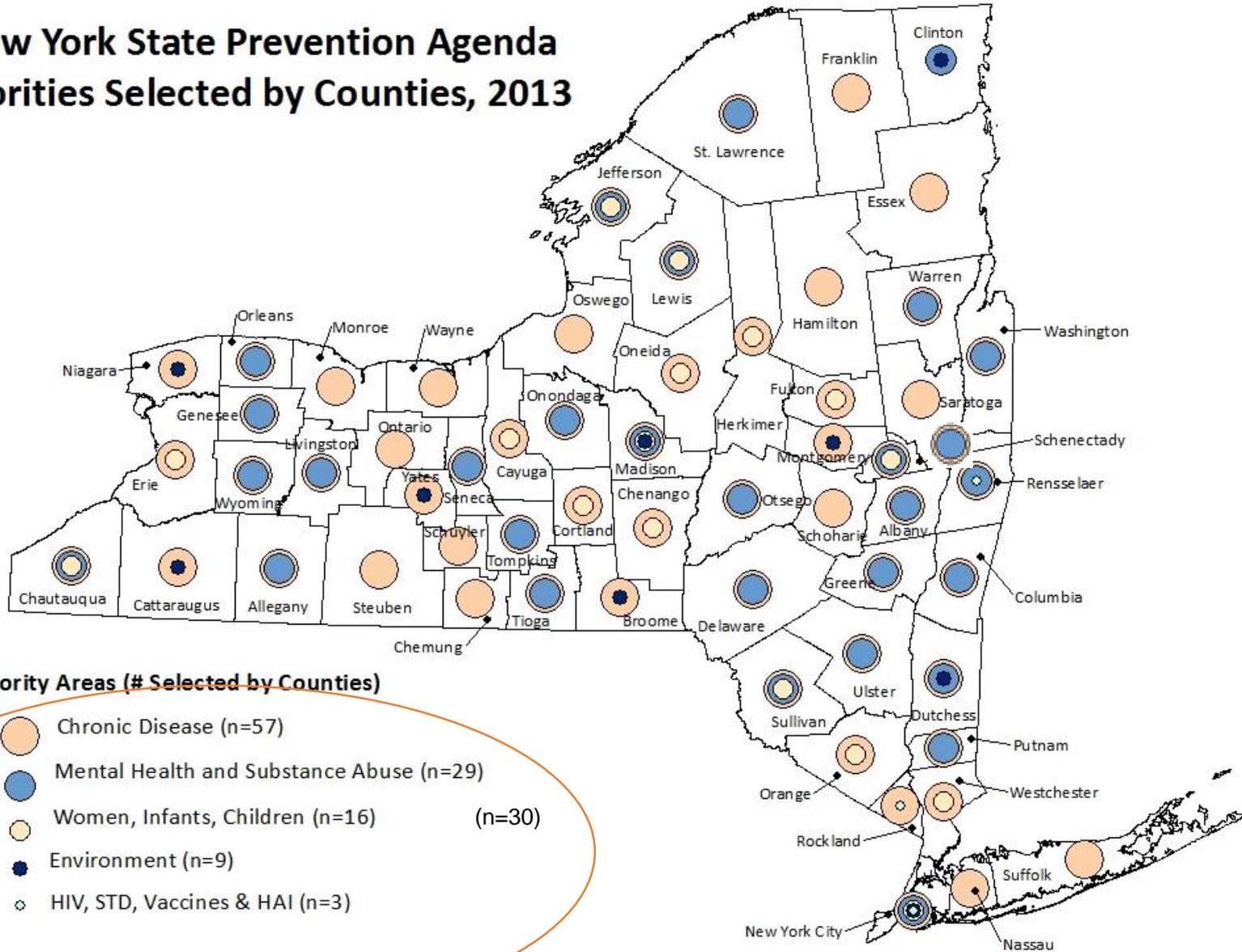
SERVICES
NYAM is providing support to local health departments to implement the Prevention Agenda. Click here to find opportunities for collaboration and technical support.

RESOURCES
Research, articles, tools and best practices around Chronic Disease and Mental Health/Substance Abuse to support your work.

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New York State Prevention Agenda Priorities Selected by Counties, 2013



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

Addressing Trauma/Building Resiliency in Goal 2.2

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

Focus Area 1: Promote mental, emotional and behavioral (MEB) well-being in communities
Goal 1: Promote mental, emotional and behavioral (MEB) well-being in communities
Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders
Goal 2.1: Prevent underage drinking, non-medical use of prescription pain relievers drugs by youth, and excessive alcohol consumption by adults
Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.
Goal 2.3: Prevent suicides among youth and adults.
Goal 2.4: Reduce tobacco use among adults who report poor mental health.
Focus Area 3: Strengthen Infrastructure Across Systems
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.
Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.

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

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities

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



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Nationally



The Sanctuary Model®

A TREATMENT IMPROVEMENT PROTOCOL
Trauma-Informed Care in Behavioral Health Services

TIP 57



Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-735-4772)

SHIFT



YOUR PERSPECTIVE
Apply Trauma-Informed Care
EMPOWERING. ENGAGING. EFFECTIVE.



Trauma Informed Care

Helping Foster and Adoptive Families Cope With Trauma



Multiplying Connections

The Trauma Informed Care Project



Compassionate Schools:
The Heart of Learning and Teaching

NCTSN BENCH CARD
for the trauma-informed judge

Taking on Trauma to Bring Healing and Change



COMMUNITY RESILIENCE COOKBOOK

DATA

hello!

INSPIRED LEADERSHIP

BY THE NUMBERS

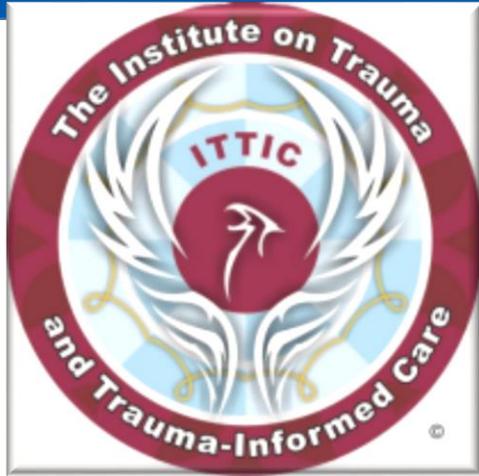
THE LANGUAGE OF AGES

YOUR BODY & BRAIN

TASTES OF SUCCESS

ESSENTIAL INGREDIENTS

In New York State



OMH – BEWD
Trauma Informed
Care (TIC)



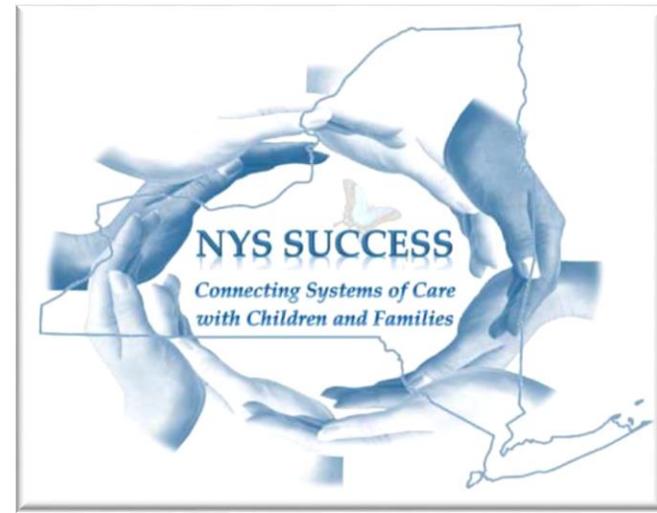
**MHANYS
BUILDING
CONNECTIONS:
The Sexual Assault and
Mental Health Project**

Coordinated Care
Services, Inc
Trauma Informed Care
for Prevention and
Treatment Providers: A
Systems Approach

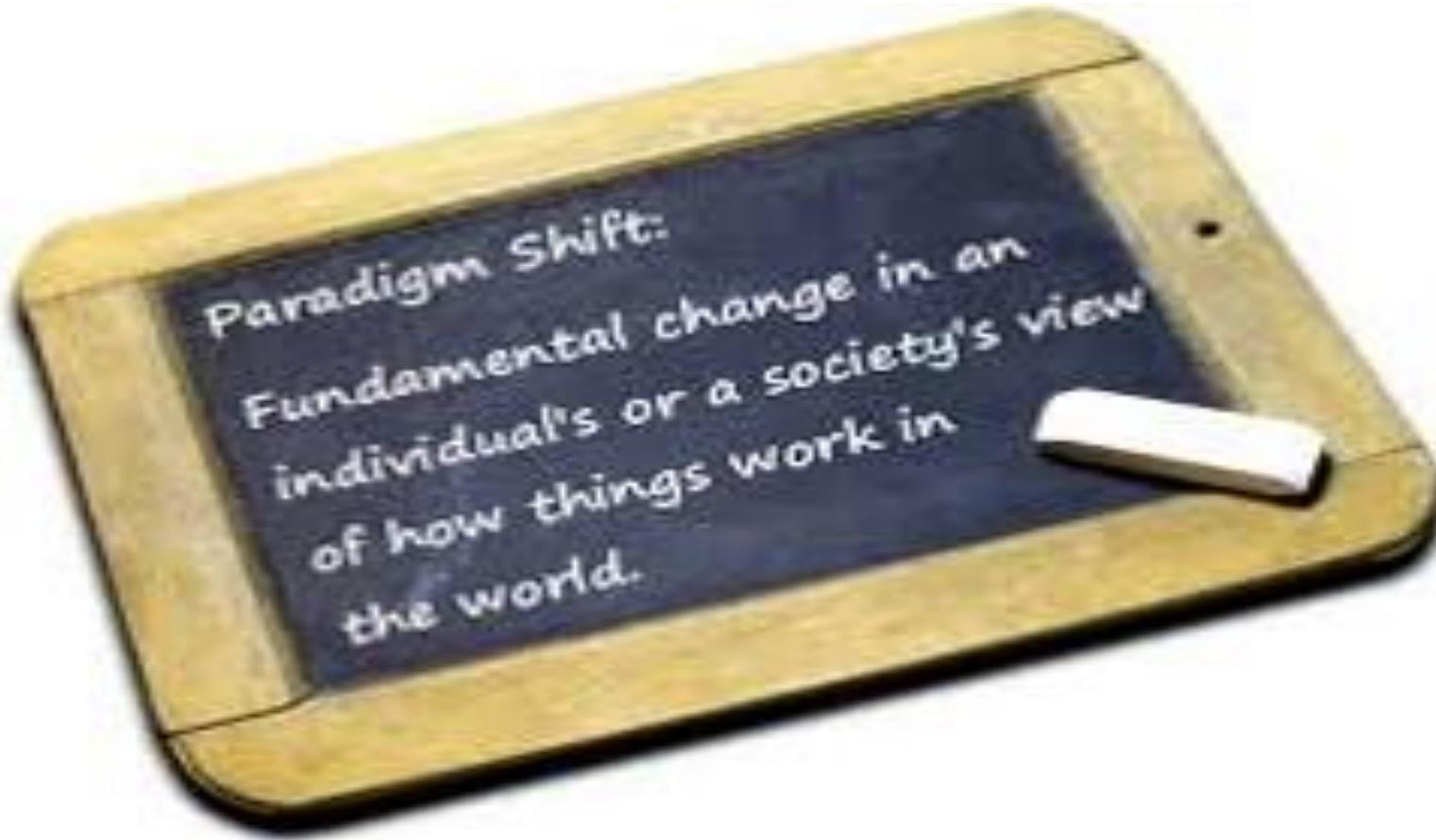


**REAL LIFE HEROES
Training and Consultation**

MHANYS'
Resiliency and
Recovery
Initiative for
Military Families



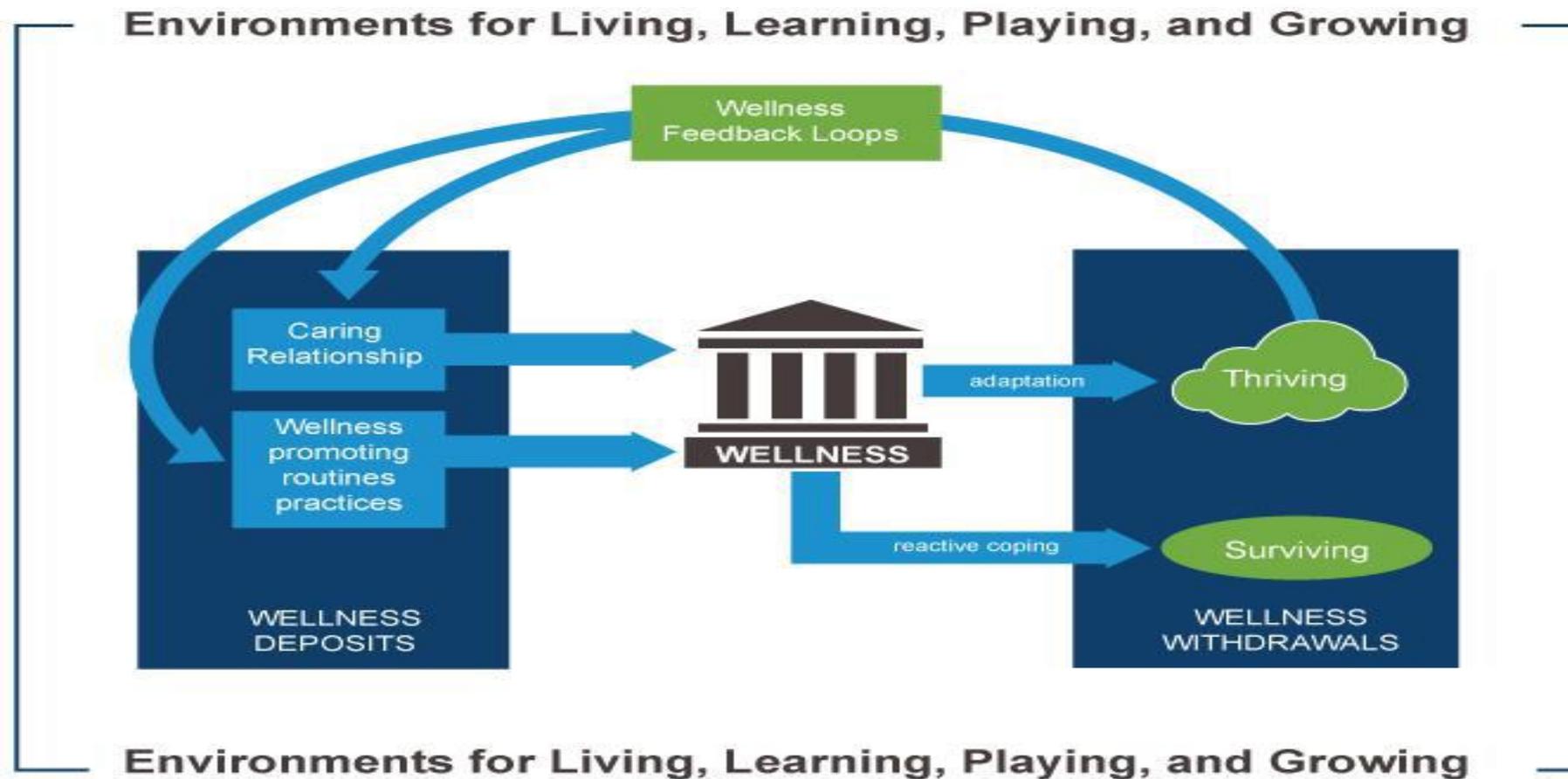
Becoming Prevention Focused and Trauma Informed Requires a Paradigm Shift



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A New model for promoting the mental well-being of young people (RWJF)



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Community Resilience

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

Signs of This Type of Resilience	Vulnerability Factors Inhibiting Resilience	Protective Factors Enhancing Resilience	Facilitators of Resilience
<ul style="list-style-type: none"> •Connectedness •Commitment to community •Shared values •Structure, roles, and responsibilities exist throughout community •Supportive •Good communication •Resource sharing •Volunteerism •Responsive organizations •Strong schools 	<ul style="list-style-type: none"> •Lack of support services •Social discrimination •Cultural discrimination •Norms tolerating violence •Deviant peer group •Low socioeconomic status •Crime rate •Community disorganization •Civil rivalry 	<ul style="list-style-type: none"> •Access to support services •Community networking •Strong cultural identity •Strong social support systems •Norms against violence •Identification as a community •Cohesive community leadership 	<ul style="list-style-type: none"> •Community leaders •Faith-based organizations •Volunteers •Nonprofit organizations •Churches/houses of worship •Support services staff •Teachers •Youth groups •Boy/Girl Scouts •Planned social networking events

SAMHSA

Building Trauma-Informed, Trauma-Sensitive and Resilient Communities

“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



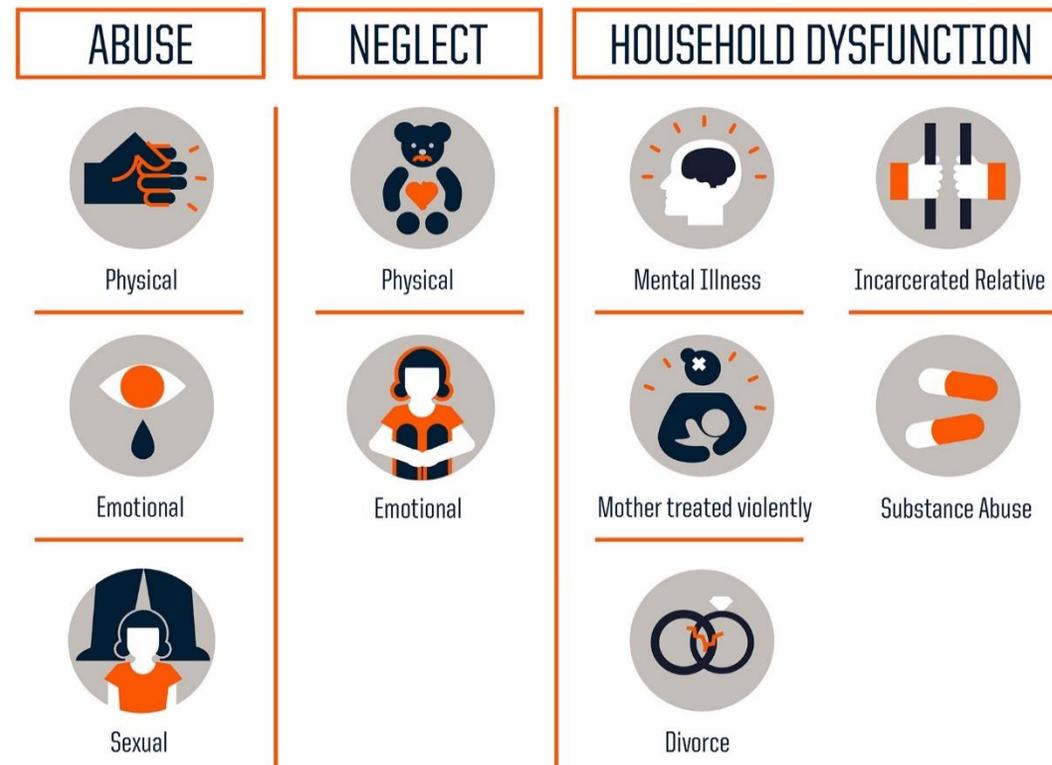
Figure 1

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



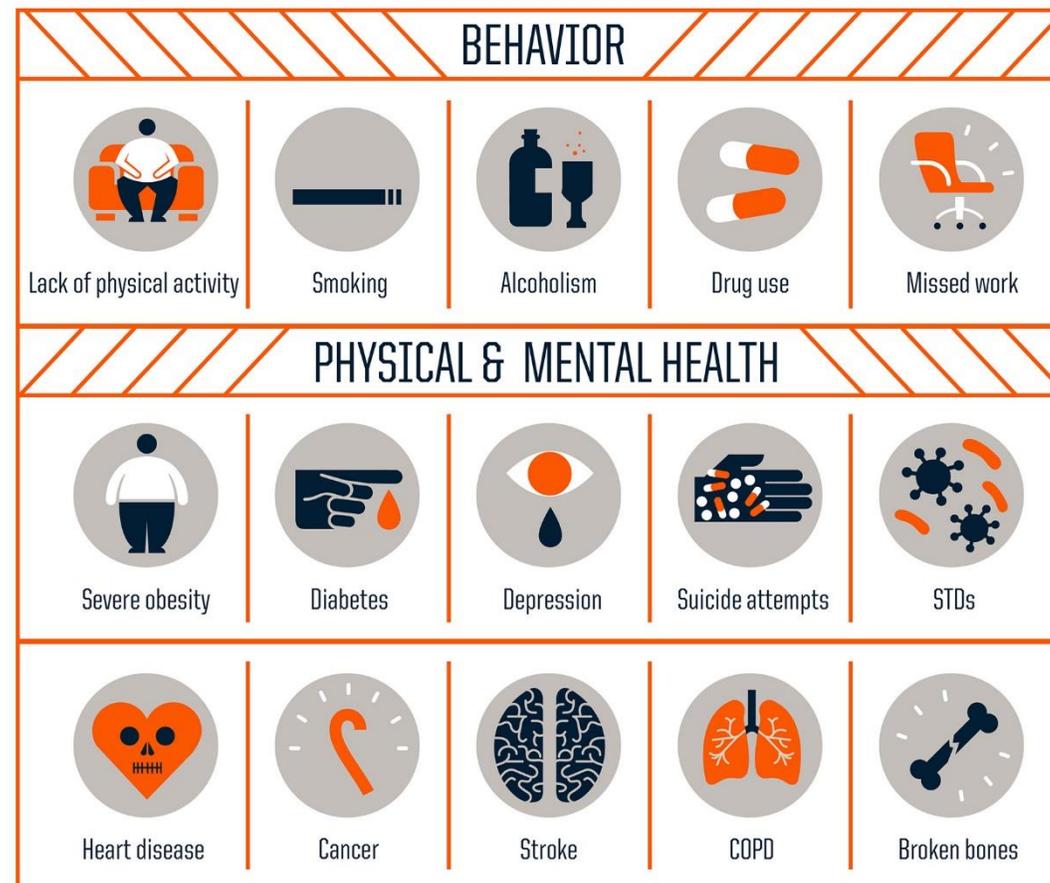
ACES: Adverse Childhood Experiences

- 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



ACES: Adverse Childhood Experiences

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?

ACES: Adverse Childhood Experiences

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?

ACES: Adverse Childhood Experiences

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*

MC YRBS 2011	%
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	27.5%
Attempted suicide in the past year	7%
Smoked cigarettes on one or more days in the past 30 days	12.8%
Consumed 5 or more drinks of alcohol in a row, within a couple of hours on one or more occasions in the past month	19.2%
Used marijuana in the past month	22.5%
Ever engaged in sexual intercourse	42.1%
Used birth control pills to prevent pregnancy, last time they had sex, (of currently sexually active students)	21.3%
Engage in a total screen time of 5 or more hours on an average school day	33.3%

Crosswalk between ACES & YRBS

ACES	MC YRBS
Did a parent or other adults in the household often or very often swear at you, insult, you , put you down or humiliate you, or ever act in any way that made you afraid that they might physically hurt you?	How often did a parent or adult in your home swear at you, insult you or put you down?
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?	How often has a parent or adult in your home hit, beat, kick or physically hurt you in any way?
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?	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?

Crosswalk between ACES & YRBS

ACES	MC YRBS
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?	How often has your family not had enough money to buy food or pay for housing?
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.	How often did your parents or adults in your home slap, hit, kick, punch or beat each other up?
Did you ever live with someone who was a problem drinker or alcoholic or used street drugs.	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?

Crosswalk between ACES & YRBS

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

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

Creating a Trauma Sensitive School

“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

	Odds for Academic & Health Problems			
	Academic Failure	Severe Attendance Problems	Severe School Behavior Concerns	Frequent Reported Poor Health
3 or more ACES N=248	3x	5x	6x	4x
2 ACES N=213	2.5x	2.5x	4x	2.5x
One ACES N=476	1.5x	2x	2.5x	2x
No Know ACES N=1,164	1	1	1	1

Washington State University Spokane, 2013

ACES and School

Resilience Trumps ACEs

- ACEs are **NOT** a life sentence and they are **NOT** set in stone



Resilience

“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

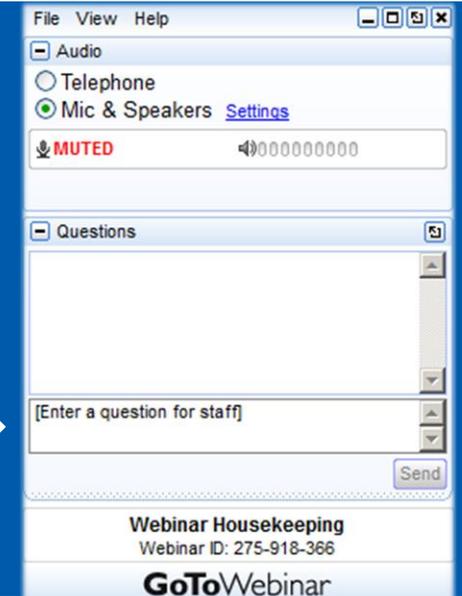
Opportunity to Strengthen the Model

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

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Questions? Type them here →



MATERIALS ACCOMPANYING THIS WEBINAR

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>

ADVANCING PREVENTION PROJECT



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

UPCOMING WEBINARS- PROMOTE MH/PREVENT SA

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

ADVANCING PREVENTION PROJECT



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.

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Thank you!

www.AdvancingPreventionProject.org

