A Trauma-Informed and Resilient Communities Learning Collaborative

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Your Participation

Open and hide your control panel

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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:

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Agenda

• NYS Prevention Agenda & Advancing Prevention Project Background

• Building Trauma-Informed, Trauma-Sensitive and Resilient Communities Through a Learning Collaborative Approach

• Learning Collaborative Logistics and Commitment

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

Current priorities:
• healthy aging
• disease prevention
• eliminating health disparities
To support implementation of Prevention Agenda plans in the priority areas of:
• Prevent Chronic Disease
• Promote Mental Health/Prevent Substance Abuse

www.advancingpreventionproject.org
Prevention Agenda, Part of State Health Reform

**Critical Components**
- Population Health
- Behavioral Health
- Collaboration
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) (n=30)
- Environment (n=9)
- HIV, STD, Vaccines & HAi (n=3)
Addressing Trauma in the 2013-2018 Prevention Agenda

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>
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<tbody>
<tr>
<td>Goal 1: Promote mental, emotional and behavioral (MEB) well-being in communities</td>
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<tr>
<th>Focus Area 2: Prevent Substance Abuse and other Mental Emotional Behavioral Disorders</th>
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<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>
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<td>Goal 2.2: Prevent and reduce occurrence of mental, emotional and behavioral disorders among youth and adults.</td>
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<td>Goal 2.3: Prevent suicides among youth and adults.</td>
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<td>Goal 2.4: Reduce tobacco use among adults who report poor mental health.</td>
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<th>Focus Area 3: Strengthen Infrastructure Across Systems</th>
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<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>
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<tr>
<td>Goal 3.2: Strengthen infrastructure for MEB health promotion and MEB disorder prevention.</td>
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ADVANCING PREVENTION PROJECT
Adverse Childhood Experiences

What is an ACE?
- Recurrent physical abuse
- Emotional abuse
- Sexual abuse
- Alcohol/drug abuser in household
- Incarcerated household member
- Household member who with chronic mental illness
- Violence between adults in the home
- Parental separation or divorce
ACEs and Health & Social Problems

- COPD
- Ischemic heart disease
- Any cancer
- Stroke
- Diabetes
- STDs
- Depression
- Suicide attempt
- Alcohol abuse

- Illicit drug use
- Injected drugs
- Risk for intimate partner violence
- Multiple sexual partners
- Smoking
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy
Implications for Behavioral Health

IF...

• 51-98% of individuals utilizing public mental health services have been exposed to trauma
• Up to two-thirds of men and women in Substance Abuse treatment report childhood abuse & neglect

THEN...

Universal Precautions

Trauma Informed Care

“is a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors and creates opportunities for survivors to rebuild a sense of control and empowerment.”

(Hopper, Bassuk & Olivet, 2010)

SAMSHA, 2012
The Paradigm Shift

- Understanding of Trauma
- Understanding of the Trauma Survivor
- Understanding Services
- Understanding of the Service Relationship

ADVANCING PREVENTION PROJECT
Protocol for Developing a TI Culture

• Systems-level/administrative changes
  • Administrative support for program-wide trauma-informed culture
  • Ongoing education, coaching, supervision and implementation support
  • Human resources practices

• Services-level changes
  • Service procedures and settings
  • Formal service policies
  • Trauma screening, assessment, service planning, and trauma-specific services

Source: Community Connections
Putting it all together

A Trauma-Informed and Resilient Communities Learning Collaborative

ADVANCING PREVENTION PROJECT
Overview

- **Challenge**
  - Changing Practice: Traditional Training

- **Opportunity**
  - Learning Collaboratives

- **Next Steps**
  - Trauma Informed Learning Collaborative
  - Expectation and commitment

**ADVANCING PREVENTION** PROJECT
• Research has clearly shown that interventions can significantly improve people’s lives.

• Unfortunately, clinical teams in many “real world” settings do not regularly use research-based strategies with consumers.
Good news: There are techniques that work

Bad news: People are not using them
Why don’t staff use new techniques?

• Status quo

• Didactic teaching alone (even by “experts”) is not enough.

• Insufficient attention is given to leadership, organizational, and team building issues when developing new programs.
Dilbert moment...
Important question...

Given the precious staff time and resources that are put into training efforts, what can one do to protect this investment?
Learning Collaborative Approach is Building Momentum...

- Originally developed by the Institute for Healthcare Improvement (IHI) in Boston
- Primarily used in medical field
  - Flow through ER
- Gaining attention in behavioral health field
  - NYSOMH
  - NYSOASAS
  - Other states across the U.S.
A Learning What?

A Learning Collaborative is a....

- Network of providers with a common felt need to change a high priority process, function, practice or outcome
- Partnership with resource panel of “consultants” to provide needed clinical, technical and social supports
- Emphasis on rapid, practical and sustainable improvements
- Innovation and problem solving shared with and by members: build on collective strengths of members
- Use of Continuous Quality Improvement (CQI) methods including the use of data and information to inform decision making and assess improvements

Adapted from Mary M. McKay, Ph.D.
Learning Collaborative approach sets the stage for addressing a variety of issues, and builds a foundation for designing, implementing and testing innovations.
What does it take?

Commitment to change

Transparency

Positive attitude towards learning and experimentation
The continuous quality improvement cycle: PDCA

- **PLAN** to implement the strategy
- **DO** the implementation
- **CHECK** the results
- **ACT** upon findings
Importance of measurement and data collection

- Set specific and measurable goals designed to answer the question: *How are we doing?*
- Establish Performance Indicators
- Premise: *You can’t improve what you don’t know (and, let’s not rely on “gut feelings”)*

ADVANCING PREVENTION PROJECT
PDCA In Action

• **PLAN:** Implement a trauma screening at intake to increase identification of trauma and referral for further assessment

• **DO:** Select trauma screening, train appropriate staff, create guidelines to support process, and then implement

• **CHECK:** Created CQI process to collect data on number of screenings completed and referrals made

• **ACT:** Share results TI team, staff and other key stakeholders and make modifications as needed
• Participating counties establish TI Learning Collaborative team to coordinate efforts
  • This can be an existing team/group
  • Team connects to a larger workgroup of community partners who can support implementation

• TI LC team participates in:
  • Virtual “Learning Sessions”
  • Monthly webinars/conference calls

• TI LC team collects and reports data related to agreed upon indicators
Monthly Webinars

• Topic specific presentations
• Team updates on progress, successes and challenges
• Consultation from TI experts and Learning Collaborative members
• Proposed Schedule (2nd Wednesday/month):
  • Start: January 13, 2016
Additional Support

• Technical Assistance
  • Individualized consultation for teams

• Resources
  • Sharepoint to access tools and documents
Next Steps

• If your community is interested please complete the application to participate
• Sign off by Agency CEO/Director
• Application is due by December 15, 2015
• Communities will be notified of acceptance by December 22, 2015
• First monthly call scheduled for January 13, 2016
Questions? Type them here ➔
Materials Accompanying This Webinar

Please review the **learning collaborative application** available in the handouts pane of your control panel.
Thank you!

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