

COMMUNITY-BASED TRAUMA INITIATIVES IN MICHIGAN

APRIL 2016



DEFENDING CHILDHOOD STATE POLICY INITIATIVE

INTRODUCTION:

In 2015 the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention selected Michigan as one of three states in the country to participate in the Defending Childhood State Policy Initiative. The initiative addresses the significant impact that violence and trauma can have on our nation's children.

Michigan is working with national experts to develop a strategic plan to implement a statewide effort to identify, screen, assess, and treat children who have witnessed or experienced violence. Implementation of the strategic plan will lead to increased coordination of service provision, better outcomes for children and youth and the development of sustainable policies and programs.

A critical component of the initiative is collaboration among senior-level policy makers and all relevant child-serving agencies. Michigan's core team includes representation from the Governor's office, Michigan Departments of Education and Health & Human Services including staff from Behavioral Health, Substance Abuse, Public Health, Juvenile Justice, Child Welfare, and Medicaid. Five priority work groups were established to address different aspects of the strategic planning process.

The goal of the priority 3 work group is to identify ways that communities can work to ensure that children who are touched by trauma and toxic stress are able to thrive in their environments. The group conducted an environmental scan to determine what efforts are already underway in Michigan communities and in communities across the country. This document summarizes the results of the environmental scan.

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BACKGROUND:

The environmental scan was conducted in three phases:

- A survey of community groups in Michigan that are addressing trauma
- A follow up survey of some of those community groups
- A web-based search of community groups addressing trauma across the U.S.

The initial survey was broadly distributed by members of the Defending Childhood Initiative work groups. Every effort was made to conduct a comprehensive survey. However, there may very well be groups that were not reached using this method. Respondents were asked if they fit the definition of a community-based trauma initiative or collaborative, i.e. *an entity or organization composed of multiple, local stakeholders including human service providers, community leaders and/or parents/caregivers who are addressing the impact of trauma either as a primary or additional focus of their work*. The survey respondents were asked about their group and its activities. Representatives of 75 groups completed the entire survey questionnaire.

Following analysis of the initial survey responses, a sub-group of respondents was selected for follow up. The sub-group consisted of entities that met a more refined community collaborative definition, i.e. *multi-sector groups whose purpose is to reduce trauma/toxic stress and increase resilience/well-being in a specific community as a whole*. The follow up survey asked more detailed information regarding the original survey questions. A few groups came to the attention of work group members after completion of the surveys. They were contacted individually and asked questions from both the initial and follow up surveys. Results of all three phases of the environmental scan are summarized in this document.

The surveys included the following topics:

- Service sectors represented in the group
- The catalyst/starting point for the initiative
- Sources of financial support
- Primary activities
- Impacts/outcomes
- Challenges faced by the initiative
- State-supported efforts that would enhance their efforts
- Connections to other groups/initiatives

Based on responses to the follow up surveys the sub-group respondents were sorted by developmental stage. The groups were identified as beginning, middle (intermediate) or advanced. The factors influencing the groupings included: how long the groups have been in operation and how they characterized their own work, achievements and challenges.

I. Michigan Community-Based Initiatives:

Member Organizations – Trauma focused community efforts in Michigan most often include representatives from mental health; child welfare; parent education/support programs; education; early childhood care/education; and juvenile justice. 50% or more of the respondents include members from mental health, child welfare or parent education/support. Education, early childhood care/education; or juvenile justice representatives participate in approximately 40% of the community groups. Some groups include representatives from health/medical care and a few included representatives from domestic violence programs, law enforcement, work force development or colleges/universities.

The most common service sectors are important child serving organizations that frequently interface with children/families impacted by trauma/toxic stress. Inclusion of members from the health, domestic violence, law enforcement, work force development or colleges/universities service sectors can bring important additional resources to this work.

Catalyst/Starting Point – About half of the community groups identify a specific champion as the catalyst for their work. Having a champion who is respected in the community and can bring enthusiasm and passion to the work is an invaluable asset. An equal number of the groups identify a specific grant or funding opportunity as the impetus for developing their work. Often the grants are small but they provide enough incentive for groups to get started. Many of the groups identify both a champion and a funding opportunity as important catalysts for their work. A few of the groups began as a sub-committee or strategic project of some other group. For example a few of the trauma-focused groups were sub-committees of the local Great Start Collaborative, the multi-sector organizations focused on early childhood issues. Two groups identified use of a specific community/system change framework as an important catalyst.

Activities - Most of the groups focus their efforts on professional awareness/education about trauma and its impact on children and families. There are some groups that focus on increasing access to trauma screening, assessment and/or treatment services including skill building for professionals. A few groups provide education activities for parents/community members. One group is attempting to conduct a community-wide ACEs study to gather information about the incidence of adverse childhood experiences and as a vehicle for education/awareness.

Awareness and education are good starting points for community-based initiatives and help bring member organizations together to develop a shared understanding of the issues as well as the local resources available to address trauma and toxic stress. A few community groups have taken on other activities such as increasing the availability of trauma assessment services; encouraging the adoption of organizational trauma-informed practices, identifying the degree of adversity experienced in the community or community-wide resilience building activities.

Sources of Financial Support - The largest number of community groups are funded by the Early Childhood Comprehensive Services learning collaborative grants. These grants were provided to 10 communities over two years specifically to develop a multi-sector group to increase awareness of trauma/toxic stress in their community. Other groups are funded by a variety of other grant and program dollars. Several groups indicate that they do not have a specific funding source or utilize in-kind support for their activities.

Impacts/Outcomes: The most commonly measured impact is changes in knowledge with some groups identifying changes in practice or integration of trauma informed approaches in services. A few groups have developed pre/post training surveys which may be useful for other communities.

Some groups identify one or more child/family impacts including: parent awareness/skill building; changes in CAFAS scores; school readiness/attendance/achievement; abuse/neglect rates; numbers assessed; student behavior changes and mental/physical health care access. None of these impacts are measured by more than 1 or 2 of the groups. For several of the groups the impact measures are in the planning stage and have not been fully implemented.

What is Going Well/Achievements: Several groups identify the formation of strong collaborative relationships as their primary achievement. Another frequent response is successful training sessions and increasing awareness among different professional groups, e.g. medical providers. A few cite an increased understanding of the training/screening needs in their communities and some identify increasing access to and coordination of trauma assessment and/or behavioral health services.

Challenges: The two most frequently cited challenges are building productive and sustainable collaborative relationships and training related needs (e.g. funding for training, identifying trainers or different formats for different audiences). The need for ongoing financial resources is identified by a few of the groups. Two groups indicate that addressing trauma is a complex undertaking and they need help determining where to start or next steps.

State Support Desired: Consistent with the challenges noted above, training is the most frequently cited type of support needed. Specific needs identified included: train the trainer resources; training for specific sectors; training about evidence-based practices/interventions; and technical assistance for integrating trauma informed approaches.

Another theme is the desire for information exchange and connection to other groups around the state in order to learn from each other. There is also a request for a state strategic plan to guide local activities and for encouragement/mandates from the state for organizations to pursue trauma focused work e.g. GSRP and DHHS. One group asked for resources/standards for tracking outcomes/impacts. Finally, a couple of respondents mentioned the trauma toxic stress website as a good resource.

Focus on Professionals: Finally, although all of the groups fit the definition of a multi-sector community collaborative whose purpose is to reduce trauma/toxic stress and increase resilience for the community as a whole, most of them are primarily focused on child serving professionals or organizations.

For a complete list of respondents and their developmental stages, see Appendix A.

II. Community-Based Initiatives in Other States

Twenty-five trauma focused initiatives from across the country were identified primarily through the ACEs Connection and ACEs Too High websites. Whenever possible information about each initiative was obtained from a website connected to the specific initiative or a sponsoring organization.

Geographic Areas Served: The majority (21) of the initiatives focused their efforts in a specific geographic area such as a city, county or region. Four initiatives were statewide in their scope (Alaska, Maine, Montana and Washington).

Partners/Stakeholders/Members: All of the initiatives included multiple participants. Nearly all included a broad array of public and private partners with a focus on health and human service providers. Some of the initiatives included partners from other groups including: higher education, law enforcement, judiciary, parents, housing providers, foundations, business and media.

Mission/Focus: Most groups identified one or more goals that they were working to achieve. The goals or mission statements included one or more of the following:

- Increasing awareness
- Professional development and training
- Improving service delivery/implementing trauma specific practices
- Prevention/resilience building
- Advocacy
- Policy change and development
- Networking

Core Activities/Strategies: The groups engaged in a variety of activities to support their mission. Each group identified one or more of the following:

- Development/dissemination of educational materials, e.g. print materials, videos, toolkits
- Website
- Presentations/Summits/Speakers Bureau
- Advocacy for increased availability of trauma specific interventions, e.g. screening, Sanctuary model, crisis response
- Inclusion of ACEs questions in BRFSS
- Policy advocacy

- Promotion of resilience building/wellness/community engagement activities

Resources: Most of the groups identified resources that supported their work. Financial resources were primarily provided by foundations that were often local but included at least one national foundation (Robert Wood Johnson). Fourteen communities are participating in the recently announced Mobilizing Action for Resilient Communities project (MARC) sponsored by the Health Federation of Philadelphia, Robert Wood Johnson Foundation and the California Endowment. The groups also identified a variety of sponsoring or “backbone” organizations. It is not clear if these groups provided financial or in-kind or both types of support. The sponsoring organizations included: hospitals, United Ways, Chambers of Commerce and the Children’s Trust.

Impacts: The sources reviewed did not described the impacts of the groups.

For a complete list of the groups included in this summary see Appendix B.

III. Guidance/Policy Recommendations for Community-Based Initiatives

Eight documents were reviewed that provided strategies for community-based initiatives or policy recommendations. Four of the documents focused primarily on guidance for community-based efforts and were more local in their approach. Four of the documents were policy oriented and made recommendations for state and/or national policy development.

Guidance for Community-Based Efforts: Themes in these documents included the following:

- Collaboration and partnership across diverse systems
- Raising community awareness and train providers
- Developing shared vision, goals and results
- Identification and advocacy for adoption of trauma-informed, evidence-based practices

State/National Policy Recommendations: Themes in the documents addressing policy recommendations included:

- Workforce development & public awareness
- Inter-system collaboration and communication
- Increasing access to evidence-based, trauma-informed screening, assessment and treatment services, including healing and resilience building strategies
- Expanding funding streams to accomplish these objectives

For a complete list of documents reviewed see Appendix B.

IV. Conclusions and Potential Next Steps:

Many Michigan communities have developed multi-sector initiatives to address childhood trauma and toxic stress. Their efforts are aligned with the work of communities across the country and recommendations from national organizations. These community efforts are a valuable asset for the Defending Childhood Initiative's goal of implementing a strategic plan to increase coordination of service provision, better outcomes for children and youth and the development of sustainable policies and program.

Several themes suggesting opportunities for future work were raised during the environmental scan. These themes will be presented to the leadership of the Defending Childhood Initiative for consideration as they move forward with a state plan. The identified themes/issues include:

- There is not a consensus about the impacts of community-based, trauma-focused efforts. Work needs to be done to develop and gather robust measures of outputs, outcomes and impacts for community-based efforts.
- Most community groups are focused on raising awareness about trauma/toxic stress. Determining next steps might include exploration of strategies to support widespread adoption of trauma-informed and trauma-specific practices and/or development of community-wide resilience building efforts.
- Community groups expressed a desire to learn about each other's' efforts and share information and resources.
- Community groups expressed a need for state policy and strategic guidance that supports/encourages trauma-focused work.
- Community groups also expressed a desire for specific resources from the state including technical assistance and training resources.

Appendix A

Michigan Community Initiative Survey Respondents

Community Collaboratives

Initiative Name	Agency Name	Developmental Stage
BC Pulse-Social Emotional Committee	BC Pulse	Advanced
Children's Behavioral Health Initiative	Health Dept NW MI	Advanced
Clinton Great Start Collaborative	CCRESA - Great Start	Beginning
Gogebic/Iron/ Ontonagon Trauma Informed Care	Gogebic/iron/Ontonagon MDHHS	Intermediate
Great Start Collaborative Bay-Arenac Counties	Bay-Arenac ISD	Intermediate
Greg's Promise	Partners In Prevention	Advanced
Ingham County Trauma Informed Learning Collaborative	ICHHD	Intermediate
Jackson County Trauma Informed Community Collaborative	Family Service and Children's Aid	Advanced
Muskegon Co. ACEs Study	Health West	Intermediate
Oakland Trauma Awareness Collaborative	Oakland County Health Division	Intermediate
Ottawa County Trauma Initiative	CMH of Ottawa County	Intermediate
Trauma and Toxic Stress Task Force of Midland County	Midland County Great Start Collaborative	Beginning
Trauma Informed Alliance: Strengthening Families	Child Care Network	Intermediate
Trauma Informed System Continuous Quality Improvement	St. Joseph County ISD	Advanced
Trauma Leadership	Detroit Wayne Mental Health Authority	Advanced
Washtenaw Trauma Informed Collaborative	Washtenaw Success by 6 Great Start Collaborative	Intermediate

Service Collaboratives

Initiative Name	Agency Name
4S for Change	Eastern Upper Peninsula ISD
ACE Summit Steering Committee	13th Circuit Court- Family Division
ACES	Muskegon Area ISD
Aces workgroup	Hackley Community Care Center
After the Crisis: Traumatic Event Crisis Intervention Plan (TECIP)	Oakland Schools
At Risk School Counselor/ Mindfulness Curriculum	West Intermediate

Best for Babies	PCA
Breakthrough Series	DHHS, Oakland CSA
Breakthrough Series Collaborative - CTAC/WMU	Gogebic/Iron/Ontonagon MDHHS
Breakthrough Series on Trauma	OCCMHA
Champion County	DHHS
Child Abuse Prevention	Branch County Coalition Against Domestic Violence
Child Sexual Abuse Prevention Initiative	Traverse Bay Children's Advocacy Center
Children's Trauma Assessment Group of St. Joseph County	Children's Trauma Assessment Group of St. Joseph County
Cohort 15 through MDHHS	BCCMHA
Collaboration between CMH and DHHS	Central Wellness Network
Defending Childhood Initiative	Care House of Oakland County
Defending Childhood Initiative	Neighborhood Service Organization
GCASAP grant with Western Michigan University	Genesee Health System
Genesee County Appropriate Trauma-Informed Screening, Assessment and Treatment Project	Department of Health and Human Services
GSC Toxic Stress and Trauma Committee	Great Start Collaborative of Monroe County
Hillsdale County Assessment Services	Hillsdale County Assessment Services
Immigrants & Refugees	Oakland Schools
Juvenile Justice Mental Health Services - Wayne County	Assured Family Services JAC
Kent C.A.N--Breakthrough series collaborative	KDHHS
Parenting for Probation	55th Family Court Juvenile Division
Professional Development Training for all Staff	Manistee Intermediate School District
Project AWARE	Project AWARE, Jackson Co. Intermediate School District
Resource Parent Training	Community Mental Health and Substance Abuse Services of St Joseph County
Safe Schools Healthy Students	Education Achievement Authority GSRP
Strengthening Families Sub Committee of EUP Great Start Collaborative Board	EUP Great Start Collaborative
Summer Recreation Program for At-Risk Children	The Salvation Army
SW-ASAP Breakthrough Series	DHHS
SW-ASAP Breakthrough Series Collaborative	St. Clair County CMH
SW-AWAP Breakthrough Series Collaborative	KCMHSAS
TF CBT	Woodlands BHN
TFCBT	CMHCM
Trauma Breakthrough Project - Grand Traverse and Leelanau Counties	Northern Lakes CMH
Trauma Focused CBT	Northpointe BHS
Trauma Focused CBT	Shiawassee County Community Mental Health Authority
Trauma Informed Care-What Health Professionals Should Know (a CEU based program for School Based)	Henry Ford Health System-School Based
Trauma Informed Parenting	Wellspring Lutheran Services

Trauma Informed Parenting for Foster Parents	Antrim/Charlevoix/Emmet DHHS
Trauma Informed System of Care	LACASA
Trauma Informed System of Care	Newaygo CMH
Trauma Informed System of Care	OCCMHA
trauma informed systems	catholic charities of west Michigan
Trauma Initiative	AVCMH
Trauma Leadership Team	Newaygo County
Trauma Smart	Great Start - Oakland
Trauma toolkit	InterCare Community Health Network
Truancy	OAISD

Appendix B

Community Based Initiatives Other States

Name	Location	Source
ACE Learning Collaborative of Buncombe Co	Buncombe Co., N. Carolina	http://buncombeaces.org/
Alaska Resilience Initiative	Alaska	Alaska Children's Trust http://www.alaskachildrenstrust.org/contact
Alberta Family Wellness Initiative	Alberta, Canada	Community Resilience Cookbook http://www.albertafamilywellness.org/
Arizona ACE Consortium	Phoenix, AR	Community Resilience Cookbook http://www.azpbs.org/strongkids/
Beyond Trauma: Building a Resilient Sacramento	Sacramento, CA	ACEs Connection-Resilience USA group
Central Iowa ACEs 360 Steering Committee	Des Moines, IA	Community Resilience Cookbook
Children's Resilience Initiative	Walla Walla, WA	resiliencetrumpsaces.org
Creating Sanctuary	Dalles, OR	www.createsanctuary.org
Elevate Montana	Montana	http://www.elevatemontana.org/
Healing 10	Camden, NJ	Community Resilience Cookbook
The HEARTS Initiative for ACE Response	Albany, NY	http://www.albany.edu/uafoundation/
Illinois ACEs Response Collaborative	Chicago, IL	http://www.hmprg.org/Programs/IL+ACE+Response+Collaborative
Maine Resilience Building Network	Maine statewide	Community Resilience Cookbook
MetroHealth Medical Center	Cleveland, OH	http://www.rwjf.org/en/culture-of-health/2015/09/redesigning_the_hosp.html
Peace4Tarpon Trauma-Informed Community Initiative	Tarpon Springs, FL	Community Resilience Cookbook
Philadelphia ACE Task Force	Philadelphia, PA	http://www.instituteforsafefamilies.org/philadelphia-ace-task-force

Psychological Trauma Coordination Network	Boston, MA	http://www.bphc.org/whatwedo/mental-emotional-health/trauma-response-and-recovery/Pages/Trauma-Response-and-Recovery.aspx
San Diego Trauma Informed Guide Team & Building Communities Central Region	San Diego, CA	http://www.acesconnection.com/blog/sd-county-trauma-informed-guide-team-sets-county-on-solid-path-to-resilience-1Guidan
Sonoma Co ACEs Connection		-
Southern Kenai Peninsula Resilience Coalition	Homer, AK	http://mappofskp.net/projects/skpresilience/
Trauma-Informed Care Consortium of Central Texas	Austin, TX	traumatexas.com
Trauma Matters KC	Kansas City, Missouri	http://www.traumamatterskc.org/overview.htm
Vital Village	Boston, MA	http://www.vitalvillage.org/
Washington Co. ACEs Initiative	Washington Co. Oregon	http://www.co.washington.or.us/HHS/ChildrenYouthFamilies/AdverseChildExperiences/ACEs/local-efforts-to-address-aces.cfm
Wisconsin Collective Impact Coalition	Madison, WI	http://www.thewheelerreport.com/wheeler_docs/files/1105ocmh.pdf

Guidance/Policy Recommendations for Community-Based Initiatives

Document Name	Organization Name
Community Resilience Cookbook-Essential Ingredients	ACEs Connection
Children Can Thrive: A vision for California's Response to Adverse Childhood Experiences	Center for Youth Wellness
Building Community Commitment for Safe, Stable, Nurturing Relationships and Environments: A Supplement to CDCs Essential for Childhood: Steps to Create Safe, Stable, Nurturing Relationships & Environments	Division of Violence Prevention, National Center for Injury Prevention & Control The Centers for Disease Control & Prevention
Building Communities That Help Young Children and Families Thrive: A National Survey by Early Childhood-LINC: A Learning and Innovation Network for Communities	Center for the Study of Social Policy & Children's Services Council, Palm Beach County
State/National Policy Recommendations	
Advancing Trauma-Informed Systems for Children	Child Health & Development Institute of Connecticut
Safe, Healthy, and Ready to Learn: Policy Recommendations to Ensure Children Thrive in Supportive Communities Free From Violence and Trauma	Futures Without Violence and a diverse group of experts and a multi-disciplinary working group

Helping Children Heal: Promising Community Programs and Policy Recommendations	Children's Defense Fund-California
Children with Multiple Risks: Preventing Toxic Stress & Meeting the Needs of Children & Families with Multiple Serious Risk Factors	Substance Abuse and Mental Health Services Administration
APPI The Washington State ACEs Public-Private Initiative Executive Summary	ACEs Public-Private Initiative
Working Toward Well-Being: Community Approaches to Toxic Stress	Center for the Study of Social Policy