Partner Build Grow: Building Trauma-Informed Environments through Aligned School-Connected Initiatives

Linda Sheriff, M.Ed.
Rachel Sadlon, M.P.H.
National Conference for Creating Trauma Sensitive Schools
February 19, 2018
About The Center for Health and Health Care in School

• National Center that partners with stakeholders to advance and support effective school-connected initiatives to improve students’ health, educational attainment, and overall well-being

• Only policy, resource, and translational research center housed in a school of public health (Milken Institute School of Public Health at the George Washington University)

• Utilize a public health approach to advocate for a holistic system of supports for children and their families
My whole life is stressful. I ran away from home...there was like 13 people in that house...after a while, you know, there’s not enough food and everything for everybody to be there. One winter we had no heat. We had no electricity. We had no water. It was bad.
## ACEs and Adolescents

*50% had at least 1 ACE*
*10% has 4+ ACES*

<table>
<thead>
<tr>
<th>Measure of well-being</th>
<th>0 ACEs</th>
<th>1 ACE</th>
<th>2 ACEs</th>
<th>3+ ACEs</th>
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<tbody>
<tr>
<td>High externalizing behavior</td>
<td>18%</td>
<td>26%</td>
<td>33%</td>
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<tr>
<td>Low engagement in school</td>
<td>25%</td>
<td>33%</td>
<td>44%</td>
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<td>Household contacted due to problems at school</td>
<td>13%</td>
<td>23%</td>
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<tr>
<td>Grade repetition</td>
<td>6%</td>
<td>12%</td>
<td>14%</td>
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<tr>
<td>Does not stay calm and controlled</td>
<td>24%</td>
<td>34%</td>
<td>40%</td>
<td>44%</td>
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<tr>
<td>Does not finish tasks started</td>
<td>27%</td>
<td>36%</td>
<td>44%</td>
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<tr>
<td>Diagnosed with a learning disability</td>
<td>9%</td>
<td>13%</td>
<td>16%</td>
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<tr>
<td>Fair or poor physical health</td>
<td>2%</td>
<td>4%</td>
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*(Child Trends, 2014)*
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<td><strong>By Age</strong></td>
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<td><strong>Household Income Level</strong></td>
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(2011-12 National Survey of Children's Health)
More than half of US public school students live in poverty
Poverty, Health & Well-Being

- Limited access to health care
- Adverse childhood experiences
- Deficits in secure attachment
- Trauma from over exposure to violence
- Developmental delays from chronic stress
- Limited access to safe, healthy places to live and play
- Under-resourced schools
- Food insecurity
- Housing insecurity

Milken Institute School of Public Health
The George Washington University
Poverty, Health & Well-Being

Child & Family Well-Being

- Limited access to health care
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Milken Institute School of Public Health
The Center for Health and Health Care in Schools
Poverty, Health & Well-Being

Child & Family Well-Being

Limited access to health care

Adverse childhood experiences

Deficits in secure attachment

Trauma from over exposure to violence

Developmental delays from chronic stress

Limited access to safe, healthy places to live and play

Under-resourced schools

Food insecurity

Housing insecurity

Limiting access to health care

Milken Institute School of Public Health
Effects of Trauma on School-Aged Children and Youth

- Changes in behavior
- Depression
- Anxiety
- PTSD
- Emotional outburst
- Attention difficulties
- Academic difficulties
- Nightmares
- Physical symptoms (stomachaches, headaches, pains)
- Difficulty sleeping and eating
- Irritability
- Self-destructive or reckless behaviors
The Good News... Best Practices Can Mitigate the Effects of ACEs

- Building awareness and understanding of the prevalence of trauma
- Using a trauma-informed lens to understand behaviors
- Fostering supportive relationships
- Promoting resiliency and empowerment
- Addressing the capacity of adults
- Improving school climate and feelings of connectedness
1. Education can create opportunities for better health
   - Income/resources
   - Social/psychological benefits
   - Healthy behaviors
   - Healthier neighborhoods

2. Poor health can put education at risk (reverse causality)
   - Attendance
   - Concentration
   - Learning disabilities

3. Conditions throughout people’s lives can affect both education and health
   - Social policies
   - Individual/family characteristics

Source: societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html
Schools as a System

- **The 4 Ps**
  - People (teachers, administrators, health staff, parents)
  - Programs (promotion, prevention, early ID, treatment to support physical, behavioral, oral health, and academic performance)
  - Practices (organizational, culture/values, norms)
  - Policies (school, district, state, federal)

- **The OTHER Ps**
  - Priorities (common core, ESSA)
  - Pressures (multiple stakeholders)
  - Politics (local, state, federal)
THE SIMPLE FACT IS THAT SCHOOLS CAN'T DO IT ALONE.

Pedro Noguera
Socio-Ecological Model

School-Based Multi-Tiered System of Supports
Milwaukee Public Schools’ Framework

**TIER 1**

School-wide programs that support healthy relationships, make students feel confident that they can learn, teach and support self-regulation for learning and behavior, and model healthy lifestyles with the overall goal of making students feel safe in school.

**TIER 2**

Small group intervention that assists students with managing mild symptoms indicative of psychological difficulties and support students who struggle with maintaining healthy relationships that impact their functioning in school.

**TIER 3**

Assessment for traumatic experiences and severe mental health difficulties. Assessment then is used as the basis for plans for intervention to ensure intervention is sensitive to any traumatic experiences.
Whole School, Whole Community, Whole Child Model
Staff Well-Being and Self-Care = Student Success

The ability of school staff to be emotionally present and to forge a relationship with students impacts how connected students feel to school, how they behave, and how well they perform in school.

Source: Cohen, J., et al. (2009)
Whole School, Whole Community, Whole Child Model
BEGIN WITH THE END IN MIND
Covey 1989
SUSTAINABILITY

... the continued use of program components and activities for the continued achievement of desirable program and population outcomes.

The How

Build Action Team

Map Assets

Connect to Policy Environment

Communicate With Target Audiences
An online Action Guide to help stakeholders develop and strengthen community and school-connected programs that will prepare children for academic success while supporting their social, emotional, and physical wellbeing.

**Four-pronged strategy** → **Key Steps, guidelines & tools**

1. **Mapping Assets**
   Guidelines for evaluating the school and community-based programs that are currently in place

2. **Building an Action Team**
   Guidelines for expanding the network of influential stakeholders

3. **Connecting with the Policy Environment**
   Guidelines for keeping up to date with state and federal policies and budget processes

4. **Communications**
   Tools for framing positive messages that connect diverse stakeholders’ priorities in support of the overarching initiative

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The Center for Health and Health Care in Schools

THE GEORGE WASHINGTON UNIVERSITY
School-Community Coalitions in Action

Vancouver, WA

Binghamton, NY

Baltimore, MD

Morristown, NJ

The Center for Health and Health Care in Schools

Milken Institute School of Public Health

The George Washington University
How many of you have this model?
Collaboration has been defined as "an unnatural act, performed by non-consenting adults".
“When we all came together originally it was for a funding opportunity. We all came around the table thinking what’s in it for me, and then we changed that to what’s in it for us as a community or a system.”

Vancouver Strengthening Neighborhoods Coalition
Building an Action Team and Broadening Your Network

- Create an Action Team of allies
- Identify additional partners/collaborators
- Determine their potential roles, skillsets, and connections
- Continue to grow and revise your list of partners
Action Team: Community Perspective

- Began by understanding the need then worked from the bottom up to identify what could make the biggest difference.
- Set parameters from the beginning – systemic, sustainable, achievable.
- Understanding the underlying dynamics, assets and drivers of our partners (including the schools) has been key.
- Partners need to feel safe and that their voices are valued, welcomed and heard.
Mapping Assets

• Work with partners to identify sources and determine data points
• Collect information on demographics and existing resources, as well as community assets
• Create a visual map so you can see overlaps and gaps to guide decision-making
Mapping Assets: Community Perspective

Where resources and well-being vary in DC

DC Action for Children designed the interactive maps to bring to life our data on the well-being of children and families, neighborhood by neighborhood. The indicators and measures reflect DC KIDS COUNT’s neighborhood-centered analytical frame. Nearly all DC KIDS COUNT indicators and measures are calculated at the neighborhood level, which allows us to evaluate the assets and needs of neighborhoods where DC’s children live, play and learn. We invite you to use them to learn what you want to know about the health, safety and future success of children, families and neighborhoods in DC.

Number of Grocery Stores

<table>
<thead>
<tr>
<th>City</th>
<th>Population (total)</th>
<th>Population (under 18)</th>
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<tbody>
<tr>
<td>Washington, DC</td>
<td>619,371</td>
<td>105,291</td>
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Demographic Breakdown

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Under 18</th>
<th>Over 18</th>
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<tbody>
<tr>
<td>80% white</td>
<td>7% Hispanic, 13% other, 3% black</td>
<td>90% white</td>
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</table>

Sources
DC Office of Planning, 2012

Credits & acknowledgements | Data & Methodology | Revisit version 2012
Connecting to Policies and Procedures

- Determine where your initiative fits in the policy environment
- Identify which committees or policy issues may have impact on your goal
- Build relationships with key decision-makers and staff and learn how become a part of policy conversations
Policy Environment: Community Perspective

- Utilize the legislation but are not led by it
- For example: The New Jersey Anti-Bullying Bill of Rights (HIB)
- Helps start our conversations with the schools and helps us meet them where they are
- Our work brings members of the school community together – we are very intentional that the work is bi-partisan and is not a political issue
Communications

- Develop support from different constituents and audiences
- Adapt your message and your communication platform to resonate with each target audience
- Use multiple communication methods
- Listen to constituents, address concerns, and adjust strategies when necessary
- Create strengths-based, positive messaging
Communications: Community Perspective

- Communicate positive stories that show the success
- Listen to constituents, address concerns, and adjust strategies when necessary
- Develop support from different constituents and audiences and adapt your message and your communication platform to resonate with each
- Use many communication methods
Federal/National Level: SAMHSA Expert Panel

- SAMHSA
- HRSA
- CSMH
- CHHCS
- National experts

- Previous federal grants
- Training/resources
- SMH COIINs & SHAPE system
- State and local exemplars

- ESSA
- 21st Century Cures Act

- Internal and external communication targets
- Social marketing campaign to improve adoption of SMH

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY
State Level: New Hampshire

- NH Children’s Behavioral Health Collaborative
- NH Charitable Foundation
- Endowment for Health
- State agencies
- Family advocates

Build Action Team

Map Assets

Connect to Policy Environment

Communicate with Target Audiences

- SOC, Project Launch, Project Aware, SS/HS federal grants
- Integrated, comprehensive children’s behavioral health plan

- State legislators to influence state decision-making
- Grassroots to build support and obtain input for statewide plan
- Reduce stigma and increase family engagement in behavioral healthcare

- Require evidence based promising practices in all state and federal contracts across the system
- Payment and funding reform to better leverage existing resources
Local (County) Level: Vancouver, WA

- Vancouver Public Schools
- Housing Authority
- Strengthening Neighborhood Collaborative
- Council for the Homeless
- Workforce Development Council

- Community schools (local and national)
- Family-community resource centers
- Faith community

- Revise housing voucher program guidance to prioritize families referred through FCRS to boost attendance

- Use of local media, national associations to share their story to attract other funders

Build Action Team
Map Assets
Connect to Policy Environment
Communicate with Target Audiences
Local (City) Level: Washington, DC

Build Action Team

- CHHCS/GW
- Bainum Family Foundation
- Charter schools in Wards 7/8
- DC agencies
- SMH providers

Connect to Policy Environment

- South Capital Bill (expansion of SMH to all public schools)

Map Assets

- Long-standing SMH program
- Supportive City Council
- Vocal families/caregivers
- Local expertise

Communicate with Target Audiences

- City council hearings/testimony
- Media stories to build/mobilize public advocacy

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY
**KEY TAKE AWAYS**

- Effectiveness of trauma-sensitive programs is dependent on the quality of stakeholder collaboration in AND out of schools

- Continually reassess symptoms vs. root causes (maintain investment in prevention & intervention services)

- Keep broad organizing principles in mind to minimize information overload
Thank you!

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<tr>
<td><a href="mailto:lbsheriff@gwu.edu">lbsheriff@gwu.edu</a></td>
<td><a href="mailto:rachelsadlon@gwu.edu">rachelsadlon@gwu.edu</a></td>
</tr>
<tr>
<td>202-994-4877</td>
<td>202-994-4849</td>
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</tbody>
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The Center for Health and Health Care in Schools:
www.healthinschools.org

Partner Build Grow:
actionguide.healthinschools.org