

JOHNSON CITY, TENNESSEE: BUILDING COMMUNITY RESILIENCE

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MOVING FROM UNDERSTANDING TO IMPLEMENTING TRAUMA RESPONSIVE SERVICES SAMHSA FORUM

2014

SAMHSA released a concept paper entitled *Concept of Trauma and Guidance for a Trauma-Informed Approach*

Recommendation:

“...communities [should] address trauma through a multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.”

MOVING FROM UNDERSTANDING TO IMPLEMENTING TRAUMA RESPONSIVE SERVICES SAMHSA FORUM

Spring 2018

“Though many communities across the nation are beginning to implement some of these SAMHSA recommendations, Johnson City clearly stands out as a leader in embracing this model.”

~ Dr. Joan Gillece, Director
SAMHSA-funded National Center for
Trauma Informed Care

WHY EDUCATE YOUR COMMUNITY ABOUT ACES?

Eradicating child maltreatment (mitigating ACEs) in America could **potentially reduce many things predicted by ACEs:**

- Alcoholism and drug use
- The need for incarceration
- Homelessness
- Depression
- Suicide
- Domestic violence

WHY EDUCATE YOUR COMMUNITY ABOUT ACES?

SAMHSA, the Center for Disease Control and the Hazelden Betty Ford Foundation all indicate ACEs is a **significant risk factor leading to addiction.**

THE ORIGINS OF ADDICTION

- “In our detailed study of over 17,000 middle-class American adults, we found that the compulsive use of nicotine, alcohol, and injected street drugs **increases proportionally** in a strong, graded, dose-response manner that closely parallels the intensity of adverse life experiences during childhood.
- Our findings are disturbing to some because they imply that **the basic causes of addiction lie within us and the way we treat each other, not in drug dealers or dangerous chemicals.**
- They suggest that billions of dollars have been spent **everywhere except** where the answer is to be found.”

~Dr. Vincent Feletti
“The Origins of Addiction”, 2004

IMPRISONMENT HAS NOT REDUCED STATE DRUG PROBLEMS

- 2014 Pew Charitable Trusts Report - prison data shows **no evidence that incarceration reduces drug misuse**
- The absence of any relationship between states' rates of drug imprisonment and drug problems suggests that **expanding drug imprisonment is not likely to be an effective national drug control and prevention strategy**
- Study compared 2014 data from Tennessee and New Jersey. Tennessee drug imprisonment rank is 5th while New Jersey ranked 45th. Yet both states have comparable drug use rates.

~Pew Charitable Trust
Issue Brief, March 8, 2018

TRAUMA AND HOMELESSNESS

- The SHIFT Study, conducted by the National Center on Family Homelessness, identified **two predictors** for long-term residential instability.
- One of the most striking findings was that **trauma was one of the top two predictors of residential instability**, with the other being low self-esteem (likely caused by a lifetime of trauma, mental health disorders and drug addiction). Unemployment and lack of affordable housing ranked #3 and 4 as predictors.

IMPACTING HOMELESSNESS



- The National Center for Trauma Informed Care recommends that service providers be educated to the prevalence of trauma and its role as a predictor of long-term residential instability.
- Providers should be given tools to help clients understand and cope with that trauma, including the implementation of trauma-informed care for people experiencing homelessness.

SAMHSA website April 2016

IMPROVING COMMUNITY HEALTH

In a subsequent study to ACEs involving 125,000 patients, Drs. Felitti and Anda, found that those who completed the ACE Study questionnaire as part of their medical history and discussed their ACE Scores with their doctors had a 35% reduction in their doctor visits and an 11% reduction in emergency room visits over the course of the following year.

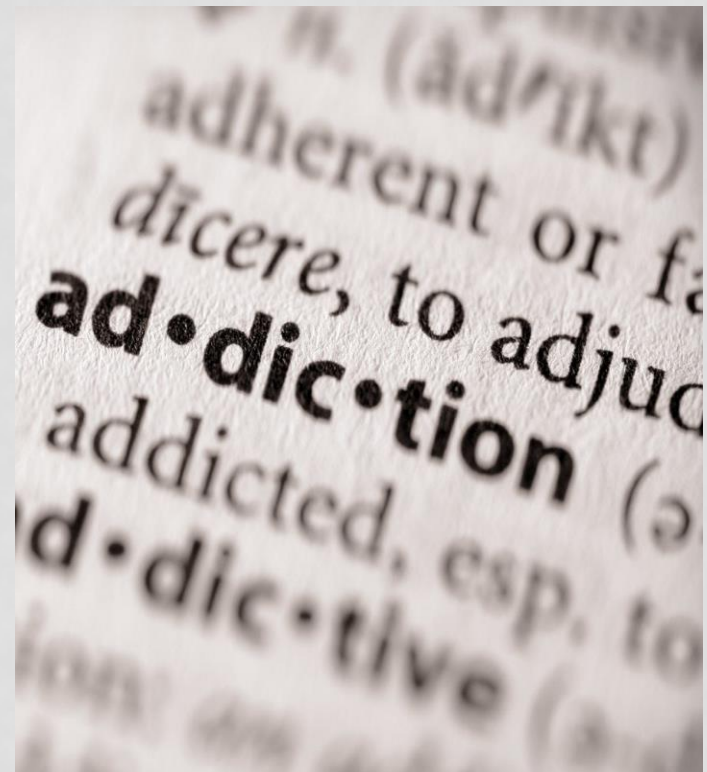
Felitti & Anda (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: implications for healthcare.

THE PREVALENCE OF TRAUMA

- Around **65%** of all substance abuse treatment clients report experiencing childhood abuse
- Around **75%** of women in substance abuse treatment report a history of trauma
- Around **92%** of homeless mothers have severe trauma histories
- **71%** of children are exposed to violence each year
- 3 million children are maltreated or neglected each year
- 1 in 4 girls & 1 in 6 boys are sexually abused before adulthood
- In a study of juvenile justice settings, **94%** of children had experienced trauma

TRAUMA IS NOT AN EXCUSE

- Adverse Childhood Experiences are not an excuse for drug addiction or criminal behavior – but rather provide an **explanation** for it.
- What is predictable, is preventable.



TRAUMA-RESPONSES INDICATE IMPROVED OUTCOMES

- Principal Jim Sporleder - Lincoln Alternative High School – Walla Walla, Washington
- Learned about Trauma Informed Care and had staff trained as well
- Reconfigured in-school suspension (ISS) – softer lights, paint and furnishings
- 2009-2010 – 798 suspensions/2010-2011 after TIC – 135 suspensions
- 2010, 9 graduated/2011 – 60 graduated
- “Paper Tigers” – movie released
- “Healing Neen” – Tonier Cain Story – 66 convictions drugs and prostitution

MARC COLLABORATIVE

2014

The Robert Wood Johnson Foundation (RWJF) invested in the Mobilizing Action for Resilient Communities (MARC) program

Objective: test a theory of change in community based networks organized around a framework of ACEs, trauma, and resilience become catalysts for creating the positive household and community conditions for healthy childhood development.

MARC COLLABORATIVE

Led by the Health Federation of Philadelphia, MARC enabled 14 diverse communities to:

1. Pilot a variety of locally driven strategies to strengthen and extend the reach of their existing ACEs, Trauma & Resilience networks
2. Learn from one another
3. Connect with national experts on the MARC Advisory Committee.

MARC COLLABORATIVE

At the MARC National Summit, in December 2017, three key themes emerged regarding the future of this work:

- Think big (engage unconventional partners)
- Address root causes (including adverse community experiences)
- “Turn up the heat” (a metaphor about reaching the next phase).

MARC COLLABORATIVE

A cross-site evaluation utilizing MARC outcomes is being conducted by Westat and expected to be completed in the fall of 2018.

Emerging evidence from MARC confirms:

- Attention to both the corrosive impact of adversity and the science of hope—serve as powerful tools for organizing and accelerating community mobilization.

THE NORTHEAST TENNESSEE ACES CONNECTION STORY



HOW WE BEGAN

2014 First learned about Trauma-Informed Care



2015 Attended 2 national conferences hearing Dr. Felitti and Dr. Joan Gillece and became convinced educating our community was needed

HOW WE BEGAN

“The Notebook”

- Created a large binder representing every kind of police community partnership (i.e. juvenile justice, schools, advocates, healthcare, housing, etc.)
- Researched to learn if trauma-responsive applications existed for each domain

TRAUMATIC EVENTS WHERE LAW ENFORCEMENT PERSONNEL ARE INVOLVED

- Domestic Violence
- Witnessing violence in the community or schools
- Physical Abuse
- Sexual Abuse
- Home Break-Ins
- Neglect/Emotional Abuse
- Homelessness or basic needs not being met
- Car accidents
- Witnessing the Arrest/Incarceration of a loved one
- Bullying
- Natural death or suicide

POLICE HAVE WIDE AREA OF INFLUENCE

- Alternative Community Corrections
- Appalachia Service Project
- Appalachian Community Federal Credit Union
- Boys & Girls Club of Washington County/Johnson City
- Build it Up East TN
- Catholic Charities
- City of Johnson City / Community Development/Codes Division / Public Works/Parks and Recreation/Community Relations/Keep Johnson City Beautiful (6 Departments)
- Contact 211
- Downtown Merchants
- Eastern Eight Development Corporation
- ETSU Downtown Day Center
- ETSU Department of Psychology, Nursing, Education and Behavioral Health
- Family Justice Center
- Family Promise
- First Tennessee Development District
- First Tennessee Human Resource Agency
- Frontier Health
- Goodwill Industries, Inc.
- Habitat for Humanity
- Insight Alliance
- Johnson City Housing Authority
- Johnson City Juvenile Court
- Johnson City Police Department
- Johnson City Schools
- Lifeline
- Niswonger Children's Hospital
- Neighborhood Reconciliation Services
- Safe Passage
- St. Jude's Research Clinic
- Tennessee Department of Corrections
- U.T. Extension Program
- Washington County Criminal Court
- Washington County Economic Development Council
- Washington County Health Department

POLICE ARE COMMUNITY EDUCATORS

- Child Passenger Safety
- Bike Safety
- Anti-Bullying
- D.A.R.E.
- Neighborhood and Business Watch
- Gun Safety
- Gang Resistance Education

POLICE ARE COMMUNITY EDUCATORS

All of these programs are **preventative** in nature

Traditional crime prevention programming deals with
symptoms

ACEs gets to the root of the problem

CORE TEAM COLLABORATION

Becky Haas

Director, Community Crime
Prevention Programs,
Johnson City Police
Department

**Strengths: Training
development, networking
and building capacity
among system partners,
and organizational
coaching**

Andi Clements, PhD

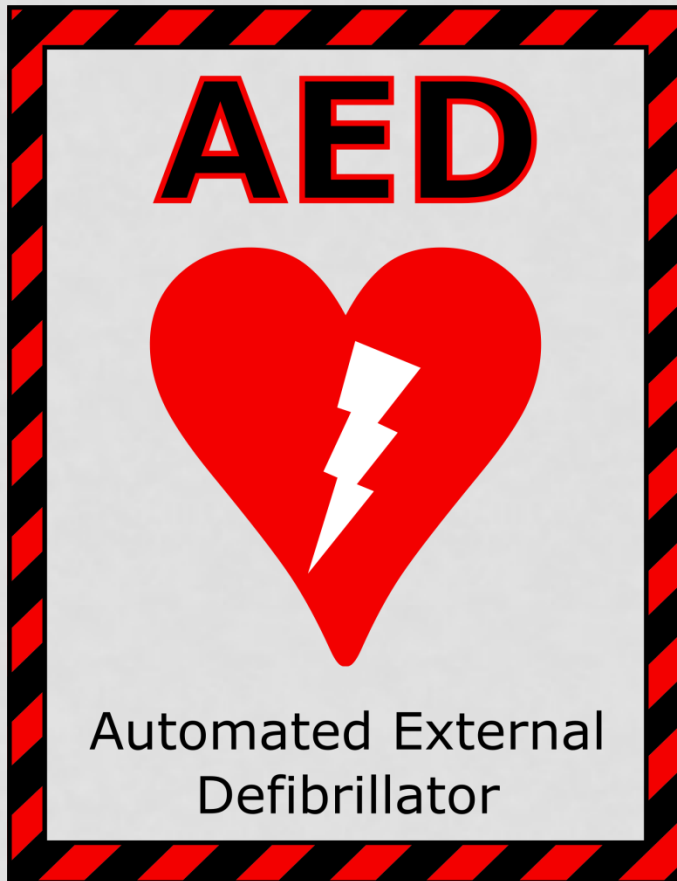
Professor, Department of
Psychology, East Tennessee
State University

**Strengths: Survey
instrument development,
data collection, data
analysis, grant writing and
organizational coaching**

WHY CREATE A COMMUNITY-WIDE SYSTEM OF CARE?

- **Most systems** engage with victims of trauma
- If a child is experiencing ACEs at home, it's unlikely the child will be brought by the parent to see a mental health professional right away
- However the **child by law DOES have to go to school** and may be enrolled in afterschool programs. Both can become trauma responsive.
- **TIC awareness needs to be included in all frontline services in order to mitigate the effects of ACEs.**

WHY CREATE A COMMUNITY-WIDE SYSTEM OF CARE?



- Think of a System of Care in comparison to public placement of AEDs. These devices are put in areas where they will most likely be needed and quick service by EMS is not available.
- The key to proper use is training. The same is true with community-wide Trauma-Informed Care training.

COMMUNITY CAN MAKE A DIFFERENCE

- If children are living in a home subject to ongoing, toxic stress, we can mitigate the effects of these ACEs by having a trauma-responsive community
- Convey by training that you don't have to be a therapist to be therapeutic.
- Supportive relationships **are the evidence-based practice** shown to heal the effects of trauma



BENEFITS OF A SYSTEM OF CARE

- Individuals are very often involved across a wide spectrum of services. All service providers need to **speak the same language** and **share the same understanding of trauma**.
- Agencies collectively and individually can **champion resilience** for clients served.

BENEFITS OF A SYSTEM OF CARE

- Community members will experience a reduction of **re-traumatization** by service providers
- Having the community on the same trauma-aware page can restore the “**human**” back to humanity!

CREATING THE “SYSTEM”

Training...training...training



TRAININGS OFFERED

SAMHSA's "Trauma-Informed Approach, Key Principles and Assumptions"

- 4 hour introduction to trauma and trauma-informed approaches. **No prior knowledge about trauma is necessary.**
- Intended for a **wide range of professionals**, including direct service providers, supervisors, administrators, advocates, interested community members, and staff from varying agencies.
- Forms the **basis for more advanced work** in developing trauma-informed environments and practices.

TRAININGS OFFERED

SAMHSA's "Trauma-Informed Approach, Key Principles and Assumptions" (continued)

- Non-prescriptive
- SAMHSA six pillars provide building blocks where to start in making an application
- Provide trainees with practical examples of application in their setting
- Training is designed to leave participants with an expectation of use
- Evaluation includes a commitment to make application within a self-imposed deadline
- Developed dozens of variations of this training

TRAININGS OFFERED

“Train the trainer” for “Key Principles”

- 6 hour course
- Provides notes for each slide, talking points and Drop Box access to variation versions
- Enables agencies to have an in-house trainer
- Enables agencies to offer training to their partnerships
- All new hires can be trained as organization is moving to trauma-responsive as the norm

TRAININGS OFFERED

Tennessee ACEs Initiative “Building Strong Brains”

- Aids in building a knowledge mobilization movement across Tennessee around early childhood brain development.
- Designed to develop an understanding about early childhood through a shared, up-to-date, clear storyline based on scientific findings.
- Emphasizes that the architecture of a young child’s brain is shaped positively or negatively by the interaction between genes and experiences.
- Children thrive (have more positive brain development) in a safe, stable, nurturing environment of supportive families, caregivers, and community members.

TRAININGS OFFERED

SAMHSA Gains Center – “How Being Trauma-Informed Improves Criminal Justice Outcomes”

- Training program for criminal justice professionals to increase understanding of trauma, create an awareness of the impact of trauma on behavior, and develop trauma-informed responses.
- Trauma-informed criminal justice responses can help to avoid re-traumatizing individuals, increase safety for all, decrease recidivism, and promote recovery of justice-involved women and men.

TRAININGS OFFERED

“Self-care and preventing secondary trauma in professionals”

- *Portraits of Professional Caregivers* – Vic Compher
- Professional Quality of Life Scale
- Self-care events

AN EFFECTIVE ACES TRAINER

- Trauma-Informed Care training is not “taught” but it’s “caught.” It needs to be shared with passion. Are you contagious?
- Communicate an expectation that those trained are to take next steps
- Consider training with a team member and even possible trauma survivor stories (use survivor video clips)
 - *Removed*
 - *Healing Neen*
 - *Chad’s Story*

GETTING STARTED

1. Gathering baseline data
2. Identifying partners - where are your greatest areas of influence?
3. Hold community forums – *Paper Tigers* and *Resilience* screenings
4. Schedule trainings
5. Identify ACEs champions from the trainings
6. Invite organizational representation to System of Care meetings

GETTING STARTED

- 7. Support with coaching
- 8. Offer “Train the Trainer”
- 6. Provide training resources
- 7. Measure, measure, measure
- 8. Don’t forget the self-care!

OUR TIMELINE

August 2015
Conference Call
with SAMHSA's
National Center
for Trauma
Informed Care to
strategize



October 2015
Drs. Joan Gillece
and Brian Simms
provide training
to 383
professionals at
DP Culp Center



January 2016
NCTIC provides
"Key
Assumptions"
draft course

OVER 3,400 PROFESSIONALS TRAINED!

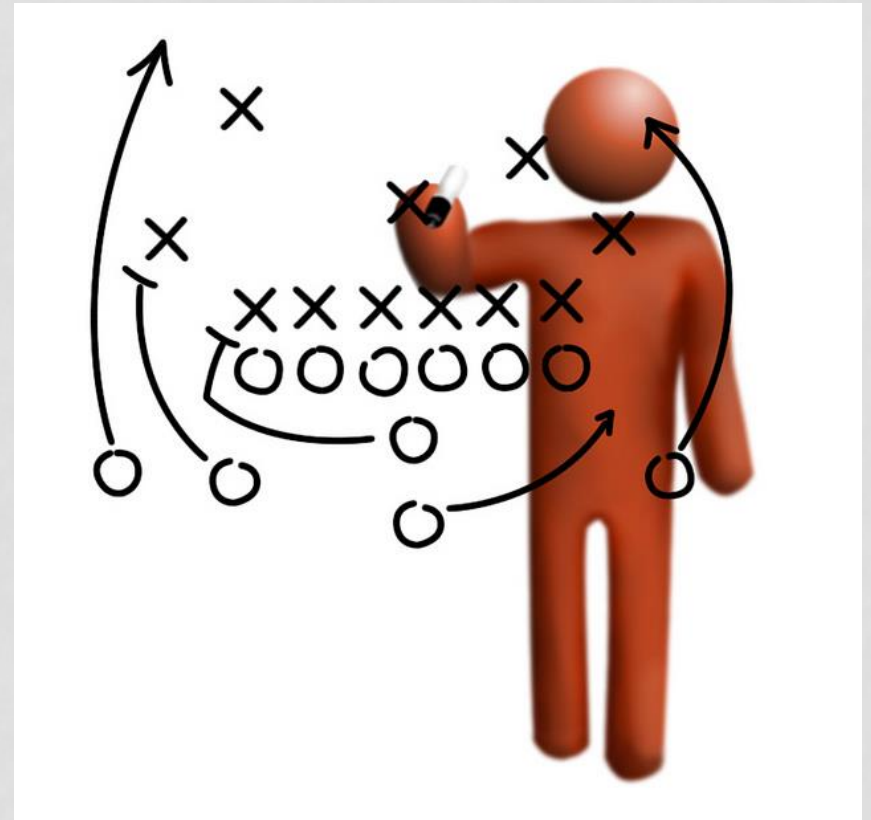
Spring of 2016 began
to offer trainings to
area professionals
Summer of 2018 over
3,400 trained

June 2016 started bi-
monthly Trauma-
Informed System of
Care meeting

April 2016-May 2018
58 trainings, 2 Paper
Tigers screenings,
community talks and
146 trained in 4 Train
the Trainer events

BI-MONTHLY SYSTEM OF CARE MEETINGS

- System affiliation does not require an MOU
- Meetings include coaching and cheering



COACHING EXAMPLE

“Becoming trauma-informed...not a destination, it’s a journey”

Trauma-Aware: Organizations aware of how prevalent trauma is and begun to consider that it might impact their clientele and staff.

Trauma-Sensitive: Organizations have begun to 1) explore SAMHSA’s Six Principles of Trauma-Informed Organizations ; 2) build around the principles; 3) consider the adopting the principles; and 4) prepare for change.

Trauma-Responsive: Organizations begin to change their culture to highlight the role of trauma and resilience. All levels of staff are re-thinking routines and infrastructure of the organization.

Trauma-Informed: Organizations have made trauma-responsive practices the norm. The trauma model no longer depends on a few leaders. Organization partners with other agencies to strengthen trauma-informed practices community-wide.

COACHING & CHEERING

- East Tennessee State University
- Niswonger Children's Hospital
- Topper Academy



PARTNER UPDATES – MORE CHEERING

- Share program updates on implementation of trauma-concepts into the organization (no change is too small)
- Brainstorm together
- Discuss barriers to progress
 - Not a traditionally recognized program for an agency
 - Supervisors OR non-supervisors may be on board (need both)
 - Often no funding
 - Adds to existing job responsibilities/time investment

TRAUMA-RESPONSIVE PARTNERS

- ETSU – BRAIN TRUST
 - 2 BSB grant funded programs underway
- Niswonger Children's Hospital & Ballard Health – Trauma-Informed Hospital working group/include Ballard Population Health
- Johnson City/Washington County Boys & Girls Clubs – Calming Room
- Topper Academy
- Sullivan County and Johnson City/Washington County Family Justice Centers

MORE PARTNERS...

- Safe Families – welcoming environment
- TRACES – trauma-responsive foster care
- ETSU Pediatrics – using ACEs as a screening tool in patient visits.
- Johnson City Police Department – trauma-informed policing training for officers, includes officer self-care
- JCPD/Johnson City Schools – Handle With Care
- St. Jude's Research Clinic – reducing re-traumatizing patients with pain protocol and staff self-care
- And more!!

SYSTEM PARTNERS

1. Johnson City/Washington County Boys & Girls Club
2. Niswonger Children's Hospital
3. Grace Fellowship Church
4. Johnson City/Washington County Family Justice Center
5. Sullivan County Family Justice Center
6. Johnson City Schools/Handle With Care
7. ETSU Department of Human Services
8. ETSU College of Nursing SANE Program
9. St. Jude's Research Clinic
10. Frontier Health Safe House Women's Shelter

SYSTEM PARTNERS

- 11. TN Dept. of Health/NE TN Office
- 12.180 Health Partners
- 13.Topper Academy
- 14.ETSU Department of Psychology
- 15.ETSU College of Education
- 16.Johnson City Police Department Community Crime Prevention Programs
- 17.Contact 211
- 18.Safe Families
- 19.ETSU Downtown Day Center

PARTNERS CONTINUED

- 20. Family Promise
- 21. Building Strong Brains Frontier Health Project
- 22. King University Department of Social Work
- 23. Insight Alliance
- 24. NE TN Regional TN Commission of Children and Youth
- 25. Sullivan County Anti-Drug Coalition
- 26. CASA
- 27. Munsey Parish Nurse
- 28. Lifeline

PARTNERS CONTINUED

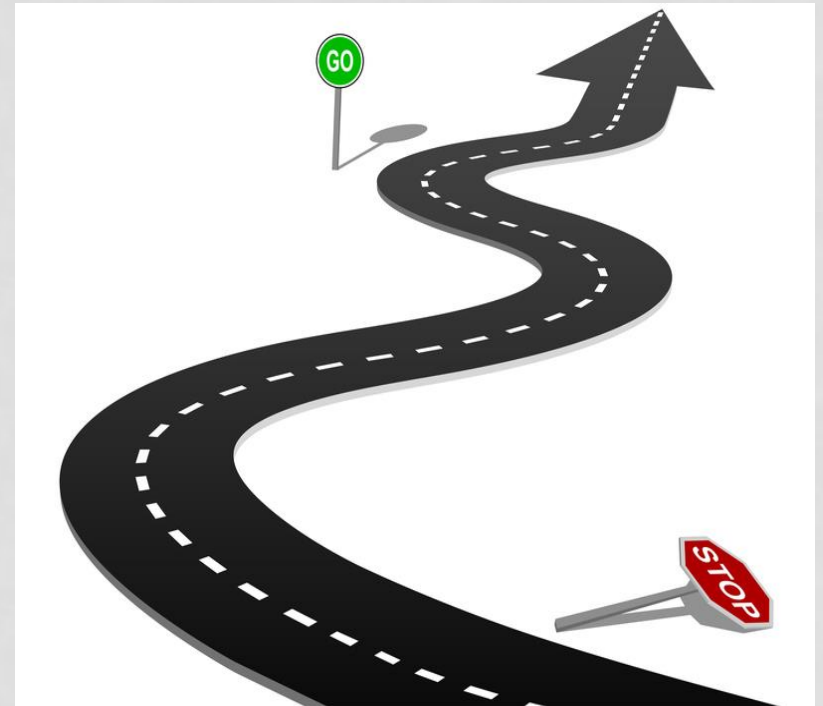
- 29. Summit Leadership Foundation
- 30. ETSU Pediatrics
- 31. Christ-Reconciled Church

EXPANDING OUR REACH

- Periodically published articles in ACEs Connection
- Started an ACEs Connection group – NE TN ACES Connection
- Asheville ACEs Summit, October 2017
- Presenter at the MARC National Summit in Philadelphia December of 2017
- Pilot for ACEs Connection Community Tracker
- Senator Lamar Alexander's DC policy staff
- Conversations with Minnesota Senator Amy Klobachur's DC staff
- Invited to give input on the Opioid Crisis legislation
- Conversation with DC staff of Education Secretary Betsy DeVos
- Member of Campaign for Trauma Informed Policy and Practice (CTIPP)
- SAMHSA Forum

ACTION PLAN

1. Where do you go from here?
2. What steps will you take to get there?
3. Supportive relationships are the evidence-based practice for healing the effects of trauma



CONTACT INFORMATION

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