LEVERAGING NORTH CAROLINA’S ASSETS TO PREVENT CHILD TRAUMA

DAY 2

2023 STATEWIDE SUMMIT
COMMUNITY PERSPECTIVES
Peletah Ministries

WELCOME
Peletah Ministries started on July 17, 2011
6 Weeks later Eastern North Carolina was hit by Hurricane Irene
Pastor Dawn led the long-term coalition in Pamlico County to address recovery

The largest NC volunteer initiative at that time with nearly 2000 volunteers from around the world. Created ENC Disaster Resources FB page with more than 6000 members.
“Whatever is in the community at the time of the disaster – is only amplified by the disaster”

Dr. Dawn Baldwin Gibson
Food Distribution after Hurricane Florence

Food Distribution the day after landfall

Food Distribution during COVID19

Food distribution w/ First Lady Cooper

Joseph Community Farmers Market (Peletah)
P.A.C.E. is a culturally competent, trauma informed-grief sensitive PK-12 private school.

NC Department of Public Instruction Certified Special Education Program

NC Health State Health Improvement Plan (NC Help Partner) for 3rd Grade Proficiency

P.A.C.E. Created Mental Health Program – Bounce Forward Zone featured on PBS NC

S.H.E.L.L.™ Mental Health Program implemented at P.A.C.E.
100 Days Celebration

Learning Water Safety

First Tee Golf Clinic

Place Based Education

Volt Center

STEAM Training Session

Instruction at P.A.C.E.

5-Year Gala Celebration
Peletah Advocating for Community Equitable Early Childhood Systems for Sustainable Change through Trauma Informed Systems

- Created the ENC Early Learning Consortium
- Assisted w/ the opening of a Family Child Care Home
- PREK Program at P.A.C.E. opens in Fall 2022 (S.H.E.L.L. ™)
Mental Health Supports

BUILDING A TRAUMA-INFORMED NATION
MOVING THE CONVERSATION INTO ACTION
US Surgeon General recognizes Peletah

Vaccine Event in Jones County

Vaccine Event in Pamlico County

AFFORDABLE HEALTH CARE & ACCESS FOR DIGITAL EQUITY
Join us Live on Facebook, Twitter, and YouTube.

Wed., Feb. 16, 2022, 6 to 7 p.m.

COVID-19 Fireside Chat & Tele-town Hall: Vaccines, Boosters, Health Equity and More

Topics will include:
- Ways to protect your mental health while navigating the traumas of the pandemic
- The importance of staying up-to-date on your vaccinations and boosters
- Recognizing that the longstanding injustices in the healthcare system create distrust
- Steps NCDHHS is taking to improve equitable access to information and vaccines

Featuring:

Kody Kinsley
Secretary
NCDHHS

Victor Armstrong
Chief Health Equity Officer
NCDHHS

Dawn Gibson, PhD
Executive Director
Peletah Ministries

Brian Shackleford, MD
Old North State Medical Society

Submit questions during the live event via social media or dial (855) 756-7520 Ext. 79189.

MySpot.nc.gov
ENC Regional Church and Community Resiliency Collaborative

March 28, 2022

ENC REGIONAL CHURCH AND COMMUNITY RESILIENCY COLLABORATIVE

28 March 2022 | New Bern Riverfront Convention Center 10am-3pm
203 S FRONT STREET NEW BERN, NC Monday

JOIN PELETAH MINISTRIES, HEALTHIER TOGETHER, OLD NORTH STATE MEDICAL SOCIETY, NC EMERGENCY MANAGEMENT, AND MANY MORE FOR AN EXCITING DAY OF COMMUNITY AND CONNECTION

HEAR FROM GUEST SPEAKERS
MR. MARCHIS T. COLEMAN JR. & MR. REGINALD SPEIGHT AT 10 AM

PUBLIC ASSISTANCE WORKSHOP FOR HOUSES OF WORSHIP & COMMUNITY BASED ORGANIZATIONS AT 12 PM

COMMUNITY LISTENING SESSION AT 2 PM

FOOD BOXES, HOUSING ASSISTANCE, HEALTH SCREENINGS, EMPLOYMENT OPPORTUNITIES

MODERNA & PFIZER VACCINE AND BOOSTERS + COVID TESTING AVAILABLE ON SITE

CHURCHES CAN SUBMIT HURRICANE FLORENCE UNMET NEEDS TO NC EMERGENCY MANAGEMENT

MORE THAN 30 COMMUNITY, REGIONAL, STATE, AND NATIONAL RESOURCE PARTNERS

PRE-REGISTRATION IS REQUESTED
REGISTER VIA EMAIL/PHONE
Email: peletahministries@yahoo.com
Call: (252) 633-1624
More than 650 people attended and more than 520 received Services at the Peletah Regional Resiliency Collaborative

THE PELETAH INSTITUTE FOR BUILDING RESILIENT COMMUNITIES AND HEALTHIER TOGETHER PRESENT
ENC REGIONAL CHURCH AND COMMUNITY RESILIENCE COLLABORATIVE

MONDAY, MARCH 28TH, 2022 | 10 AM - 3 PM
At The New Bern Riverfront Convention Center

OUR EVENT SPEAKERS

Ms. ANGELA BRYANT
ASSISTANT SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES, CIVILITY AND INCLUSION
Raleigh, NC

Ms. LAURA BOGARD
CHIEF OPERATING OFFICER, NC OFFICE OF RECOVERY AND RESILIENCE
Raleigh, NC

Mr. REGINALD SMITH
NORTH CAROLINA STATE DIRECTOR, UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT
Raleigh, NC

STATE PARTNERS WITH RESOURCE TABLES

- Access East, Inc.
- AmeriHealth Caritas
- Blood Connection
- CarolinaEast Health System
- Coastal Community Action, Inc.
- Conetoe Family Life Center
- Craven Community College
- Craven County Disaster Recovery Alliance
- Craven County Health Department
- Craven County Opioid Task Force
- Democracy NC
- Disability Rights NC
- Easter Seals UCP
- ENC Early Learning Consortium
- Goshen Medical Center
- Habitat for Humanity
- Healthy Blue
- Healthier Together
- Institute for Emerging Issues
- Land Loss Prevention Project
- Legal Aid North Carolina
- NC Child
- NC Climate Justice Collaborative
- NC Cooperative Extension
- NC Council of Churches
- NC DHHS - Division of Services for the Deaf and Hard of Hearing
- NC Emergency Management
- NC Insurance Commissioner Office
- NC Pandemic Recovery Office
- NC WD
- NC Works
- Old North State Medical Society
- Parents for Educational Freedom
- Peletah Institute for Building Resilient Communities
- ReBuild NC
- Resourceful Communities
- Trillium Health Resources
- UnitedHealthcare
- USDA Rural Development
- Violent Health
- WellCare

SPECIAL THANKS TO OUR NATIONAL PARTNER
All Healers Mental Health Alliance

COVID19 VACCINES & TESTING PROVIDED BY
Old North State Medical Society

EVENT ADDRESS
203 S Front St, New Bern, NC
Lessons Learned from the Resiliency Collaborative

1. Need to Know Community Services/Wrap Around Services are a MUST!

2. Health Equity and Mental Health supports are serious concerns

3. CBOs and HOWs requested information on funding, resources and capacity building
More than 320 ENC leaders came together to build infrastructures of resiliency by addressing: health equity, education, food systems, mental health, and other important community issues.
Peletah Continues Community Support Outreach

**PELETAH MINISTRIES PRESENTS**

**BACK TO SCHOOL CELEBRATION**

21 Aug 2022 | New Bern Riverfront Convention Center | 10:30am-3:30pm | SUNDAY

**FACADES REQUIRED**

**BOOK&SUPPLY GIVEAWAY ITEMS INCLUDE:**

- One week of Grab & Go breakfast food
- New bookbags, school supplies, shoes, & socks
- Community Resource Bags & COVID19/Hygiene Care Kits
- Affordable health insurance options
- New & gently used uniforms

**MADE POSSIBLE BY**

- Peletah Ministries
- Coastal Community Action
- CarolinaEast Healthcare
- Trillium Behavioral Health
- ECU Health
- NC Homeowner Assistance Fund
- Maximus
- NC Works
- Access East

**NEW AND EXPECTANT MOMS WILL RECEIVE**

WELCOME NEW BABY GIFT BASKETS

**SUNDAY | AUGUST 28 | 2PM-3PM**

New Bern Riverfront Convention Center
203 S FRONT STREET NEW BERN, NC

**All attendees will receive affordable health insurance packets**

**MADE POSSIBLE BY**

- ECU Health
- Access East
- NC Homeowner Assistance Fund
- Maximus
CONNECT WITH US

www.peletahministries.com
www.peletah.org

252-633-1624

peletahministries@yahoo.com

www.facebook.com/peletahministries

https://twitter.com/peletahministry

thank you!
Community Engaged Research to Inform Mental Health Intervention and Policy

Jada L. Brooks, PhD, MSPH, RN, FAAN
Associate Professor and Ross Distinguished Term Scholar
Jada L. Brooks

Jada L. Brooks is an Associate Professor and Ross Distinguished Term Scholar in the School of Nursing at the University of North Carolina at Chapel Hill. As a Lumbee Indian tribal member, nurse, and epidemiologist, she collaborates with community, clinical and academic partners at local, regional, and national levels to design and implement research that fosters health equity and elevates tribal communities in North Carolina and beyond.
Agenda

Our Team
About Our Work
What We Do
Policies to Support Mental Health
Our Team

Dr. John Lowe

Dr. Connie Locklear

Dr. Jada L. Brooks

Gail Currin

Dr. Brenda Dial-Deese

Dr. Julie Baldwin

Dr. Jim Henson
About Our Work

Community-based participatory research
Indigenous research methodologies
Strengths-focused & culturally-relevant interventions
What We Do

1. Promote mental health and well-being in Native youth

2. Train youth development specialists and Boys & Girls Club staff to implement the Talking Circle program
Session I

Who’s Your People?

1. Guidelines for a Successful Group
2. Some Reasons Why Youth Feel Stress, Nervous, or Worry
3. Some Reasons Why Youth Do Not Feel Good About Themselves
4. Pair Interview
5. Cover Design (Design a cover for next session on any 8 1/2 x 11-piece of paper using any technique)
6. Final Questions

Talking Circle Manual

6. Something you like about yourself: ________________________
7. Two problems you would like help with or two things you would like to change about yourself:
   a. ________________________
   b. ________________________
8. Who were you raised by and what did they teach you: ________________________
Policies to Support Mental Health
Good mental health is absolutely fundamental to overall health and well-being.

Tedros Adhanom Ghebreyesus
LGBTQ Youth in NC

Every town, every school, every community

April 2023
Population
LGBTQ General Population in NC

- LGBTQ people live in every town, every county and are part of every community
- An estimated 4% of NC population is LGBTQ: ~424,000 people
- Racial diversity:
  - White: 58%
  - Black: 22%
  - Latino: 11%
  - More than one race: 6%
- Economic experience:
  - 21% of LGBTQ people in NC are uninsured (national average, 14%)
  - 29% of LGBTQ people in NC are food insecure (national average, 16%)
  - 30% of LGBTQ people in NC have income lower than 24,000/yr (national average, 22%)
LGBTQ Youth in NC

Data is based on estimates and on youth who openly identify as LGBTQ

- 63,000 LGBTQ youth in NC;
- 4,650 trans youth in NC
Health Issues & Disparities
Suicidal Ideation & Attempts

NC Data
- LGBTQ students in NC are about three times more likely to have suicide ideation or attempted suicide when compared to non-LGBTQ students.
- 44% of LGBTQ youth in NC have considered attempting suicide, and 22% have actually attempted.

National Data
- Nearly 1 in 5 transgender and nonbinary youth attempted suicide and LGBTQ youth of color reported higher rates than their white peers.
- 60% of LGBTQ youth who wanted mental health care in the past year were not able to get it.
Depression, Isolation & Alcohol/Substance Use

Depression:
- 68% of LGBTQ people in NC experience depression (state average of 25%)
- Among 18-29 year olds nationally, 54% experience depression, relative to 30% for non-LGBTQ people.

Isolation:
- 21% of LGBTQ people reported feeling isolated very often or every day prior to COVID; this increased to 56% during lockdown.
- 67% of LGBTQ youth felt lonely or everyday over lockdown.
- Fewer than 1 in 3 transgender and nonbinary youth found their home to be gender-affirming.

Alcohol & Substance Use
- 47% of LGBTQ youth under 21 reporting alcohol consumption.
- 11% of LGBTQ youth under 21 reported prescription drug misuse.
- Higher rates of substance use and misuse among LGBTQ youth is often tied to feelings of isolation, depression, anxiety, etc.
HIV rates are increasing among adolescents – with 80% of new diagnoses among 13-24 years who engaged in male-to-male sexual contact. Often due to a lack of comprehensive and affirming sexual health policies.
Disparities & Trauma

LGBTQ youth experience significant disparities - especially around mental health issues.

A primary cause: LGBTQ youth receive societal, community, and familial messages of condemnation and exclusion at an alarming rate. This has a traumatizing impact.
Current Climate for LGBTQ Youth
Unprecedented Protections & Support

**Increased Legal Rights and Protections**
- U.S. Supreme Court ruling, *Bostock*, provides protection from employment discrimination;
- Respect for Marriage Act protects marriage equality at federal level;
- More than 20 communities in NC have passed local Non-Discrimination Ordinances providing protections in employment and public accommodations.

**Increased Public Support**
- Approximately 80% of Americans support protections from discrimination in employment, public accommodations and housing (Pew, 2022);
- 71% of Americans support marriage equality (Gallup, 2022);
- 80% of North Carolinians support banning conversion therapy (PPP, 2019)

**Increased Inclusion and Visibility in Public Life in NC**
- Increased LGBTQ representation and visibility in public life:  
  - Public leadership (elected and appointed offices; community leaders)
  - Media, culture, sports
- Increased acceptance and inclusion in faith communities
Unprecedented Political Attacks

National Context

- From access to medical care to participation in youth sports, LGBTQ youth are experiencing attacks and targeted exclusion in every sphere of life.
- Nationally, more than 417 bills are moving through state legislatures now in an unprecedented attack on LGBTQ people, including in NC. This is double the number of bills from last year.
- As of April 2023, 75% of transgender youth – which is medically recommended - in the South live in a state where gender affirming care is banned.

NC Context

- A slate of anti-LGBTQ bills were filed this year, including numerous that specifically target youth:
  - Banning transgender youth from participating in sports
  - Gender affirming care bans
  - Permits health care providers to refuse coverage
  - Forced outing
  - Restricting curricular content
Impact of Policy

Nothing happens in a vacuum. Policies and political rhetoric impact the experiences of LGBTQ youth in both positive and negative ways.

- Protecting rights has been linked to reduction in suicide attempts:
  - A 2015 study found a 7% reduction in suicide attempts among high school students in states where same-sex marriage had been legalized, versus no change in states where it remained illegal.

- Attacking rights has been linked to increase in distress among youth:
  - Research has shown that introduction and implementation of anti-LGBTQ policy has a detrimental effect on LGBTQ youth mental health – increasing feelings of isolation, depression, and anxiety.
  - In states where anti-LGBTQ legislation was proposed, there research has shown an increase in texts to a Crisis Text Line.
Resiliency & Recommendations
Resiliency Factors - Systems Levels

**Family Support: from the kitchen table to the family reunion**
LGBTQ youth who felt high social support from their family reported attempting suicide at less than half the rate of those who felt low or moderate social support.

Ex: Using name and pronouns; support of accessing services

**School Support: from the classroom to the playing field**
LGBTQ youth who found their school to be LGBTQ-affirming reported lower rates of attempting suicide.

Ex: LGBTQ content in curriculum; ability to participate in school sports.

**Community Support: from church to the doctor’s office**
LGBTQ youth who live in a community that is accepting of LGBTQ people reported significantly lower rates of attempting suicide than those who do not.

Ex: Seeing representation in leadership; hearing messages of belonging in a sermon
Resiliency Factors - Individual Relationships

**Kindness & Care**
Youth experiencing depression and isolation feel alone; let them know you see them and care about them.

**Respect**
Use the name and pronouns someone shares with you. Trans and non-binary youth who reported having correct pronouns used by all the people they lived with attempted suicide approximately 50% less than those who did not have their correct pronouns used by those with whom they lived.

**Foster Inclusion & Belonging**
It does not take much effort - and has an outsize effect - when supportive adults use inclusive language and create experiences where all youth know they belong.
Recommendations & Calls to Action

- **Reduce Harm**
  - Stop introduction of anti-LGBTQ policies and legislation
  - Stop use of anti-LGBTQ rhetoric from public platforms

- **Increase Protections**
  - Pass non-discrimination protections at the state level
  - Implement inclusive policies and practices across local and state governmental agencies and public institutions - from school systems, to DSS, to public health departments

- **Increase Support for Individuals**
  - Express love, support and acceptance for LGBTQ youth in every sphere of life
  - Implement inclusive practices in health care settings, schools, and other youth-serving settings; e.g. use chosen name and pronoun for youth; inclusive sex education content.
Resources

- Campaign for Southern Equality: [www.southernequality.org](http://www.southernequality.org)
  - Southern Equality Research and Policy Center
  - Southern Trans Youth Emergency Project
- Equality NC: [www.equalitync.org](http://www.equalitync.org)
- Youth and Student Organizations
  - LGBTQ Center of Durham: [www.lgbtqcenterofdurham.org/](http://www.lgbtqcenterofdurham.org/)
  - Time Out Youth (Charlotte area): [www.timeoutyouth.org/](http://www.timeoutyouth.org/)
  - Youth OUTRight (Western NC): [https://www.youthoutright.org/](https://www.youthoutright.org/)
  - Dr. Jesse Peel LGBTQ Center (Eastern Carolina Univ): [https://lgbtq.ecu.edu/](https://lgbtq.ecu.edu/)
Thank you!
RESILIENT NORTH CAROLINA COLLABORATIVE COALITION (RNCCC)

Co-Facilitators: Tamra Church and Jennifer Matthews
History & Mission
WHY A PROCLAMATION?

- Increase awareness and knowledge of what makes for resilient and thriving individuals, families, and communities.
- Celebrate our local communities and uplift what is happening to build resilient and thriving communities.
- Recognizing the value of resiliency efforts to promote community action and policy change.
- Statewide collaboration in policy change.
GOVERNOR
Resilient & Thriving Communities Week 2023
BY THE GOVERNOR OF

THE STATE OF NORTH CAROLINA
A PROCLAMATION

WHEREAS, resilient and thriving communities are vital to our state’s future health, success, and prosperity to ensure a strong foundation for everyone at all ages and stages of life; and

WHEREAS, the science is clear that resilience is built, and that communities and systems play a key role in promoting safe, secure, nurturing environments for all; and

WHEREAS, adverse childhood and life experiences, adverse community environments, and adverse climate events impact overall quality of life and well-being of an entire community; and

WHEREAS, Healthy North Carolina 2030: A Path Toward Health by the North Carolina Institute of Medicine, in partnership with the North Carolina Department of Health and Human Services, Division of Public Health, identifies reduction of adverse childhood experiences by 25% by 2030 as a goal; and

WHEREAS, it is our collective responsibility to collaborate in a nonpartisan fashion to promote positive experiences, secure relationships, and supportive environments to buffer stress and adversity, and to support local resilience coalitions, collaboratives, task forces, and initiatives across the state; and

WHEREAS, investing in policies, programs, and strategies that address adversity and strengthen community resilience is essential to the health of our state; and

WHEREAS, the State of North Carolina encourages individuals and all sectors, public and private, early childhood through post-secondary education, faith-based organizations, healthcare systems, justice systems, social service systems, businesses, and elected leaders to collaborate to strengthen our communities; and

NOW, THEREFORE, I, ROY COOPER, Governor of the State of North Carolina, do hereby proclaim April 29 through May 6 as “Resilient & Thriving Communities Week” in North Carolina, and commend its observance to all citizens.
'Your connectedness to other people is so key to buffering any current stressor—and to healing from past trauma. Being with people who are present, supportive, and nurturing. Belonging.'
Dr. Bruce Perry
SAMPLE LOCAL 2023 PROCLAMATION

[Insert name of town, city, county, or board of education]

Resilient & Thriving Communities Week 2023

A PROCLAMATION

WHEREAS, resilient and thriving communities are vital to our community and state’s future health, success, and prosperity to ensure a strong foundation for everyone at all ages and stages of life; and

WHEREAS, the science is clear that resilience is built, and that communities and systems play a key role in promoting safe, secure, nurturing environments for all; and

WHEREAS, adverse childhood and life experiences, adverse community environments, and adverse climate events impact overall quality of life and well-being of an entire community; and

WHEREAS, Healthy North Carolina 2030: A Path Toward Health by the North Carolina Institute of Medicine, in partnership with the North Carolina Department of Health and Human Services, Division of Public Health, identifies reduction of adverse childhood experiences by 25% by 2030 as a goal; and

WHEREAS, it is our collective responsibility to collaborate in a nonpartisan fashion to promote positive experiences, secure relationships, and supportive environments to buffer stress and adversity, and to support local resilience coalitions, collaboratives, task forces, and initiatives across the state; and

WHEREAS, investing in policies, programs, and strategies that address adversity and strengthen community resilience is essential to the health of our community; and

WHEREAS, [Insert name of town, city, county, or board of education] encourages all individuals and all sectors, public and private, early childhood through post-secondary education, faith-based organizations, healthcare systems, justice systems, social service systems, businesses, and elected leaders to collaborate to strengthen our communities; and

NOW, THEREFORE, we, the [Insert the types of members—i.e., County Commissioners] of [Insert name of town, city, county, or board of education], do hereby proclaim April 29 through May 6 as “Resilient & Thriving Communities Week” in our community, and commend its observance to all citizens.
Empowering 100 counties to work together for one state.

Advocacy, education, research and member services for North Carolina counties
RNCCC’S POLICY GOALS FOR 2023

- Medicaid Expansion
- Worker and Family Friendly Workplace Policies
- Affordable Housing
- Universal Pre-K/Affordable Childcare
- Restorative Justice in Education & Criminal Justice System
- Trauma-Informed/Resiliency-Focused Schools, Law Enforcement, Faith-Based Organizations and Agencies
ADVOCACY & RESILIENCE POLICY ACROSS THE STATE
Join RNCCC’s listserv by emailing resilientnccc@gmail.com

Thank you
AGENCY LEVEL POLICY REFORM
Leveraging North Carolina’s Assets To Prevent Child Trauma

(Session Slides)

Jenni Owen, Director
NC Office of Strategic Partnerships
April 28, 2023
The North Carolina Office of Strategic Partnerships (OSP) develops, launches, and enhances partnerships between state government and North Carolina’s research and philanthropic sectors. This includes elevating the State’s internal capacity to use and generate evidence in its policy and programmatic functions.

- Strive for partnerships that are scalable, sustainable, and develop public/open-source resources
- Multiple sectors, many partners: state agencies, colleges/universities, philanthropy, national organizations
- To date, interest from 350+ researchers at ~50 institutions of higher ed
- Focus on
  - Leveraging expertise of research institutions (higher ed+) and philanthropy
  - Using research and evidence to guide policy and process decisions
Child Trauma affects people, programs, and policies across a wide range of issues and needs...

- Mental Health
- Public/physical health
- Education
- Housing
- Transportation
- Financial security
- Employment
- Many more issues and needs

NC Office of Strategic Partnerships
Child Trauma - Across Agencies & Issues

A wide range of federal, state, and local government agencies address Child Trauma in a wide range of ways.

At the state government level in NC, these and other departments work on Child Trauma and the many issues connected with Child Trauma:

- Health and Human Services
- Public Instruction
- Public Safety
- Administration (e.g., Domestic Violence Commission)
- Administrative Office of the Courts
- Natural and Cultural Resources (e.g., NC Arts Council)
- Others...
In addition to the necessary and cross-cutting work of state government and other levels of government, consider the critical roles of:

- Research institutions – colleges and universities of all types
- Philanthropy – of all types
- The non-profit sector
- Corporate partners

NC has vast and deep research expertise
NC has a diverse, multi-faceted, strong and engaged philanthropy sector (more at [NC Network of Grantmakers](#) and [NC OSP Philanthropy Liaison](#))

*Turn now to an expert - Deputy Secretary of NCDPS, Billy Lassiter*
**OSP Resources**

- **OSP Website**
- **NC Project Portal** Research partnership opportunities with government agencies
- **State agency contacts** for partnerships and research
- **College and university contacts** for partnerships and research
- **Philanthropy Liaison** resources focused on engagement and partnership between government and philanthropy
- **Monthly Connect** Panel discussions on cross-sector partnerships – view recordings of over 30 sessions to date; sign up [here](#)
- **Highlights** Monthly e-news and resources; sign up [here](#)

Contact [partnerships@osbm.nc.gov](mailto:partnerships@osbm.nc.gov) with questions or partnership ideas and requests.
NC Juvenile Justice: Trauma Informed Practices

William Lassiter
NC Juvenile Justice Deputy Secretary
Juvenile Delinquency Trends

Complaints Received and Delinquency Rate 2010-2020

<table>
<thead>
<tr>
<th>Year</th>
<th>Delinquent Complaints</th>
<th>Status Complaints</th>
<th>Delinquency Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>33,067</td>
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<td>2011</td>
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<td>2018</td>
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<td>2019</td>
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<tr>
<td>2020</td>
<td>28,643</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Delinquent Complaints: Yellow bars
- Status Complaints: Green bars
- Delinquency Rate: Blue line
Demographics

Complaints Received by Race/Ethnicity

- Black or African American: 16,987
- White: 8,452
- Hispanic/Latino: 3,302
- Two or More Races: 876
- American Indian or Alaska Native: 304
- Unknown: 174
- Asian: 70
- Native Hawaiian or Other Pacific Islander: 20
TRAUMA-INFORMED CARE

- Establishes a safe environment
- Uses strengths and empowers
- Builds healthy coping skills
- Supports the development of healthy relationships
- Identifies all needs and works to address them
Mental Health Screening (Intake)

Global Appraisal of Individual Needs-Short Screener (GAIN-SS)

- Evidence-based, 16 question survey
- Identifies needs for further assessment in the areas of mental health, substance use, and anger management.
- Elevations in Mental Health (3 or more) and Substance Use (1 or more) automatically trigger a referral for further comprehensive assessment
• **PRE-SCREEN** – 34 items
  • Purpose: Classification
  • Administration Time: 20 – 30 Minutes

• **FULL ASSESSMENT** – 105 items (total includes Pre-Screen questions)
  • Purpose: Service Planning
  • Administration Time - Additional: 25 – 40 Minutes

**TOOL ADMINISTRATION**

**FILE REVIEW**
- Legal History
- Court Documents
- Police Reports
- Collateral Sources

**SEMI-STRUCTURED INTERVIEW**
- Behavior Analysis
- Motivational Interviewing Methods (OARS)
  • Open-ended Questions
  • Affirmations
  • Reflections
  • Summarization
An innovative risk, needs and strengths assessment for justice involved youth.

Purpose:
- Measuring risk of recidivism
- Developing case plans
Trauma Index

YASI includes sufficient item content for calculating a Trauma Index that is closely associated with the Adverse Childhood Experiences (ACEs)

The YASI Trauma Index will be coming out in January 2022 along with extensive training for Court Services and JJ staff.
What Courts will Receive at Disposition/Referral

- Disposition Report
  - Will Include YASI Summary and Domains to be Addressed in Service Plan
- Full YASI Assessment
- YASI Wheel
- Copy of the most recent Clinical Comprehensive Assessment or Equivalent Mental Health Assessment
Secure Custody Commitment
Point in time survey of youth confined in a YDC on Dec. 31, 2020 (137 youth) revealed that:

- 96% of youth carried at least one mental diagnosis
- 78% had more than one diagnosed mental health diagnosis (average of three distinct diagnosis)
- 46% were taking prescribed psychotropic medication (60% of girls, 45% of boys)
- Second most frequent category of diagnosis was trauma and stressor related disorder (present in 48% of the YDC population)
- Gender: 100% of girls and 49% of boys were diagnosed with trauma related disorder
- Post Traumatic Stress Disorder Diagnosis: 70% of girls and 28% of boys
- Average reported ACE score was 4
# Trauma-Informed Policies and Procedures

- **Protect**: Protect the safety of the youth, families, and staff by preventing threats or physical or psychological harm to them.

- **Require**: Require a trauma-informed safety plan that includes effective coping strategies.

- **Create**: Create safe spaces where youth and families can regroup when they experience posttraumatic stress reactions, while assisting them in being accountable for their actions.

- **Address**: Address the needs of diverse populations of youth and reduce disparities based on race, ethnicity, gender, gender-identity, sexual orientation, age, intellect and developmental level.
• Begin screening after the youth begins to trust the person (UCLA-PTSD-RI after approximately 60-90 days).
• Explain the purpose of the screening to the youth and caregivers.
• Explain the results of the screening to the youth and caregivers in non-technical terms.
• If the youth experienced a traumatic event but the screening does not indicate any clinically significant current trauma-related symptoms, discuss the effects of traumatic stress and ways to cope effectively. Universal precautions.
Assessment should determine the potential relationship of posttraumatic stress and related behavioral symptoms to criminogenic risks/needs.

Assessments should identify youth and family strengths.

LMHCs with expertise in treatment interventions for posttraumatic stress should administer the intervention.

Tailor the interventions to the youth and family.

Include a continuum of clinical and/or preventive interventions.

Services should aim to prevent re-traumatization and build resilience.
TREATMENT INTERVENTIONS FOR TRAUMA SURVIVORS

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)
- Traumatic Grief Component Therapy for Adolescents (TGCT-A)
- Integrated Treatment of Complex Trauma for Adolescents (ITCT-A)
- Cognitive Processing Therapy (CPT)
- Eye Movement Desensitization and Reprocessing (EMDR)
Offer resources and training about the effects of trauma exposure and the nature of traumatic stress reactions and recognition of the signs of secondary traumatic stress.

Trauma-informed training for juvenile justice staff should begin at the onset of employment and continue regularly providing skills relevant to the individual’s role.

Create environments that support youth and families in identifying and dealing with trauma reminders, that do not re-traumatize youth, and that reduce effects of secondary traumatic stress.
• Incorporate practices that are beneficial for all youth but essential for those whose gender, sexual orientation, or developmental level increases their risk of being traumatized.

• Recognize that traumatized youth may have specific needs and deliver services that assist highly vulnerable sub-groups of justice-involved youth.

• Minimize or eliminate procedures that may re-traumatize youth (e.g., strip-searches, restraints, shackling, isolation, deprivation of privacy).
Training

- NC-Juvenile Justice was the recipient of the 2021 SAMSHA MHAT (Mental Health Awareness Training) Grant
- 5 year grant period that will focus on training all Juvenile Justice staff and Community Partners in:
  - Youth Mental Health First Aid
  - Lived Experience Training
  - Think Trauma (collaboration with Duke Center for Child and Family Health)
Trauma-Informed Garden Grant Project

Before:

After:
QUESTIONS???
Public Policy Efforts to Prevent & Address Trauma and Childhood Adversity
How does Prevent Child Abuse NC *Nurture Positive Childhoods*?

- We raise awareness about *what works* to build strong families and keep children safe.
- We advocate for policies and investments that support families.
- We build the capacity of professionals to implement programs and strategies to create safe, stable, nurturing relationships and environments.
Preventing childhood trauma requires us to invest upstream in safe, stable, nurturing relationships and environments for families.
NC spends too much money reacting to a preventable problem, but not enough on preventing it in the first place!

The downstream consequences of child maltreatment cost more than $4,000 per minute.

Child abuse and neglect costs North Carolina taxpayers more than $2 billion a year in health care, costs to the justice system, social services, and lost worker productivity.
Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.

Prioritize Environmental Change

The Health Impact Pyramid

- Counseling & Education
- Clinical Interventions
- Long-lasting Protective Interventions
- Changing the Context to make individuals’ default decisions healthy
- Socioeconomic Factors

Increasing Population Impact

Increasing Individual Effort Needed


NURTURING positive CHILDEHOODS

Prevent Child Abuse North Carolina
What are the “root causes” of child abuse and neglect?

Hint: It’s not “bad” parents.
Poverty is a risk factor for neglect, but poverty does not equate to neglect... We must also be very clear that poverty is disproportionately present in communities of color and that this fact carries direct implications for child welfare. Overwhelmingly, the faces of the children, youth, and parents involved in child welfare are black and brown or very poor and white—people who data tells us are more often economically vulnerable or disadvantaged.
Maltreatment and Economics

Figure Source: Finkelhor, D., Saito, K., & Jones, L. (2022). Updated trends in child maltreatment. Crimes Against Children Research Center, University of New Hampshire.

Data Sources: Maltreatment and Economics
Children Who Are Confirmed by Child Protective Services as Victims of Maltreatment by Maltreatment Type in the United States (2019)

- Emotional Abuse: 6%
- Medical Neglect: 2%
- Neglect: 75%
- Other/Missing Maltreatment Type: 7%
- Physical Abuse: 17%
- Sexual Abuse: 9%

Figure Source: The Annie E. Casey Foundation. (2019). Child Maltreatment in 2019: A Look at Young Survivors and Neglect.
Adverse community conditions affect some children in America more than others.

BIPOC children most likely to be living in poverty in the US

Black children in the South have the lowest access to amenities associated with healthy childhood development compared to Black children in other regions.

Figure source: Authors’ analysis of 2020-21 data from the National Survey of Children’s Health
Disproportionate Representation

Approximately **half of Black and Native American children** (46.8% and 50.2%, respectively) experience a **CPS investigation by their 18th birthday**

Compared to about one quarter (26.3%) in the overall cohort.

Black children represent 14% of the general population, yet **23% of the foster care population** nationwide.

Native American children have the **highest percent of substantiated reports** and rate of victimization than all other race or ethnicities in NC.

Inequity in Native Communities

In 2019, Alaska Native or American Indian children:

• 1.1% of the population of children
• 1.8% of child maltreatment investigations in NC
• 3.9% of substantiated cases of child maltreatment

Almost 85% of substantiated reports involving tribal communities are for neglect.

More than half of Native children in the US are poor or near poor.

As a result, we push a disproportionate number of families from disenfranchised communities, such as tribal communities, into the child welfare system simply because resources are not equitably distributed.

Changing adverse community conditions reduces child abuse and neglect.

For every $1,000 states spent per person in poverty to directly address financial stability, housing, and access to childcare, and healthcare...

- 4.3% reporting
- 4% substantiations
- 2.1% foster care placements
- 7.7% fatalities

Data Source: Pub et al., 2021
When the overload of economic stress is reduced

**TANF** – reductions in public benefits associated with higher numbers of children in foster care/same with lifetime limits on benefits and sanctions

**Medicaid expansion** is associated with **422 fewer cases/100,000** children under age 6

**Housing** - Supportive housing interventions are cost effective and could produce an **annual estimated savings of $23 million** in North Carolina if families who fit the criteria were housed with supportive services instead of removing and placing their children in foster care with services

**Paid Family Leave** – **26 infants lived saved** with 80% wage replacement for 12 weeks of leave

**Child Care Subsidies** – increases parents’ available work hours; 1 study found that the number of months in the previous 12 that families received a child care subsidy was associated with a **decreased likelihood of being investigated for physical abuse or neglect**

**SNAP** - States that eliminated the asset test saw an average of **8.2 fewer CPS-investigated reports per 1,000** child population per year than if the states had not eliminated the test.

**Minimum Wage** – every $1 increase, there was a **9.6% reduction in neglect reports**

**EITC** – a $1,000 increase in income associate with **8-10% reduction in self-reported CPS involvement**

Data source: Economic Supports Can Prevent Child Abuse and Neglect in North Carolina
As we explore root causes and ways to support families from the start..... it raises questions about policy choices:

*What if* we created a **Family Well Being System**?

Primary prevention programs promote healthy child development through strengthening parenting skills and reducing stress. We want to assure every child *has the opportunity* to thrive and reach their full potential.

- How can we assure families *are supported* before they are *reported* and enter the CPS system? What would *mandatory supporting* look like as a first response rather than *mandatory reporting*?
- **Why** do we pay foster parents to care for children, yet not provide any income support for families to prevent entry in foster care and *the trauma of family separation*?
- What **positive outcomes** would we see if we invested in keeping families together and in their communities with concrete economic supports like we do for foster parents?
- With the strong evidence supporting delivery of *home visiting, parenting education and other family support programs*, how do we **build policy support** to make those services available to all families in every county?
Every child is filled with tremendous promise – and we have a shared obligation to foster their potential. That means shoring up the ways we support families. Every policy we set – from tax credits to home visiting – should reduce financial pressures on families and increase the time and capacity for supportive family relationships.

- Invest in Family Support Programs
- Implement Family-Friendly Workplace Policies
- Build Families’ Economic Security
- Invest in Child Sexual Abuse Prevention
Forward with Hope: Policymaker Perspectives on Child Maltreatment Prevention in NC

A snapshot of the findings includes:

- **EVERY** policymaker we spoke to believed both they and the government have a role in child maltreatment prevention. And they felt that **prevention is important**.

- Most policymakers were **familiar with Adverse Childhood Experiences**.

- The concepts of Social Determinants of Health and Adverse Community Experiences seemed promising in **moving the conversation from individual to systems-level solutions**.

- Discussions, using the term ‘**family-friendly workplace policies**’ focused largely on the benefits of such policies, and this group of policies were widely understood to include paid leave.

- **There are clear and promising paths forward** for increasing access to home visiting and parenting education programs, as well as enacting paid family and medical leave policies.

- Policymakers **felt inspired and hopeful when thinking about children and their futures**.
Reframing the conversation for our Policy Makers

- Child maltreatment is not unsolvable.
- Child maltreatment is inevitable and preventable.
- Child maltreatment is a parenting issue, not a public issue.
- It's our responsibility to help children reach their potential.
Let’s Connect

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April 28, 2023

Effective Policies to Prevent & Address Childhood Trauma

NC Child
The Voice for North Carolina’s Children
NC Child builds a strong North Carolina by advancing policies to ensure all children—whatever their race, ethnicity, or place of birth—have the opportunity to thrive.
Policy Areas

Family Economic Security
Healthy Children
High Quality Early Childhood Education
Nurturing Homes & Communities
2023 Legislative Agenda

- Expanding the NC Medicaid program to 100,000 parents & caregivers
- Increasing the child care subsidy reimbursement rates to most recent survey and creating a statewide floor
- Addressing the children’s mental health crisis by ensuring students have access to mental health services at school
- Ensure that every child has access to free nutritious meals at school
How do NC Child's legislative priorities prevent & address trauma for our state's children & families?
Expanding Medicaid is proven to increase positive outcomes such as:

- Bolstering families’ economic security by reducing medical expenses and debt
- Increasing healthy and equitable birth outcomes, particularly for Black women and infants
- Reducing rates of child neglect and promoting optimal child development

Source: Prenatal-to-3 Policy Impact Center (2022)
Child care subsides support children's social-emotional development by:

- Increasing parents’ employment or educational opportunities, particularly among mothers
- Increasing household resources and monthly earnings
- Providing children with access to high-quality early learning experiences that support early development

Source: Prenatal-to-3 Policy Impact Center (2022)
Ensuring students have mental health supports at school contributes to:

- Preventing suicide among children and youth, which is currently the leading cause of death for 10–14-year-olds
- Decreased stigma, allowing children & families to seek out the help they need when they need it without fear

Source: North Carolina Child Health Report Card (2023)
Decreasing suspension rates, while improving attendance and academic performance.

Helping to alleviate food insecurity and poverty for participating households.

Improving students' physical and mental health, including decreasing the risk of obesity.

Decreasing suspension rates, while improving attendance and academic performance.

Source: Food Research & Action Center (2019)
2021-2022 Policy Wins

- Extending postpartum Medicaid coverage to 1 year
- HB 272, updating the Childhood Lead Poisoning Prevention law
- Merging NC Health Choice with NC Medicaid
- Temporarily increasing the child care subsidy reimbursement rates
• Expanding the NC Medicaid program to 100,000 parents & caregivers

• Increasing the child care subsidy reimbursement rates to the most recent survey and creating a statewide floor

• Addressing the children’s mental health crisis by ensuring students have access to mental health services at school

• Ensure that every child has access to free nutritious meals at school
Medicaid Expansion signed - a moment to celebrate!
Medicaid expansion has already passed both chambers of the General Assembly and been signed into law by the Governor. It will be fully enacted once the state budget passes.

The House budget allocates $11.15 million in recurring funds for fiscal year 2024-2025 to increase the state’s child care subsidy rate, below the $24 million that would be needed to raise subsidy rates to the latest, 2021 market rates.

This is not in the House budget.
Address children’s mental health and prevent child suicide

The House budget makes the following investments:

- $10 million in recurring funds for a cyberbullying and suicide prevention program via two online services
- $10 million in nonrecurring funds for child and adolescent mental health facility planning
- $347.4 million each year of the biennium to hire 120 new school support personnel, school nurses, counselors, or psychologists

Provide no-cost school lunches

The budget provides $7.8 million in nonrecurring funds for fiscal year 2023-24 to reduce school lunch debt. It does not make school lunches no-cost for all students.
How To Stay Connected

Join our Child Advocacy Network

Take action via ongoing action alerts

Follow weekly legislative updates & bill tracking

ncchild.org/getinvolved
NC Department of Health and Human Services
Initiatives to Support Trauma-Informed Practices and Policies
Trauma-Informed Practices and Policies to Support Whole Child and Family Health

Assistant Secretary Dr. Charlene Wong

Leveraging NC’s Assets to Prevent Child Abuse

April 28, 2023
We all share a common vision that every child is safe and healthy. The right support at the right moment can help children overcome adversity, heal, and live productive lives—the kind of lives we all want for every child.
We need to offer services further upstream to build resiliency, invest in coordinated systems of care that make mental health services easy to access when and where they are needed and to reduce the stigma around accessing these services.

We will work to ensure that North Carolina’s children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children’s healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.
Child & Family Well-Being

Child behavioral health
Bring together programs and data to support children’s behavioral health needs in their communities

Child welfare
Strengthen the services and supports available across NC for our most vulnerable children and families

Nutritional insecurity for children & families
Increase access to healthy, nutritious food through innovative strategies

Maternal & infant health
Equitably improve women’s health and birth outcomes
Transforming Child Welfare to Child & Family Well-Being: A Multi-Sector Responsibility

- Navigation/Referral Services
- Preventive Health
- Food
- Housing
- Jobs
- Child Care
- Transportation

- Case Management
- Cash Assistance
- Home Visiting
- Behavioral Health
- Treatment for Chronic Health Conditions

- Supportive Housing
- Out-Patient Mental Health Services
- Out-Patient SUD Services

- Child Abuse & Neglect Investigation
- Intensive In-Home Services
- Out-of-Home Placement

- Reunification Plan
- Adoption

- Substance Use Treatment
- Mental Health Treatment
- Domestic Violence Services

Child welfare and court system mandated involvement
STRESS AND TRAUMA TRANSLATED TO RISING MENTAL HEALTH CHALLENGES FOR CHILDREN

National Trends

37%
Experienced poor mental health during COVID-19

44%
Experienced persistent feelings of sadness or hopelessness during the past 12 months

Females & LGBTQ+ youth experienced worse mental health threats during COVID-19

North Carolina Trends

• ~3,600+ NC children have lost a parent/caregiver to COVID-19

• 46% ↑ in youth with 1+ major depressive episode during pandemic (2020-21)

• Rate of children discharged from emergency departments with a behavioral health condition increased by ~70% during the pandemic

https://www.cdc.gov/healthyyouth/data/abes.htm
https://www.mhanational.org/issues/state-mental-health-america
https://www.northcarolinahealthnews.org/2021/06/25/behavioral-health-emergency-nc-health-organizations-ask-state-leaders-for-help/
TAKING ACTION: A NEW DIVISION FOR CHILD AND FAMILY WELL-BEING

• Trauma Informed Communities (TIC) project. This project encourages local systems of care to partner with communities to develop and sustain thriving environments. The Center for Child & Family Health, the Communities Organizing for Equity (CORE), and the Healthy & Resilient Communities Initiative (based at NC Partnership for Children) are integrating their skills, experience, and resources to support over 40 coalitions through community education, workforce development, data capacity-building and community action planning, including understanding the underlying inequities driving current systems.

• DCFW in partnership with the HopeStar Foundation is convening a cross-sector co-design group to develop a coordinated State strategy to support community trauma/resiliency work. This is the beginning of bringing together all of you who want to address the policies, programming, and systems integration necessary to help build healthy and thriving communities which will actively seek to prevent trauma, identify current and historical trauma, and mitigate the long term impacts of trauma.
TAKING ACTION: A NEW DIVISION FOR CHILD AND FAMILY WELL-BEING

**Trauma Informed Communities (TIC) project.**
Encourage local systems of care to partner with communities to develop and sustain thriving environments.
- Community education
- Workforce development
- Data capacity-building
- Community action planning

**Coordinated State Trauma/Resilience Strategy**
Partnership with the HopeStar Foundation to convene a cross-sector co-design group
Goal is to develop a unified strategy for community-based trauma prevention and mitigation
KEY INVESTMENTS TO STRENGTHEN NORTH CAROLINA’S BEHAVIORAL HEALTH SYSTEM:

1. Make behavioral health services more available when and where people need them ($550 million)
2. Build strong systems to support people in crisis and people with complex needs ($400 million)
3. Enable better health access and outcomes with data and technology ($50 million)

$1 BILLION total investment in NC’s behavioral health system
NCDHHS is working to increase access to both behavioral health and appropriate placement supports for NC children

Top Priority: Finding immediate solutions for children with complex needs living in emergency departments and local child welfare offices

Launching & seeking investment in evidence-based treatments and placements for children in child welfare with complex behavioral health needs in these areas:

- Safe and Stable Home
- Treatments and Supports
- Child Welfare & Behavioral Health Workforce
**A Safe and Stable Home**

**Kinship Providers Subsidies**

- **Challenge**: NC places fewer children in foster care with kinship providers than other states. Yet, NC children who are placed with kin are twice as likely to achieve permanency within a year than kids not placed with kin. Kinship providers in NC currently receive no financial support.

- **Solution**: We will provide kinship providers with a subsidy to help them care for the new children in their homes and with immediate services to support them in providing care.

- **Cost**: $20.4 M over 2 years state investment

**Caregiver Supports**

- **Challenge**: Foster and kinship providers caring for children with complex behavioral health needs often lack the resources they need to support the youth.

- **Solutions**: Expand access to family peer supports and intensive supports in the community that coordinate and wrap services around a family, professional foster parents.

- **Cost**: $12.5 M of state investment
Offering Behavioral Health Supports in Schools

NC is leveraging COVID funding to offer new behavioral health supports in the 2022-2023 school year & seeking additional investment to expand behavioral health supports

School linkages to community behavioral health resource networks

Supporting School Health Advisory Councils (SHACs)

Expanded school-based tele-behavioral health programs
We can work together to help children and families experiencing adversity cope and heal.
Appendix Slides
THE PANDEMIC INCREASED THE STRESS FELT BY FAMILIES

1/3 of adults with children are struggling to pay their usual expenses like food, rent, health care and transportation.

1/5 renters living with children reported that they are not caught up on rent.

1/8 adults living with children report their household does not have enough food to eat.

Black and brown families and women disproportionately feel the strain of the pandemic.

Financial hardship has long-term consequences for the healthy development of children.

1. Make behavioral health services more available when and where people need them

- Raise Medicaid reimbursement rates for behavioral health services ($225 million)
- Improve access to routine, integrated care in communities and schools ($175 million)
- Address the intersection of the behavioral health and justice systems ($150 million)
2. Build strong systems to support people in crisis and people with complex needs
   - Build a strong statewide behavioral health crisis system ($200 million)
   - Transform child welfare and family well-being ($100 million)
   - Create sustainable hospitalization and step-down options ($100 million)

3. Enable better health access and outcomes with data and technology ($50 million)
Build strong systems to support people in crisis and people with complex needs

- Build a strong statewide behavioral health crisis system ($200 million)
- Transform child welfare and family well-being ($100 million)
- Create sustainable hospitalization and step-down options ($100 million)
Enable better health access and outcomes with data and technology

($50 million)
GOALS FOR THESE INVESTMENTS:

- More people will be able to access affordable mental health and substance use disorder treatments.
- More behavioral health providers will be available to provide services when needed.
- Fewer people will experience behavioral health crises because there will be more early intervention and prevention services to meet them where they are in communities and schools.
- When people do experience a crisis, there will be faster, better ways to get them help.
- Our inpatient psychiatric hospitals’ capacity will better meet the demand thanks to a stronger and better-compensated workforce and more step-down options to less intensive care.
- Fewer children will be “living” in emergency departments and DSS offices because there will be more prevention services and more appropriate placements available.
Children Who Need More Supports
North Carolina underinvests in Child Welfare, with NC children receiving roughly half as much as children in peer states across public funding sources

Annual per child\(^1\) investment in child welfare across peers (states with state-led county-administered child welfare systems)

North Carolina ranks last (9\(^{th}\) of 9) among peers in child welfare investment per child across public sources (federal, state, local)

1. Per child in state; Sources: Child Trends “Child Welfare Financing Survey SFY2018”
Note: Category for Medicaid funds for child welfare is not included;
Staffing consequences like high caseloads, low pay, and high turnover can have deleterious impacts for children

Turnover is high in NC county DSS child welfare services

**Turnover:** Timely service & continuity are impacted by turnover. NC counties experienced ~30% turnover on average in 2020. ~1 in 4 counties experienced at least 40 percent of its workers departing, the majority of which are rural or low-wealth.

**Pay:** The most cited contributor to turnover was inconsistent salaries – CPS assessment social workers could make up to 57% elsewhere in NC.

Effect of turnover: within a year, percent of children obtaining a permanent home based on number of different caseworkers (Wisconsin)

- 1 case worker throughout: 74.5% with permanent home
- 2 different case workers: 17.5% with permanent home
- 3+ different case workers: <= 5% with permanent home

If a child’s case worker leaves, the child’s likelihood of reaching permanency in that period on average drops from ~75% to under 20%

Children enrolled with LME/MCO in Emergency Departments for behavioral health needs by week (April 2020-December 2022)

This is not reflective of normal patterns due to the onset of the pandemic, change in human behaviors, and the strict restrictions that existed during those months.

Standard Plans Launched July 2021

Source: Division of Mental Health, Developmental Disabilities, Substance Use Services (DMH/DD/SUS) data collected weekly from LME/MCOs.
Behavioral Health Treatments and Supports

Improved, Timely Clinical Assessments

**Challenge:** Children are too often waiting days to weeks for an assessment to identify what treatments they need

**Solutions:**

- Community assessment teams so that children can be seen, wherever they are, by clinicians who specialize in working with children.
- NC-Psychiatric Access Line (NC-PAL) providing child psychiatry expertise in multiple settings

**Cost:**

- $10 M to launch community assessment teams
Behavioral Health Treatments and Supports

Specialty Behavioral Health Treatments

Challenge: Some children need specialized behavioral health treatments that are currently unavailable for them in North Carolina

Solutions:

• Expand specialized treatment programs, including community and residential programs, and statewide technical assistance for youth with complex needs, such as intellectual and developmental disabilities and challenging behaviors
• Strengthen crisis services for children to stabilize them in the community and to divert them away from emergency rooms and child welfare offices
• Increase inpatient psychiatric treatment for children, through a DHHS and UNC partnership

Cost: $47.5 M to strengthen specialized behavioral health treatment options
Our child welfare and child behavioral health workforce are also in crisis. There are simply not enough staff to do the work. Pay is too low to recruit and retain enough staff to serve the children and families in North Carolina.

**Child Welfare Workforce**

- Counties need more flexible funding to hire and retain enough staff to do their essential work

**Child Behavioral Health Workforce**

- Funds for behavioral health training and workforce expansion programs for pediatric licensed clinicians and the paraprofessional behavioral health workforce

- **Cost:** $20 M to strengthen the child welfare and behavioral health workforces
NC’s Child Health Report Card Shows Multiple Opportunities to Address Trauma and Support Child Resilience

Challenges:

Within the past year:
- 10% of high school students made a suicide attempt
- 15% of adolescents had a major depressive episode
- But only 43% of those adolescents received treatment

Opportunities:

- Remove barriers to mental health care
- Enhance the availability of mental health care and crisis intervention in public schools
- Make it harder for children and youth to get access to lethal means of self-harm
LEVERAGING NORTH CAROLINA’S ASSETS TO PREVENT CHILD TRAUMA SUMMIT

NC Department of Health and Human Services

NC Division of Public Health
ACEs Prevention Activities

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Catherine Joyner, MSW

April 28, 2023
Acknowledgments

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Public Health Activities and Strategies

• Emphasize primary prevention
• Are data driven
• Mobilize communities and partners
• Build capacity
• Use, monitor, and evaluate evidence-based and evidence-informed prevention strategies
• Prioritize policy and systems level changes
Collaborative Learning Institute (CLI)

- Builds capacity of community teams
- Provides tools, skill sets, and resources
- Focuses on shared risk and protective factors and systems thinking tools:
  - 5Rs
  - Goal and Action Alignment
- Helps teams strategically align with existing/new partners
- Uses four sessions of virtual learning

*Since 2020: 5 cohorts, incl. 20 teams (97 individuals)*
CLI: The Five R’s

- A framework to guide brainstorming, idea synthesis and discussion
  - Results
  - Roles
  - Resources
  - Rules
  - Relationships

CLI: Goal and Action Alignment Mapping

- Tool to help teams see how they are embedded within a larger system
- Illuminates less direct win-wins with partners to motivate action and change
- Guides how to strategically approach new/existing partners
CLI: Goal and Action Alignment

Blue = Prioritized SRPFs
Yellow = Organizational objectives
Orange = Organizational needs/pain points
Strengthening Systems for NC’s Children

• Focus: one county/yr w/ high ACEs burden
• Multi-sector community team (10-25 indiv.)
• Year 1 pilot; 3 cos. total over three years
  – Intensive introductory webinar
  – In-person (3 days) + 1 core team workday
  – Virtual touchpoints
  – Follow-up year of technical assistance
SYNC: Activities

The community team works together to:

• Identify/prioritize shared risk & protective factors relevant to community

• Develop a causal loop diagram (CLD) – how system parts interact related to ACEs

• Interview community partners; refine CLD

• Identify high leverage points for impactful change

• Develop an action plan
SYNC: Example Causal Loop Diagram

Credit: Rural Opportunities Institute: https://bailey.kumu.io/a-systems-map-of-generational-trauma-in-the-rural-south
• Raise awareness and commitment to support safe, stable and nurturing relationships/environments and prevent child maltreatment/ACEs

• Use data to inform solutions

• Create the context for healthy children/families through
  – Norms change and programs
  – Policies
Family-Friendly Workplace Policies
Questions?

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NC Department of Health and Human Services

Trauma Informed Care

Saarah Waleed, LCMHC, NCC
Division of Mental Health, Developmental Disabilities, and Substance Use Services
We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

Recover Stronger

These priorities and our work across the department are grounded in whole-person health, driven by equity, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.

Behavioral Health & Resilience

We need to offer services further upstream to build resiliency, invest in coordinated systems of care that make mental health services easy to access when and where they are needed and reduce the stigma around accessing these services.

Child & Family Wellbeing

We will work to ensure that North Carolina’s children grow up safe, healthy and thriving in nurturing and resilient families and communities. Investing in families and children’s healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.

Strong & Inclusive Workforce

We will work to strengthen the workforce that supports early learning, health and wellness by delivering services to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.

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Trauma Informed and Resilience Focused

• DMH/DD/SUS aligns with SAMHSA’s four principles for creating Trauma-Informed environments:
  
  − Realize the widespread prevalence of trauma;
  
  − Recognize the signs and symptoms of trauma in clients, families, staff, and others;
  
  − Respond by integrating knowledge into policies, procedures, and practices;
  
  − Actively resist re-traumatization of clients, families, staff, and others
We know that mitigating the impact of trauma is rooted in tapping into and building on the resilience of individuals, families and communities. This includes:

- Increasing Protective Factors while Decreasing Risk Factors
- Caring relationships
- Sense of belonging / Community Inclusion
- Sense of purpose.
9-8-8 Suicide and Crisis Lifeline

- July 16, 2022 added ability to dial 9-8-8 to access the National Suicide Prevention Lifeline now known as Suicide and Crisis Lifeline
- 24-hour access to trained crisis counselors
- 40,734 calls (an average of 4,526 per month) since the launch:
  - 1,837.5 First time callers
  - 904 individuals that received referrals
  - 9.1 times 911 was contacted for emergency response
  - 29.8 times Mobile Crisis Management was contacted for community response
- Reached through
  - 988 or 1-800-273-TALK (8255) - call/text
  - 988lifeline.org – chat
Call or Text

800-273-8255

Suicide & Crisis Lifeline

988

Suicide Prevention Lifeline
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Natl 988 Suicide & Crisis Lifeline
Mobile Crisis Teams

- DHHS currently funds Mobile Crisis Teams that respond 24/7 if you or someone you know is experiencing a crisis related to mental health, substance abuse or developmental disabilities.
- Coverage in all 100 Counties
- Linked with 988
- Works closely with Facility Based Crisis facilities, including Behavioral Health Urgent Care Facilities (BHUC)
- NC currently has 23 adult Facility Based Crisis (FBC) facilities and 4 child/adolescent FBC’s.
MORES: Mobile Outreach Response Engagement Stabilization

- Enhancing existing mobile crisis teams to include a Family Support Partner, extended after-care (up to 4 weeks) and increased focus on trauma-informed care including crisis de-escalation skills and interventions.

- All teams are required to complete a training curriculum which includes trauma-informed care, trauma-informed crisis intervention, and person-centered treatment.

- The trainings are designed to reduce escalations and behavioral health crises; engage caregivers and families; and improve the skills and confidence of our workforce. Of more importance is the impact on the children and families and the reduction ED and police involvement.
Workforce Development

• NC Partnership for Children: Building capacity and infrastructure with local trauma and resilience-focused coalitions. The coalitions develop and implement local trauma/resiliency training and education plans ensuring local child-serving partners are partnered with. Develop local resource directories related to trauma services and supports.

• Outcomes in last year:
  o 9 coalitions awarded funding to develop and implement a training and education plan
  o 47 trainings across 10 counties
  o 1,745 individuals received trainings
  o 307 registered for FSR Certificate program (Trauma and Resilience Certification program)
Workforce Development

• Through Area L AHEC:
  – Training provides education around the impact of Adverse Childhood Experiences on brain development; core concepts of the trauma-informed approach and keys to resilience; deconstructing systemic racism through the primary strategies of community organizing, education and reconciliation
Peer Supports

• Peer Operated Respite:
  − Short term stays to avoid or alleviate crisis and utilization of ED/inpatient
  − Open to all residents
  − Insurance blind
  − Focuses on what the guest needs and what is important to them, which can include medical, housing, vocational

• Promise Resource Network- TA for peer organizations:
  − Focus on quality and inclusion
  − Specialized peer support such as integrated behavioral health care and forensic peer support specialist to help reduce recidivism.
  − 8 dimensions of wellness: Environmental, Emotional, Financial, social spiritual, occupational, physical, intellectual
Community Inclusion

• Since November 2020 Temple University trained 440 LME/MCO staff, Providers, NAMI, Alliance of Disability Advocates NC (ADANC) on various aspects and efficacy of Community inclusion, purpose and belonging for individuals to thrive in their communities.

• Alliance of Disability Advocates NC (ADANC) Supports rendered include the following: GED prep, SSI appeals, housing paperwork, resume building, and assisting someone in becoming a Certified Peer Support Specialist.
CCM: (Comprehensive Case Management)

- Purpose is to reduce recidivism in the ED/ED boarding and inpatient BH units
- Partnership with Vaya, Mission Hospital and RHA
- Provide linkage and warm handoffs to behavioral health care, medical care (preventative and specialized), housing, benefits (contract with a SOAR attorney), employment, transportation and linkage to natural supports in the community
- Results have shown significant decreases in ED and inpatient stays over the 4 years that this program has been running with most recent ED utilization decreased by 53% and inpatient decreased by 47% based on comparison of 6 months prior to engagement and at least 6 month post CCM
Integrated Care

• Promoting Integration of Primary and Behavioral Health Care (PIPBHC)
  − SAMHSA-funded five-year grant (January 1, 2019 – December 31, 2023). Total granted: $10,000,000.
  − BH Providers partner with other healthcare agencies to ensure primary care services can be integrated in a behavioral health setting (Bi-Directional Integration).
  − Populations of Focus: adults with serious mental illness (SMI), children with serious emotional disturbance (SED), and adults and children with substance use disorders (SUD) and/or co-occurring disorders (COD).
  − Comprehensive Healthcare Integration (CHI) services are provided to all participants in the PIPBCH program through a team of medical, clinical and peer-support staff.
  − As of December 2022, NC PIPBHC’s implementation partners have enrolled over 988 unduplicated adult consumers and 166 children/adolescents.
Integrated Care

• Certified Community Behavioral Health Clinic (CCBHC):
  − Comprehensive services to individuals with both physical and behavioral health needs. Rooted in wellness, recovery, trauma-informed care, and physical-behavioral health integration
  − serve anyone regardless of their ability to pay.
  − Target complex mental illnesses and substance use disorders.
  − 5 providers with approx. $4 million for a 4 year project.
  − The DMHDDSUS funded sites are located in Charlotte, Asheville, Durham, and Raleigh. 7 additional SAMHSA funded sites across NC.
  − In March 2023, DMHDDSUS received 1 yr. Planning Grant to develop a CCBHC payment model, establish a CCBHC certification process, and to enter into the CCBHC Demonstration in 2024.
Perinatal and Maternal Substance Use Initiative

Perinatal and Maternal Substance Use Initiative and CASAWORKS for Families Residential Initiative

- Family centered, trauma informed services for pregnant and parenting women with a primary substance use disorder & their child(ren).

- Residential and outpatient gender responsive, specialty programs for women who are pregnant, parenting or seeking reunification with their child(ren).

- 28 programs using evidence-based treatment models located in 13 counties across the state.

- The Perinatal Substance Use (PSU) Project provides triage and linkage to treatment for this population. Additionally, the PSU Project maintains weekly updated availability of openings at these residential programs, statewide. The PSU Project can be reached by the public and professionals at 1800-688-4232.

- Evidence based and promising treatment models being used in these programs addressing trauma:
  - Seeking Safety
  - Beyond Anger and Violence
  - Beyond Trauma: A Healing Journey for Women
  - Helping Women Recover
  - Cognitive Behavioral Therapy for PTSD
Adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT)

- 2 Providers in Eastern NC and 1 Provider in Central NC. The Provider in Central NC is part of The National Child Traumatic Stress Network (NCTSN).
- Providers have implemented a battery of screenings: SU/SUD (S2BI, CRAFFT), MH (PHQ, GAD7), and Trauma (CPSS, SCARED).
- Goal is to screen 1,100+ adolescents and provide a) positive reinforcement, b) brief intervention, or c) a referral to treatment, depending on the screening results.
The Eastern Band of the Cherokee Indian have implemented a trauma informed medication assisted treatment (MAT) program within the Cherokee Indian Hospital Authority – Beauty for Ashes

Addresses generational and individual trauma, and how experiences impact interactions with others. The program employs culturally appropriate activities as part of the therapeutic process.
NC Department of Health and Human Services
Division of Social Services, Child Welfare

“NCDHHS Initiatives to Support
Trauma-Informed Practices and Policies”

Leveraging North Carolina's Assets to Prevent Child Trauma
North Carolina Statewide Summit
Friday, April 28, 2023

Amy Eaton, MS
Children’s Health and Development Coordinator, Child Welfare
NCDHHS Child Welfare Initiatives to Support Trauma-Informed Practices and Policies

- Trauma Informed Child Welfare Practice Webinars and NCSWLearn Training
- Project Broadcast Trauma Screening Tools
- Center for Child and Family Health – County Consultations
- Resource Parent Curriculum
- NC-PAL County Pilots
Trauma Informed Child Welfare Practice
Webinars and NCSWLearn Training

Examples:
- Secondary Trauma Stress: Strategies for You
- Understanding Child Mental Health Issues
- Secondary Trauma: A Course for Supervisors and Managers
- Child Development and the Effects of Trauma
- NEW - 2023 May Series: Policy to Practice, Covering In-Home Services
Project Broadcast
Trauma Screening Tools

• 2013 Pilot
• Age-Appropriate Screening Forms Put Into Practice
• Trauma Screening/Rescreening Tools - embedded into NC FAST
  (North Carolina Families Accessing Services through Technology)
Center for Child and Family Health
Expert Consultations

- DSS Established Partnership with CCFH
- 1 of 2 funded community treatment centers of NCTSN, North Carolina
- Rapport with Counties
- County Consultation through Learning Sessions
- Regional Focus Groups (tbd)
NCDSS- Child Welfare Resource Parent Curriculum

• NCTSN Resource Parent Curriculum (RPC) Learning Community Cohort(s)

• For Providers and Parents of Children Who Have Experienced Trauma

• Recruits, Prepares, Facilitates Face-to-Face Learning for Counties, Private Agencies, and Caregivers (kin to be included)
NC-PAL Child Welfare Collaborative

- North Carolina Psychiatry Access Line (NC-PAL)
- County Pilots – Pediatric Psychiatry for Child Welfare - Learning Collaborative, Clinical Consultation
- Rapid Response Team Consultation
For questions re NCDHHS-DSS-CW Trauma-Informed Practices and Policies

contact:
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LUNCH TIME!