POLICY REALITIES AND OPPORTUNITIES
Building the Movement to Prevent Trauma & Foster Resilience

Jesse Kohler, Executive Director, Campaign for Trauma-Informed Policy & Practice
CTIPP works to advance trauma-informed policies and programs through a grassroots strategy that includes:

**Shaping policy:** We craft and promote policy that increases and improves trauma-informed resources and support for communities.

**Empowering Advocates:** We inform and mobilize advocates to connect with elected officials through our National Trauma Campaign.

**Amplifying community voices:** We partner across sectors and systems to bring community members to the forefront, enabling open information sharing between practitioners, policymakers and the people they serve.
● Often the onus for wellbeing is put on individuals and families, without greater context taken into consideration.
● Traumatized cultures and systems perpetuate stress and adversity, which generates predictable outcomes across a population and throughout generations.
● Policy creates conditions for communities.
The cascading problems our society faces cannot merely be solved in silos. We need a comprehensive approach to address trauma as a root cause and its ripple effects.
Trauma is preventable. Recovery is possible.

Research shows us that by enacting the right policies and programs to invest back into our communities, we can prevent trauma and provide supportive healing. And preventing trauma is cost- and resource-effective:

- **56% REDUCED**
  - **EMERGENCY ROOM VISITS**
    - The Nurse Family Partnership (NFP) reports reduction in abuse and neglect by 48% and reduced emergency room visits by 56%.

- **$1 = $35 SAVED**
  - INVESTED IN PREVENTION
    - The Self-Healing Communities report, highlighting successes in Washington State, shows for every $1 invested in prevention, $35 dollars were saved.

- **98% REDUCTION**
  - **IN SCHOOL SUSPENSION RATES**
    - After one year of adopting trauma-informed practices at The Leadership Academy at John T. White Elementary School in Fort-Worth, Texas, there has been a dramatic decrease in suspensions and huge increase in teacher retention. The school also went from an F rating to a B rating in one school year.
Self-Healing Communities
A Transformational Process Model for Improving Intergenerational Health

Emergence: Culture of Health

Leadership Expansion

Results Community Focus

Learning

Appreciative Action: Finds Strengths; Acts Upon Them

- Child Injury Hospitalizations
  - Difference in slopes \( p = 0.000 \)

- Suicides & Suicide Attempts
  - Difference in slopes \( p = 0.000 \)

- Hospitalizations
  - Difference in slopes \( p = 0.003 \)

- Alcohol Arrests
  - Difference in slopes \( p = 0.008 \)

- Infant Mortality
  - Difference in slopes \( p = 0.043 \)

- Filings for Juvenile Offenses
  - Difference in slopes \( p = 0.000 \)
Change in Rates of Children & Family Health & Safety Issues
FPC-Funded Counties versus Unfunded Counties

Note: Please refer to Appendix 1 on page 16 for the complete data labels for each graph.

Accident & Injury Hospitalizations (Birth–17 years)

Out-of-Home Placements

Difference in slopes not sig. at (.324)

Difference in slopes sig. at .043

Infant Mortality

No Third Trimester Maternity Care

Difference in slopes sig. trend (.090)

Difference in slopes sig. trend (.102)

Juvenile Suicide (per 100,000/10)

Large Communities**

Small Communities***

Difference in slopes sig. at <.001 (t=4.06)

Difference in slopes not sig.

Juvenile Offenders

Difference in slopes sig. at .019

Yearly High School Drop-out

Difference in slopes sig. at .030

Freshman to Senior Drop-out

Difference in slopes sig. at .046

Alcohol-Related Juvenile Arrests

Drug-Related Juvenile Arrests

Difference in slopes sig. at .088

Difference in slopes not sig. (.143)

Births to Teen Mothers

Large Communities**

Small Communities***

Difference in slopes sig. at <.001 (t=5.27)

Difference in slopes not sig. (t=0.35)
HISTORY OF TAXPAYER SAVINGS FROM COMMUNITY NETWORK-GENERATED RATE REDUCTIONS

Rate reductions generate short- and long-term savings for taxpayers through: reduced demand for direct services, including incarceration, publicly-funded health care and mental health care, and increased tax revenues resulting from higher earning power.

<table>
<thead>
<tr>
<th>PREVENTED CASES 2002-06</th>
<th>IMMEDIATE SAVINGS PER CASE</th>
<th>LONG-TERM SAVINGS</th>
<th>TOTAL SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>610 Out of Home Placements</td>
<td>$27,887*</td>
<td>$580,110 (610 x $951)*</td>
<td>17,591,180</td>
</tr>
<tr>
<td>1044 Birth to Mothers 10 - 17</td>
<td>$4080*</td>
<td>$72,411,840 (1044 x 7 yr x $4080)*</td>
<td>76,671,360</td>
</tr>
<tr>
<td>2287 Dropping Out of School</td>
<td>$0</td>
<td>$505,427,000 (2287 x $221,000)</td>
<td>505,427,000</td>
</tr>
<tr>
<td>3869 Juvenile Felonies</td>
<td>$30,600*</td>
<td>$22,734,244 (26% of 3869 x $22,600)</td>
<td>141,125,644</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>601,153,194</strong></td>
<td><strong>740,815,184</strong></td>
<td></td>
</tr>
</tbody>
</table>

PROJECTED CASELOAD SAVINGS 2009-11

<table>
<thead>
<tr>
<th>PROJECTED CASE REDUCTION 2009-11</th>
<th>PROJECTED SAVINGS IN 2009-11</th>
<th>PROJECTED LONG-TERM SAVINGS</th>
<th>PROJECTED TOTAL SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>244 Out of Home Placements</td>
<td>6,804,428</td>
<td>232,044</td>
<td>7,036,472</td>
</tr>
<tr>
<td>418 Birth to Mothers 10 - 17</td>
<td>1,705,440</td>
<td>28,992,480</td>
<td>30,697,920</td>
</tr>
<tr>
<td>915 Dropping Out of School</td>
<td>0</td>
<td>202,215,000</td>
<td>202,215,000</td>
</tr>
<tr>
<td>1548 Juvenile Felonies</td>
<td>47,368,800</td>
<td>9,096,048</td>
<td>56,464,848</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>55,878,668</strong></td>
<td><strong>240,535,572</strong></td>
<td><strong>296,414,240</strong></td>
</tr>
</tbody>
</table>
THANK YOU
ctipp.org | jesse@ctipp.org
**Issue Areas:**

1. How do you define trauma?
2. What are your perspectives on childhood trauma, its sources, and yours and others lived experiences of trauma?
3. What primary solutions or best practices do you recommend to prevent childhood trauma?
4. What avenues do you see for becoming actively involved in the policy process to motivate change?
5. How can we build and maintain connections and collaborations across the state to continue our forward movement and maximize our trauma prevention efforts?
Ground Rules
for potentially sensitive and personal topics.

Listen

Listen without interrupting.
Listen actively to understand others' views.
Don’t just think about what you are going to say while someone else is talking.

Avoid

Avoid blame, speculation, and inflammatory language.
Avoid assumptions about any member of the class.
Avoid generalizations about social groups.
Avoid asking individuals to speak for their (perceived) social group.

Do

Allow everyone the chance to speak.
Commit to learning, not debating.
Comment in order to share information, not to persuade.
SYSTEMS CHANGE
Systems Change in North Carolina: Building the Plane as we Fly it
Prevent Child Abuse NC’s Role in Local System Building

April 27, 2023
Crystal Kelly, VP of Programs and Policy
Community Capacity Building

We believe community is the answer for creating safe and stable environments for children to thrive. When families have access to support, children do better. Our team collaborates with NC agencies and communities to create, offer, and sustain prevention strategies/services that are both effective and impactful, leading to positive health and well-being outcomes for children and families.

- Support agency level implementation of EB Parenting Programs
- Facilitate Community Prevention Action Planning
- Host NC Family Resource Center Network
The 5 Protective Factors

GOALS OF STRENGTHENING FAMILIES' PROTECTIVE FACTORS FRAMEWORK

- Strengthened families
- Optimal child development
- Reduced likelihood of child abuse and neglect
Implementation Support

The Capacity Building Team supports 51 agencies from across NC in delivery of Circle of Parents, Incredible Years, Strengthening Parents, and Triple P Level 4.

Agency leaders and group facilitators have access to network-wide professional development opportunities, as well as individualized coaching and session video review to support model fidelity and positive child and family outcomes.

There is a way to do it better – find it. -- Thomas A. Edison
What is Implementation Support?

PCANC provides implementation support to agencies across North Carolina implementing evidence-based parenting programs that help to build protective factors and parental resilience.
Community Prevention Action Plans (CPAP): A Roadmap to Preventing Child Maltreatment
CPAP Communities in North Carolina:

- Robeson
- Bladen
- Columbus
- Clay
- Transylvania
- Onslow
- Pitt
- Cumberland
- Wake
Family Resource Centers

- Home Visiting
- Parenting Education
- Job Skills Trainings
- Health Screenings
- Child Care Resource & Referral
- Playgroups
- Fatherhood Programs
- Family Counseling
- Food Bank

Family Resource Center
The 23 FRCs included in this analysis serve 69 counties.

On average, the 23 FRCs provide services, referrals and resources to approximately 2,430 people per year (55,900 total).

Based on the results from the survey and focus groups, leaders of Family Resource Centers in North Carolina have an interest in joining a statewide network.

Network support needs were identified in 4 major areas: funding (and/or advocacy for funding), networking, professional development, and evaluation.
Support needs were identified in four major areas:

• Provide \textit{advocacy for}, or \textit{direct funding} to support Family Resource Centers infrastructure and expansion
• Provide opportunities for \textit{networking and professional development}, including training within the National Family Support Network’s Standards of Quality for Family Strengthening & Support
• Provide support with \textit{data collection and evaluation} to measure impact and implementation support of programs and/or standards
Philanthropy’s Role

• Seed ideas
• Focusing on the cross-sector intersections needed to address issues:
  • Relationships and Connections
  • Power dynamics
  • Including community-level voice in the work
• Building internal and external capacities to support systems change
1. Advancing equity by shifting the conditions that hold a problem in place
2. Be prepared to change how you think and act
3. Shifts in system conditions are more likely to be sustained when working at three different levels of change: explicit, semi-explicit, and implicit

Source: FSG The Water of Systems Change
Trauma Informed Justice System in NC

Leverage Points

- ACEs Informed Courts Task Force
- New Judges Training
- 5 pilot sites for implementation of Safe Baby Courts
Current Landscape Challenges

- Capacity of non-profits
- Lack of funding for government entities
- Trust in government
- Public and political will
- Systems change takes time
- Sustainability
Looking to the Future

- Building on current momentum – State-wide justice
- Tap in to existing initiatives
- Listening to community
- Streamline Local, State and Federal work and funding
Who is responsible?

Everyone.
THE FAMILY CONNECTS MODEL

Kimberly J. Friedman
Managing Director, External Relations, Family Connects International
OUR VISION
Equitable outcomes for each and every newborn.

OUR MISSION
Family Connects International (FCI) is committed to strengthening bonds within families of newborns and linking them directly to supportive community care resources.
WHY IT MATTERS

CONNECTION FROM THE START
All newborns deserve a warm and secure connection to family and community from the start. Too often, however, medical providers and community agencies aren’t well aligned, creating gaps and possibly leading to poor health outcomes.

A CRITICAL PERIOD
No family should navigate this period of tremendous change alone. We connect newborn families to home-visiting nurses and community resources for critical postpartum support.

IN RELATIONSHIP
At FCI, we coach our trusted community partners to build relationships with local community agencies and providers to meet the needs of families with newborns.
THE FCI NETWORK IN NC AND THE USA

Family Connects International is being implemented in 20 states by 35 community partners in 52 communities.
THE FCI FIVE

**EVIDENCE-BASED MODEL**
Adherence to the Family Connects evidence-based model, with standardized practices to achieve positive outcomes at the population level.

**NURSE HOME-VISITING**
A free nurse-home visiting program offered to all families of newborns in a participating community.

**COMMUNITY ALIGNMENT**
A community alignment framework and tool to develop and support a network of community-based resources.

**POLICY SUPPORT**
Local, state, and national policy engagement to support sustainability of local programming.

**DATA-DRIVEN IMPROVEMENT**
Continuous quality improvement driven by transparent data sharing and reporting.
WHY TAKE A UNIVERSAL APPROACH?

1. Reaching all families in a community has a positive impact on health at the population level
2. All families have needs around the birth of a child
3. Family needs are not limited to those with demographic risk factors only
4. Offering the service to all families reduces stigma
5. The data generated with a universal program provides important information
If you are trying to create change at a systems level, you must work with the community and not on the community.
WHY IS COMMUNITY ALIGNMENT IMPORTANT?

The community impacts every level of the program.

Community-level outcomes depend on the program’s ability to make appropriate and timely connections to effective community resources.

It is essential for nurse home visitors to have an up-to-date and well curated directory of resources that addresses family needs.

Increased communication among agencies reduces inefficiencies and puts organizations in position to do their best work.
COMMUNITY ALIGNMENT DOMAINS

- Community Advisory Board
- Agency Finder
- Data Review
- Post Visit Connection
- Engagement
- Case Conference
Community Alignment is an iterative, evolving process that requires close attention to context, relationships, systems, and data.
DASHBOARD AND ASSESSMENT TOOL
NC Healthy & Resilient Communities Initiative (HRCI)

Data Project

Mebane Boyd
Resilient Communities Officer, NC Partnership for Children

Nick Pylypiw
Chief Data Officer, Cape Fear Collective

April 27, 2023
NC Healthy & Resilient Communities Initiative Goals

**INITIATIVE GOALS**

**Develop**
- a unifying framework for initiatives working to address childhood adversity and promote resilience protective factors.

**Understand**
- define, and identify conditions for success related to community resilience outcomes.

**Co-create**
- capacity building supports for local systems-change initiatives working to promote health and resilience.
Thank you!

Data Project Contributors 2020-2023

2020 Survey Data Analysis
Dr. Oscar Fleming
Dr. Kelly Graves
Dr. Paul Lanier
Dr. Jennifer Matthews
Dr. Emma Olson

Data Tool Phase 1
Dr. Kellie Ashcraft
Jess Bousquette
Jenny Cooper
Dr. Kelly Graves
Deanna Lamotte
Mary Matthew
Melea Rose-Waters
Mary Scott

2022 Data Tool Phase 2
Dr. Kellie Ashcraft
Jess Bousquette
Jenny Cooper
Terri Grant
Dr. Kelly Graves
Nicole Hsu
Dr. Iheoma Iruka
Deanna Lamotte
Mary Matthew
Melea Rose-Waters
Mary Scott
Meghan Shanahan
Dr. Gary Walby

2023 Data Tool Phase 3
Formally engaged CFC
Dr. Tamara Atkinson
Katya Bogomoletc - NCPC
Kimberley Cheatham
Jenny Cooper
Vernisha Crawford
Tom Gomes - CFC
Tonya McLean
Nick Pylypiw - CFC
Mary Scott
Casey Strange - NCPC
Kathleen Wood

HRCI State Advisory Council (25 members)
HRCI Community Advisory Council (50 members)
HRCI Peer Connection (approx. 200 members)

Realized need for formal engagement of CFC, secured funding
Phase 1
Fall 2021-Spring 2022

- Solicited ideas from State Advisory Council, Community Advisory Council, Peer Connection (Over 130 potential indicators suggested)
- Cross-walked indicators with other statewide dashboards for alignment
- Convened Data Advisory Group
- Narrowed number of indicators by combining like items
- Created broad categories of indicators based on the 5 CDC’s Social Determinants of Health categories
- Added Structural Racism as an additional category
Phase 2
Spring – Summer 2022

• Asked community coalitions about data tool’s usage
• Needs raised of community culture measurement tool to use together with long-term indicators
• Researched structural racism indicators and how to measure hope
• Realized need to formally engage Cape Fear Collective.
• Secured funding for data dashboard, contracting with Cape Fear Collective
By merging cutting-edge data science with an emphasis on equity and the lived experience of our most marginalized communities, the Cape Fear Collective supports North Carolina’s front-line organizations in combating poverty, racism, poor health and education outcomes, and socio-economic disparities.
CFC DATA SCIENCE METHODOLOGY

Community Engagement
- Seek to tap into the wealth of experience and knowledge in the community
- Pair tools and methodology with local resources already in existence
- Support and empower local organizations through true democratization of data, insights, and visualizations

Human-Centered Approach
- Incorporate the “lived experience” in analyses and data storytelling
- Advocate for equity, providing insight into disparities present in race, ethnicity, gender, and age
- Data security, including HIPAA and FERPA are non-negotiable and foundational to our data architecture

Hyper Localized Data
- Provide neighborhood level statistics (census tract or block group), allowing deeper look at county populations
- Triangulate multiple data sources to strengthen accuracy of models and analyses, making the data more actionable
- Utilize local partner data through Data Usage Agreements

Deep Technological Expertise
- Leverage years of experience in technical and consulting sectors
- Robust toolbox, including R, Python, SAS, ArcGIS, SQL, AWS, Full Stack Dev, and Tableau
- Academic and professional experience in Mathematics, Statistics, Computer Science, and Machine Learning
- Start up approach: innovative, comfort in ambiguity, hypothesis driven, aim high, and fail fast

Services and tools designed to transform regional outlook on data-driven programming and support culture of hypothesis generation and testing.
1,500+ community metrics across 9 categories

- Neighborhood level (census tract) for entire state of NC
- Sourced from a variety of public and partner sources including, but not limited to:

<table>
<thead>
<tr>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census Bureau</td>
</tr>
<tr>
<td>Annie E Casey Foundation</td>
</tr>
<tr>
<td>Robert Wood Johnson Foundation</td>
</tr>
<tr>
<td>Federal Housing Finance Agency</td>
</tr>
<tr>
<td>Center for Disease Control</td>
</tr>
<tr>
<td>Bureau of Labor Statistics</td>
</tr>
<tr>
<td>US Department of Agriculture</td>
</tr>
<tr>
<td>Opportunity Insights</td>
</tr>
</tbody>
</table>

- Data disaggregated at race, ethnicity, gender, and age
- Free to peruse and download at communitydatanc.org

*Encrypted AWS MySQL database with private/public schemas and S3 storage buckets allowing storage of structured and unstructured raw data.
Cloud-based*, public, free, and open-source aggregation of impact indicators from public and partner sources.

**Social Determinants of Health**

- Health Care Access and Quality
- Neighborhood and Built Environment
- Economic Stability
- Social and Community Context
- Education Access and Quality
• Advisory Group of local coalitions and data scientists in local communities
• Work directly with Cape Fear Collective and NCPC Learning and Evaluation data scientists
• Narrowed indicators to include in dashboard to 7
Long Term Indicators to be included in Community Indicators Dashboard

Communities also want real time process indicators – data about what is happening now at an organizational level (relationships, organizational culture, representation, etc.)
6 principles of Trauma-Informed Approach

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES
ALIGNING ON INDICATORS

To Be Added to Dashboard

**Economic Stability/Reducing Stress**
- Living Wage

**Healthcare Access & Quality**
- Suicide Rate
- Substance Abuse/Overdose Deaths

**Neighborhood and Build Environment**
- Community Resilience Estimates

**Education Access & Quality**
- Suspension/Expulsion
- School Attendance/Chronic Absenteeism

**Structural Racism**
- School Segregation
- Sentencing Data

**Existing Indicators in Dashboard That Were Lifted Up**
- Infant Mortality; Access to On-Time Prenatal Care; Incarceration Rate; Child Abuse Incidence; High School Graduation Rates; Child Poverty; Child Food Insecurity; Severe Housing Problems; Neighborhood Deprivation Index

Indicator Wishlist

**Healthcare Access & Quality**
- Trainings for early childhood education providers

**Social & Community Context/Human Attachment**
- Positive parent/child interactions OR family connection & attachment
- Connection to social supports
- Trauma assessment

**Education Access & Quality**
- Reading OR Singing with children OR books in home
- Trauma-informed Education
- Practicing mindfulness, other emotional regulation skills – children
- Restorative practices in schools
- Parental Engagement (i.e. PTA Involvement)

**Economic Stability/Reducing Stress**
- Staff turnover rates
- Increased family-friendly workplace policies, access to paid leave
- Family Economic Security

**Neighborhood & Built Environment**
- Disaster planning and awareness
- Restorative practices in courts/restorative justice programs
- Green space initiatives

**Structural Racism**
- Discouraged From Education
- Micro-aggressions, called a slur
- Truth, reconciliation, racial healing conversations
- Positive racial identity/supportive context of faith or cultural experiences/African-centered curriculum
- Index of Concentration of Extremes - ICE

**Other**
- Hope
DEMO

https://ncsmartstart.shinyapps.io/community_indicators/
CALL to ACTION
Resilient North Carolina Website Announcement

Building Thriving Communities Together

Resilience is the ability to deal with, and recover from, difficult situations. North Carolina is a leader in promoting resilience in the United States. Across the 100 counties that make up our state, there are many efforts to promote personal, organizational, and community resilience.

The purpose of this website is to share information and resources with the thousands of individuals, organizations, and communities across North Carolina who are working to prevent trauma and create thriving communities where everyone can succeed. Our goal is to create a North Carolina where everyone has the opportunity to be all they can be, and a place where people don’t have to be so resilient.

The 4 R’s of Trauma

SAMHSA (Substance Abuse and Mental Health Services Agency) defines trauma as an event or series of events that is experienced and has lasting effects on a person’s mental, physical, social, or spiritual well-being. When caring for an individual, organization, or community that has experienced trauma, SAMHSA has identified four key assumptions that should be made. These factors are called “The Four R’s.” SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach | SAMHSA Publications and Digital Products
WRAP UP

Vernisha Crawford
Trauma Informed Institute and the BYE Foundation