



# “Connecting the Data Dots from Trauma to Hope”

**Mark Durgin – System Partner Tri-Chair**  
**Jase Elam – Youth Partner Tri-Chair**  
**Maria Silva – Family Partner Tri-Chair**  
**Monica Walker Payne – Lead Evaluator**

*June 22, 2016 – 10:30-11:45am*

*June 22, 2016 – 1:30-2:45pm*



**pennsylvania**  
SYSTEM OF CARE PARTNERSHIP

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# • Agenda

- **Welcome and Introductions**
- **Evaluation Subcommittee**
- **Part 1 – Prevalence of Trauma and Risk Factors**
- **Part 2 – Protective Factors and Resilience**
- **Part 3 – Trauma-Informed Care, Hope, and Positive Outcomes**
- **Activity – Try out your new skills!**
- **Additional Questions and Discussion**

# • Evaluation Subcommittee

## **Current Membership:**

Melissa Bible – System Partner – Erie County

Lisa Caruso – Provider Partner – Northumberland County

A. Rand Coleman – Family/Provider Partner – Chester County

Mark Durgin – System Partner – York County \* **System Partner Tri-Chair**

Jessica Elam – Youth Partner – Delaware County \* **Youth Partner Tri-Chair**

Alan Ford – Provider Partner – Philadelphia County

Gordon Hodas – System Partner – OMHSAS

Dave Jeannerat – System Partner – Erie County

Andy Kind-Rubin – Family/Provider Partner – Delaware County

Sharon LeGore – Family Partner – York County

Bryon Luke – Provider Partner – Bucks, Chester, Delaware, Montgomery Counties

Lisa Milan – Provider Partner – Greene County

Maria Silva – Family/Provider Partner – Allegheny County \* **Family Partner Tri-Chair**

Karan Steele – Family Partner – Westmoreland County

Tim Truckenmiller – Provider Partner – Fayette County

## ***PA System of Care Partnership Staff Support to Evaluation Subcommittee:***

Monica Walker Payne – Lead Evaluator

William McKenna – Database Administrator

Amanda Clouse – Evaluation Team Family Member Interviewer

Corey Ludden – YIS Staff

We welcome new members!

Contact Monica for more information:

[walkermm@upmc.edu](mailto:walkermm@upmc.edu)

# • Workshop Learning Objectives

## Learning Objectives:

1. To gain an understanding of trauma prevalence and how trauma can be identified in different kinds of data (from national to local).
2. To be able to look at data and ask questions to promote critical thinking and planning.
3. To identify positive outcomes from participating in System of Care services and supports that show hope and resiliency despite evidence of trauma in youth and family histories.

- Gives and gets – what's in it for us?

- **Who is in the audience?**
- **What brought you to this workshop today?**
- **Professionally or personally...**
  - ▶ What questions do you have that you would like to have answered?
  - ▶ What do you want to learn more about?
- **Jot down a few ideas...**



# PART I

## Prevalence of Trauma and Risk Factors

## • Introductory Video Clip

- **Through Our Eyes: Children, Violence, and Trauma**
- This video discusses how violence and trauma affect children, including the serious and long-lasting consequences for their physical and mental health; signs that a child may be exposed to violence or trauma; and the staggering cost of child maltreatment to families, communities, and the Nation. Victims lend their voices to this video to provide first-hand accounts of how their exposure to violence as children affected them. Published on Feb 27, 2013
- <https://www.youtube.com/watch?v=z8vZxDa2KPM>

# What themes did you hear in the video?

- Themes related to Trauma?
- What child-serving systems/agencies are affected?
- Themes related to Resiliency/Hope?



## • Adverse Childhood Experiences (ACE) Study

- The original ACE Study was started by an MCO for a study about weight loss, and discovered complex trauma history...
- It was conducted by The Center for Disease Control and Prevention at Kaiser Permanente from 1995 to 1997 with two waves of data collection.
  - ▶ Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.
  - ▶ The first research results were published in 1998, followed by 57 other publications through 2011.
- They showed that:
  - ▶ childhood trauma was very common
  - ▶ there was a direct link between childhood trauma and adult onset of chronic disease, as well as depression, suicide, being violent and a victim of violence;
  - ▶ more types of trauma increased the risk of health, social and emotional problems.
  - ▶ people usually experience more than one type of trauma

# • Adverse Childhood Experiences

- 10 Adverse Childhood Experiences (ACEs)
- All ACE questions refer to the respondent's first 18 years of life.
- Abuse
  - ▶ Emotional abuse
  - ▶ Physical abuse
  - ▶ Sexual abuse
- Household Challenges
  - ▶ Mother treated violently
  - ▶ Household substance abuse
  - ▶ Mental illness in household
  - ▶ Parental separation or divorce
  - ▶ Criminal household member
- Neglect
  - ▶ Emotional neglect
  - ▶ Physical neglect

One point is given for each type of trauma experienced so ACES scores range from 0-10.

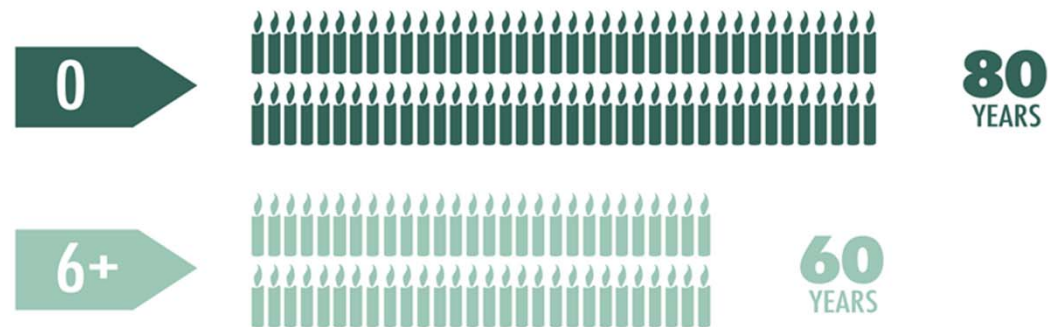
# How do ACEs Affect Individuals and our Society?

Questions that arose about generalizability led to more studies with more diverse populations...

Since then, many other communities/states have conducted ACES studies...

## LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



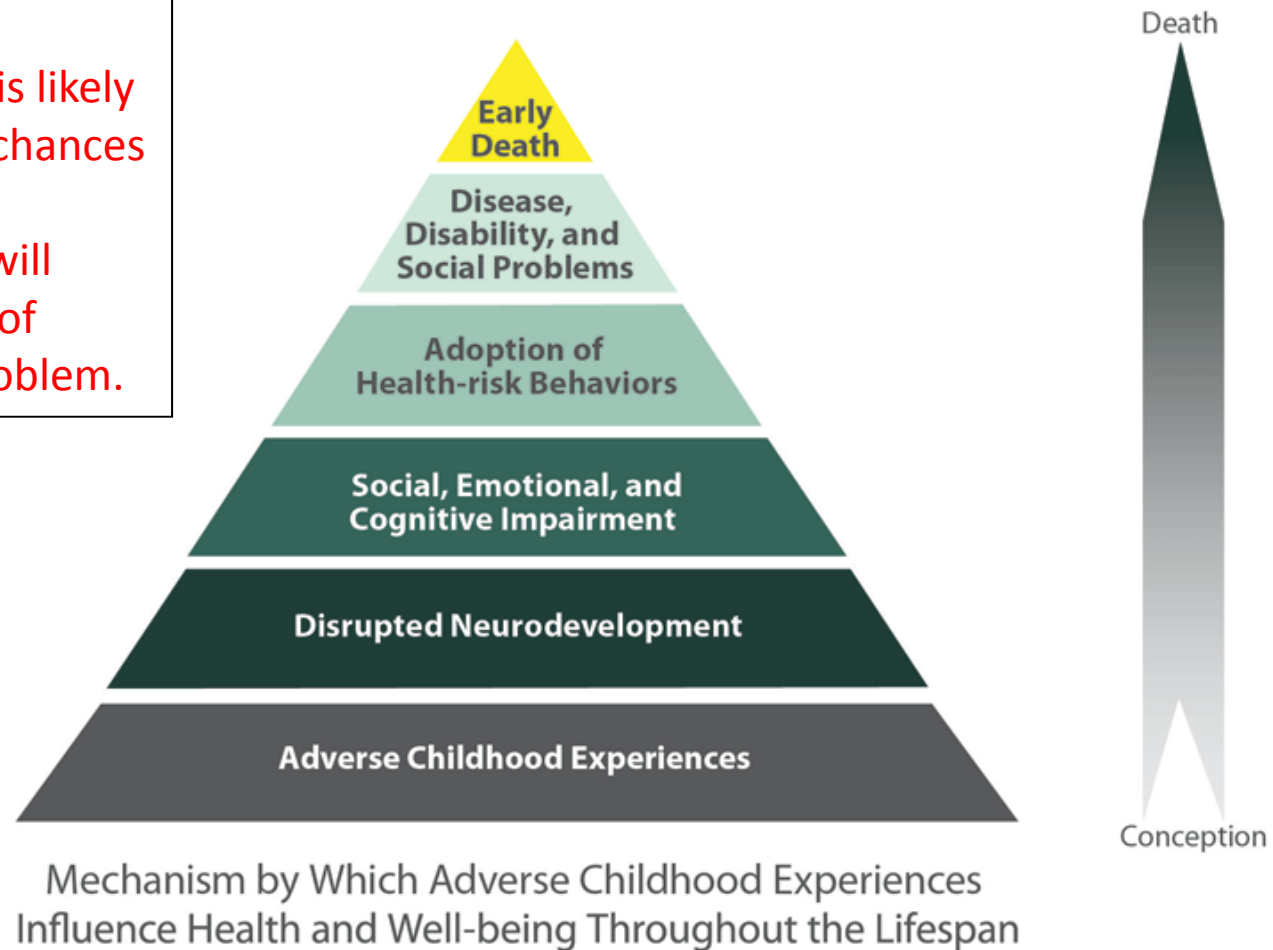
## ECONOMIC TOLL

The Centers for Disease Control and Prevention (CDC) estimates the lifetime costs associated with child maltreatment at **\$124 billion**.

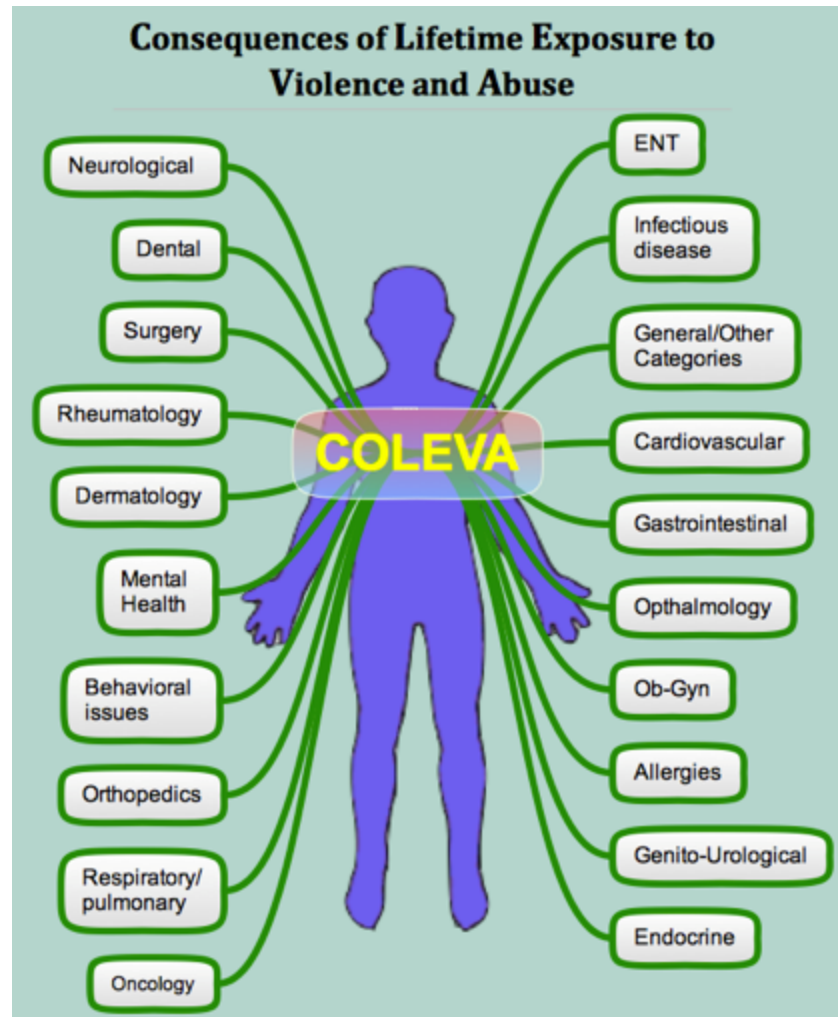


- ACEs are strongly related to risk factors

A risk factor is something that is likely to increase the chances that a particular negative event will occur – the risk of developing a problem.



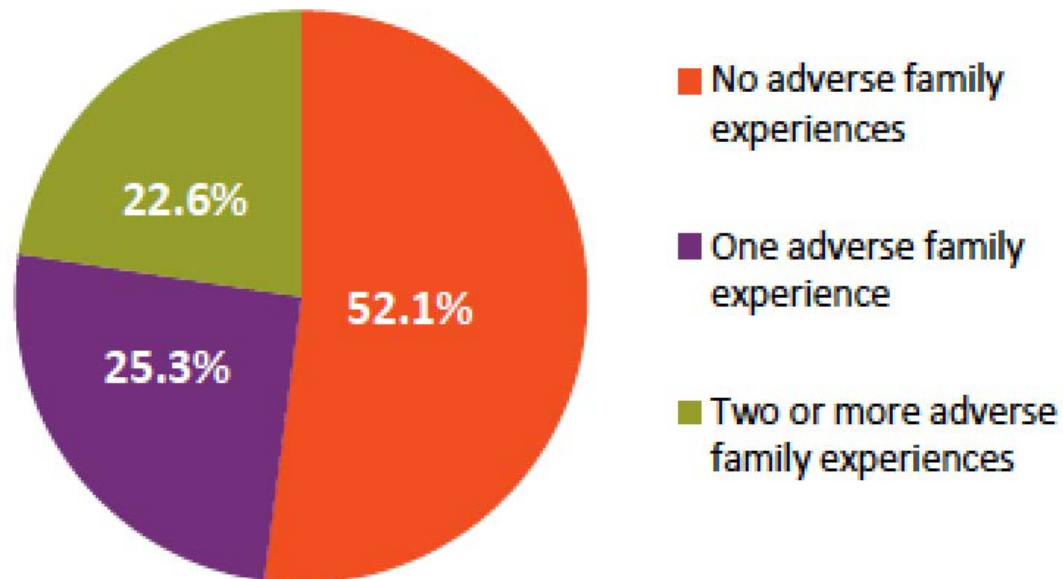
- Risky behaviors lead to consequences



# National Data – Updated in 2012

**Figure 1. Prevalence of Adverse Child and Family Experiences among US Children Age 0-17 years**

*Almost half the nation's children have experienced at least one or more types of serious childhood trauma.*



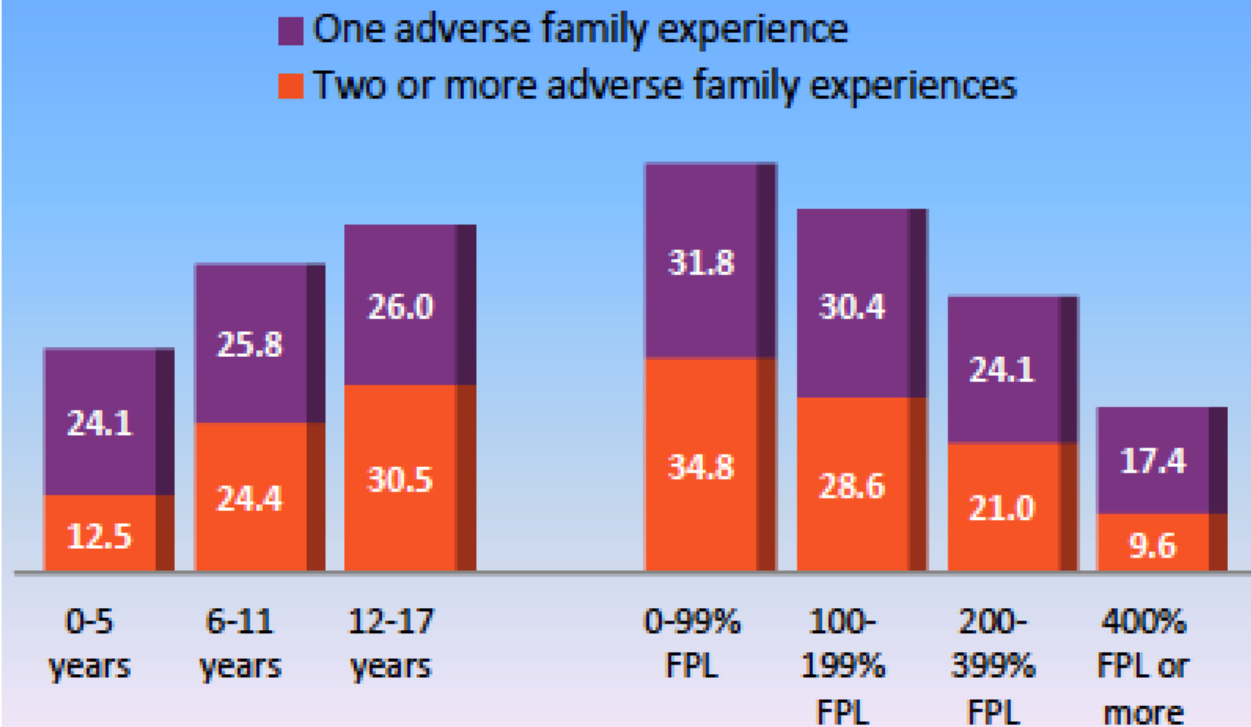
Source: 2011/12 NSCH

## • Connection to age and income level

*ACEs are still experienced by more than one in three children under the age of six.*

*Even in higher income families, more than one in four children have ACEs.*

**Figure 2. Prevalence of Adverse Child and Family Experiences, by Age and Household Income Subgroups**

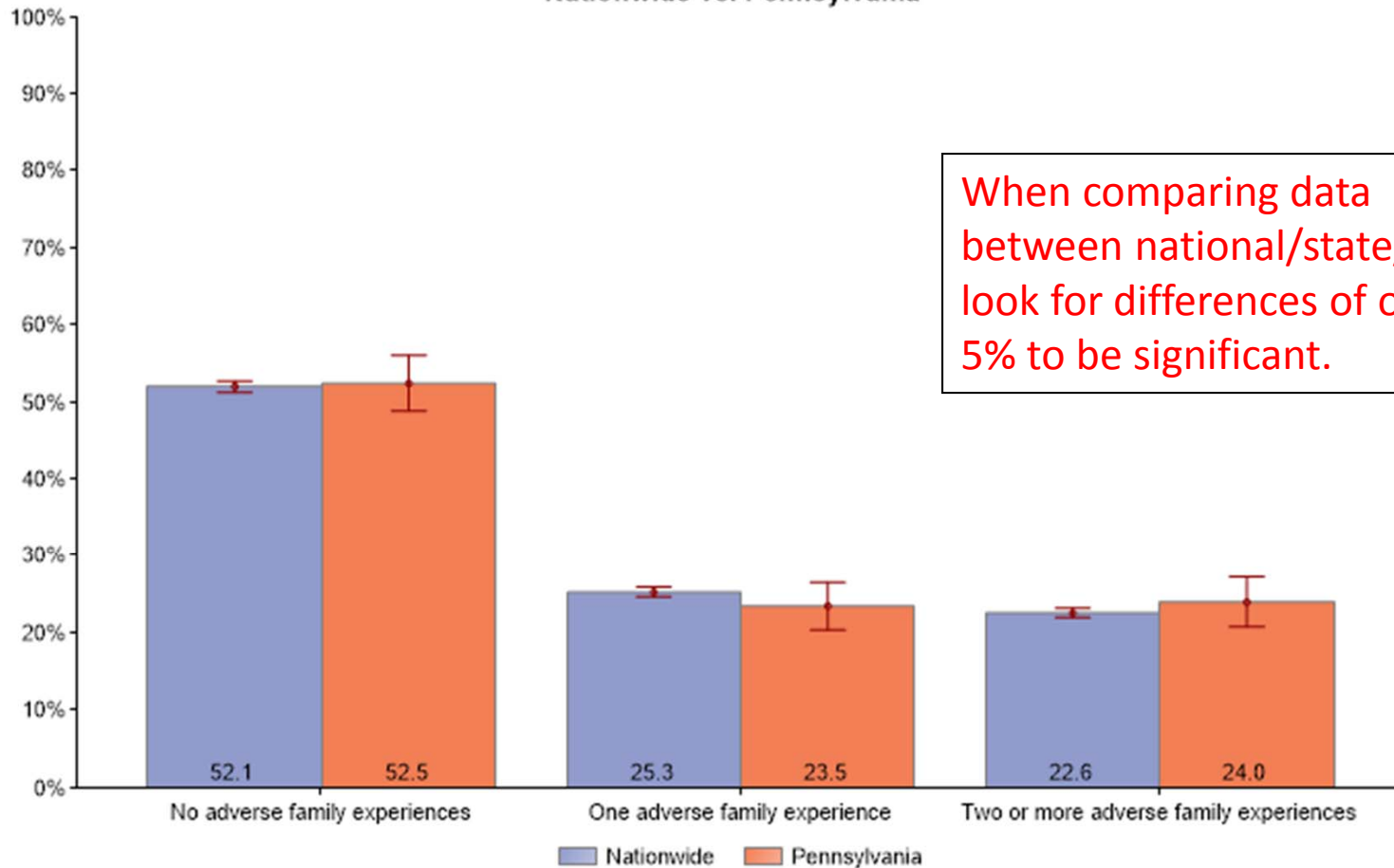


Source: 2011/12 NSCH

*FPL is Federal Poverty Level - \$23,550 for a family of 4, so 400% FPL is \$94,200.*

# National and PA Data – Adverse Family Experiences

Adverse family experiences  
Children age 0-17 years  
Nationwide vs. Pennsylvania



When comparing data between national/state/local, look for differences of over 5% to be significant.



# PA Healthy Transitions – Trauma Data

## Youth (N=81)

### Youth Experienced Traumatic Event in Their Lifetime (n=81)

Yes	55.6%	Refused	1.2%
No	35.8%	Unsure	2.5%
		Missing	4.9%

### Type of Traumatic Event (may exceed 100%) (n=45)

Natural or man-made disaster	4.4%
Community or school violence	13.3%
Interpersonal violence (including physical, sexual, or psychological)	62.2%
Military trauma	2.2%
Other	20.0%
Missing	8.9%

### PTSD Symptoms (n=45)

	Yes	No	Refused	Unsure	Missing
Had nightmares or persistent thoughts	66.7%	17.8%	2.2%	13.3%	0.0%
Avoided thinking about or situations that reminded them of the experiences	84.4%	8.9%	2.2%	4.4%	0.0%
Were on guard, watchful, or easily startled	60.0%	26.7%	2.2%	11.1%	0.0%
Numbness or detachment	64.4%	22.2%	2.2%	11.1%	0.0%

# PA High Fidelity Wraparound – Trauma Data

## Youth (N=295)

### Traumatic experience for the Identified Youth in their lifetime? (n=295)

Yes	72.5%	Missing	10.8%
No	16.6%		

### Traumatic events affecting Identified Youth (n=214)

	Past Year	Lifetime	N/A	Missing
<b>Maltreatment (n=148)</b>	<b>20.1%</b>	<b>69.2%</b>		
Physical abuse	10.1%	56.1%	41.9%	2.0%
Sexual abuse	4.7%	39.2%	59.5%	1.4%
Emotional abuse	20.3%	73.6%	25.7%	0.7%
Neglect	4.1%	46.6%	52.7%	0.7%
<b>Other Trauma (n=181)</b>	<b>56.5%</b>	<b>84.6%</b>		
Been a victim of bullying?	40.3%	58.6%	38.7%	2.8%
Been a victim of a violent crime?	5.0%	12.7%	86.2%	1.1%
Had a life-threatening illness/injury?	5.0%	11.0%	88.4%	0.6%
Had a close family member go to jail?	19.9%	54.1%	44.8%	1.1%
Witnessed violence between family members?	13.6%	49.5%	47.5%	0.0%
Witnessed a crime/traumatic event?	14.4%	47.0%	51.9%	1.1%
Witnessed a life-threatening incident/injury?	7.7%	23.2%	75.1%	1.7%
Other:	11.0%	17.7%	82.3%	0.0%

# • Pennsylvania Youth Survey (PAYS)

- PAYS is sponsored and conducted every two years by the Pennsylvania Commission on Crime and Delinquency.
- It is a survey of school students in the 6th, 8th, 10th and 12th grades to learn about their behavior, attitudes and knowledge concerning alcohol, tobacco, other drugs and violence.
- The data gathered in PAYS serve two primary needs:
  - ▶ Results provide school administrators, state agency directors, legislators and others with critical information concerning the changes in patterns of the use and abuse of these harmful substances and behaviors.
  - ▶ The survey assesses risk factors that are related to these behaviors and the protective factors that help guard against them.
- This information allows community leaders to direct prevention resources to areas where they are likely to have the greatest impact.

# ● Pennsylvania Youth Survey (PAYS) Risk Factors

- Community
  - ▶ Low neighborhood attachment
  - ▶ Perceived availability of drugs
  - ▶ Perceived availability of handguns
  - ▶ Laws and norms favorable to drug use
- Family
  - ▶ Family history of antisocial behavior
  - ▶ Poor family management
  - ▶ Parental attitudes favorable to drug use
  - ▶ Parental attitudes favorable to antisocial behavior
  - ▶ Family conflict
- School
  - ▶ Academic failure
  - ▶ Low commitment to school
- Peer and Individual
  - ▶ Rebelliousness
  - ▶ Perceived Risk of drug use
  - ▶ Attitudes favorable to drug use
  - ▶ Attitudes favorable to antisocial behavior
  - ▶ Sensation seeking
  - ▶ Rewards for antisocial behavior
  - ▶ Friend's use of drugs
  - ▶ Interaction with antisocial peers
  - ▶ Depressive Symptoms

*See your handouts for more information and resources.*



## **PART II**

# **Protective Factors and Resilience**

## • What the data tell us...

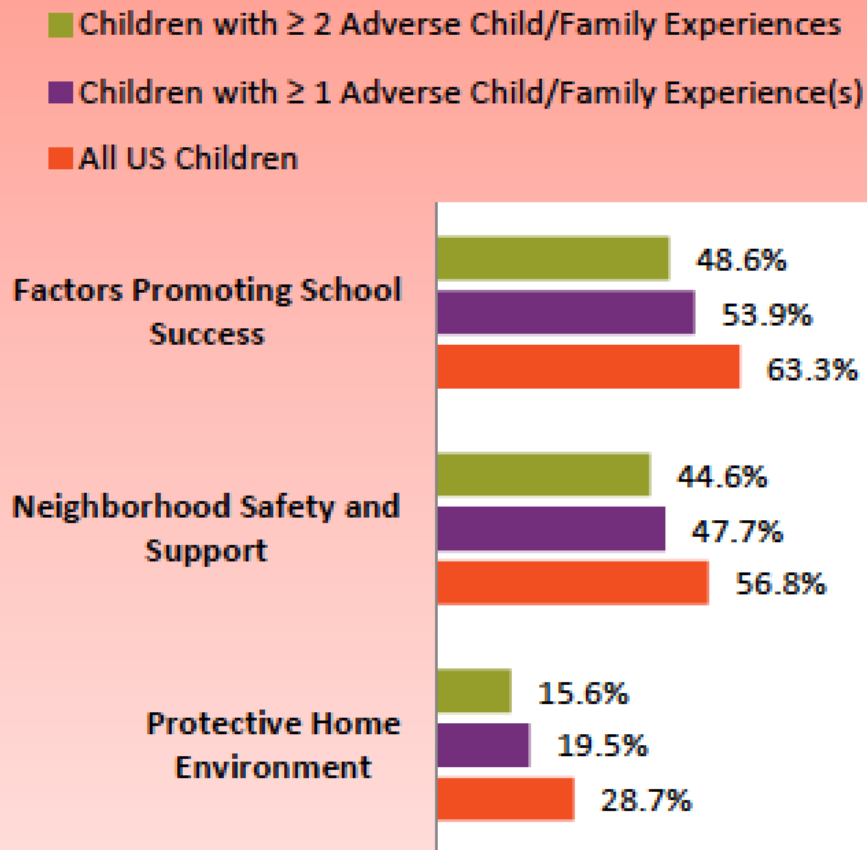
- “If more prevention, trauma-healing and resiliency training programs aren’t provided for children who have experienced trauma, and if our educational, juvenile justice, mental health and medical systems are not changed to stop traumatizing already traumatized children, many of the nation’s children are likely to suffer chronic disease and mental illness. Not only will their lives be difficult, but the nation’s already high health care costs will soar even higher.”
- *Dr. Christina Bethell is the director of the [National Maternal and Child Health Data Resource Center](#), part of the [Child and Adolescent Health Measurement Initiative \(CAHMI\)](#)*

# • ACEs and Protective Factors

A protective factor decreases the chance that a negative event will occur – it protects against a problem.

*Not as much impact of ACEs when protective factors are in place.*

**Figure 6. Associations between ACEs and Home, Neighborhood and School Factors<sup>4,5</sup> among Children**



Source: 2011/12 NSCH

# • Five Protective Factors of Strengthening Families

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

*The Strengthening Families framework is based on five protective factors.*

*These characteristics of families PROTECT against risk factors and poor outcomes for both children and families and PROMOTE strong families and optimal development for children.*

*See your handouts for more information and resources.*



# Resiliency and Hope

## What *can* Be Done About ACES?

These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. **Safe, stable, and nurturing relationships and environments** (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.  
Example: Nurse-Family Partnership



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient income support for lower income families

*For every dollar you spend in prevention, you save \$7 on treatment.*



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[www.pasocpartnership.org](http://www.pasocpartnership.org)

[http://vetoviolence.cdc.gov/apps/phl/resource\\_center\\_infographic.html](http://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html)

# • Pennsylvania Youth Survey (PAYS) Protective Factors

- Community
  - ▶ Rewards for prosocial involvement
- Family
  - ▶ Family attachment
  - ▶ Opportunities for prosocial involvement
  - ▶ Rewards for prosocial involvement
- School
  - ▶ Opportunities for prosocial involvement
  - ▶ Rewards for prosocial involvement
- Peer and Individual
  - ▶ Belief in the moral order
  - ▶ Religiosity

*See your handouts for more information and resources.*



## **PART III**

# **Trauma-informed Care, Hope, and Positive Outcomes**

# • RICH Relationships

- **RICH Relationships: Creating Opportunities for Healing & Recovery (Saakvitne et al., 2000)**
  - ▶ **RESPECT**
  - ▶ **INFORMATION (followed by choice)**
  - ▶ **CONNECTION**
  - ▶ **HOPE**

*See your handouts for more information and resources.*

# System of Care

A network of effective, community-based services and supports for children and youth with or at-risk for mental health or other challenges and their families...

...is organized into coordinated networks;

...addresses cultural and linguistic needs

...builds meaningful partnerships with families and youth;

...in order to help families function better at home, in school, in the community, and throughout life.

# System of Care / High Fidelity Wraparound

## Outcomes

*Check out your  
System of Care data  
brochure in your  
registration packet!*

6, 12, 18, and 24 month outcomes on 122 youth and families from 13 System of Care counties

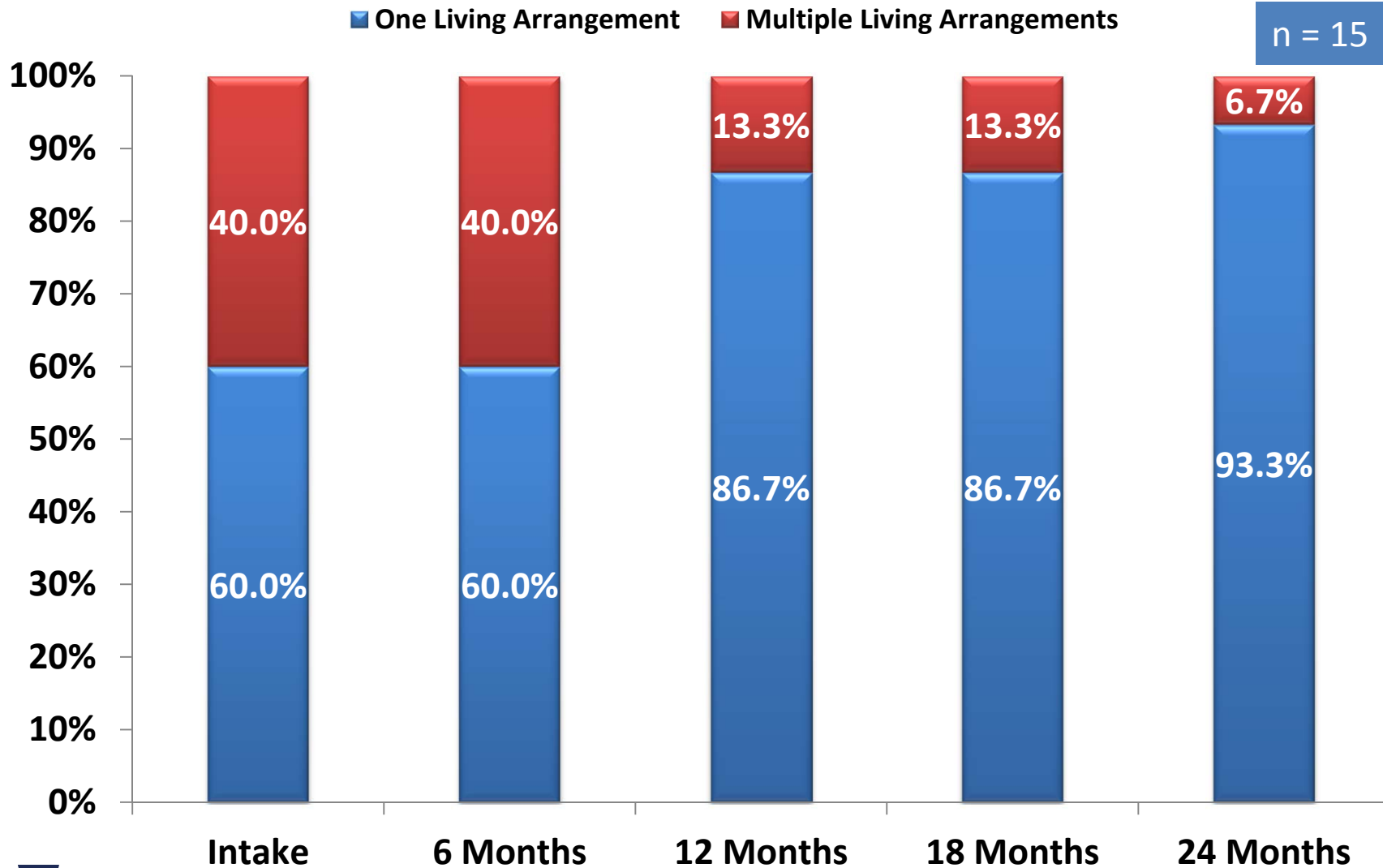
*Note: This evaluation is currently in progress and the sample size varies depending on the length of time that youth and families have been enrolled.*

*Data was collected from October 2012 – April 2016 from the CMHS National Evaluation - Longitudinal Outcomes and Satisfaction Study*

*The Data Profile Report (DPR) for the PA SOC Partnership is produced by the CMHS National Evaluation Team and adapted by the PA System of Care Partnership Evaluation Team. The report is based on data collected by PA SOC Partner Counties as part of the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. Data collection for the program is still ongoing; thus, results presented in this report do not represent final results and should not be interpreted as such. The DPR serves to provide a periodic update on the children and families served in the PA SOC Partnership.*

*This report was developed under grant number SM061250 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.*

# A Stable Place to Live



# Less School Discipline

n = 12

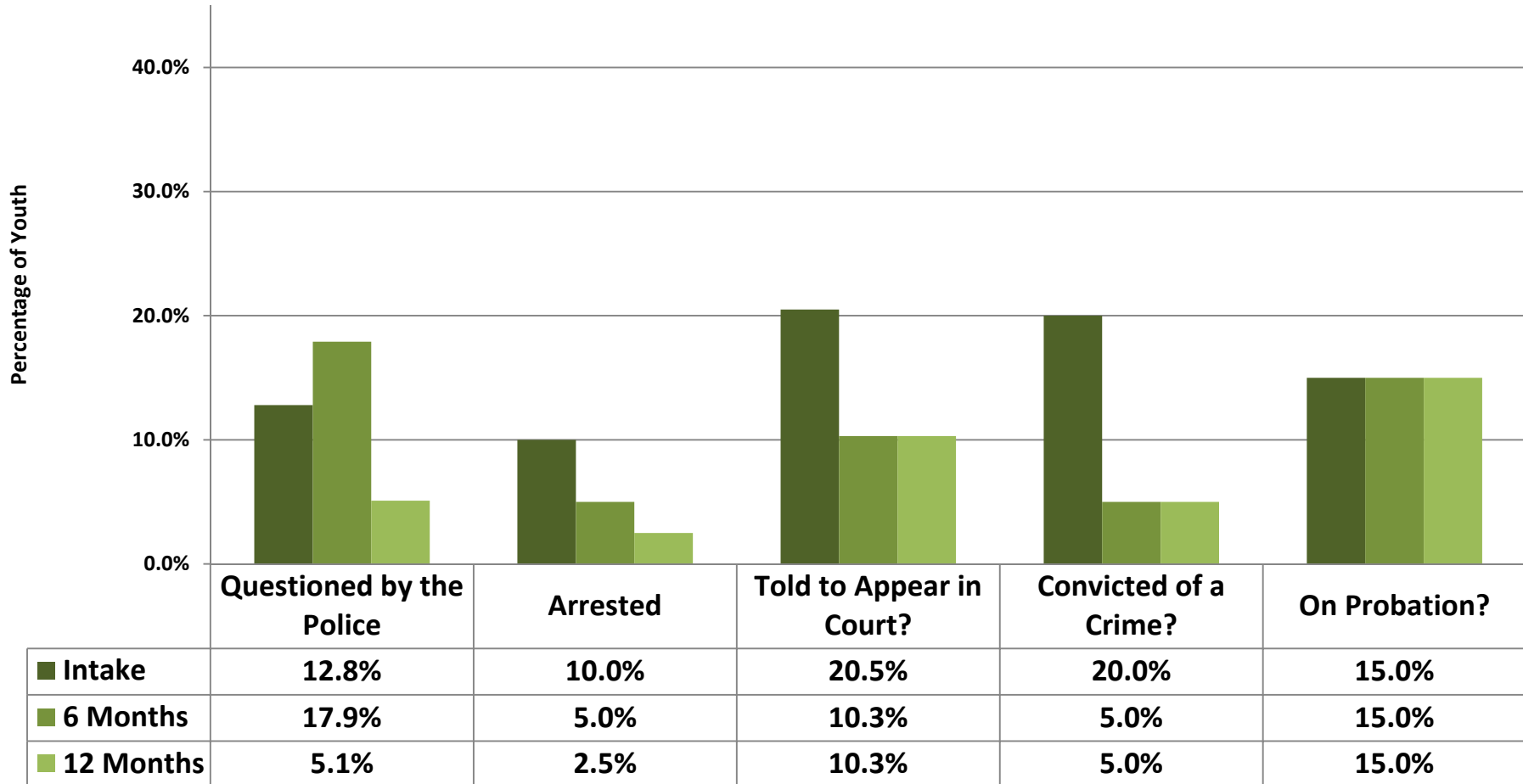
<b>Actions</b>	<b>Intake</b>	<b>6 Months</b>	<b>12 Months</b>	<b>18 Months</b>
<b>Suspended</b>	<b>41.7%</b>	<b>16.7%</b>	<b>16.7%</b>	<b>8.3%</b>
<b>Expelled</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Suspended and Expelled</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>	<b>0.0%</b>
<b>Neither Suspended Nor Expelled</b>	<b>58.3%</b>	<b>83.3%</b>	<b>83.3%</b>	<b>91.7%</b>



# Less Juvenile Justice Contact

• In the past 6 months have you been . . .

n = 40

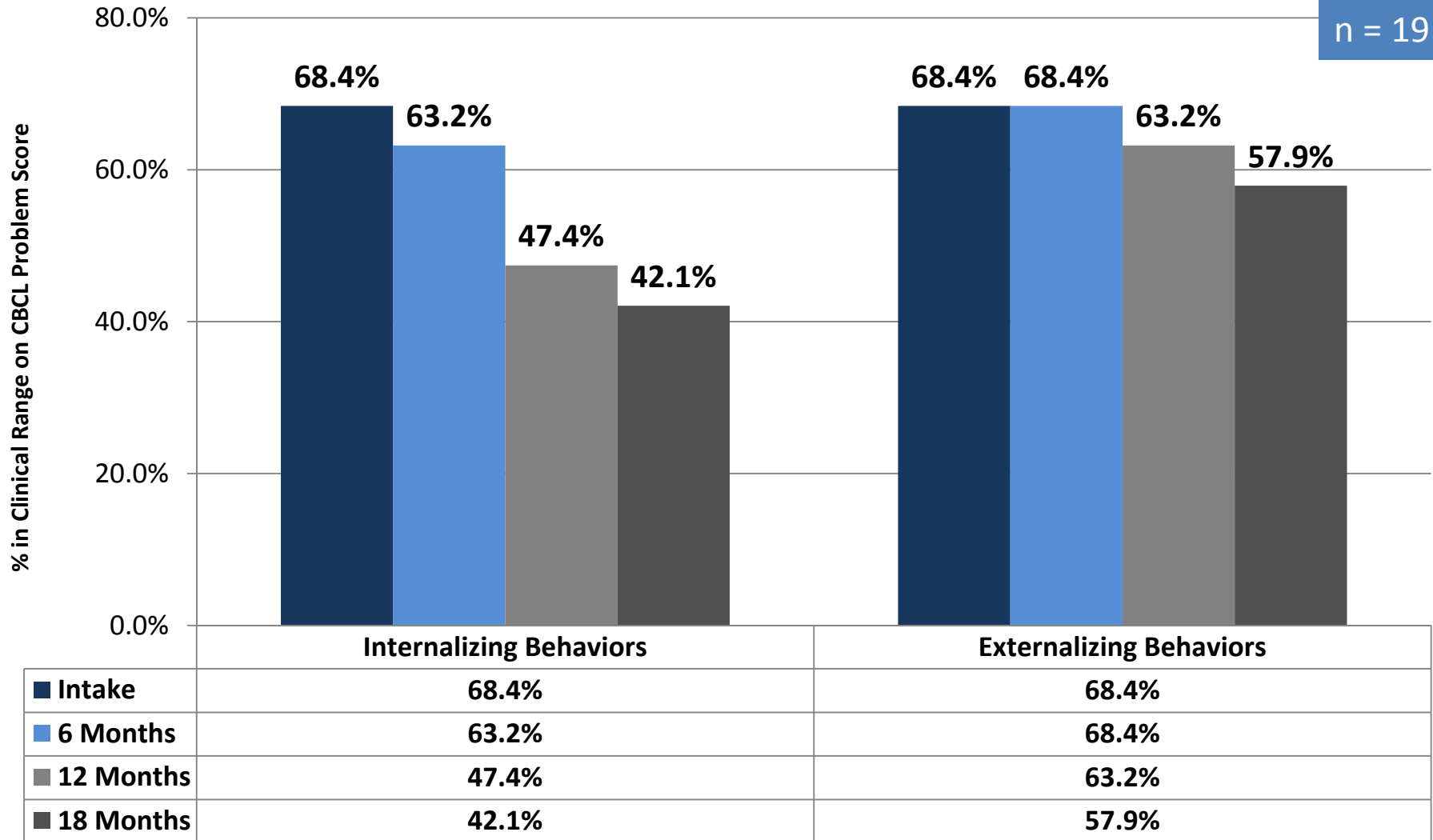


# Decreased Caregiver Strain

n = 20

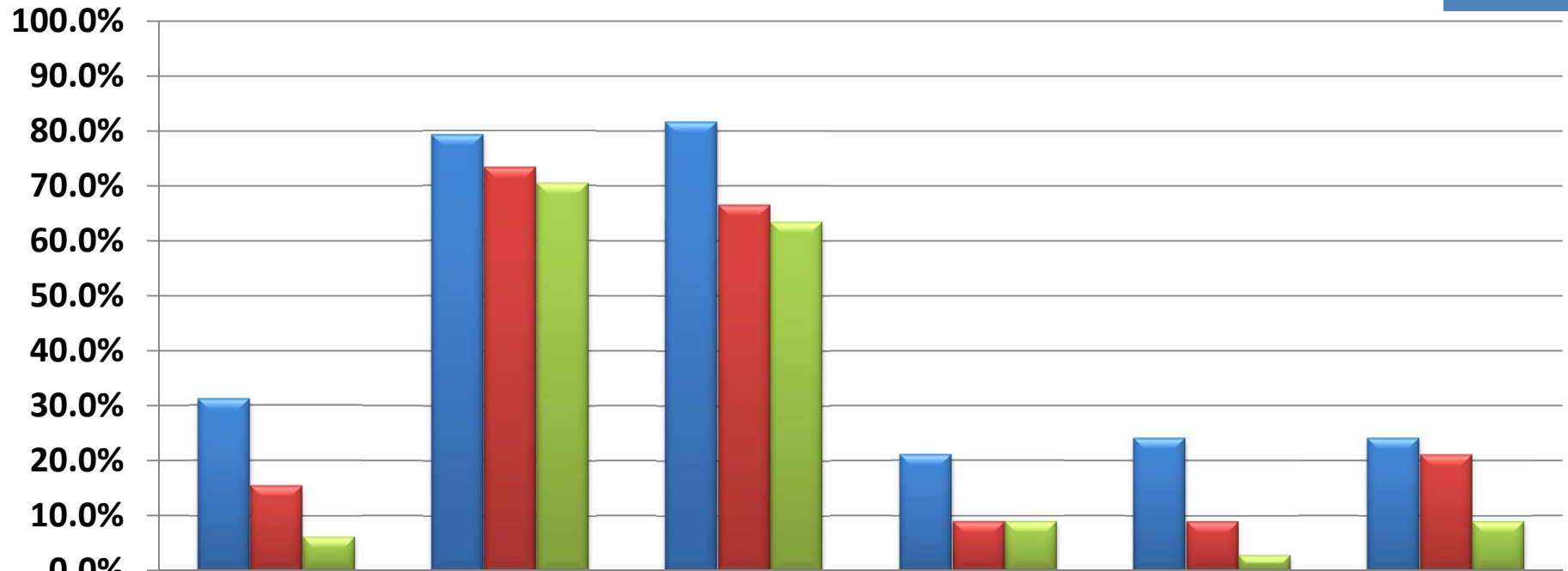
Caregiver Strain Questionnaire Subscales	Average Score			
	Intake	6 Months	12 Months	18 Months
Objective Strain	2.9	2.6	2.2	2.0
Subjective Externalized Strain	2.6	2.7	2.4	2.3
Subjective Internalized Strain	3.7	3.6	3.2	3.1
<b>Global Strain</b>	<b>9.1</b>	<b>8.8</b>	<b>7.9</b>	<b>7.5</b>

# Decreased Internalizing and Externalizing Behaviors



# Less costly services and out of home placement

n = 33



	Crisis Stabilization	Medication Monitoring	Individual Therapy	Day Treatment	Inpatient Hospitalization	Residential Treatment Center
■ Intake	31.3%	79.4%	81.8%	21.2%	24.2%	24.2%
■ 6 Months	15.6%	73.5%	66.7%	9.1%	9.1%	21.2%
■ 12 Months	6.3%	70.6%	63.6%	9.1%	3.0%	9.1%

## • Activity - Try out your new skills!

- Break into small groups
- Everyone will receive copies of PAYS data from an anonymous PA County around one of three topics.
- Review the data so that you can answer the following questions:
  - ▶ Find something positive in the data or a success to celebrate.
  - ▶ Find something that needs to be improved.
  - ▶ Discuss how youth, family, provider, and system partners might see those successes or areas for improvement differently.
  - ▶ Identify an area where you would like more information (think about your original questions that brought you to this session...)
  - ▶ What would be your next steps? What are the action steps that partners on your CLT or people in your agency would do with this information?
- Report your findings and plan to the large group.

## • Discussion

- ▶ Are you a little more comfortable using data?
- ▶ Did this workshop make it easier to use data in your CLT?
- ▶ What have you been doing in your county around evaluation and CQI?
- ▶ What are your biggest challenges with this standard?
- ▶ What additional tools or technical assistance do you need from our Evaluation Team?
- ▶ Any additional comments or questions that we can talk about today?

- For additional information contact:

## Monica Walker Payne

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Pennsylvania Healthy Transitions Partnership

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