National Council for Behavioral Health
Trauma-Informed Learning Community Webinar
December 6, 2016

Domain 6
Community Outreach and Partnership Building
Webinar Agenda

• Overview of Domain 6 and Key Thoughts
• The Care and Feeding of Relationships
  Reba Smith
• The Alaska Resilience Coalition
  Rachel Romberg
• Ardmore Behavioral Health Collaborative
  Mendy Spohn
• Hancock County ADAMHS Board
  Amber Wolffrom
Domain 6: Community Outreach and Partnership Building

Your organization

• Assumes a leadership role in engaging and educating community partners

• Engages external partners in the care of individual consumers

• Engages in trauma-informed care awareness building through multiple messaging
Polling Question: 1

Our Core Implementation Team
A) Is currently working on this domain
B) Hopes to address this domain prior to the end of the LC
C) Has no plans to work on this domain
Polling Question: 2

Our organization is considered to be a leader of trauma-informed care in the community

Please type into the chat box:

What type of activities has your organization engaged in that addresses trauma and trauma-informed care?
Lots of Systems, Influencers, Partners

Public Health

Courts

Parenting Programs

Early Childhood Programs

Legislators

Policy Advisors

Home Visiting Programs

Housing Services

Emergency Care

Consumer Run Services

Food Pantries

Seniors Services

Domestic Violence Services

Community Centers

Childcare

Child Welfare

Faith Based Organizations

Veterans Organizations
Key Thoughts

You’re building relationships with human beings. That doesn’t happen overnight.
— Gini Dietrich

Resilient Communities
Creating Community Partnerships

The Care and Feeding of Relationships
Reba Smith, M.S.
"If you want to build a ship, don’t herd people together to collect wood and don’t assign them tasks and work, but rather teach them to long for the endless immensity of the sea."

— Antoine de Saint-Exupery
Background and Situation

• Disagreement between agencies about how best to treat those in our care.
• Competition for resources.
• Deep discouragement among staff when clients were retraumatized by other service agencies.
Education *and* Engagement

Yes, teach, teach, teach

AND.... Engage
Grow the Vision

• Tailor the message:
  – Entails getting to know your audience; their language, their acronyms, their challenges and importantly—
    *Their hope, their definition of success, what motivates them.*
Multiple Great Outcomes

• Speaking engagements: ~ 50
• Eight regional conferences with TIC as topic
• TIC is in each of the local CCO Community Health Improvement Plans
• Mental Health Court
• Community-wide steering committee with ~25 partner agencies represented
• CIT for nearly all law enforcement
• 18 month/$200,000 investment in TIC from multiple funders
• Attention at the state level
• On-going support from many sectors; inclusion of two neighboring counties
TIC is Here to Stay

• Very few naïve audiences
• It’s in the language
• People aren’t as reluctant to argue
• It’s getting funded
• Champions are self-identifying
• People claim their histories and trauma becomes part of their story
Rachel Romberg
Coordinator, Southern Kenai Peninsula Resilience Coalition
Mendy Spohn, MPH
Administrative Director for Health Departments in Carter, Johnston, Love, Marshall, Stephens and Jefferson Counties in Oklahoma
Leveraging Community Involvement for Trauma-Informed Care

Mendy Spohn, MPH
Carter County Health Department
Ardmore Behavioral Health Collaborative
Getting Started – The Ardmore Experience

• A small group of community partners gathered to talk about poor community wellness and how to make a true impact on health outcomes.
  – Large initiatives already exist; so where do we go from here?
  – Even “experts” don’t know where to start for true community level change around wellness.
  – Decision was made to think and pray on the direction to take.
The Gathering of Champions

• This small group reached out to leaders of local funding organizations and hospital administration.
• Discovery of common ground and desire to move forward toward broad system change.
• Expanded the steering committee to involve all stakeholders in behavioral health. Key themes and issues began to emerge.
• The urgency to address the system to improve total wellness was evident.
Becoming a Collaborative

• Formalizing the structure of our group took time
• Finding common focus was important, because the issue is so large
• A mission statement evolved:
  – Build a comprehensive framework for addressing behavioral health and trauma response in Carter County linking existing assets with new opportunities to shrink gaps and promote prevention.
At the Table

- Mercy Hospital – Ardmore
- First National Bank
- Ardmore City Schools
- Chickasaw Nation
- Chamber of Commerce
- Plainview Schools
- Carter County Turning Point Coalition
- Ardmore Institute of Health
- Carter County DHS
- Grace Center
- City of Ardmore
- Carter County Health Department
- Carter County Healthy Living Committee
- Mental Health Services of Southern OK
- Gloria Ainsworth Child Care
- Community Children’s Shelter
- OK Dept. of Veterans Affairs
- Good Shepherd Community Clinic
- Arbuckle Life Solutions
- Oklahoma Highway Patrol
- Ardmore Police Department
- Local Emergency Planning Committee
Now What?

- The “consultant” model has worked in our community for other projects like art districts and community development.

- It took approximately a year to finalize a contract and secure funding to proceed with The National Council for Behavioral Health.
  - Throughout this time, champions continued to meet and learn about local services and about the subject of trauma in general. They stayed engaged and helped articulate where we are headed as a community.
Getting Others to Commit

• The mission is to have a comprehensive understanding of trauma informed principles across our entire community, while addressing the behavioral healthcare system.

• We needed non-traditional partners at the table and committed to participating in a two year project with the Collaborative.

• We strategized about who to talk to and when to ask them to get on board. If you ask too soon, there isn’t anything for them to do.
How We Engaged Critical Sectors in the Community.

• We leveraged relationships already at the table:
  – The president of one of our banks has been a key champion from the beginning. He had relationships outside the social service arena, and carried the mission to businesses and churches.
  – The hospital CEO has committed time and money to the mission which helps legitimize the efforts with physicians and medical providers.
  – The public health director is active in emergency response planning which involves broad community partnerships.
Partnership Background

• For almost twenty years, coalitions have been active in Carter County to address health related issues or other specific topics.
  – Our level of readiness for community partnership is high.
  – This doesn’t mean we don’t have turf issues or strained relationships.

• As the Collaborative moved forward, we made a point to not identify any of our efforts with one partner organization or agency. This is about the whole community.
  – The level of readiness around trauma understanding is low.
  – The readiness to identify system change is high.
Is Public Health at Your Table?

• It SHOULD be!

• A good public health department is focused on all conditions affecting the population they serve.

• I am not an expert on behavioral health, but I do believe the issues surrounding trauma and behavioral health(care) are the number one public health problem in my communities.
Why is Public Health a Natural Champion?

- The essential functions cornerstone to public health involve infectious and chronic disease prevention.
- Healthy behaviors are what public health practitioners promote every day.
- People cannot make healthy decisions or change behaviors if they have unresolved trauma or untreated mental illness.
- We should not ignore the brain when promoting community wellness activities.
Local Public Health Champion

• As the Regional Health Director, I am responsible for a wide variety of health topics. This allows me to establish relationships across all sectors in the community.

• Our Community Health Improvement Plan identified mental health and adverse childhood experiences as two of the top five issues in this county.
  – It is my job to convene partners to develop a plan to address these issues.
Project Kick-off Event

• 95 people attended
• Represented over 30 organizations or agencies
• All agreed to participate
  – Workgroups
  – Assessment
  – Learning Community Teams

Learning Community Teams

• Representing:
  – Law Enforcement
  – City Government
  – Mercy Hospital
  – Non-profits
  – Hospice
  – Schools
  – Technology Centers
  – Banks
  – Community Mental Health
  – Public Health
  – Shelters
  – Free Clinic
  – Healdton Community (small town)
Key Lessons Learned... So Far

• Find out what is relevant to the partner you are recruiting. Instead of “selling” them on the project, listen to their key issues.

• What are their top five biggest problems? Find a way to relate those problems to your mission.

• Usually, you will be able to discuss trauma or total wellness in a way they understand.
More Key Lessons

• Follow up.
• Stay focused, but be okay with changing direction.
• Trust the process.
• Use the experiences and relationships of your partners.
• Think big, but explain your mission in small steps.
• This mission is relevant to all audiences. Share it broadly and continuously, because you never know who will be a key champion.
Thank you!

Chaotic action is preferable to orderly inaction

- Will Rogers
Amber Wolf from, MA, OCPS II
Deputy Director
Hancock County
ADAMHS Board
Background

Hancock County, Ohio

- County of 76,000
- County seat, Findlay, ranked #1 U.S. Micropolitan (Site Selection Magazine, 2014 & 2015)
- Corporate headquarters of Marathon Petroleum, Cooper Tire
- Median income per household – $43,856 & Median income per family – $51,490
ROSC
Recovery Oriented Systems of Care
Team formed to assess lasting effects of trauma

By SARA ARTHURS
STAFF WRITER

An inaugural training session for the newly formed Hancock County Trauma-Informed Learning Community Team was held Tuesday at Blanchard Valley Hospital.

The team includes representatives from more than 20 organizations including mental health, law enforcement, schools, health department, courts, Job and Family Services and several nonprofit organizations, who are teaming up to gain a better understanding of how survivors of trauma can suffer physical and mental health consequences many years later.

The meeting was the first in what will be a yearlong process. “What we’re trying to figure out is what helps and what hurts,” said Precia Stuby, executive director of the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services, which organized the event.

Amber Wolfrom, director of planning and accountability systems for ADAMHS, said examples of trauma include child abuse and neglect and, in adulthood, being a victim of a violent crime, serving in combat or experiencing a natural disaster like a flood, among others. What makes an experience a trauma is not just what happened but the impact it has on the person. Sometimes a combination of many experiences may be traumatic. Two siblings might experience the same thing and it would be traumatic for one but not life-altering for the other, she said.
Hancock County OSA August 2014

FALL 2014
Combined Summary of the Organizational Self-Assessment

Domain Score

Domains

- Domain 1: Screening Assessment
- Domain 2: Consumer Driven
- Domain 3: Workforce
- Domain 4: Best Practices
- Domain 5: Safety Environ
- Domain 6: Community Outreach
- Domain 7: Evaluation Data

Scores:
- Domain 1: 1.32
- Domain 2: 1.11
- Domain 3: 0.87
- Domain 4: 1.31
- Domain 5: 1.38
- Domain 6: 0.84
- Domain 7: 0.59
Hancock County OSA August 2015

FALL 2015
Combined Summary of the Organizational Self-Assessment

Domain Score

Domain 1: Screening Assessment
Domain 2: Consumer Driven
Domain 3: Workforce
Domain 4: Best Practices
Domain 5: Safety Environ
Domain 6: Community Outreach
Domain 7: Evaluation Data

Scores:
- Domain 1: 2.68
- Domain 2: 2.33
- Domain 3: 2.73
- Domain 4: 2.67
- Domain 5: 2.90
- Domain 6: 2.35
- Domain 7: 1.91
Addressing the lifelong effects of trauma

By SARA ARTHURS
Staff Writer

Educators, mental health professionals and other community leaders are about to conclude a year of education on how to make Hancock County more sensitive to the needs of people who have suffered trauma. But, they say, the work is just beginning.

The Hancock County Trauma-Informed Learning Community Team, originated by the Be Healthy Now coalition and the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services, includes representatives from schools, mental health, law enforcement, social service agencies and other nonprofit organizations. Their goal is to address long-term problems that may grow out of trauma.

Research over the past 20 years has shown that children who experience multiple traumas in their life will, even as adults, be more likely to have addictions or mental illnesses and more likely to attempt or commit suicide, said Dr. Mark Hurst, medical director for the Ohio Department of Mental Health and Addiction Services.

Trauma also affects overall physical health, he said. Someone who has suffered trauma is more likely to get cancer or heart disease or die prematurely. In addition, autoimmune diseases, diabetes and obesity are linked to trauma, said Karen Johnson, director of trauma-informed services for the National Council for Behavioral Health. Johnson, based in Washington, D.C., traveled to Findlay twice to train area professionals in trauma-informed care.

Hurst said these illnesses may be the result of the impact of trauma on the developing brain, as well as trauma creating chronic inflammatory processes which can lead to both mental and physical illness.

Johnson said when a person suffers trauma it affects their “stress response system” which will become overdeveloped and then “defaults very readily to that flight, fight or freeze response,” even when there is no threat. It also affects the immune system.

Researchers have found the prevalence of trauma within homes, communities and families is “much higher than we had perhaps thought,” Johnson said. The Adverse Childhood Experiences study, a study of 17,000 participants in the 1990s, made professionals more aware of the prevalence of trauma and its impact on those who survive it.

Amber Wolford, director of planning and accountability systems for ADAMHS, said she has explained as “Trauma trumps all.” That is, if a person is a survivor of trauma, even...
School district widens trauma training effort

Posted On Mon, Sep 21st, 2015  By: The Courier

By ABBEY NICKEL
STAFF WRITER

It's a familiar list for school counselors in the Findlay City School district: physical abuse, divorce, death in the family. The list goes on.

But for school employees who might not be as familiar with such a list of traumatic events that affect students and their families, the district is trying to change that this year.

Certified employees, such as teachers and administrators, recently underwent trauma-informed care training, as well as classified staff, which includes bus drivers, secretaries, cafeteria workers and custodians.

The goal of the training was to help employees learn how to look at student behavior through the lens of trauma and its impact, according to Kelly Glick, an assistant principal at Donnell Middle School and one of the employees who helped lead the training. Over 800 employees were trained, Glick said.

"As humans, sometimes we look at people and ask 'what's wrong with you?' without thinking about it. We need to change that into 'how can I help you?"' said Darlene Mack, a school counselor at Donnell, who also helped lead the training.

Trauma Informed Care Program Making Strides At Findlay City Schools

Oct 5, 2015 Post by Local News

10/5/2015 - 7:55 pm

The Trauma Informed Care program was highlighted at the Findlay School Board meeting Monday. Kelly Glick, the Assistant Principal of Donnell Middle School said that the school has collected much data by way of numbers and statistics on trauma rates in the school and now they are beginning to collect individual stories.
**Trauma-Informed Care Training Opportunity**

**World Turned Upside Down:**
*Understanding the Effects of Trauma on Our Children*

Judy Lester, LISW-S, CTC, RPT  
Presenter

Participants attending this training will be able to identify common traumatic experiences of children; understand how brain development and function are impacted by trauma; and learn to use appropriate interventions that can be used to help create safe environments for children who have been a victim of trauma.

This training is targeted for Mentors, Foster Parents, Teachers, and Other Adults Who Work with Children.

**Thursday, October 22, 2015**  
First Presbyterian Church  
Great Room  
2330 S. Main St.  
Findlay, OH 45840

(Room temperature can vary and is out of our control. Please dress accordingly.)

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**Motivational Interviewing & Trauma Informed Care**

**Motivational Interviewing & Trauma Informed Care**

John M. Ellis, LISW-S, LICDC-CS, ICCS  
Sue-Ann Newport, RN, MSN, CNS, APRN  
Presenters

Participants attending this training will be able to describe/discuss:
- Prochaska and DiClement’s transtheoretical model of behavioral change.
- The principles of motivational interviewing including their application in clinical and criminal justice settings.
- How prevalent trauma histories are among the people you serve.

**Thursday, October 29, 2015**  
First Presbyterian Church  
Great Room  
2330 S. Main St.  
Findlay, OH 45840

(Room temperature can vary and is out of our control. Please dress accordingly.)

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**Compassion Fatigue Training**

**Compassion Fatigue Training**  
Presented by J. Eric Gentry, Ph.D., LMHC

Dr. Gentry is an internationally recognized leader in the study and treatment of compassion fatigue.

His PhD is from Florida State University where he studied with Professor Charles Figley, who wrote *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* in 1995. In 1997, under Dr. Figley’s direction, Gentry developed the Accelerated Recovery Program (ARP) for Compassion Fatigue with Anna Baranovsky, Ph.D., and Kathleen Dunning. The ARP has demonstrated powerful effectiveness for treating the symptoms of compassion fatigue. Dr. Gentry draws equally from his scientific study and from his rich history of 24 years as a professional therapist to provide this training. His commitment to his mission to serve caregivers helping them to become evermore effective with minimal symptoms is evident throughout this training.

**April 7, 2016**  
8:30 am-4:30 pm  
Marathon Auditorium  
Blanchard Valley Hospital  
1900 S. Main St.  
Findlay, OH 45840

(Room temperature can vary and is out of our control. Please dress accordingly.)

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**Registration Open!**

**Ethics and Trauma**

**Thursday, December 1, 2016**  
Elizabeth Van Valkenburgh, MSSA, LISW-S, CNM

**GENERAL ETHICS**  
9:00am - 12:30pm

**SUPERVISORY ETHICS**  
1:00pm - 4:30pm

Elizabeth Bach-Van Valkenburgh M.B.A, LISW-S is currently in private practice in Solor, Ohio where she specializes in mediation, collaborative divorce, couples and families, and working with traumatized individuals. She is a graduate of the Mander School of Applied Social Science where she has been serving as an adjunct faculty member since 2005. Elizabeth provides continuing education training on a variety of topics and is a provider for the State of Ohio Counselor, Social Work, Marriage and Family Therapy Board.
2017 National Conference Events
Seattle, Washington

• 2016 Trauma-Informed Learning Community Summit Meeting
  Saturday, April 1, 11:00 am to 5:00 pm
  RSVP to Dana Lange at danal@thenationalcouncil.org

• Preconference University
  Laura Van Dernoot Lipsky
  Sunday, April 2, 9:00 am to 5:00 pm
Conference Discount Codes

• NCStaff50- $50 discount for past LCs
• 50LCsave17- $50 discount for staff to use for family and friends
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Resources

Resilience Trumps ACEs

Community Resilience Cookbook