



Building Healing Systems:

Trauma-Informed/Healing-Centered Organizational Transformation

Adverse and Positive Childhood
Experiences among Youths in
Behavioral Health Populations



Maryland ACEs & PCEs Data Presentation and Data-to-Action Toolkit Demonstration

Key Players

What We'll Present On

What We Hope Will Happen!

Community Members



Building Healing Systems Team



Partnership for a Safer Maryland

Reflection and Action Steps

How data can be used

Data-to-Action Toolkit

ACEs & PCEs data

ACEs & PCEs overview

Building Healing Systems' work

Increased access to useful resources

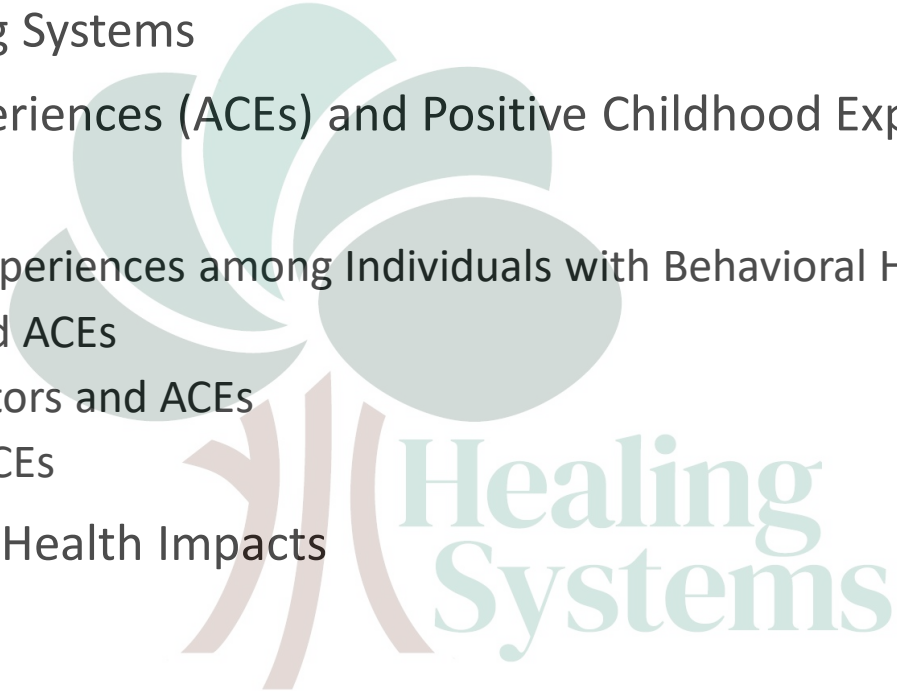
Better understanding of the impacts of ACEs and PCEs

Additional efforts aimed at prevention of ACEs & promotion of PCEs

Increased collaboration across service systems

Contents

- Intro to Building Healing Systems
- Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs) Background
- Analysis
 - Positive Childhood Experiences among Individuals with Behavioral Health Challenges
 - Behavioral Health and ACEs
 - Mental Health Indicators and ACEs
 - Substance Use and ACEs
- Summary of Behavioral Health Impacts
- Potential Action Steps
- Toolkit Demo



Building Healing Systems Partners



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE
Psychiatry



Maryland Trauma Informed
Care Commission



Maryland
DEPARTMENT OF HEALTH
Behavioral Health Administration

Maryland Association of
Behavioral Health
Authorities (MABHA)

People with Lived-Experience

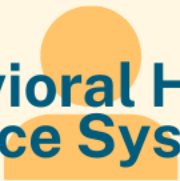
Healing Systems Advisory Committee



Building Healing Systems: Supporting Trauma-Informed and Healing- Centered Work in Maryland & Beyond

Who


Communities


**Behavioral Health
Service Systems**


Leadership


Universities

Activities



Assessment



Resources



Training


**Technical
Assistance**

Outcomes


1. Increased
understanding


2. Improved
systems & services


3. Better health and
well-being for all



The Maryland Way: TIROE

- We are working in partnership with the Maryland Trauma Informed Care Commission

Trauma-
Informed,
Resilience-
Oriented,
Equitable



TIROE Principles

adapted from SAMHSA

- Safety
- Trustworthiness and Transparency
- Inclusion of the Voice of Lived Experience
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Concerns
- Anti-Racism
- Anti-Bias
- Social Justice

Trauma Informed Resilience Oriented and Equitable (TIROE) Principles, <https://bit.ly/TIROE>

Maryland Childhood Trauma and ACEs

The data for today's presentation comes from the 2021 **Youth Behavioral Risk Survey/Youth Tobacco Survey (YRBS/YTS)** conducted with Maryland Middle and High School Students

YRBS data is available due to the efforts of:

- The Maryland Department of Health: Prevention and Health Promotion Administration Center for Tobacco Prevention and Control
- The Maryland youth who participated in the surveys used in this project



Building Healing Behavioral Health Systems:

Adverse Childhood Experiences and
Positive Childhood Experiences Background

Healing Systems



What are Adverse Childhood Experiences?

ACE Overview

Childhood exposure to physical, emotional, or sexual abuse, neglect, and other stressors are known as adverse childhood experiences (ACEs)

- Experiencing violence, abuse, or neglect
- Witnessing violence
- Experiencing household substance misuse
- Experiencing household mental health problems
- Instability in the home (parental separation/divorce or household members in jail or prison)

What are Adverse Childhood Experiences?

ACE Surveys

Household ACEs

Kaiser-Permanente^a

1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Parental Separation or Divorce
7. Household Domestic Violence
8. Household Substance Abuse
9. Household Mental Illness
10. Household Incarceration

Community ACEs

Philadelphia Urban Expansion^b

1. Witnessed Violence*
2. Felt Discrimination
3. Adverse Neighborhood Experience
4. Bullied
 1. Bullied at School
 2. Electronic Bullying
5. Lived in Foster Care

Indicates Items Available for Analysis in the Maryland YRBS/YTS data

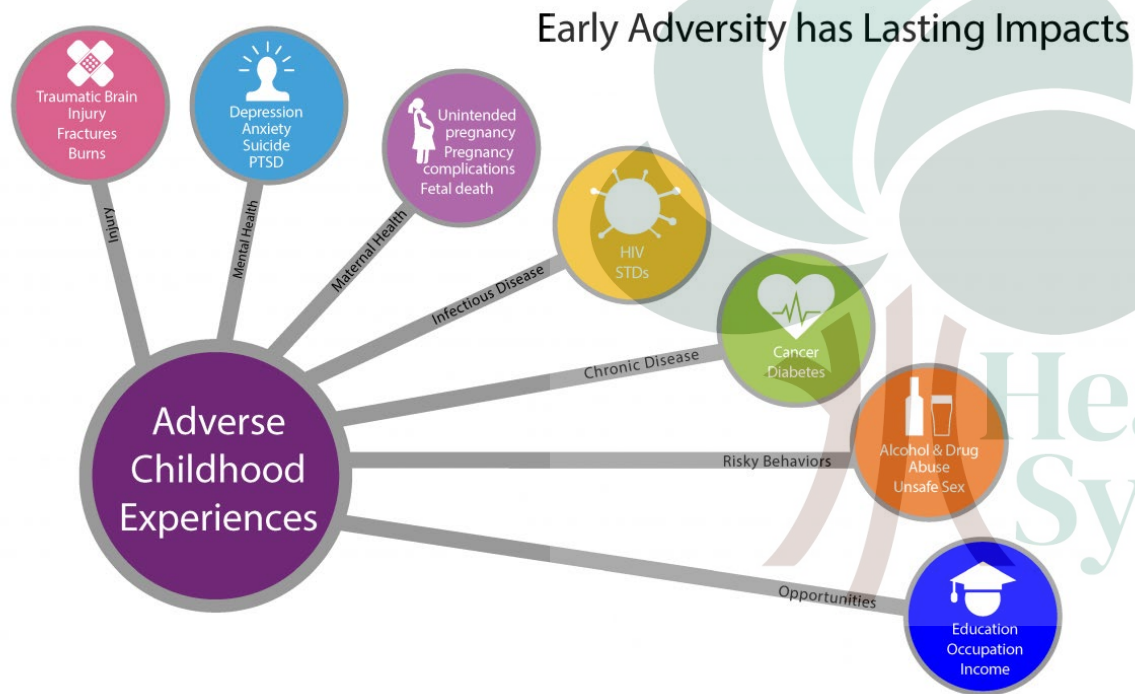
* Middle school only

^aFelitti, et al., (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine*, 14(4), 245–258.

^bSource: [Findings from Philadelphia ACE Survey and Compared ACE Questions.pdf](#)

What are Adverse Childhood Experiences?

Negative Effects of ACEs



ACEs are linked to chronic health problems, early mortality, mental health problems, and substance use in adulthood.

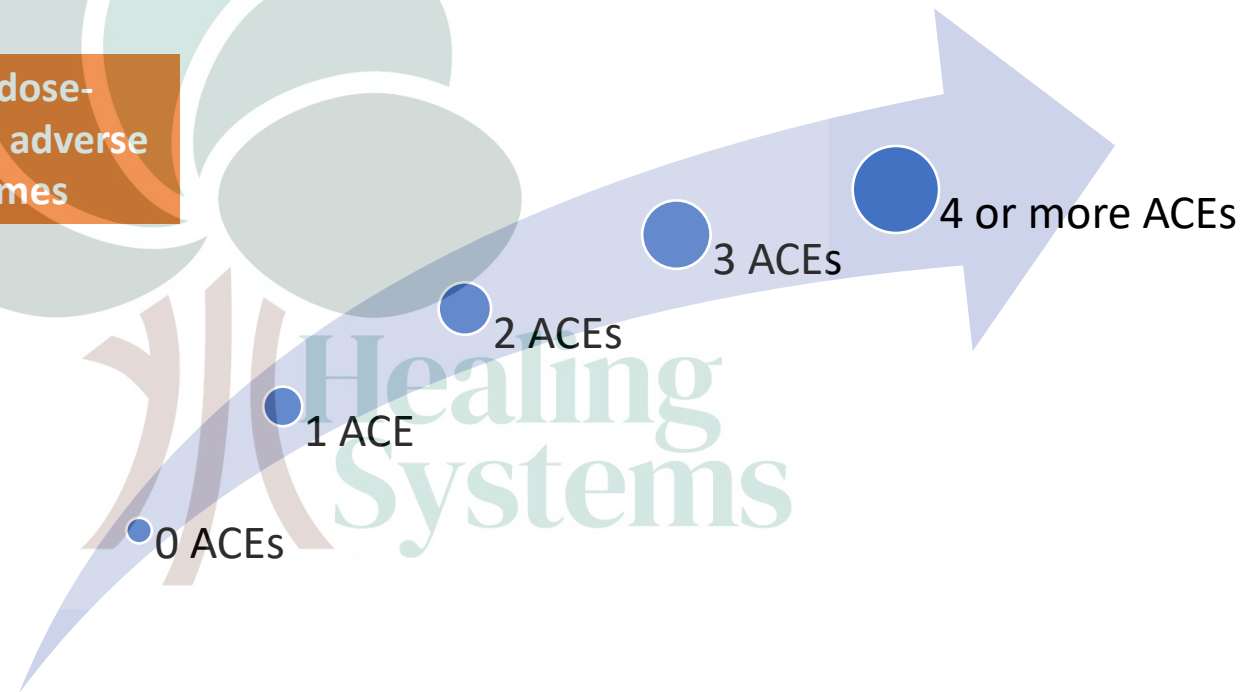
ACEs contribute to increased frequency of:

1. Reaction to Severe Stress and Adjustment (including PTSD)
2. Depression
3. Anxiety
4. Psychosis
5. Substance Use (Alcohol, Cannabis, Opioid, Other substance use)

What are Adverse Childhood Experiences?

Dose-Response Relationship

ACEs have been found to have a dose-response relationship with many adverse risk behaviors and disease outcomes



What are Positive Childhood Experiences?

Positive Childhood Experiences

1. Being able to talk openly to a family member or as a family about feelings and feel heard, accepted and supported.
2. Belief that family stood by them during difficult times.
3. Feeling safe and protected by an adult in the home.
4. Feeling supported by friends.
5. Having a sense of belonging and connection with a larger group who has “got your back” (e.g. school, church, clubs, neighborhood, etc.).
6. Enjoyment of participation in community traditions.
7. Relationship with at least one non-parent adult who takes genuine interest in you.

PCE-like Experiences in YRBS/YTS

1. Participation in Extracurricular Activities at school such as sports, band, drama, clubs, or student government.
2. Feeling safe at school and on your way to or from school.
3. Having Food Security:
 1. Not worried that your food would run out before you got money to buy more.
 2. Did not run out of food when your family did not have the money to buy more.

Indicates Items Available for Analysis in the Maryland YRBS/YTS data

Impact of Positive Childhood Experiences

- PCEs can counteract the impact of ACEs
- Research comparing adults with high numbers of PCEs to those who reported low or no PCEs. Adults reporting more PCEs:
 - had 72 percent lower levels of adult depression and/or poor mental health
 - were 3.5 times more likely to get the social and emotional support they need as an adult (Bethell, et al, 2019)
- When parents share ideas and talk about things that matter with their child, the child had a 1,200 percent greater chance of flourishing compared to those who did not have this type of communication (Bethell, Gombojav & Whitaker, 2019).

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample. *JAMA Pediatrics* published online 2019 Sep 9.
Bethell, C. D., Gombojav, N., & Whitaker, R. C. (2019). Family resilience and connection promote flourishing among US children, even amid adversity. *Health Affairs*, 38(5), 729-737.
Positive Childhood Experiences source: <https://www.childandadolescent.org/positive-childhood-experiences/>

Impact of Positive Childhood Experiences

- PCEs can come from the family; however, some children live in homes where they don't feel emotionally safe. PCEs involving friends and communities can counterbalance the effect of ACEs, even if household PCEs are not available.

Household PCEs

- Being able to talk openly to a family member or as a family about feelings and feel heard, accepted and supported.
- Belief that family stood by them during difficult times.
- Feeling safe and protected by an adult in the home.

Community PCEs

- Feeling supported by friends.
- Having a sense of belonging and connection with a larger group who has “got your back” (e.g. school, church, clubs, neighborhood, etc.).
- Enjoyment of participation in community traditions.
- Relationship with at least one non-parent adult who takes genuine interest in you.

Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample. *JAMA Pediatrics* published online 2019 Sep 9.
Positive Childhood Experiences source: <https://www.childandadolescent.org/positive-childhood-experiences/>



ACEs & PCEs in Context

- Many ACEs focus on household experiences
 - This is not to point blame at parents, families, or caregivers
 - There are many unstated factors that influence any given ACE
- Similarly, many PCEs focus on families and household experiences
 - Families, even those who have experienced significant stressors or adversities, have many existing strengths.
- It is up to everyone to help support youth and families so that they can flourish and be well.
- **By prioritizing the well-being of youth, we are creating a brighter and more prosperous future for everyone!**

Mindful Minute



<https://youtu.be/c1Ndym-lsQg>

Healing
Systems



Building Healing Behavioral Health Systems:

Focused Data Study Methods

Healing Systems



Methods: Data Source

- 2021 Middle School and High School Youth Risk Behavior Survey/Youth Tobacco Survey (YRBS/YTS)
- Maryland collaborates with the Centers for Disease Control and Prevention (CDC) to collect behavioral risk data through school systems using different surveys for middle-school and high-school students.
- Data received from the Maryland Department of Health: Prevention and Health Promotion Administration Center for Tobacco Prevention and Control.

Methods: Sample

- The Positive Childhood Experiences (PCEs) analysis only includes students with behavioral health challenges, to best explore the impact of PCEs on these individuals.
- The remainder of the analyses includes all students to best understand the impact of each ACE across behavioral health indicators for individuals with behavioral health challenges compared to those without.
- All findings reported in this analysis are statistically significant unless otherwise stated.

Methods: Identifying Individuals with Behavioral Health Challenges

Mental Health
Mental Health Quality of Life “not good” most of the time or always <i>(past 30 days)</i>
Depressive Episode <i>(past 12 months)</i>
Suicidal Ideation <i>(past 12 months HS; lifetime MS)</i>
Suicide Plan <i>(past 12 months; lifetime MS)</i>
Suicide Attempt <i>(past 12 months; lifetime MS)</i>

Current Substance Use
Alcohol Use <i>(past 30 days)</i>
Binge Drinking <i>(past 30 days HS only)</i>
Marijuana Use <i>(past 30 days)</i>



Substance Use (ever)
Any Current Substance Use <i>(past 30 days)</i>
Prescription Pain Medicine <i>(lifetime)</i>
Cocaine <i>(lifetime)</i>
Heroin <i>(lifetime HS only)</i>
Methamphetamines <i>(lifetime HS only)</i>
Ecstasy <i>(lifetime HS only)</i>

Methods: Identifying ACEs

- The original Kaiser ACE questions asked if individuals ever experienced each ACE with response options of Yes or No
- ACEs are counted in the YRBS/YTS when the following conditions are met:

ACE	YRBS/YTS Options	ACE counted if
<ul style="list-style-type: none"> • Emotional Abuse • Household Domestic Violence 	Never Rarely Sometimes Most of the Time Always	Most of the time Always
<ul style="list-style-type: none"> • Household Substance Use • Household Mental Illness • Household Incarceration • Bullied at School • Electronic Bullying 	Yes No	Yes

Methods: ACE Count Threshold for Adverse Health Outcomes

- The original 10-item Kaiser-Permanente ACE study found that an ACE count of 4 or more ACEs is implicated in poor health outcomes in adulthood
- The YRBS/YTS only collects 5 of the original Kaiser-Permanente ACEs, and 2 from the Philadelphia study
- Only the 5 Kaiser-Permanente items in the ACE counts for this analysis.
- Because fewer ACE items are collected in the YRBS/YTS, this analysis uses an ACE count of 3 or more ACEs as a threshold for increased poor outcomes in adulthood.

Methods: Measurement of Increased Risk

- Analysis included measuring the increased risk of having each ACE or decreased risk of each PCE with each behavioral health category or indicator
- Risk is measured by an odds ratio that indicates how many times more or less likely individuals are to have a specified ACE and behavioral health category or indicator
- The risks in this report are **not causal, they are associations**. For example, when discussing mental health and a specific ACE
 - **SAY**: There is a relationship between having experienced an ACE and experiencing mental health challenges
 - **NOT**: Experiencing an ACE causes mental health challenges

Methods: Caveats

- The YRBS/YTS uses 3 or more ACEs (of 5 collected) as a threshold for implications in adult health outcomes instead of the traditional 4 or more ACEs (of the 10 collected) by Kaiser-Permanente. As a result, findings on high ACE counts may or may not be comparable to other, publicly- available research.
- Some adverse outcomes for ACEs may not surface until adulthood. This report includes data collected from middle and high school students. Because individuals may develop mental health or substance use issues after high school, the proportions for behavioral health outcomes will likely increase during adulthood.

Methods: Caveats

- Generally, ACE counts only include adverse events that occurred in childhood (before the age of 18).
- The YRBS/YTS asks students if they have ever experienced each ACE, without specifying events occurring in childhood, prior to age 18.
 - This analysis includes responses from 1,792 18-year-old students (6.4% of the weighted responses).
- It is possible that some ACEs reported by 18-year-old students were only experienced in adulthood and should not be counted as an adverse *childhood* experience.



Building Healing Behavioral Health Systems:

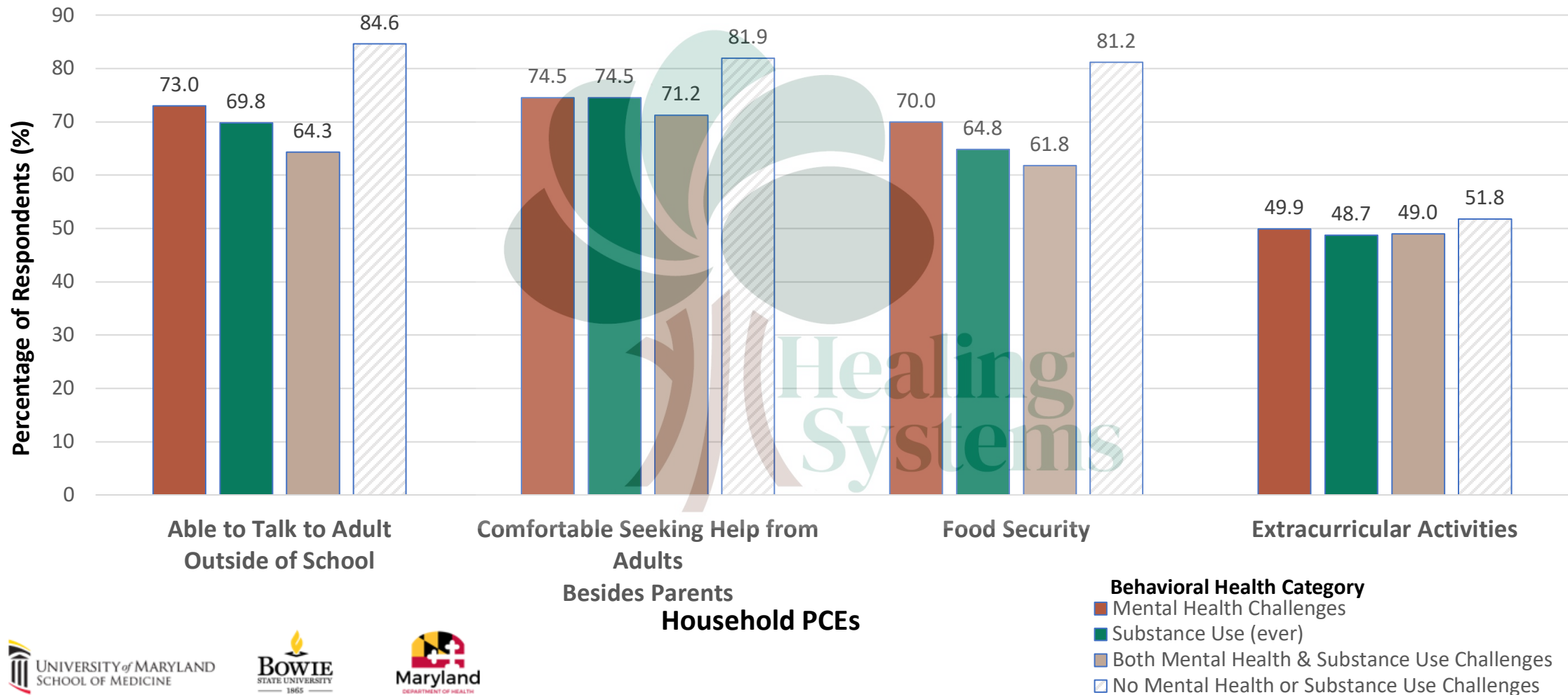
Positive Childhood Experiences (PCEs) among Individuals with Behavioral Health Challenges

Healing Systems



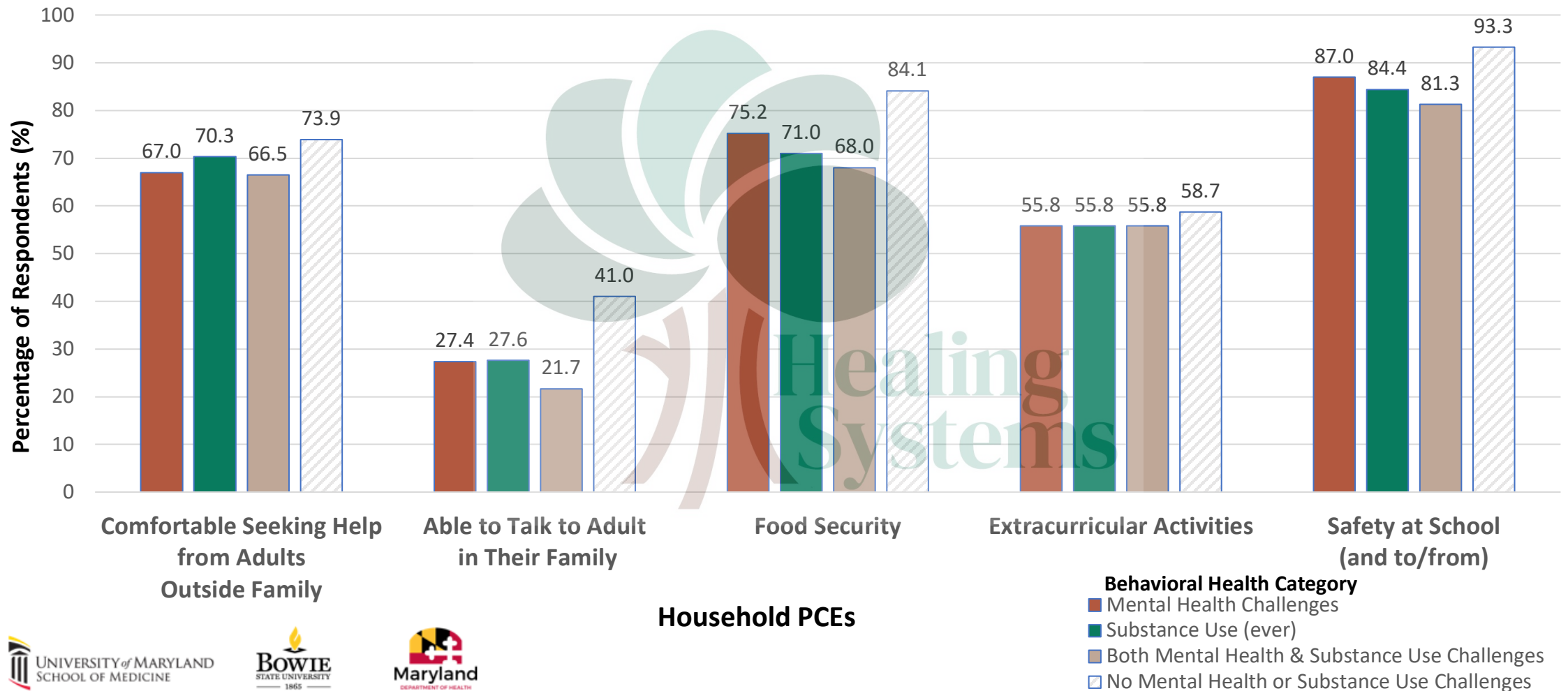
PCEs and Behavioral Health Challenges

(Middle School)



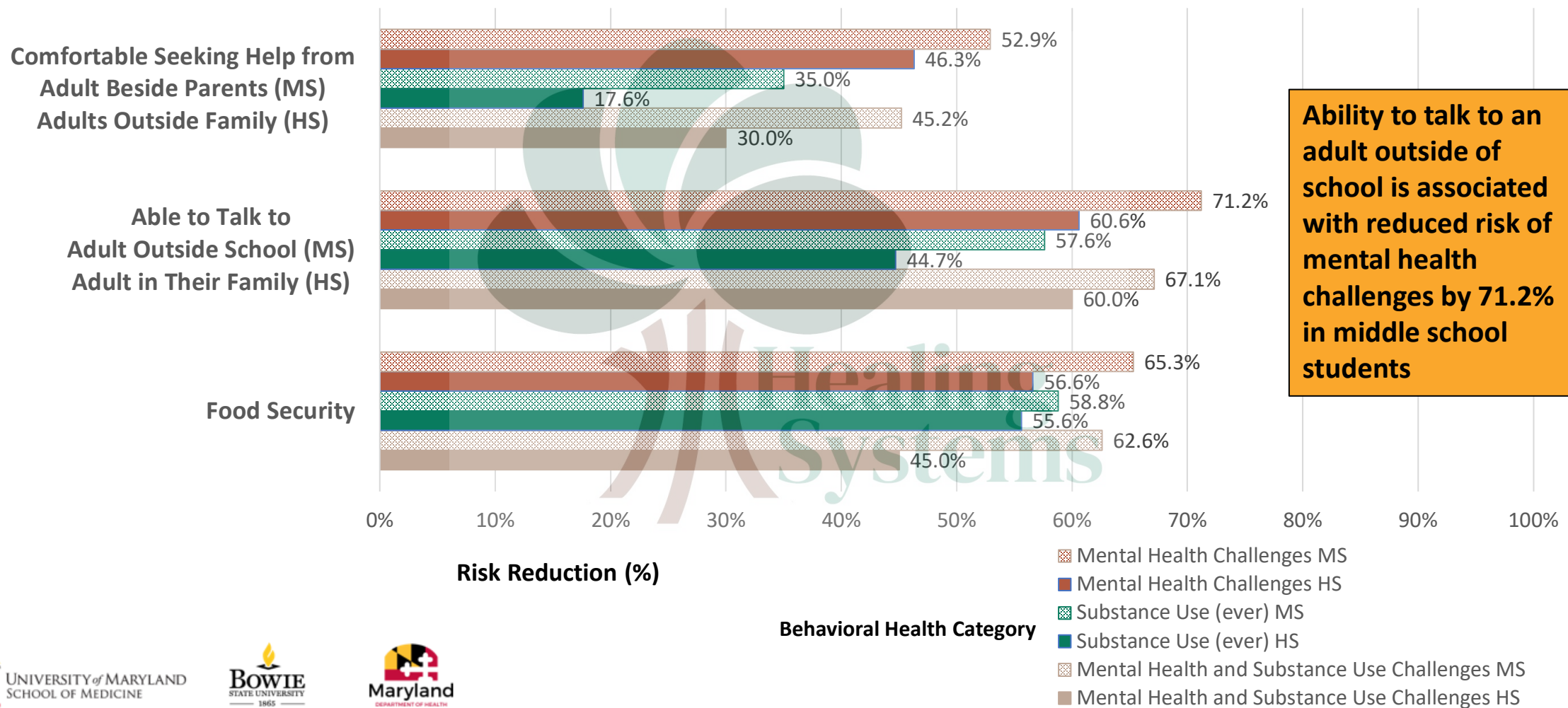
PCEs and Behavioral Health Challenges

(High School)



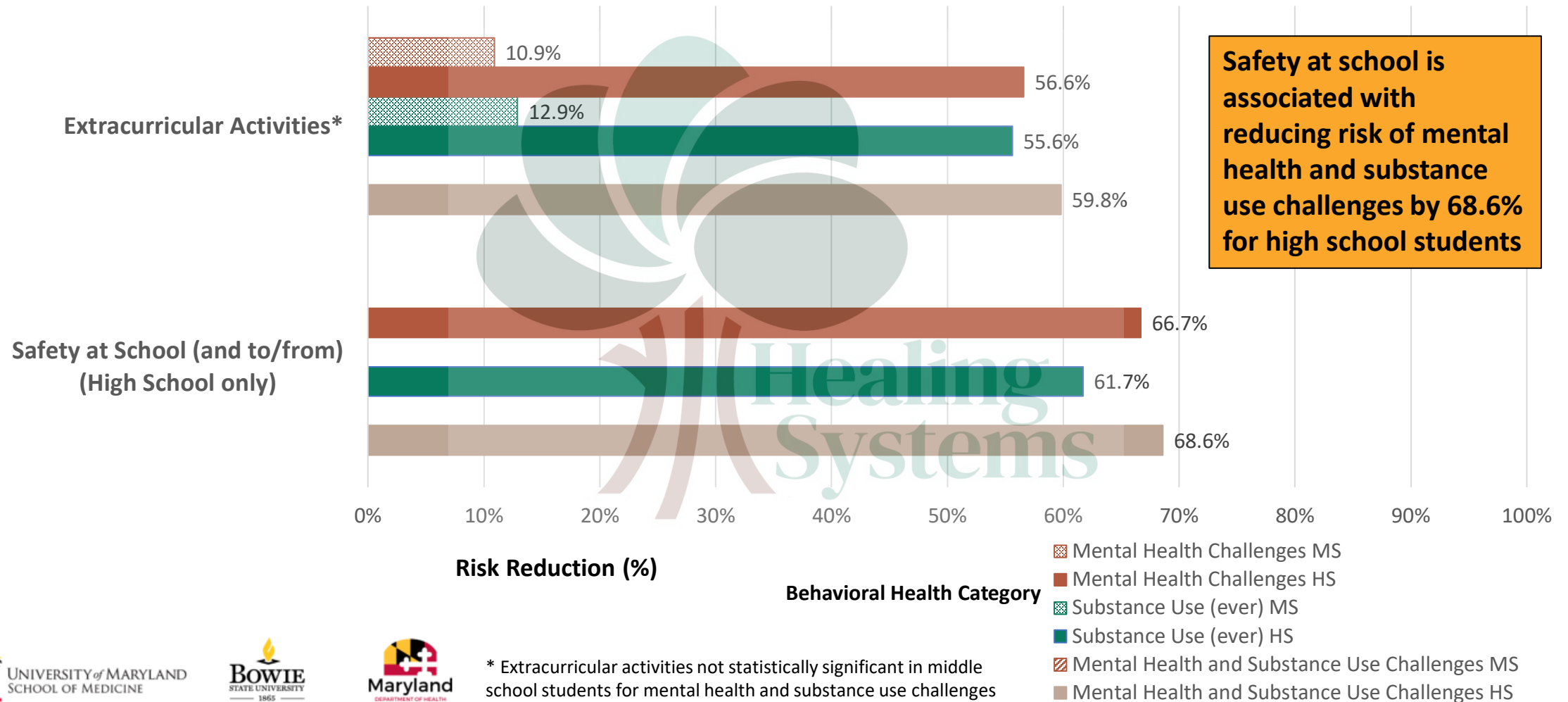
Household PCEs

Household PCEs associated with reduced Behavioral Health Risks



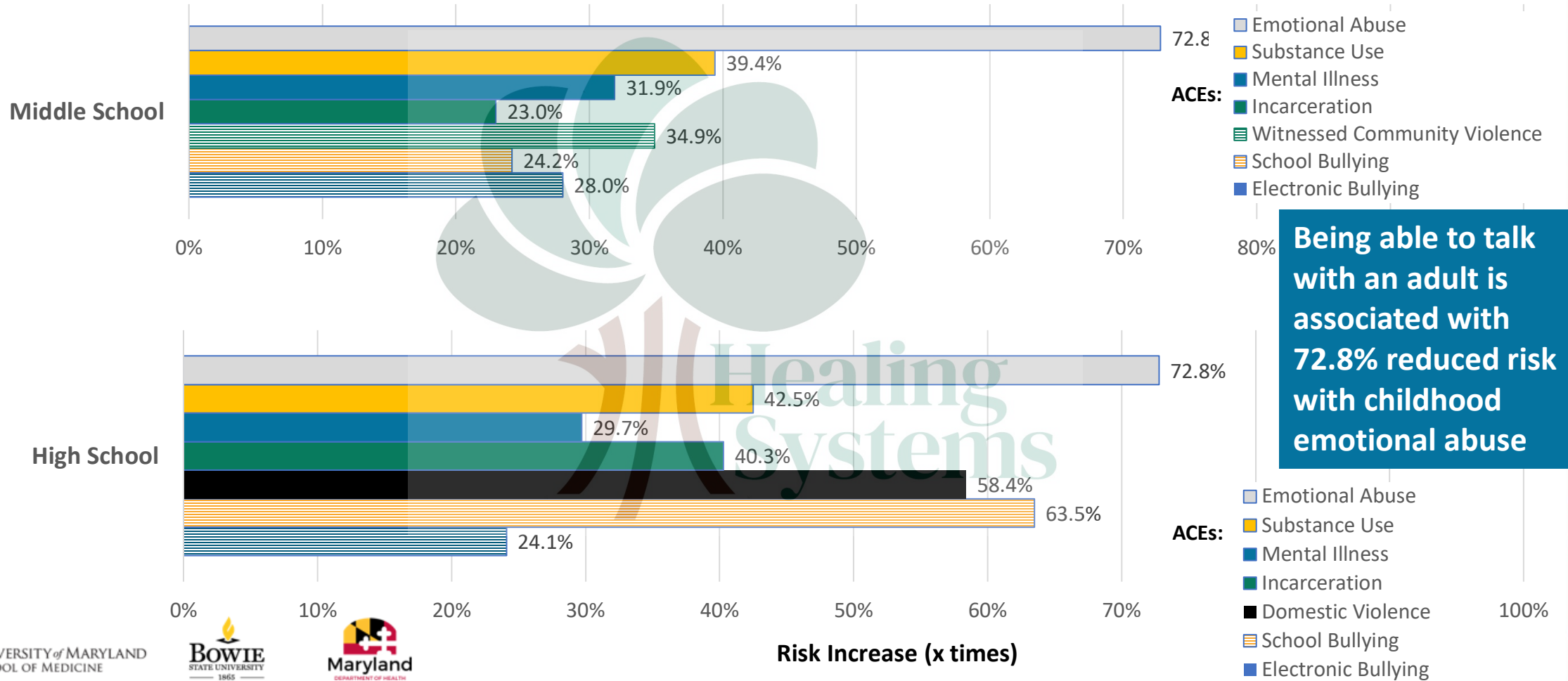
Ability to talk to an adult outside of school is associated with reduced risk of mental health challenges by 71.2% in middle school students

Community PCEs associated with reduced Behavioral Health Risks



PCEs associated with reduced risk of ACEs

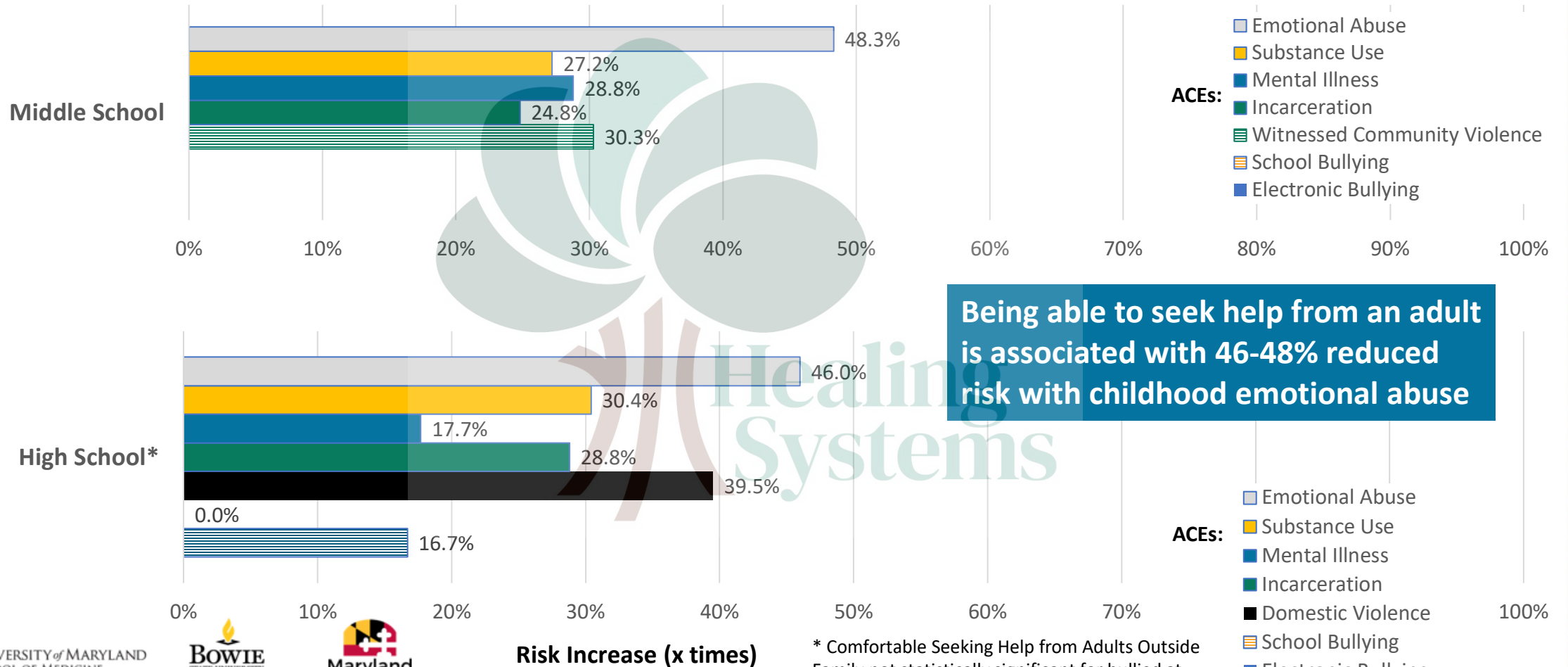
Ability to Talk with Adults



Being able to talk with an adult is associated with 72.8% reduced risk with childhood emotional abuse

PCEs associated with reduced risk of ACEs

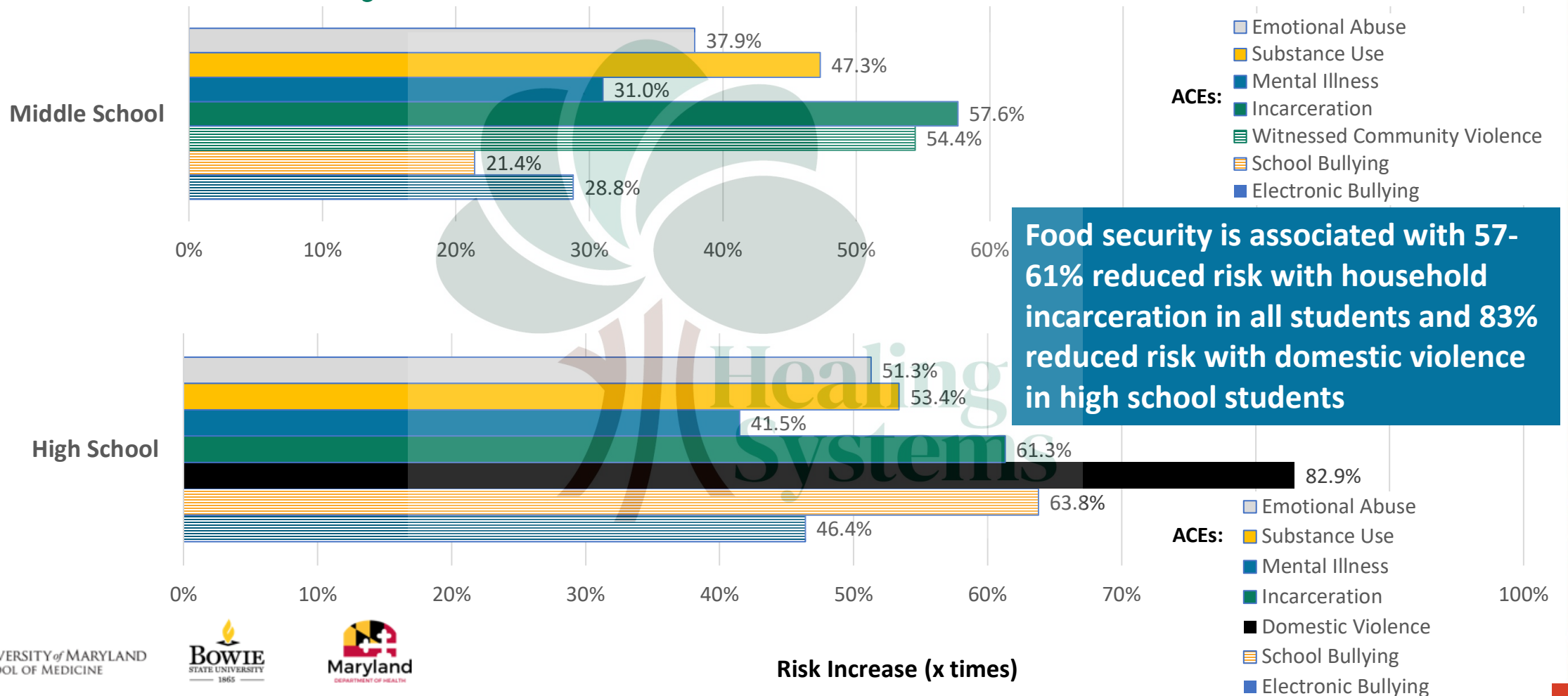
Comfortable Seeing Help from Adults



* Comfortable Seeking Help from Adults Outside Family not statistically significant for bullied at school in high school students

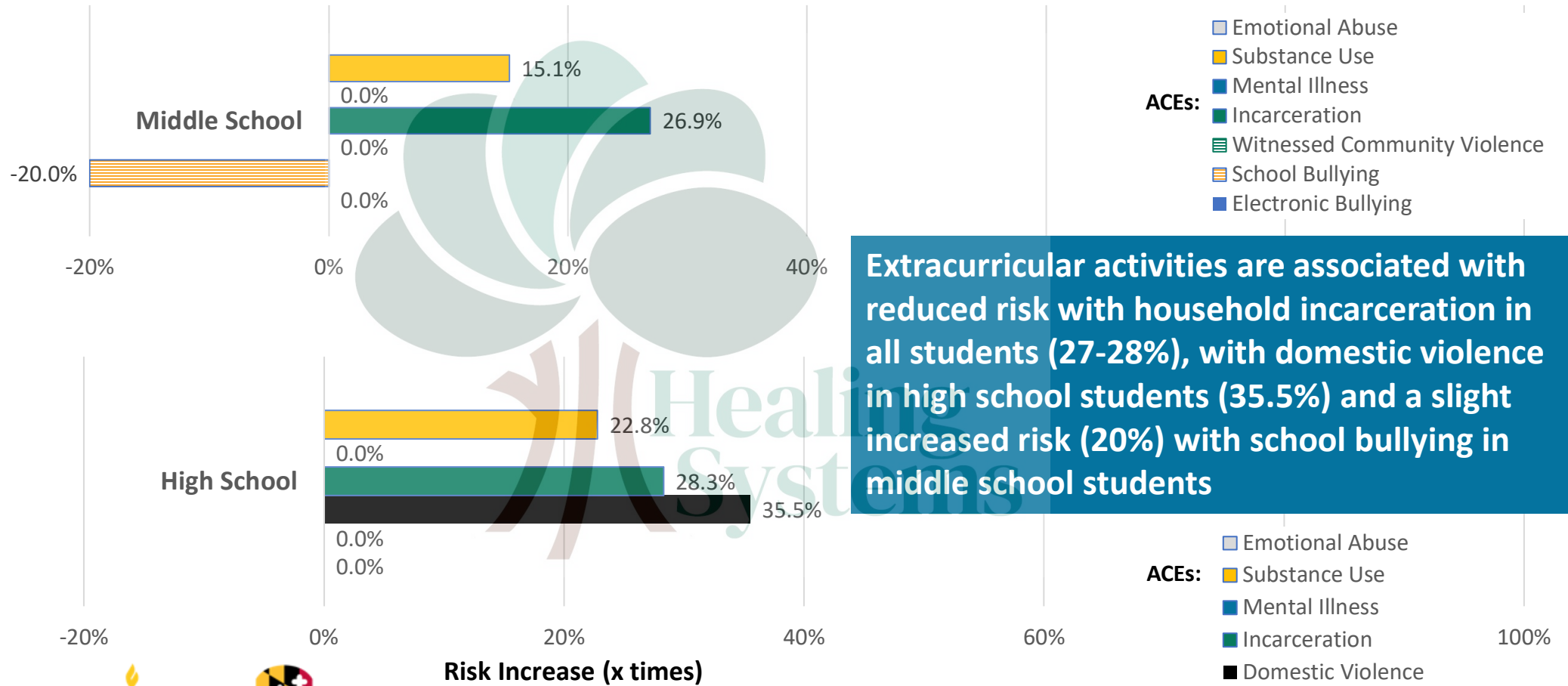
PCEs associated with reduced risk of ACEs

Food Security



PCEs associated with reduced risk of ACEs

Extracurricular Activities*

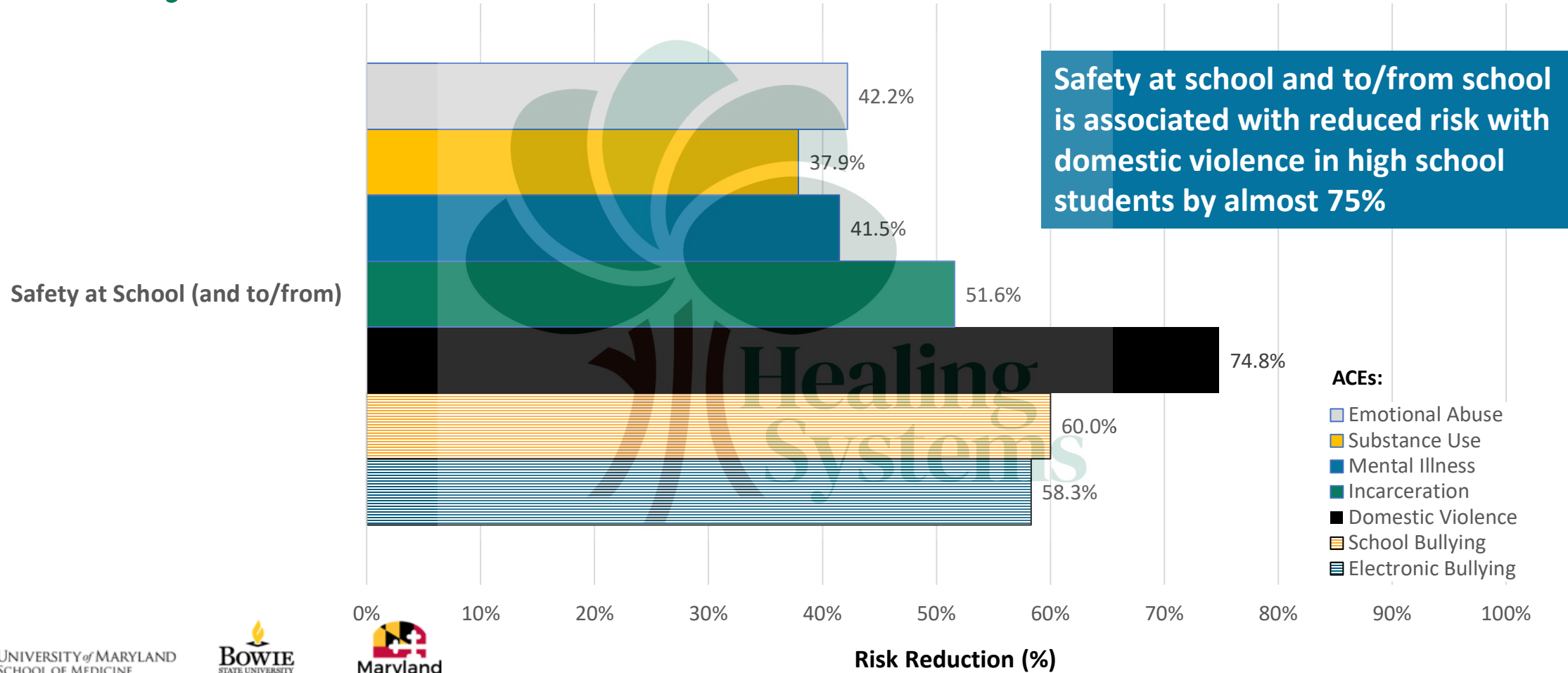


Extracurricular activities are associated with reduced risk with household incarceration in all students (27-28%), with domestic violence in high school students (35.5%) and a slight increased risk (20%) with school bullying in middle school students

* not statistically significant for emotional abuse, household mental illness, witnessing community violence or electronic bullying in all students and not statistically significant for school bullying in high school students

PCEs associated with reduced risk of ACEs

Safety at School (and to/from) (High School only)



Safety at school and to/from school is associated with reduced risk with domestic violence in high school students by almost 75%



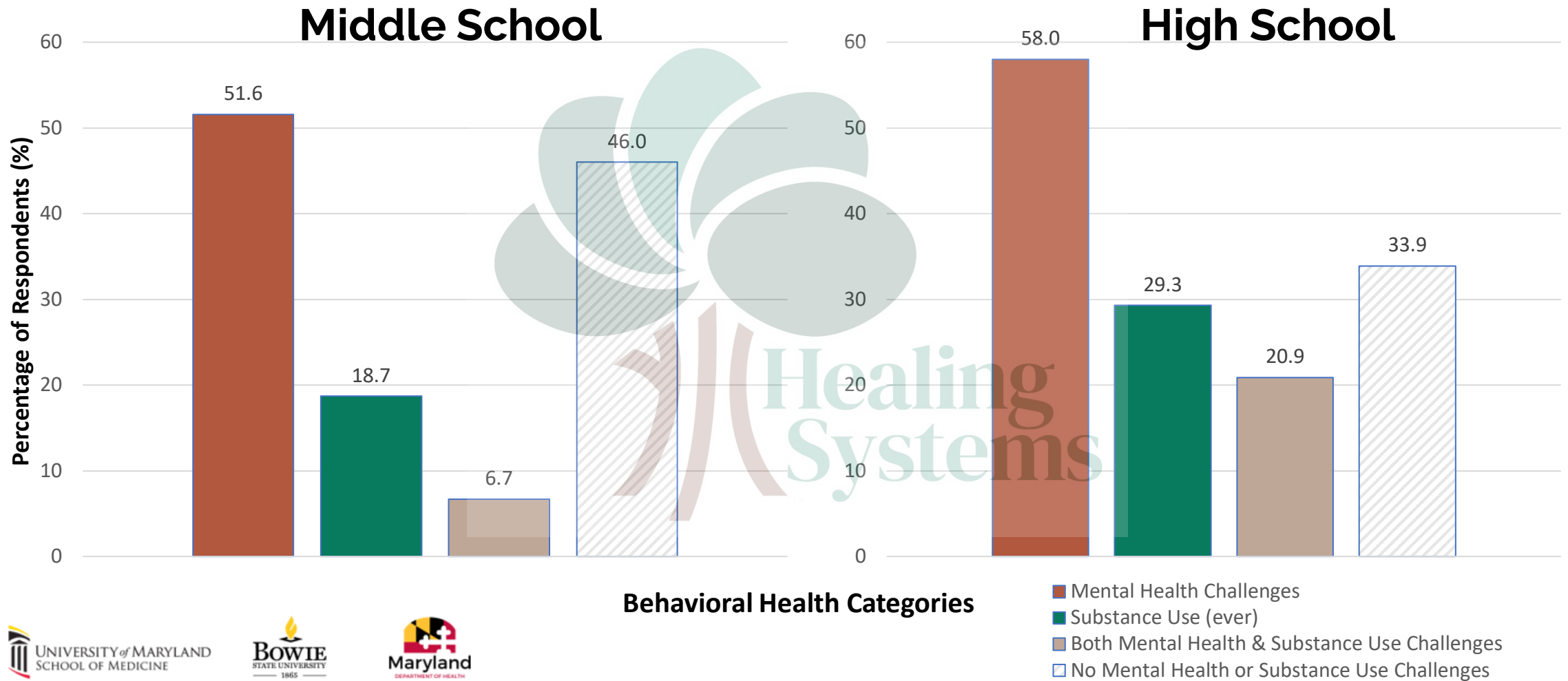
Building Healing Behavioral Health Systems:

Behavioral Health and
Adverse Childhood Experiences

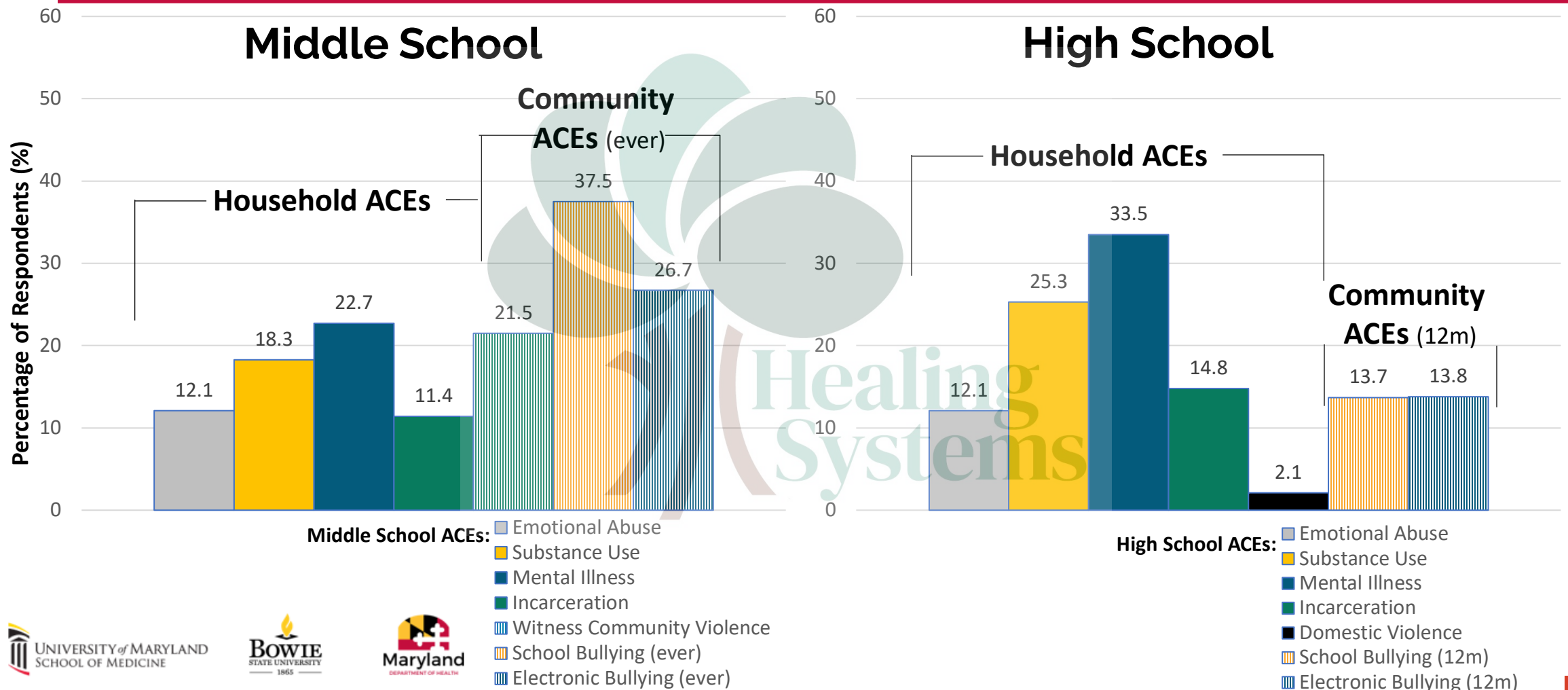
Healing Systems



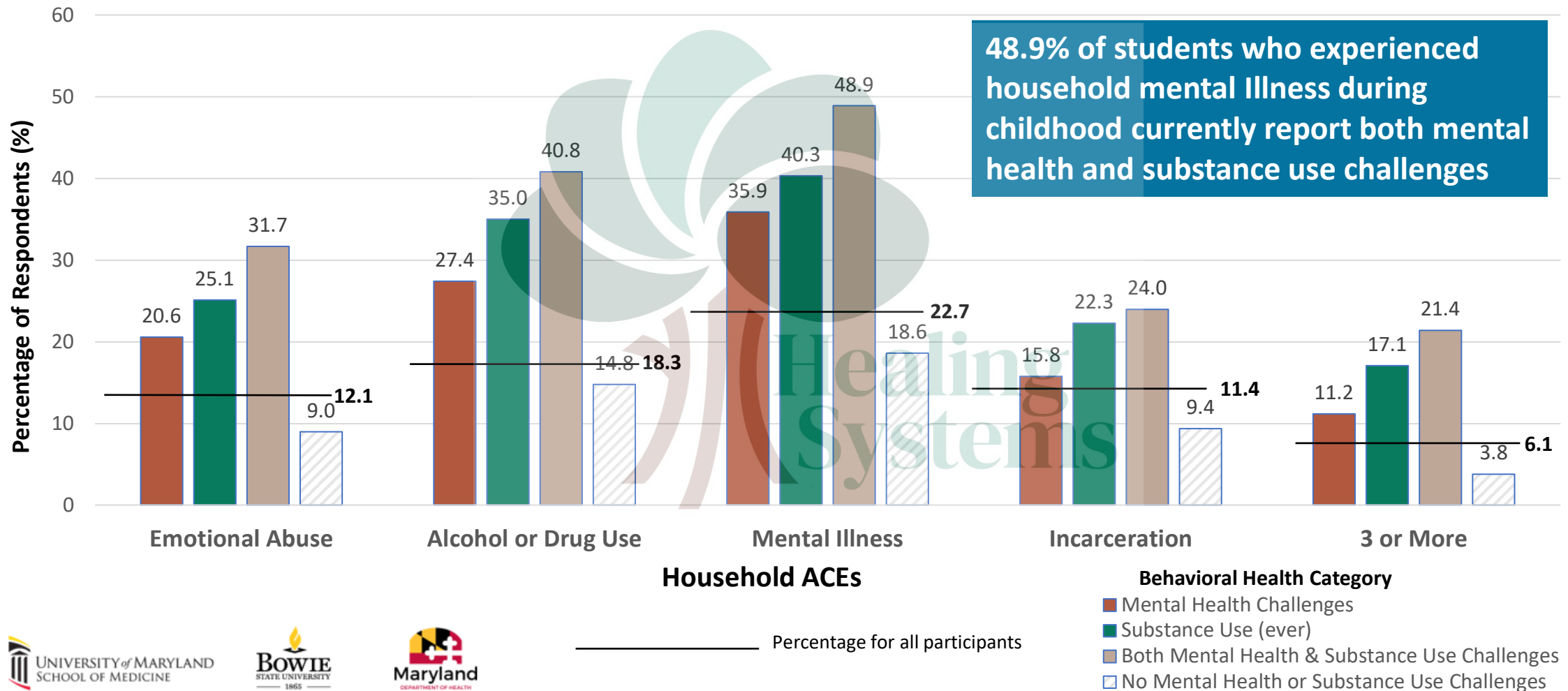
Behavioral Health among Students



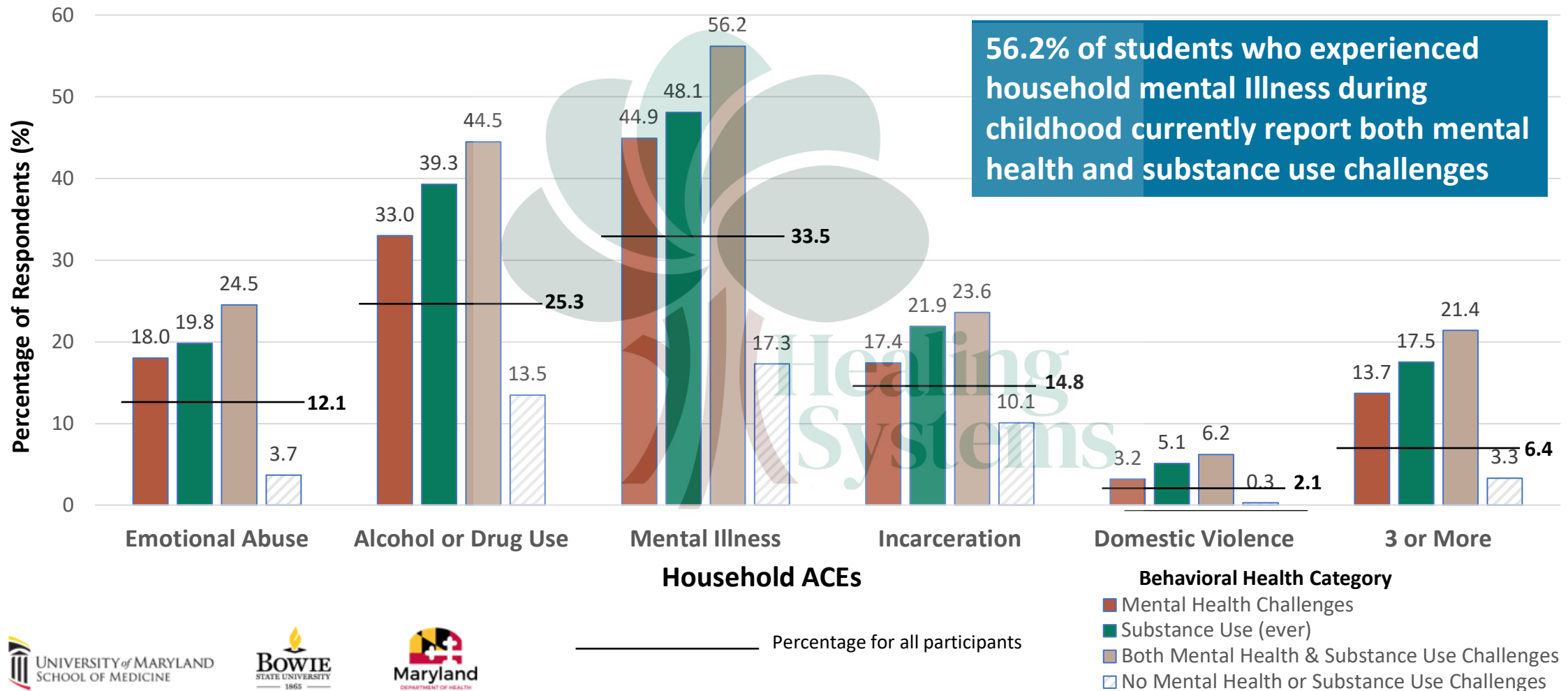
ACEs among Students



Household ACEs and Behavioral Health (Middle School)

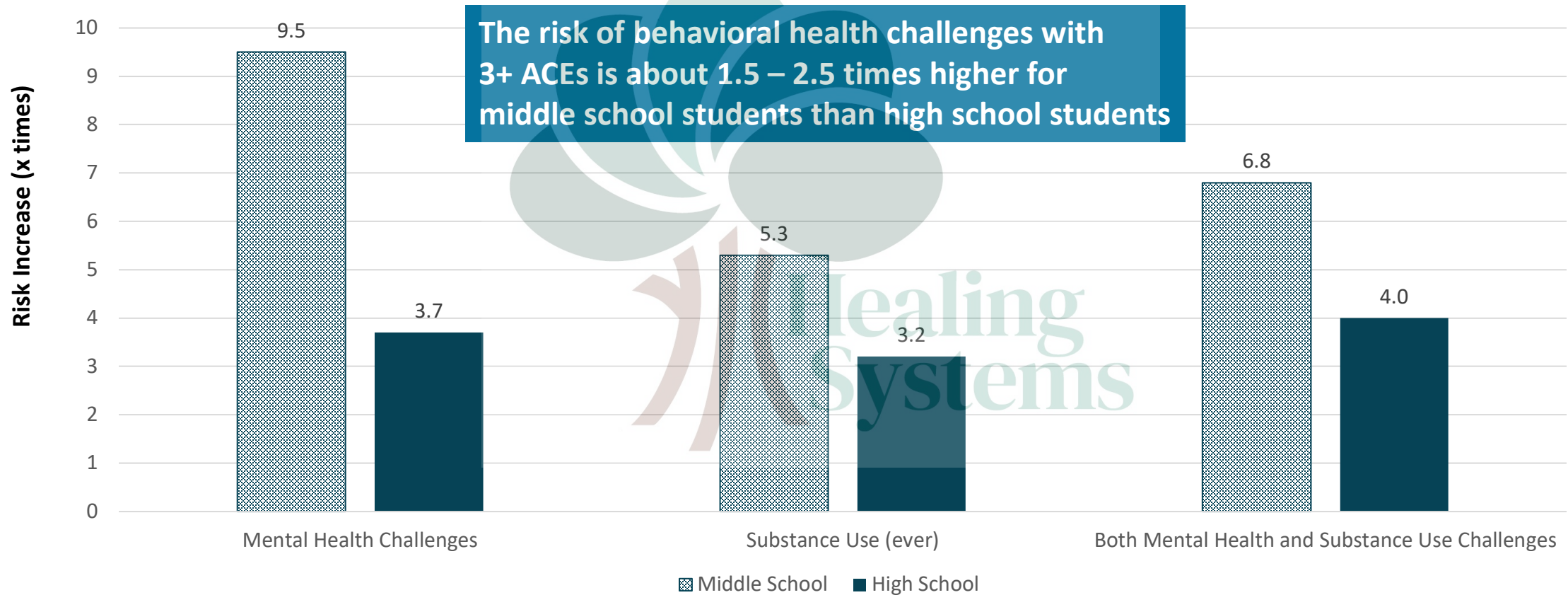


Household ACEs and Behavioral Health (High School)



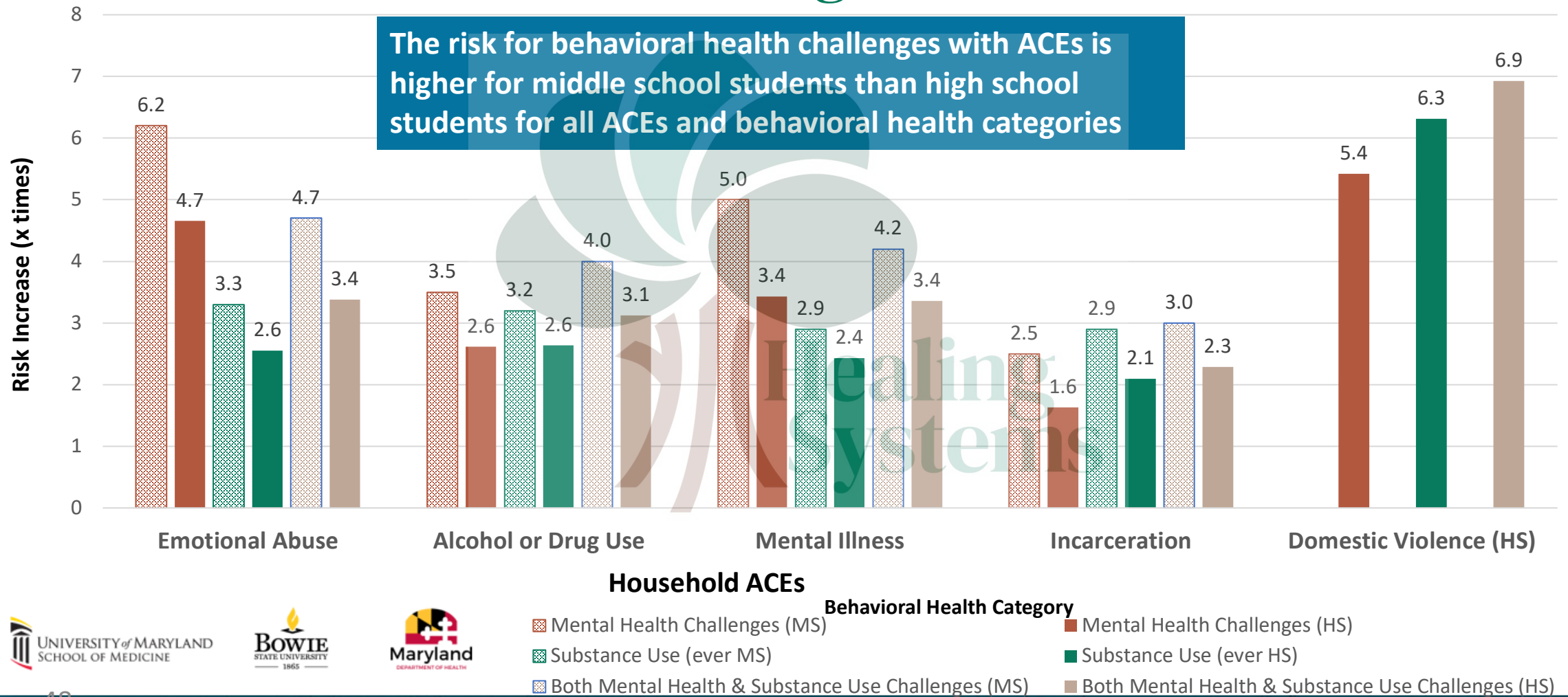
3+ ACEs and Behavioral Health Risks

Individuals with 3+ ACEs are more likely to experience behavioral health challenges



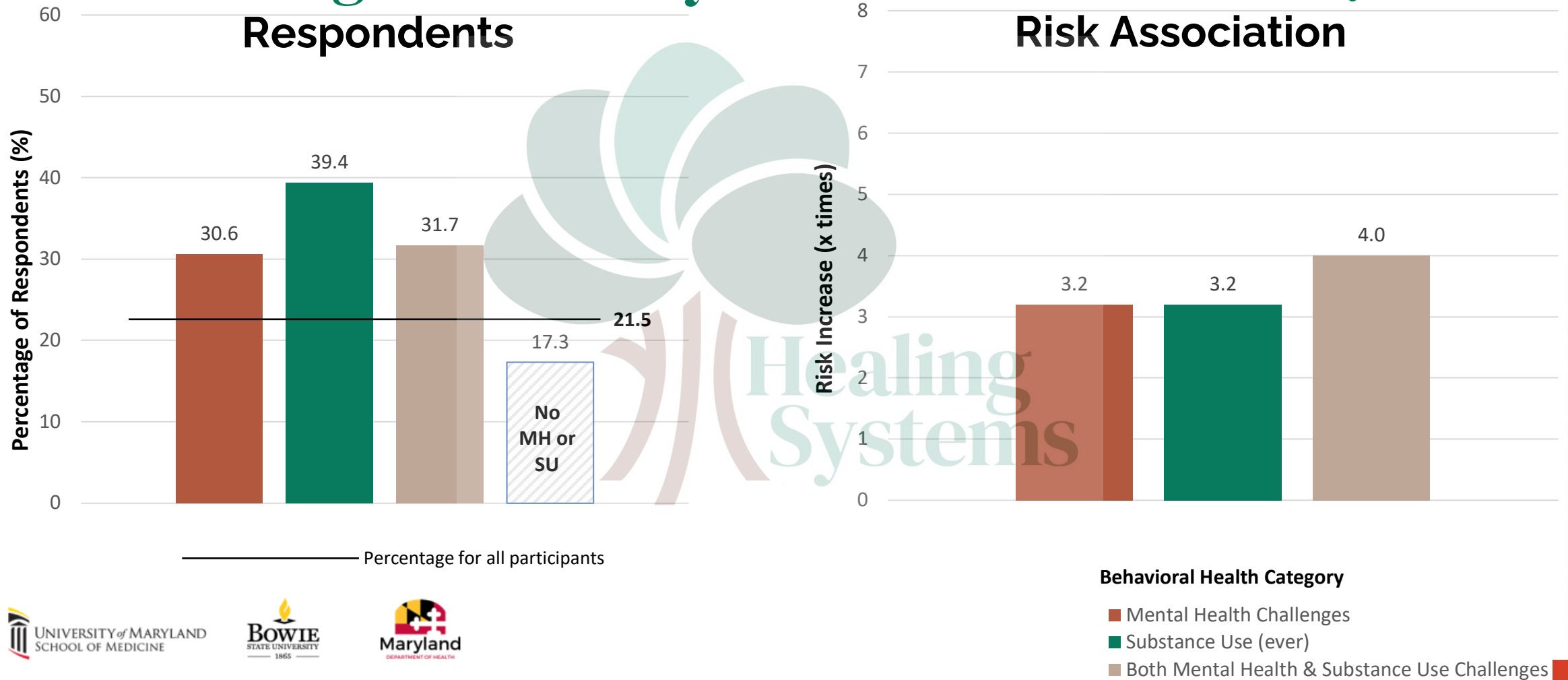
Household ACEs Increase Risk of Behavioral Health Challenges

The risk for behavioral health challenges with ACEs is higher for middle school students than high school students for all ACEs and behavioral health categories

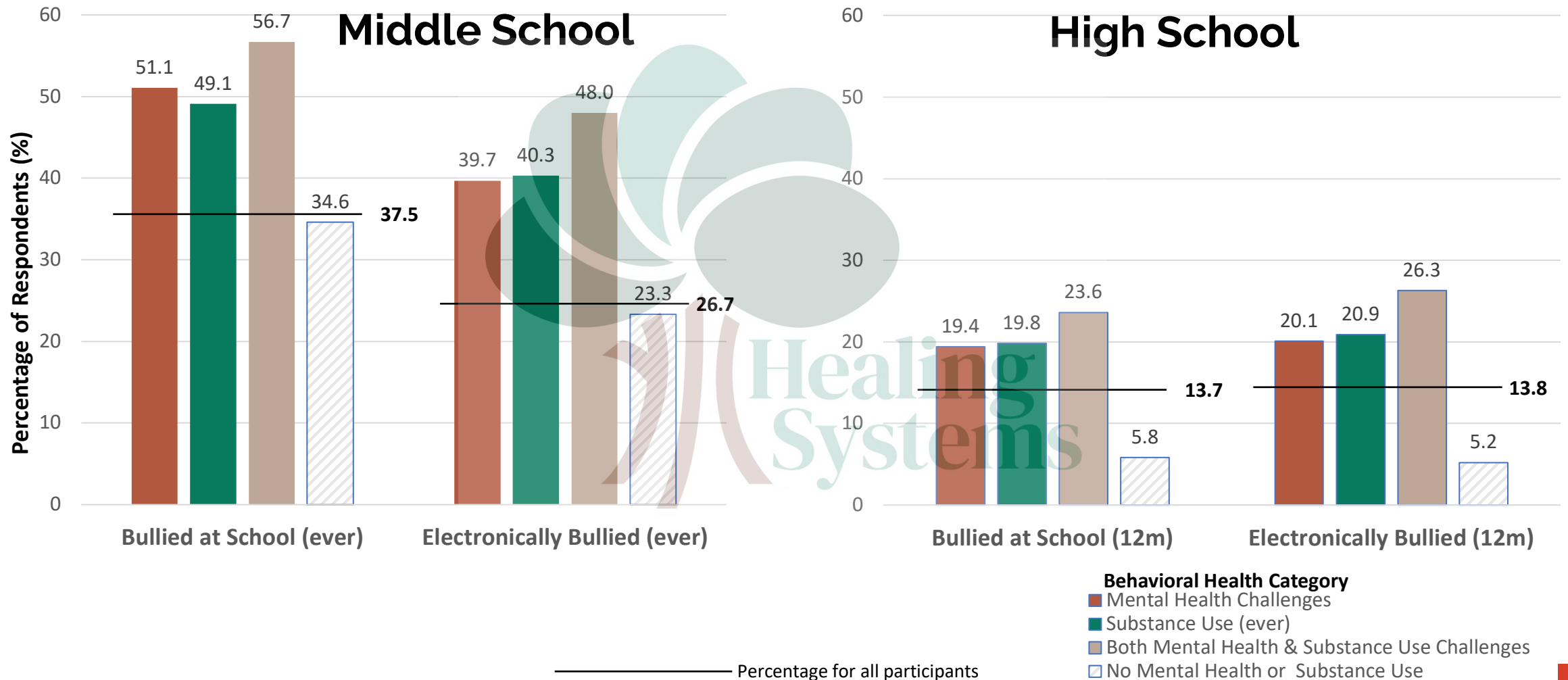


Community ACEs and Behavioral Health

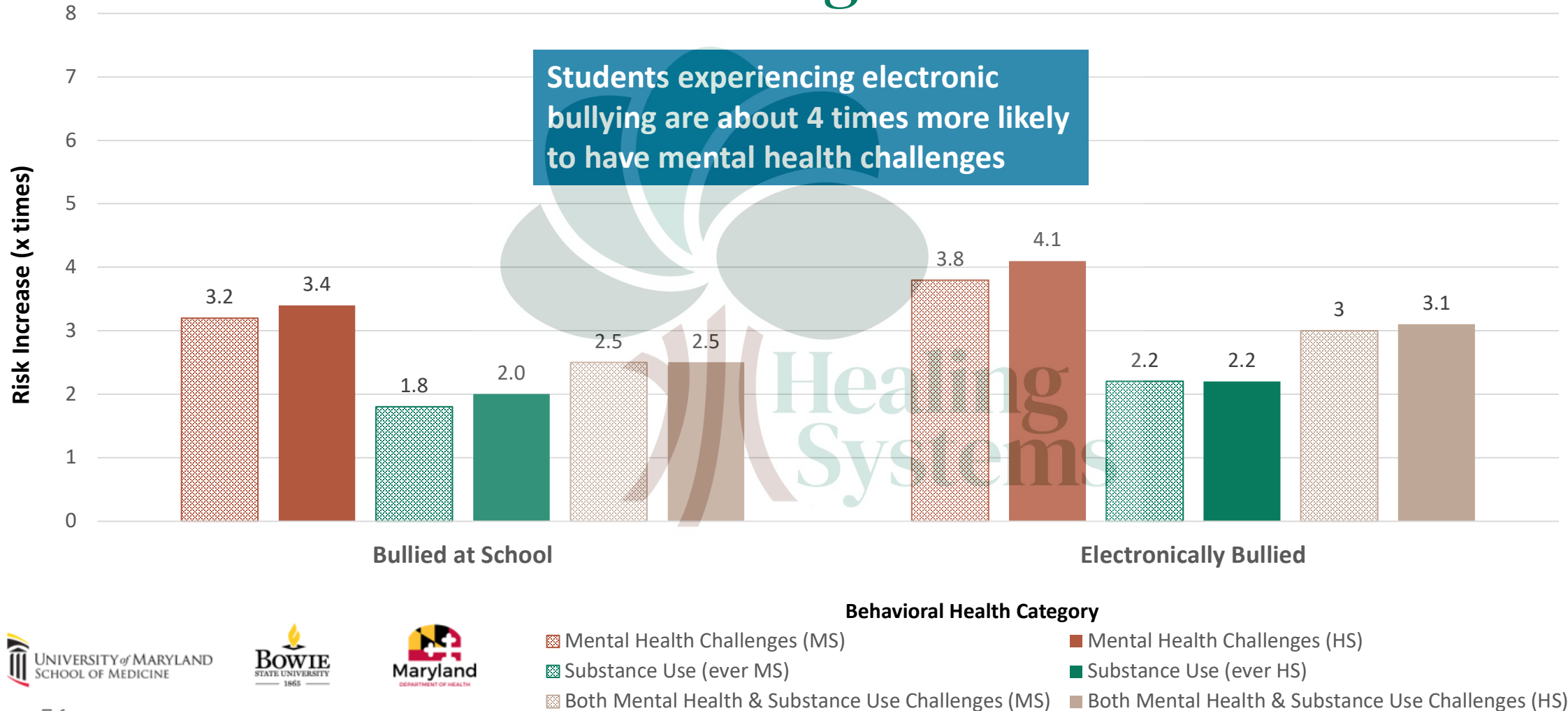
Witnessing Community Violence (Middle School only)



Community ACEs and Behavioral Health: Bullying



Bullying increases risk of Behavioral Health Challenges





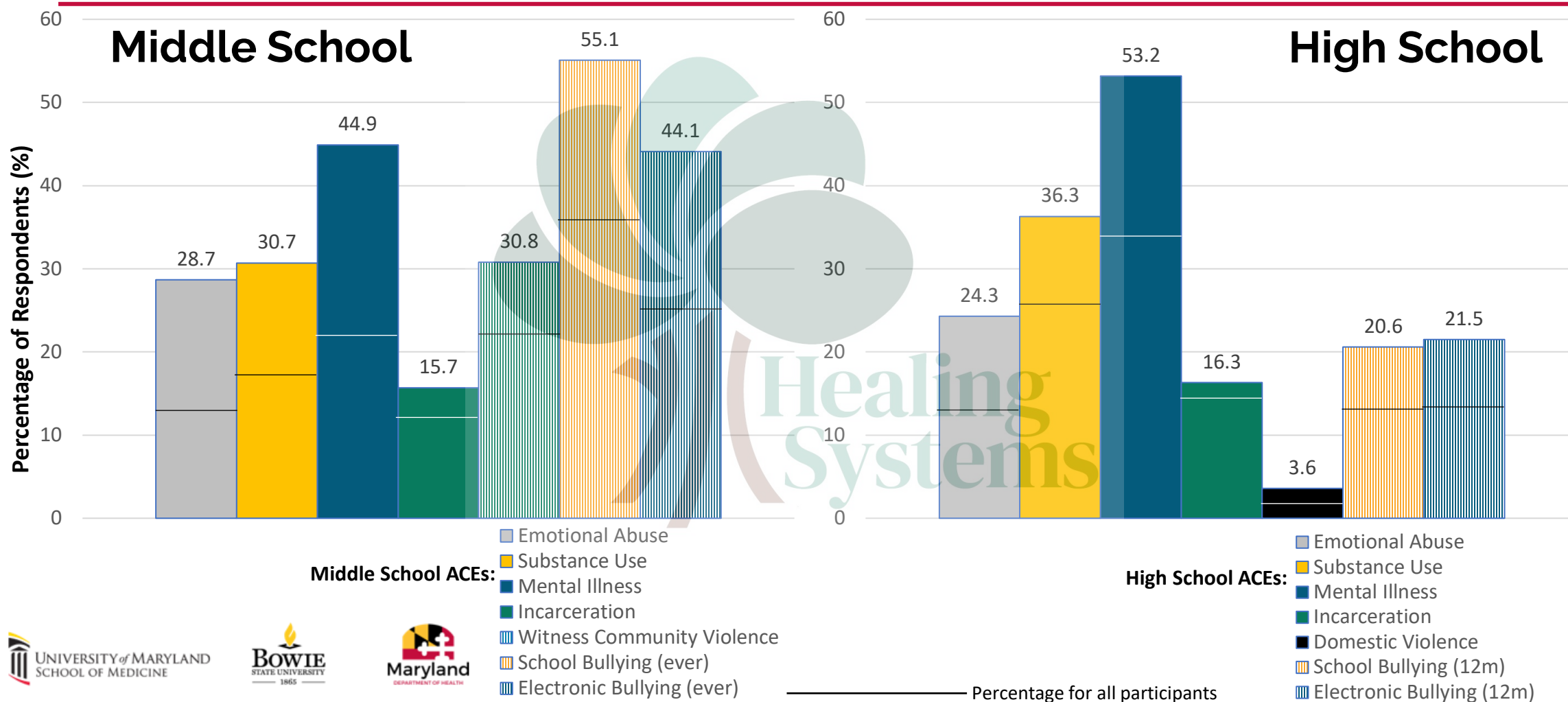
Building Healing Behavioral Health Systems:

Mental Health Indicators and
Adverse Childhood Experiences

Healing
Systems

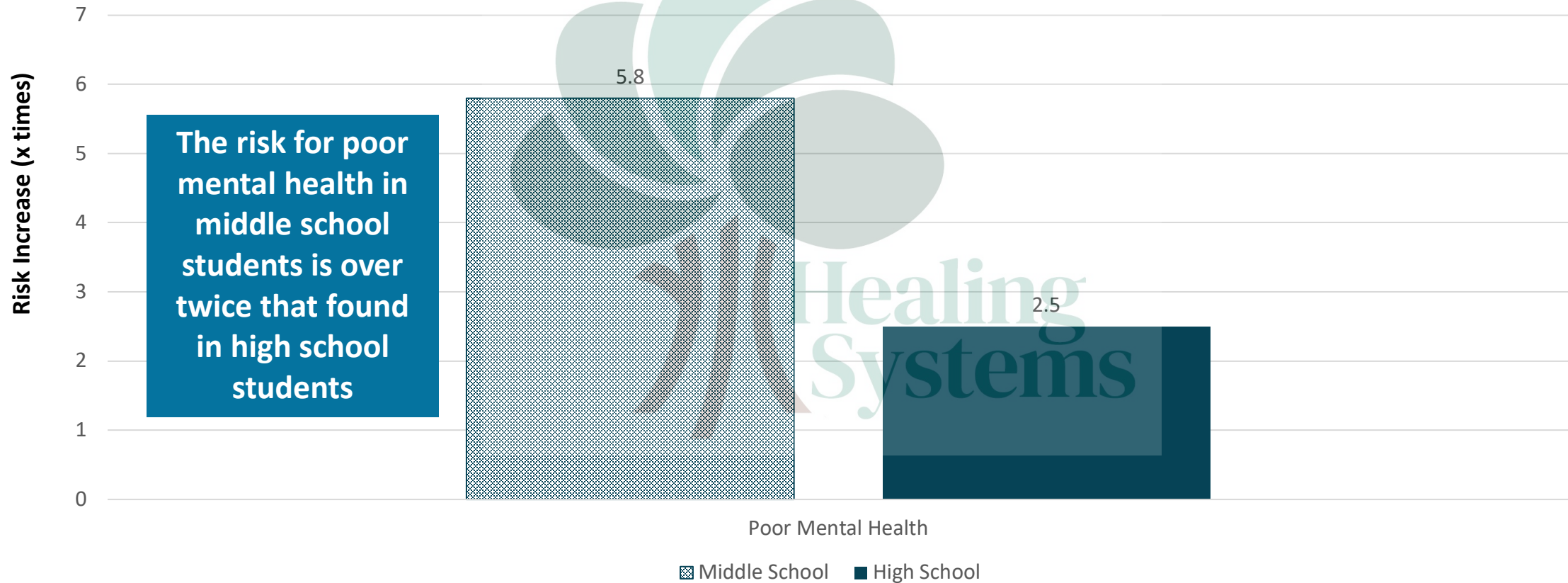


Poor Mental Health and ACEs

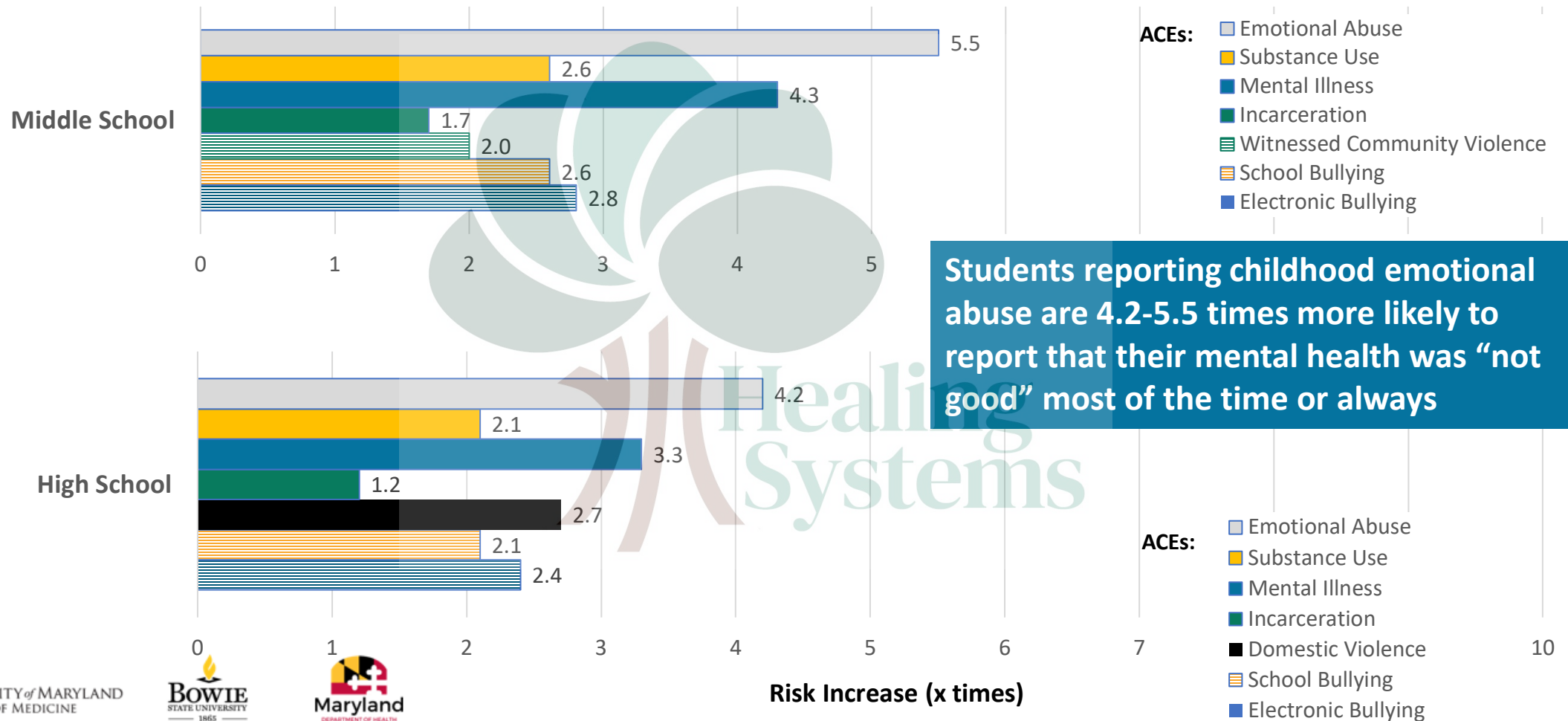


3+ ACEs and Poor Mental Health

Individuals with 3+ ACEs are more likely to experience poor mental health



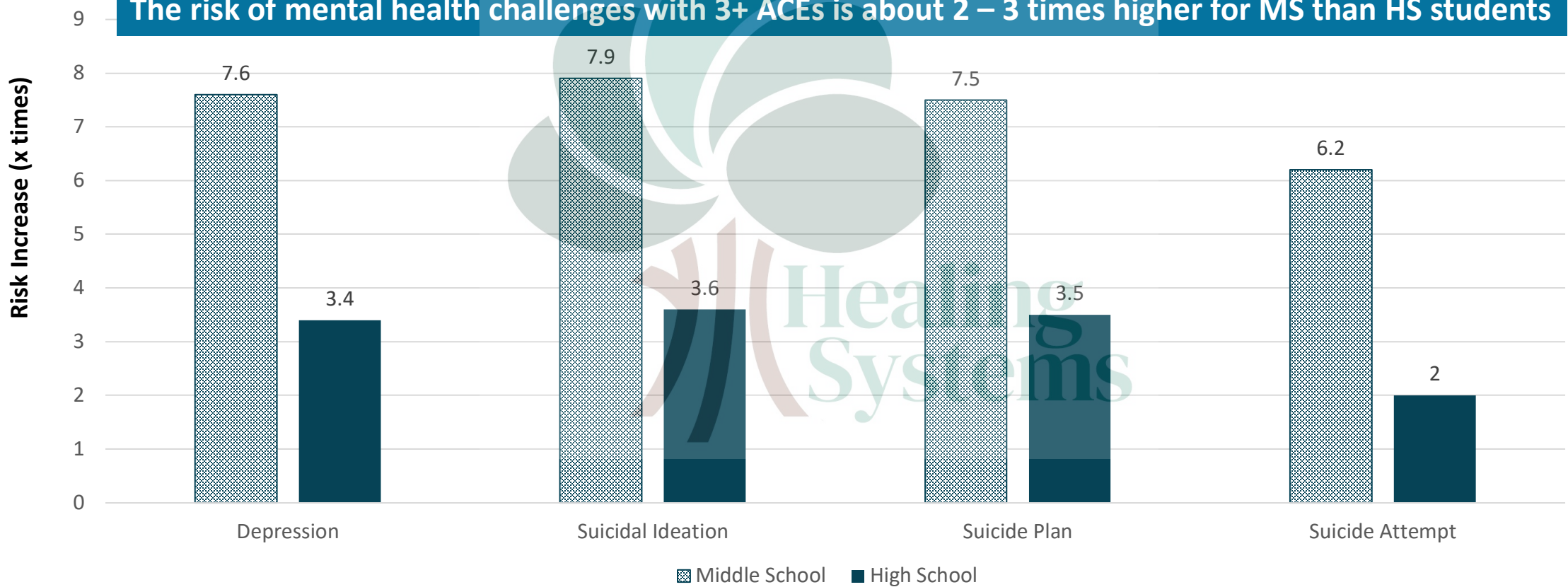
ACEs associated with Increased Risk of Poor Mental Health



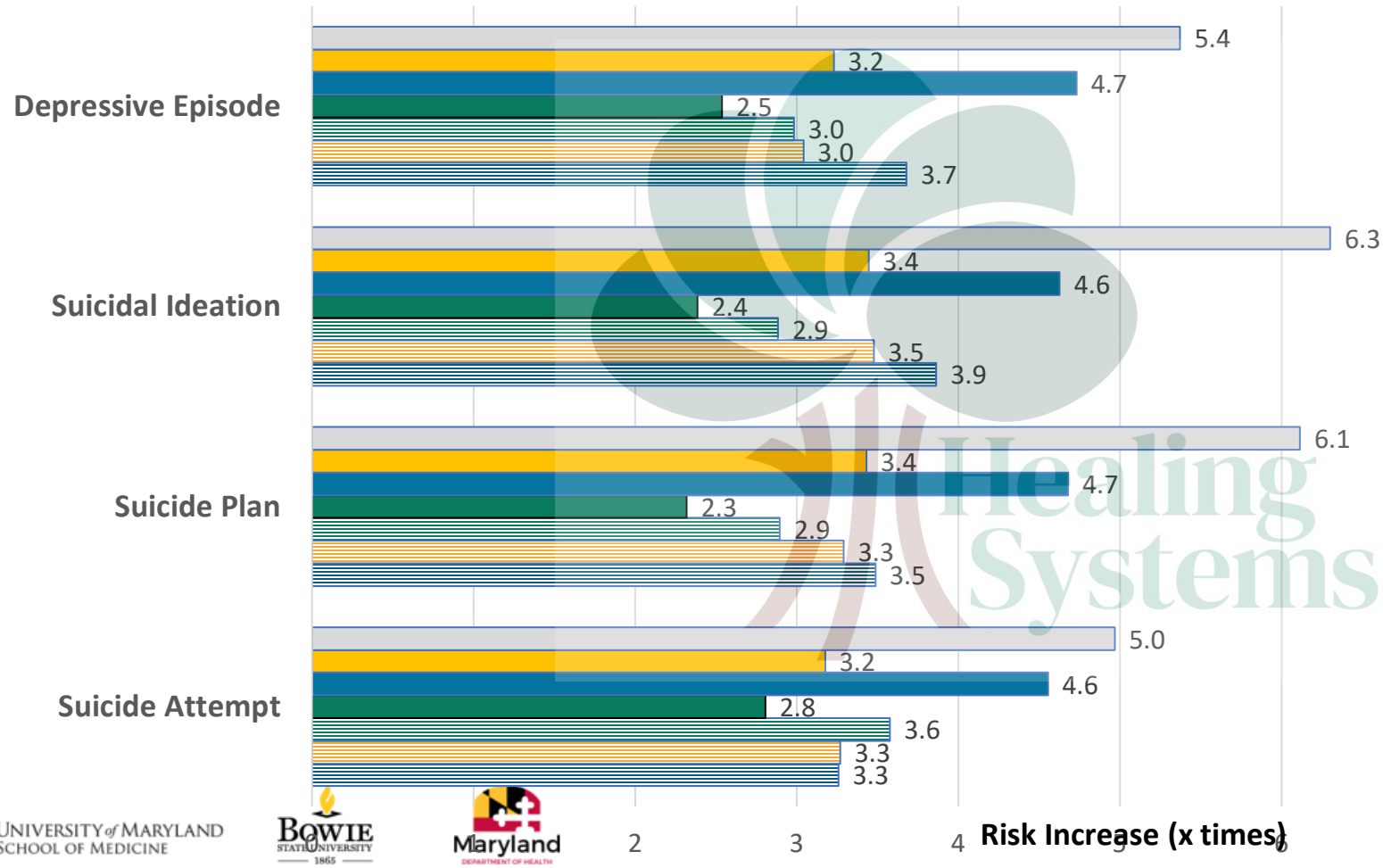
3+ ACEs and Mental Health Risks

Individuals with 3+ ACEs are more likely to experience mental health challenges

The risk of mental health challenges with 3+ ACEs is about 2 – 3 times higher for MS than HS students



ACEs associated with Increased Risk for Mental Health Challenges (Middle School)

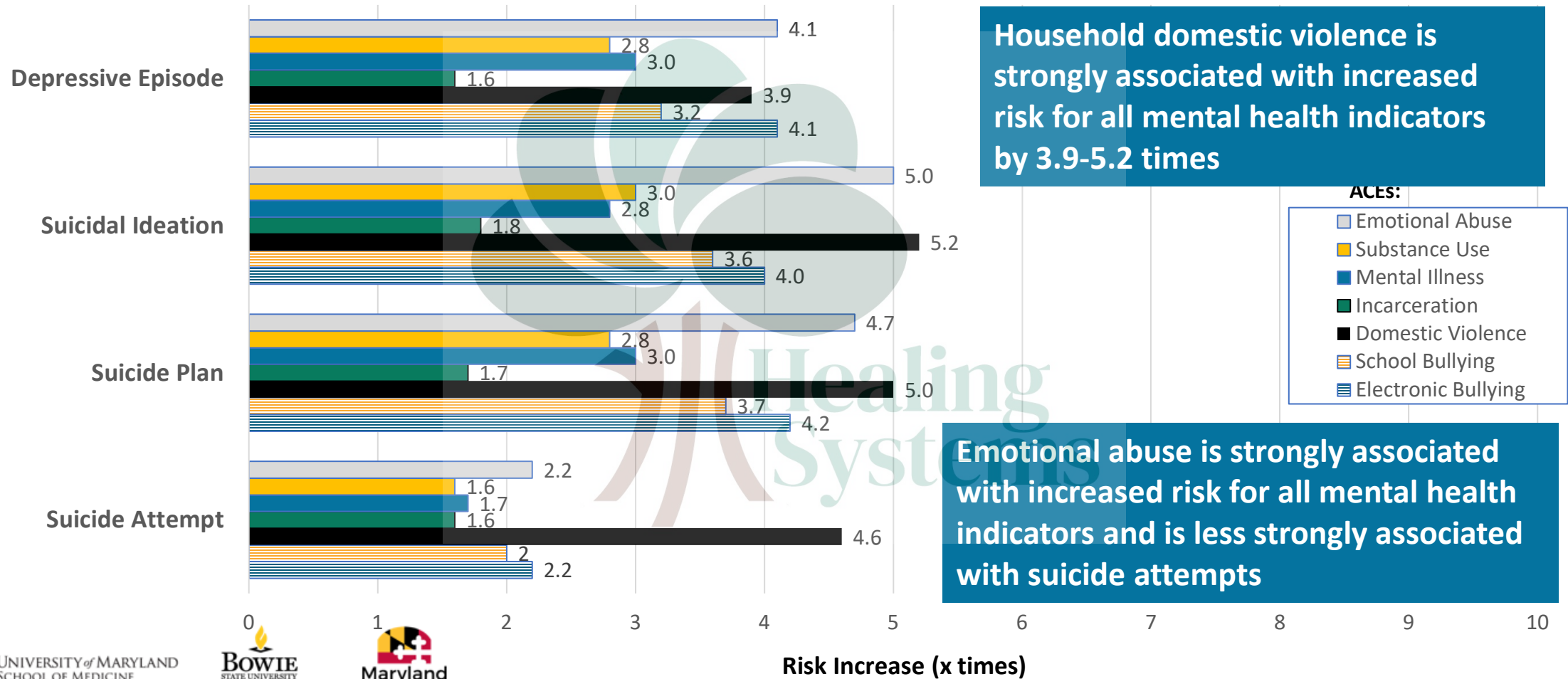


Emotional abuse is strongly associated with increased risk for middle school students with all mental health indicators by 5-6.3 times, followed by household mental illness at 4.6-4.7 times

ACEs:

- Emotional Abuse
- Substance Use
- Mental Illness
- Incarceration
- Witnessed Community Violence
- School Bullying
- Electronic Bullying

ACEs associated with Increased Risk for Mental Health Challenges (High School)





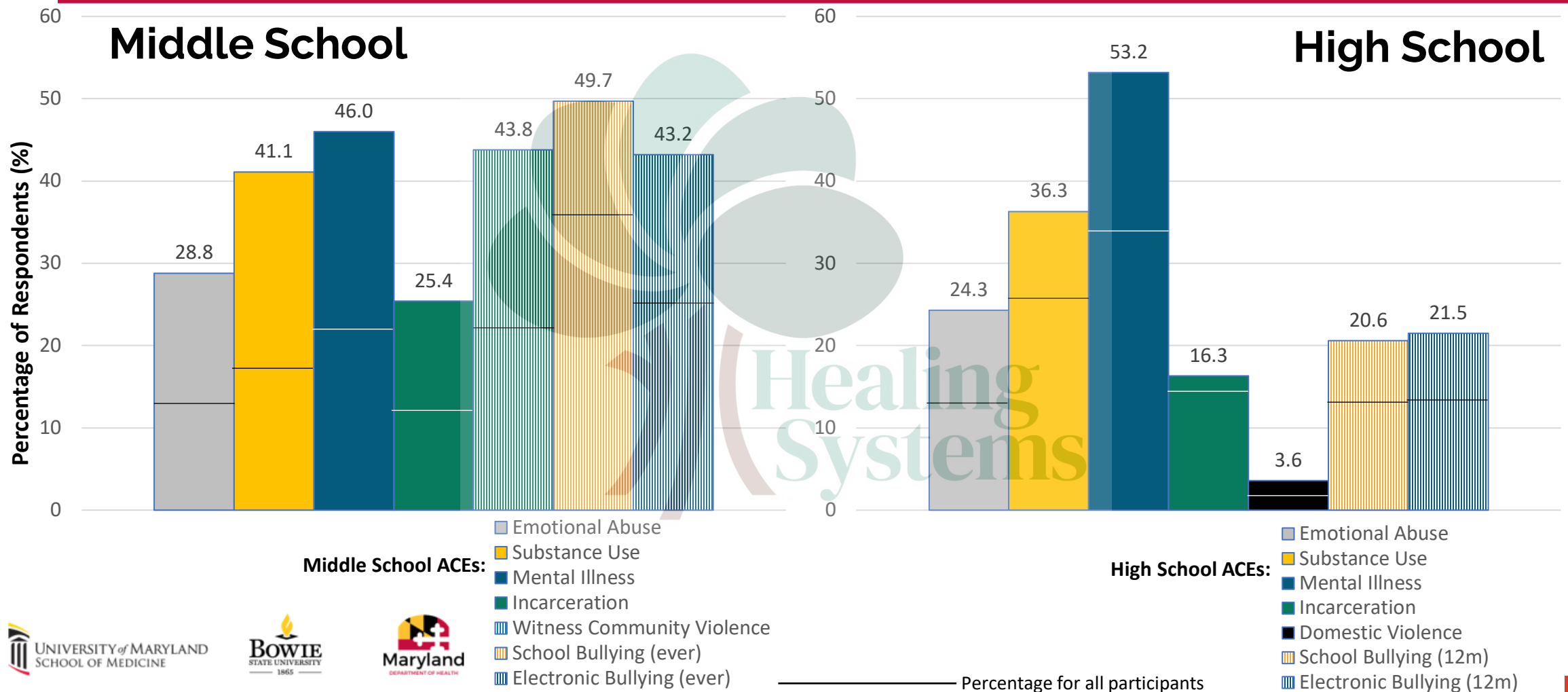
Building Healing Behavioral Health Systems:

Substance Use Challenges and Adverse Childhood Experiences

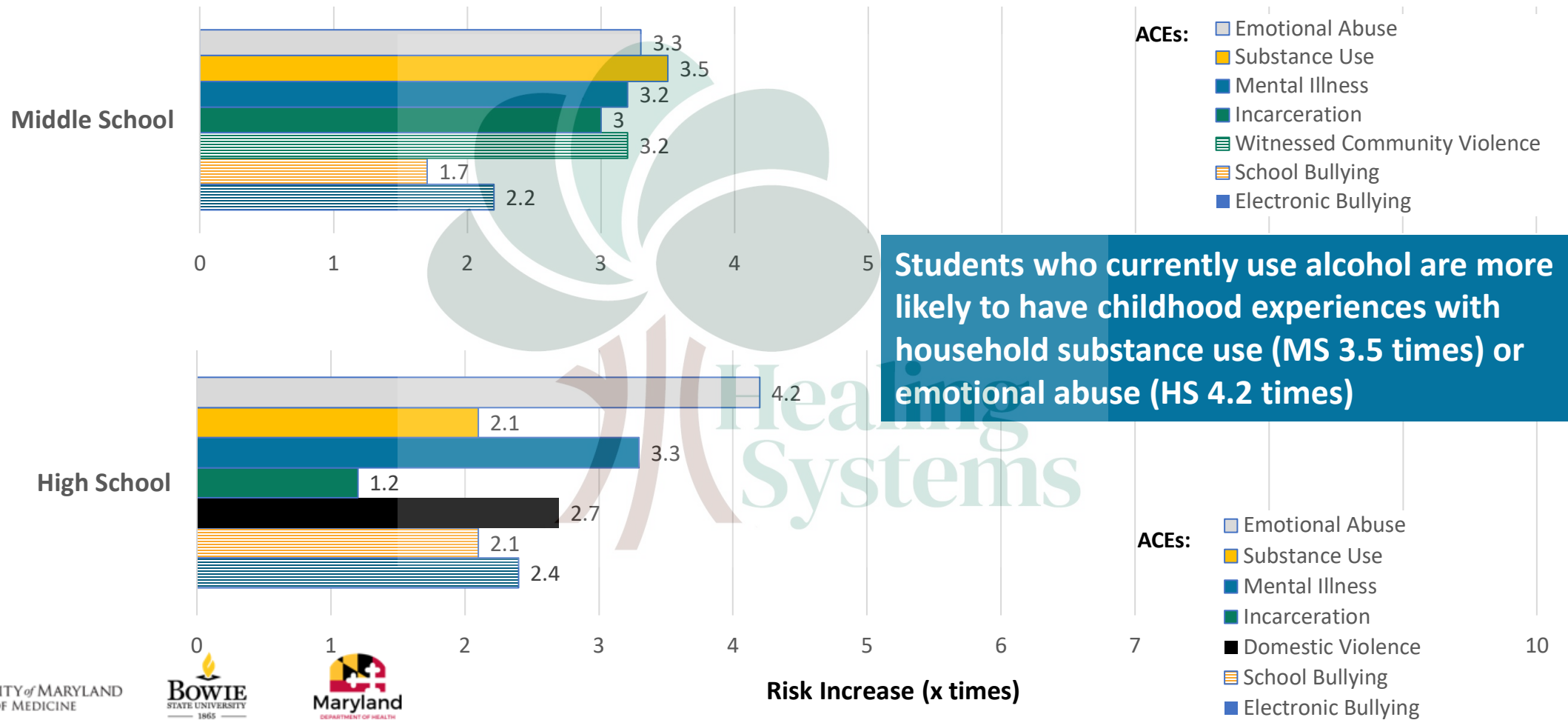
Healing Systems



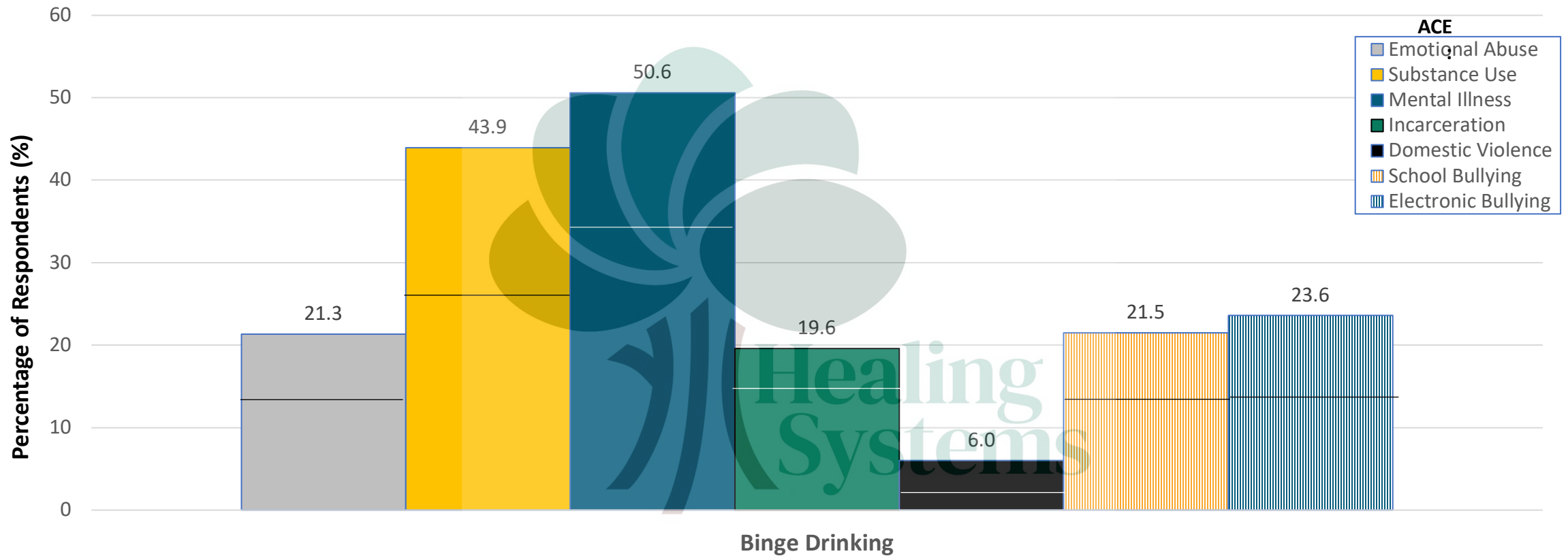
Current Alcohol Use and ACEs



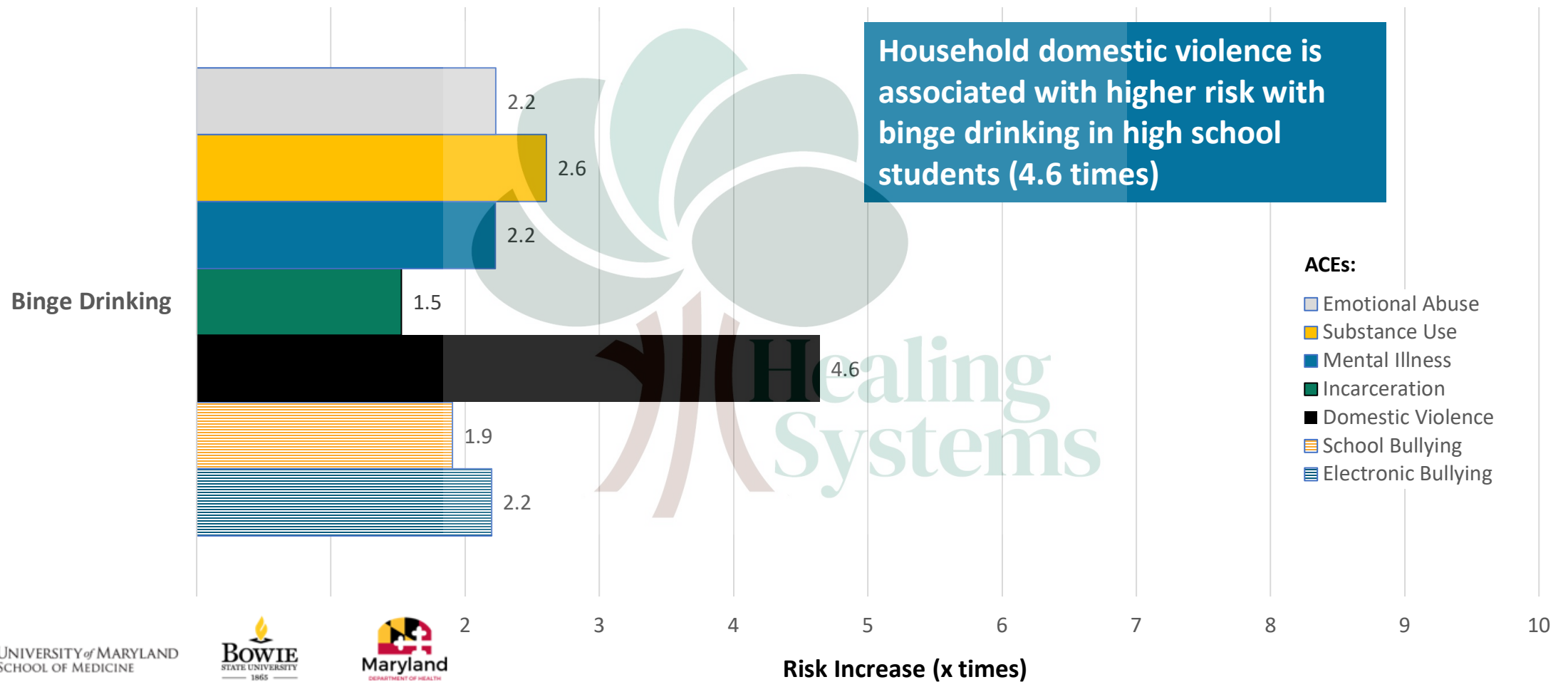
ACEs associated with increased risk of Current Alcohol Use



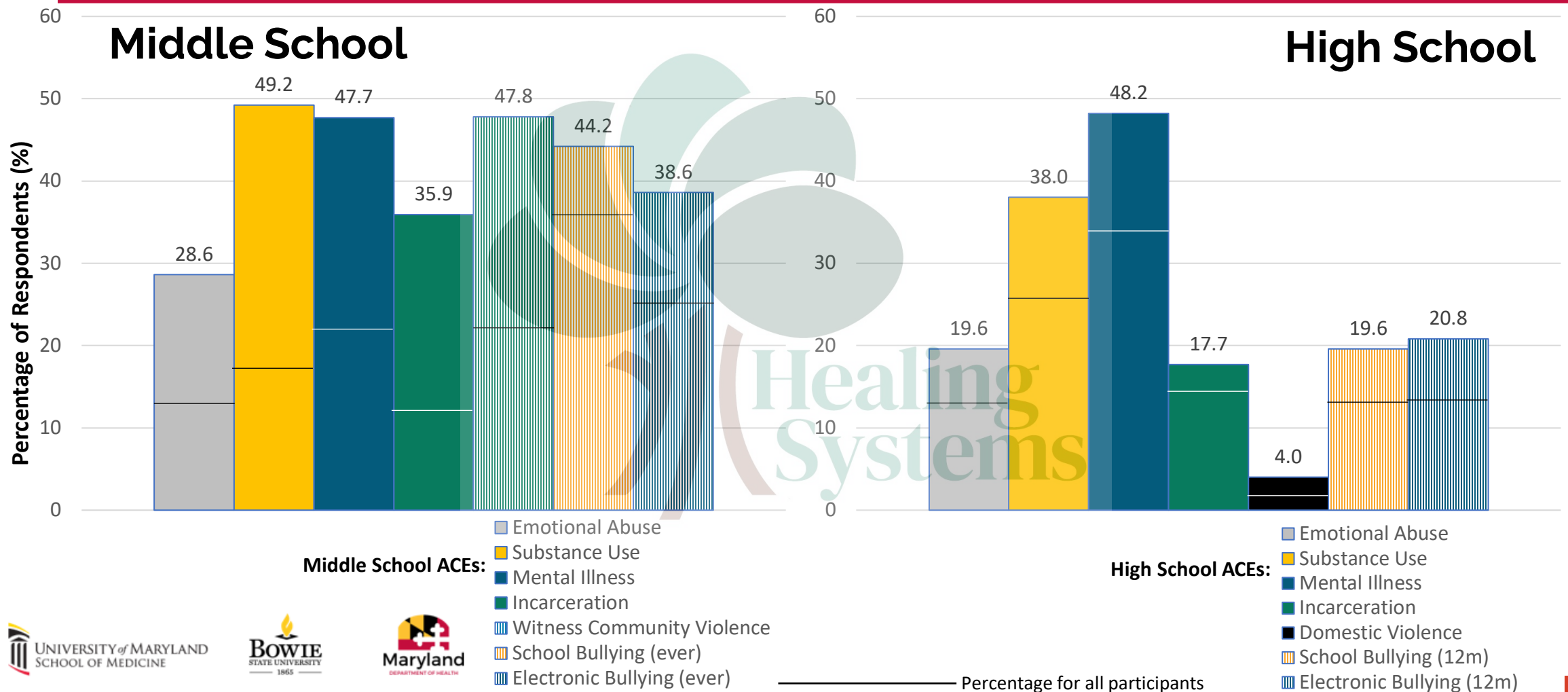
Binge Drinking and ACEs (High School only)



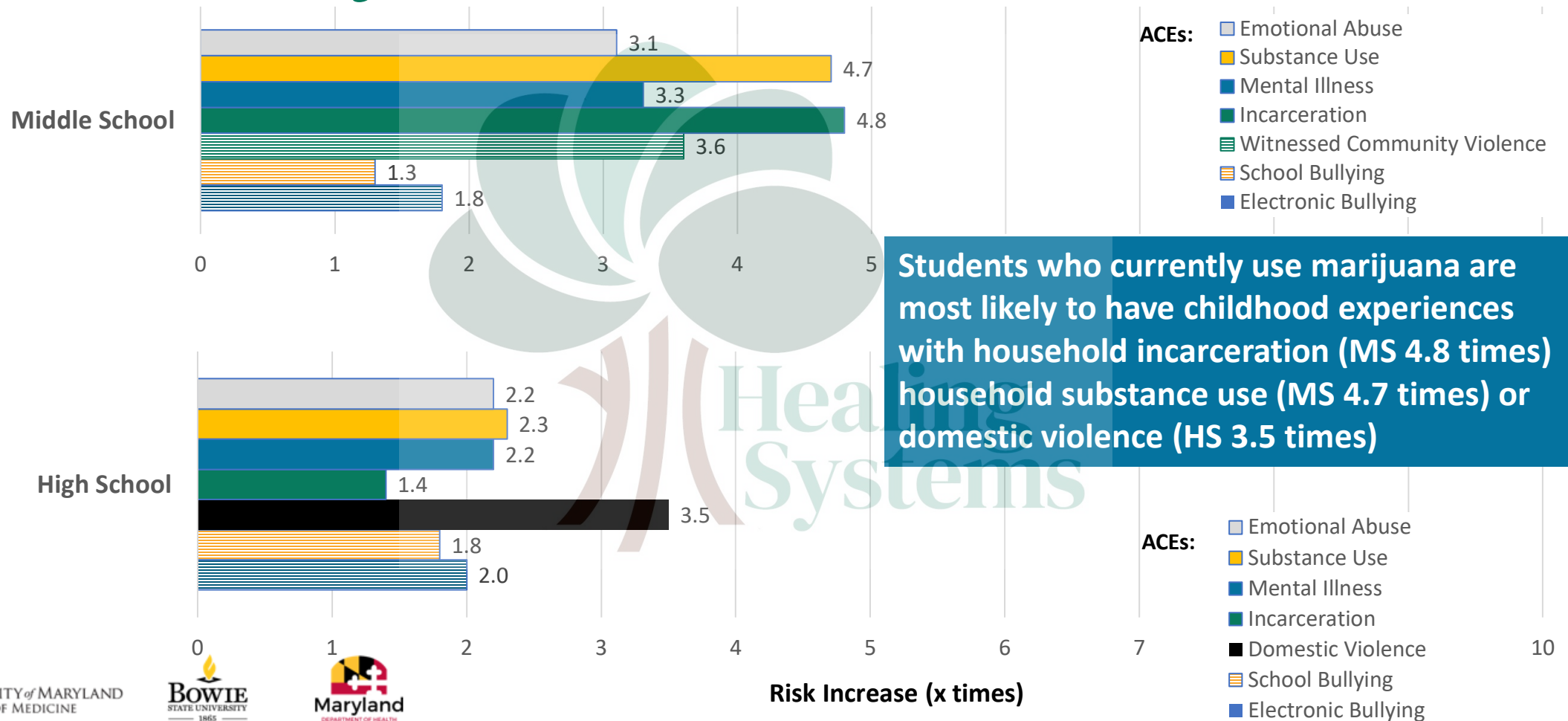
ACEs associated with Increased Risk for Current Substance Use (High School)



Current Marijuana Use and ACEs

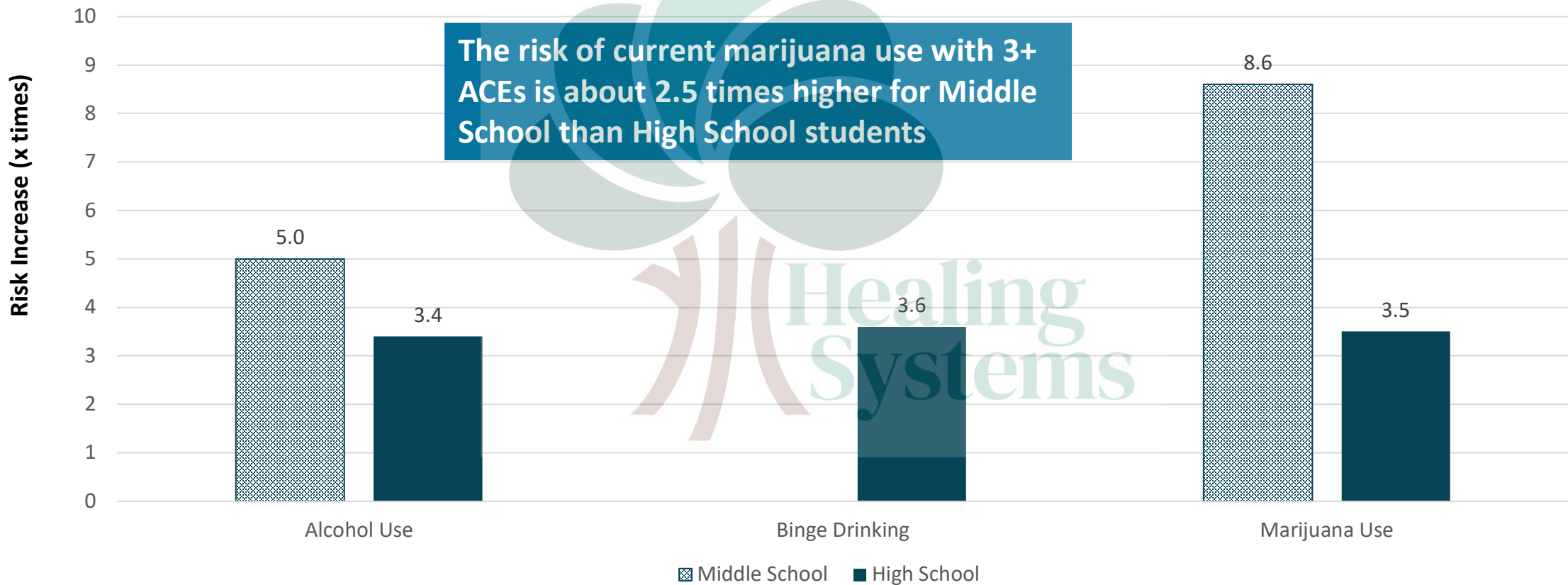


ACEs associated with increased risk of Current Marijuana Use

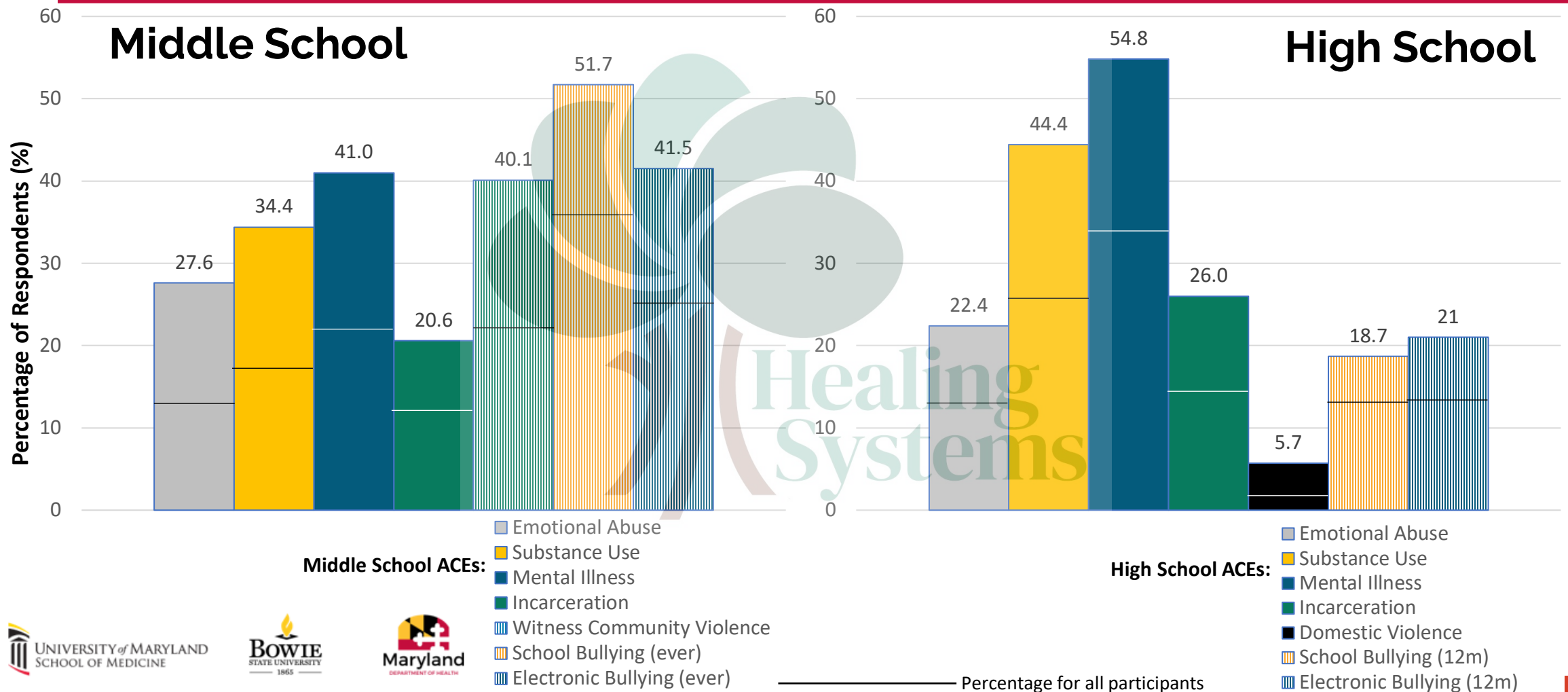


3+ ACEs and Current Substance Use

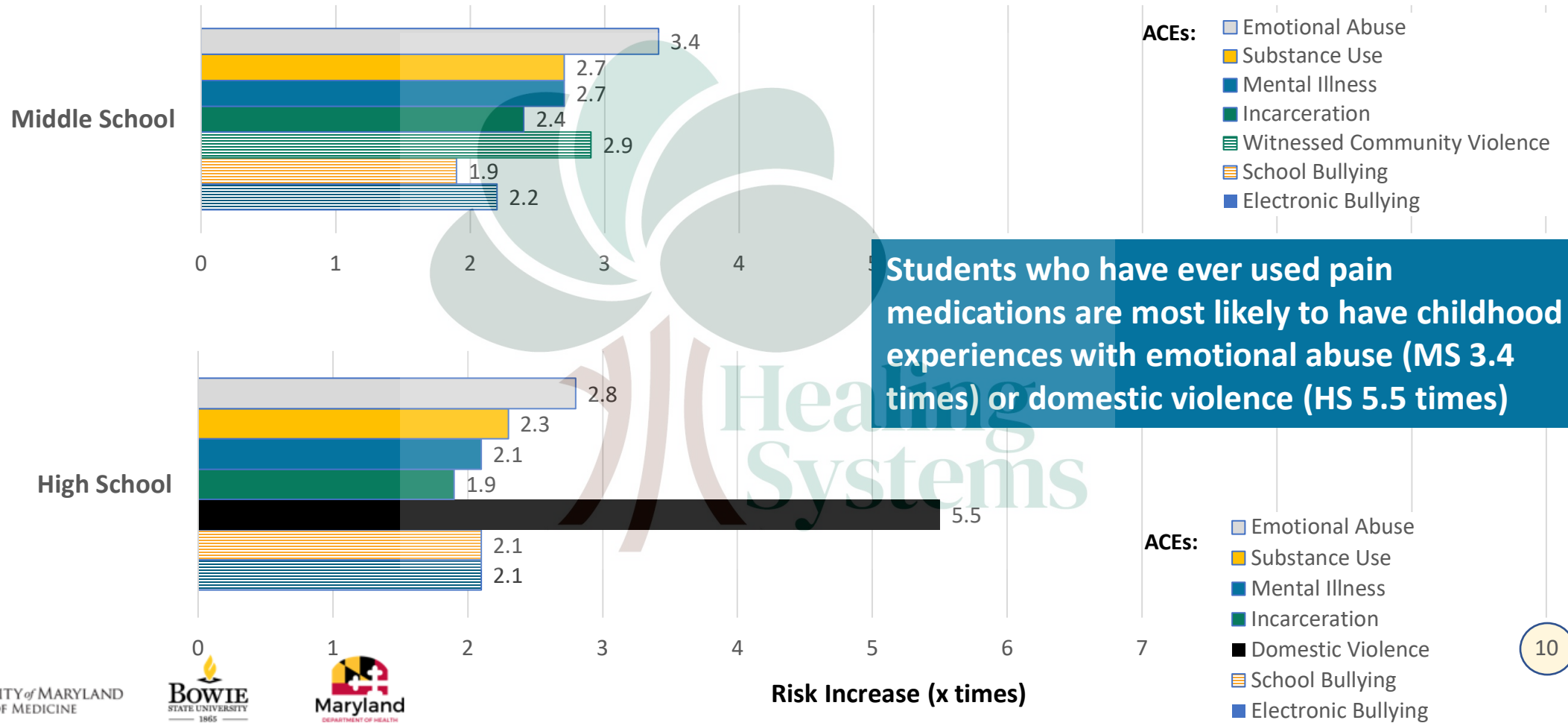
Individuals with 3+ ACEs are more likely to currently use substances



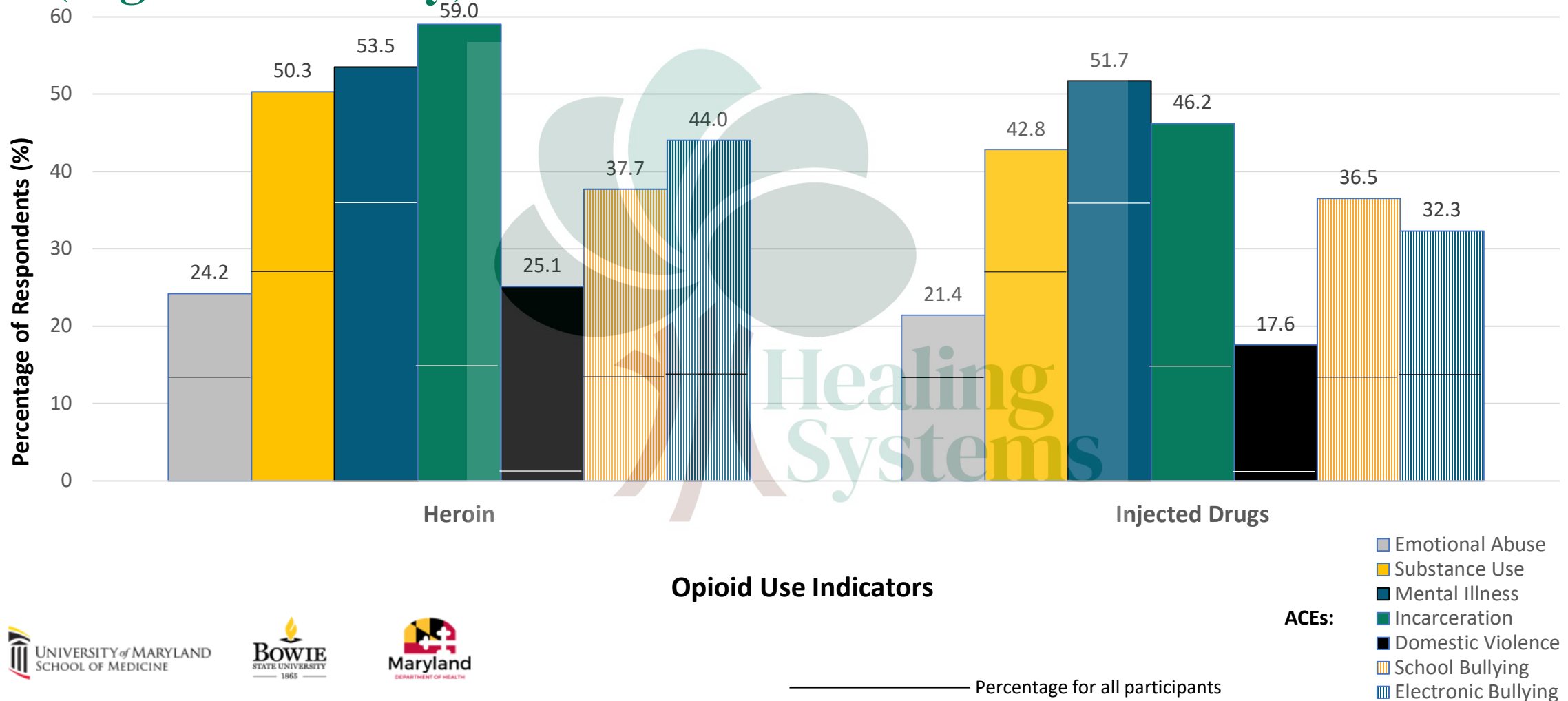
Pain Medication Use (ever) and ACEs



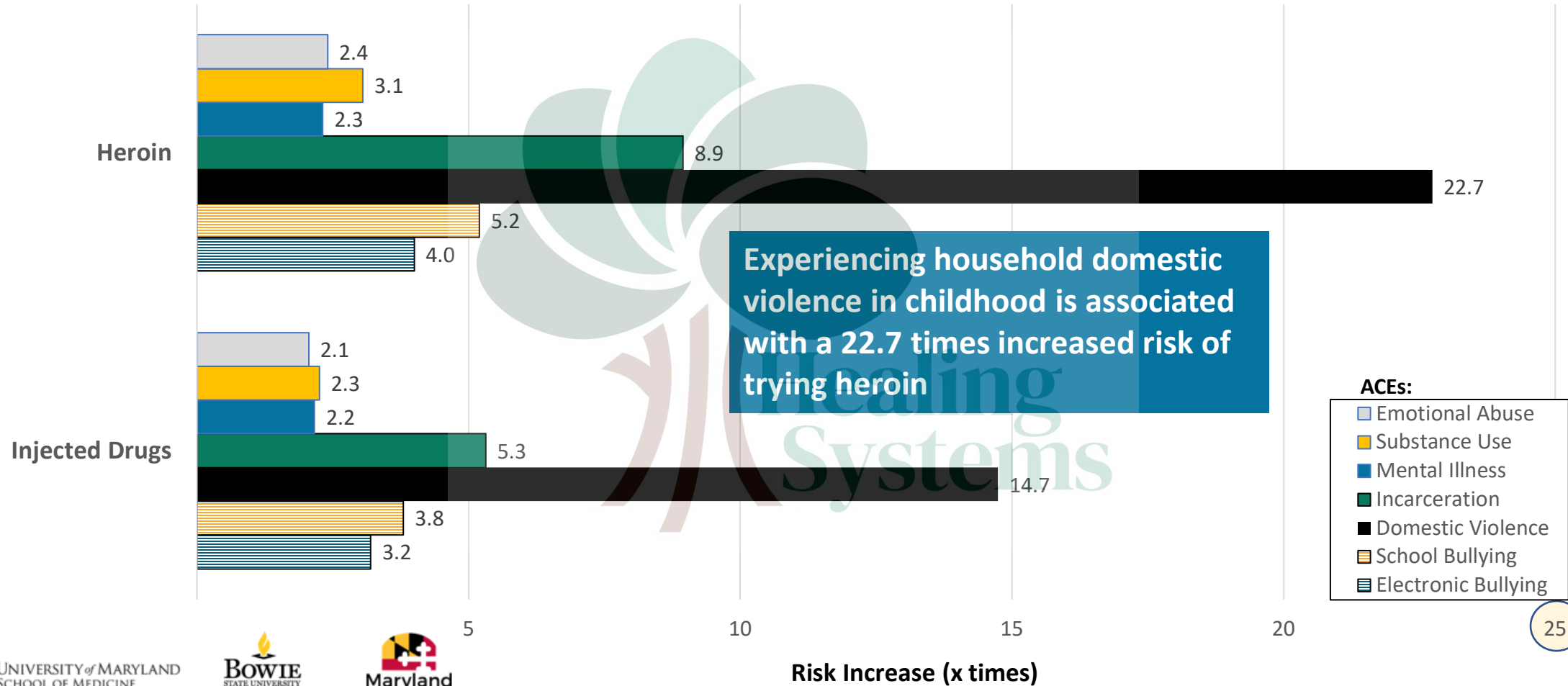
ACEs associated with increased risk of Pain Medication Use (ever)



Heroin & Injected Drugs (ever) and ACEs (High School only)

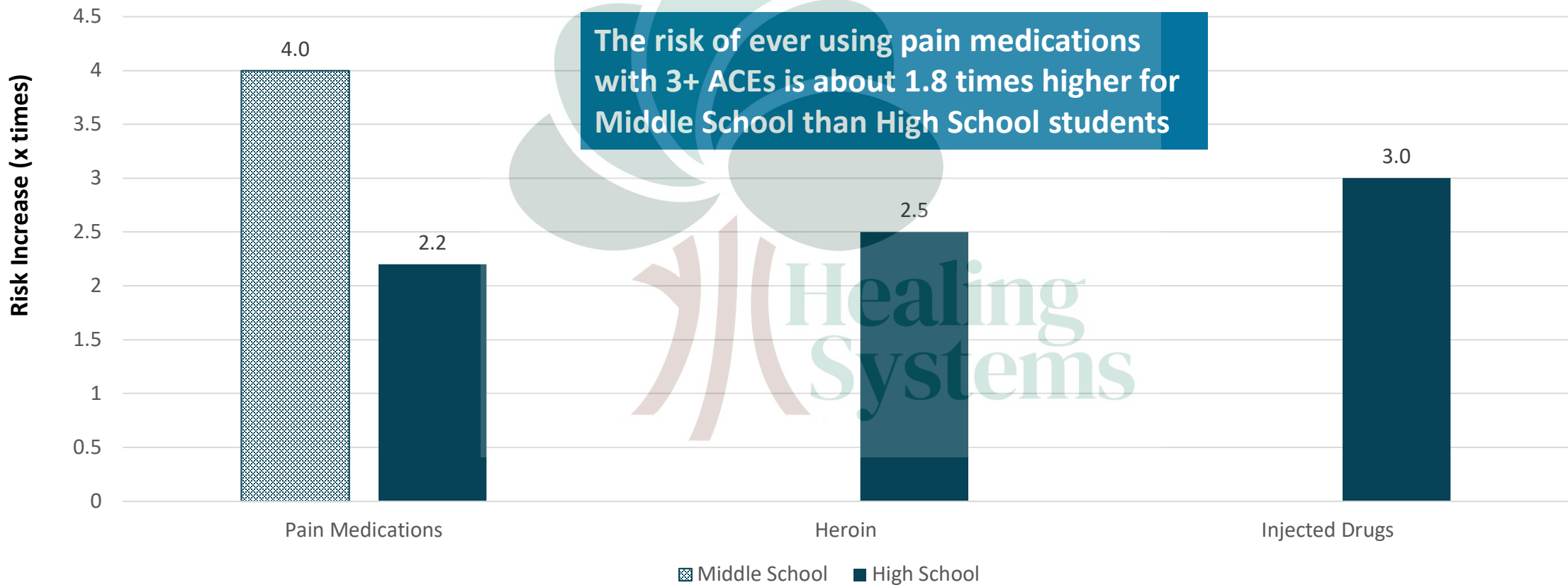


ACEs associated with increased risk of Heroin and Injected Drug Use (ever - High School only)

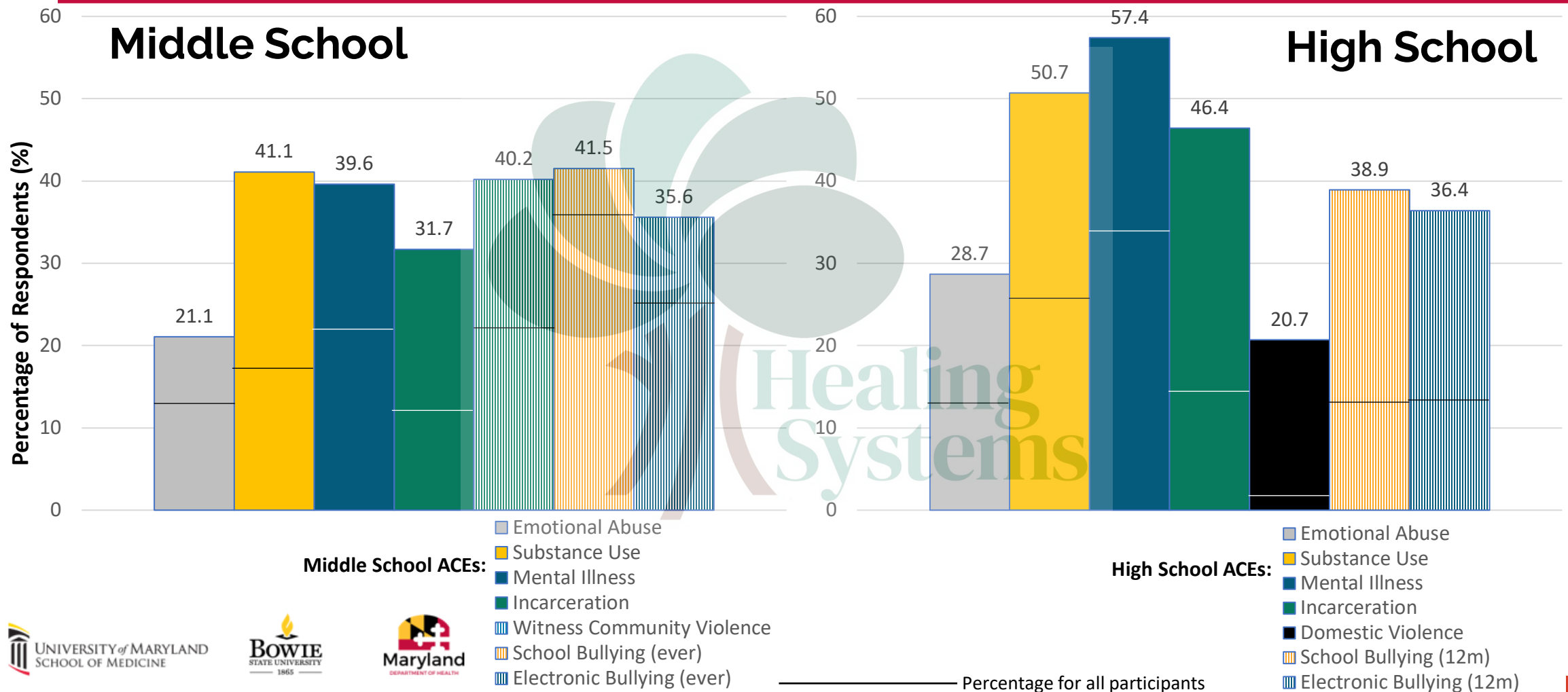


3+ ACEs and Opioid Use (ever)

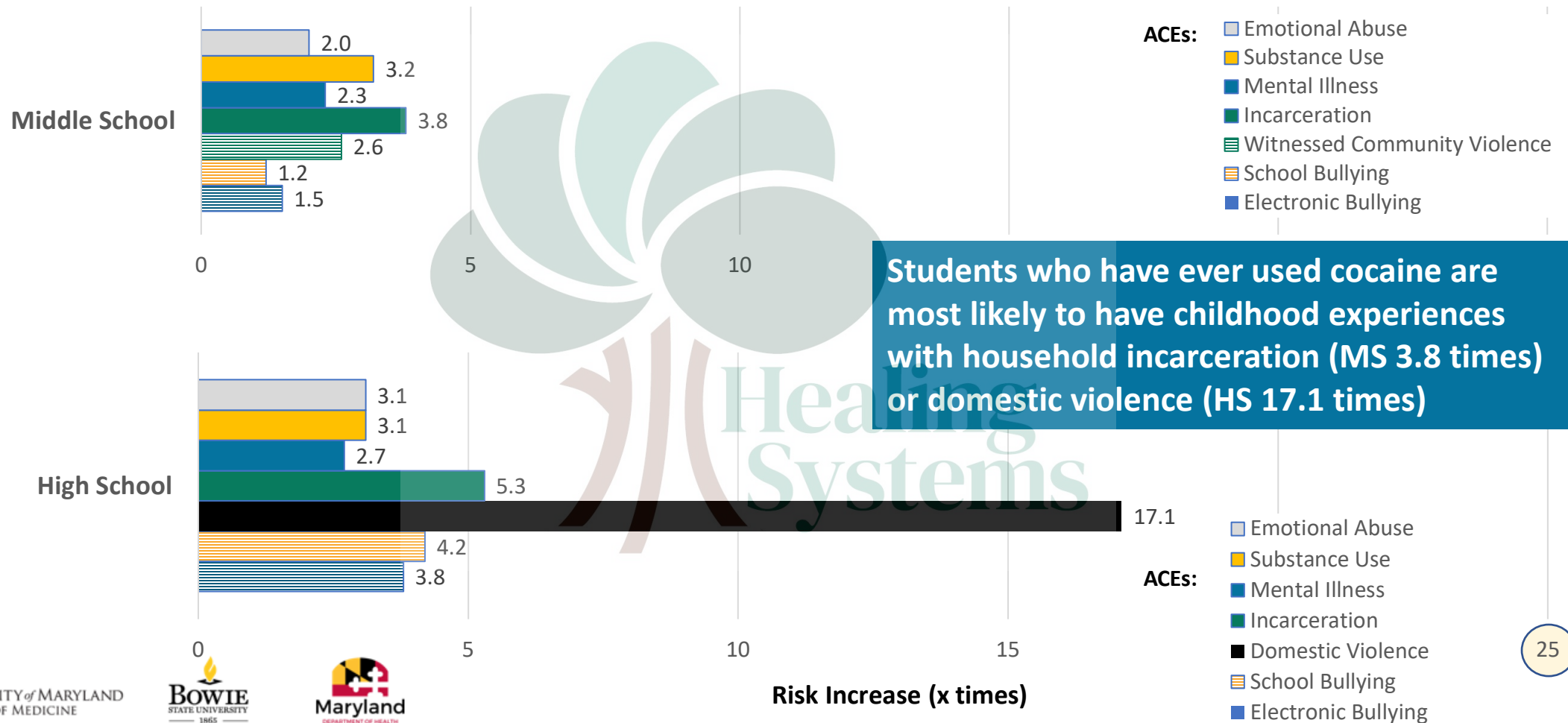
Individuals with 3+ ACEs are more likely to try opioids or inject drugs



Cocaine Use (ever) and ACEs

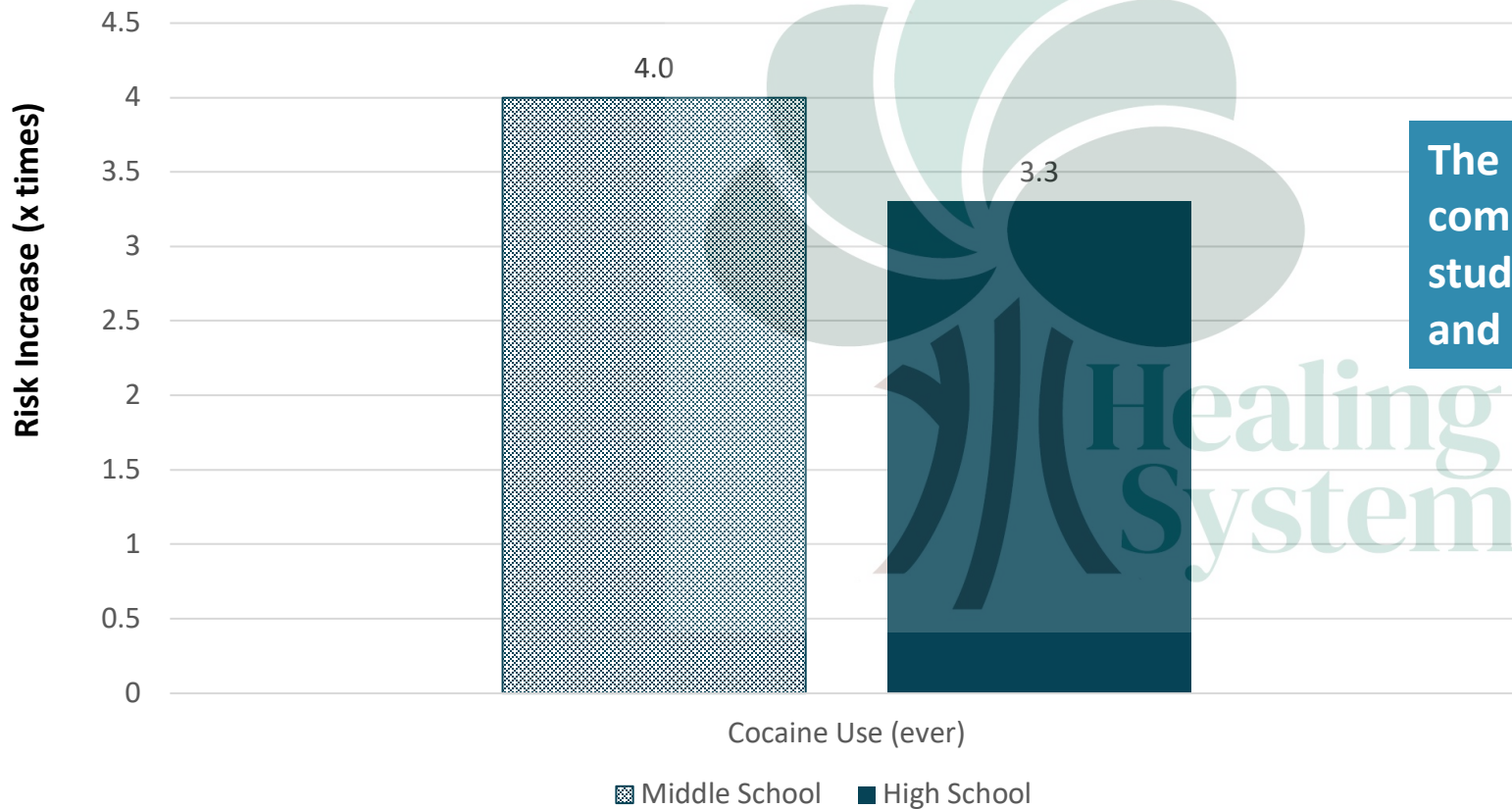


ACEs associated with increased risk of Cocaine Use (ever)



3+ ACEs and Cocaine Use (ever)

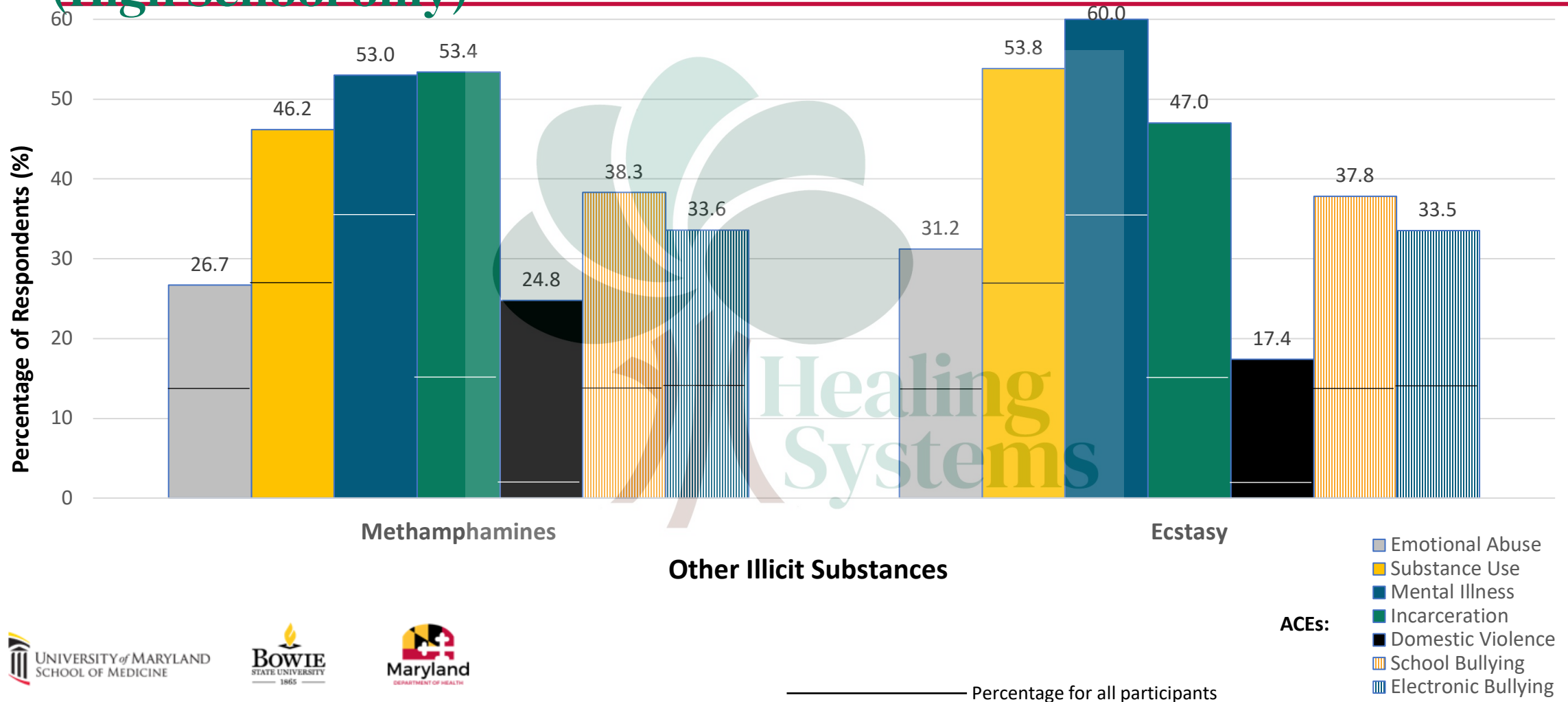
Individuals with 3+ ACEs are more likely to try cocaine



The risk of trying cocaine is more comparable than other drugs for students with 3+ ACEs across Middle and High School students

Healing Systems

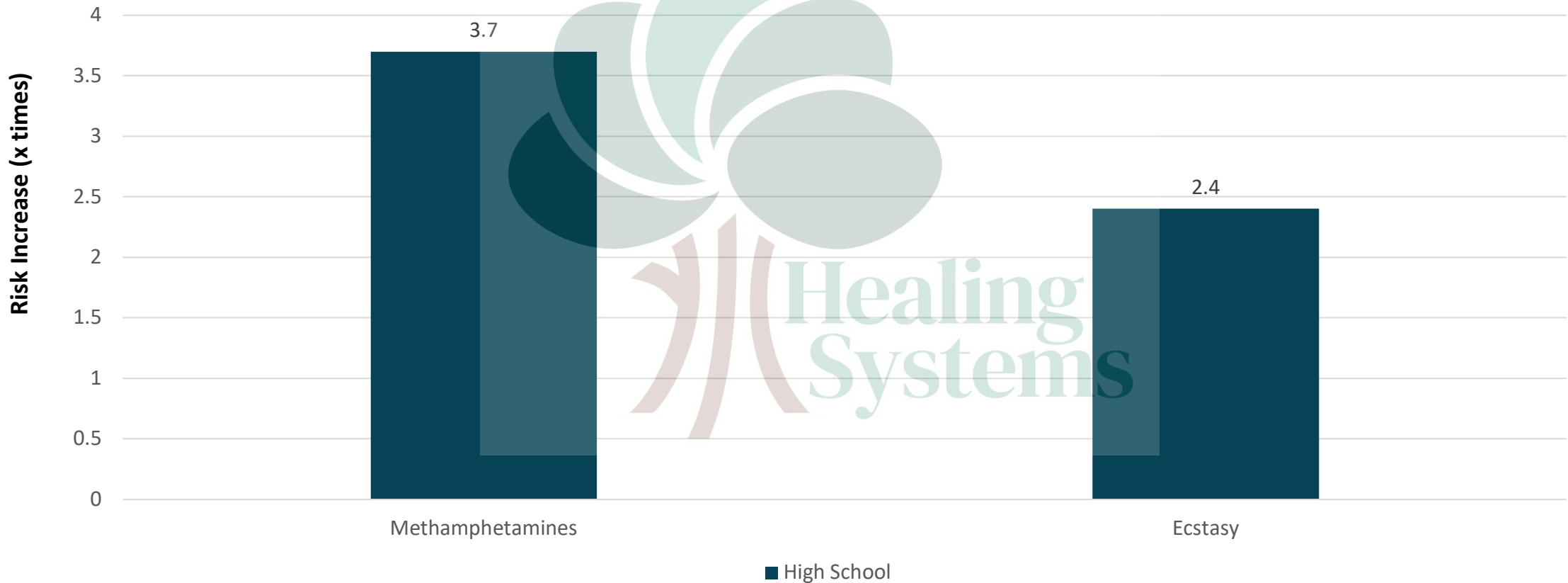
Other Illicit Substance Use (ever) and ACEs (High School only)



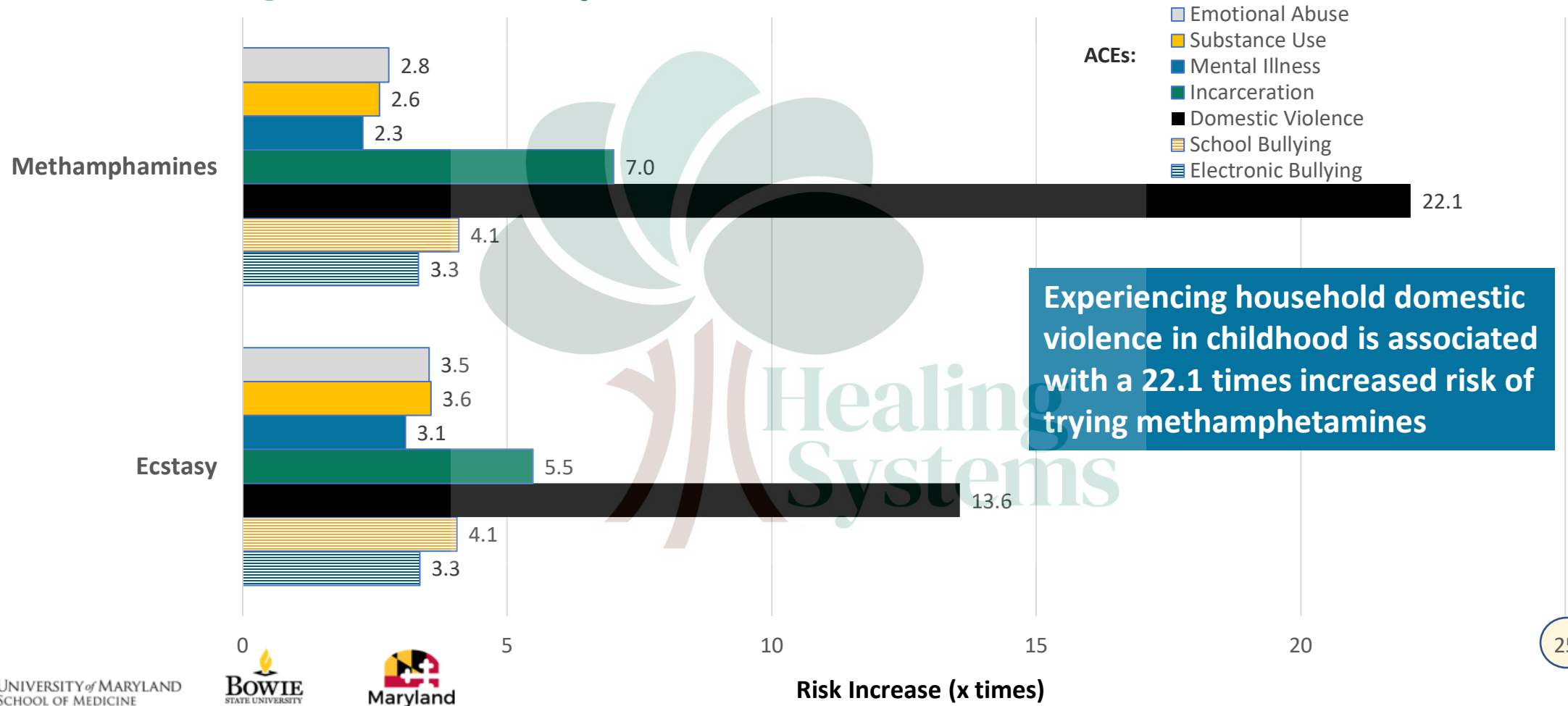
3+ ACEs and Other Illicit Substance Use

(ever – High School only)

High school students with 3+ ACEs are more likely to try other illicit substances



ACEs Increase Risk of Other Illicit Substance Use (ever – High School only)





Building Healing Behavioral Health Systems:

Summary of Behavioral Health Impact by ACE

Healing Systems



Summary of Behavioral Health Impact by ACE: Emotional Abuse: Middle School and High School Students



12%
of all students
experienced **Emotional Abuse**

Students who have experienced emotional abuse are more likely to experience **Mental Health Challenges** by **6.2** and **4.7** times



They are more likely to **Attempt Suicide** by **5** and **2.2** times



The Ability to Talk to a Member of Their Family

is associated with decreased risk with emotional abuse for students with behavioral health challenges by

73%

Summary of Behavioral Health Impact by ACE: Household Substance Use: Middle School and High School Students



18% and **25%**
students live with
Household Substance Use

Students who experienced household substance use are

4 and **3.1 times**
more likely to experience
Both Substance Use and Mental Health Challenges



They are also

4.7 and **2.2 times**
more likely to **use marijuana**



Food Security is associated with decreased risk with household substance use for students with behavioral health challenges by

53% and **47%**

Summary of Behavioral Health Impact by ACE: Household Mental Illness: Middle School and High School Students



23% and 34%
students live with
Household Mental Illness

Students with household mental illness are

5 and 3.4 times
more likely to experience
Mental Health Challenges



They are also

4.6 and 2.2 times
more likely to
Make a Suicide Attempt



Both Safety At (to/from) School (High School only) **and Food Security** are associated with decreased risk with household mental illness for students with behavioral health challenges by

32% and 42%

Summary of Behavioral Health Impact by ACE: Household Incarceration: Middle School and High School Students

Students with household incarceration are



3 and 2.3 times
more likely to experience
Both Substance Use and Mental Health Challenges



11% and 15%
students experience
Household Incarceration



Food Security is associated with decreased risk with household incarceration for students with behavioral health challenges by

They are also **5-7 times**
more likely to
Try Illicit Substances

58% and 61%

Summary of Behavioral Health Impact by ACE: Witnessed Community Violence (Middle School only)



11%
of students have
**Witnessed Community
Violence**

Students who witness community violence are **4 times** more likely to experience **Both Mental Health and Substance use Challenges**



They are **3.6 times** more likely to **use marijuana**
and **2.9 times** more likely to **misuse pain medication**



Food Security is associated with decreased risk with witnessing community violence for individuals with behavioral health challenges by

54%

Summary of Behavioral Health Impact by ACE: Household Domestic Violence (High School only)



Although only **2%** of students experience **Household Domestic Violence** the impact on behavioral health is substantial

Students with household domestic violence are **5.4 times** more likely to experience **Mental Health Challenges** and **6.3 times** more likely to **Use Substances**



They are **22.7 times** more likely to **try heroin** and **22.1 times** more likely to **try methamphetamines**



Food Security is associated with decreased risk with household domestic violence for students with behavioral health challenges by

83%

Summary of Behavioral Health Impact by ACE: School and Electronic Bullying **Middle School Only (Ever)**



38%
of students experience
School Bullying



27%
of students experience
Electronic Bullying

Students who experience bullying are **3-4 times** more likely to experience **Mental Health Challenges**



They are **3.3 times** more likely to **Attempt Suicide**



The Ability to Talk to a Member of Their Family, and **Food Security** are associated with decreased risk with electronic bullying for individuals with behavioral health challenges by

28%

Summary of Behavioral Health Impact by ACE: School and Electronic Bullying **High School Only (12 month)**



14%
of students experience
School Bullying



14%
of students experience
Electronic Bullying

Students who experience bullying are **4 times** more likely to **Experience a Depressive Episode, Have Suicidal Ideations, or Plan a Suicide Attempt**



They are **4-5 times** more likely to **Try Heroin**



The Ability to Talk to a Member of Their Family and Food Security are associated with decreased risk of school bullying for students with behavioral health challenges by **64%**



Building Healing Behavioral Health Systems:

Potential Action Steps

Healing Systems



Potential Action Steps: Service Organizations



- Facilitate organization-level quality improvement processes to increase trauma informed policies and practices to enhance well-being for staff.
 - Implementing programming and activities for staff well-being.
 - Connecting staff to resources following crises.
- Integrate trauma informed care practices into service delivery. This would include activities such as:
 - Promoting screening for trauma in high-risk groups and providing or offering referrals to appropriate counseling and supports.

Potential Action Steps: Screening and Referral



- Implement appropriate screening and symptom assessment tools
 - Use screening tools that assess exposure to trauma as well as trauma symptoms.
 - Understanding symptoms will help facilitate appropriate treatment and referrals to behavioral health services.
 - Provide access to information on behavioral health resources.
- Discourage use of the ACEs questionnaire as a screening tool, because it does not collect:
 - information on the impact of ACE exposure on mental health symptoms, so it does not provide information on individuals' treatment needs.
 - the cumulative effect of a single ACE encountered repeatedly.

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Potential Action Steps: Professional Support and Development



- Build a trauma informed workforce that is trained to promote positive well-being for the entire workforce.
- Provide training and professional development for public workforce, administrators and others around ACEs and PCEs.



Potential Action Steps: Interventions



- Offer interventions for youths exposed to Household Domestic Violence at the earliest ages, including:
 - Promoting meeting basic needs, such as food security, as a prevention strategy associated with mitigated risk of being exposed to domestic violence.
 - Safety planning and positive relationship skills;
 - Anger management and conflict resolution skills;

Potential Action Steps: Positive Childhood Experiences (PCEs)



- Disseminate what we know about PCEs to influence policies across systems to increase PCEs as a prevention strategy.
- Promote awareness on the impact of positive childhood experiences to mitigate ACEs.
- Develop resources for people providing direct services on how they can support families in creating opportunities for facilitating positive experiences.

Potential Action Steps: Beyond Behavioral Health Systems



- Address community social problems that contribute to ACEs, such as social determinants of health
 - Housing stability
 - Access to healthcare
 - Quality education
 - Safe neighborhoods
 - Access to food
 - Economic stability



Potential Action Steps: Cross Systems Collaboration



- Incorporate interventions across a broad array of service organizations including behavioral health, educational system, domestic violence, substance use treatment and prevention, child and adult protective services, community outreach organizations, and more.
- Collaborating across organizations represented by Safer Maryland to coordinate trauma-informed service delivery.

BHS Data to Action Toolkit



- Building Healing Systems (BHS) Data-to-Action toolkit

<https://www.healingsystemsdata.org/>





Please contact us! :)

[Karen McNamara - kmcnamar@som.umaryland.edu](mailto:kmcnamar@som.umaryland.edu)



Personal Reflection

In what ways have you used data to transform part or parts of your personal life?





Building Healing Systems

Data-to-Action Resource Toolkit

Healing
Systems



Maryland ACEs & PCEs Data Presentation and Data-to-Action Toolkit Demonstration

Key Players

What We'll Present On

What We Hope Will Happen!

Community Members



Building Healing Systems Team



Partnership for a Safer Maryland

Reflection and Action Steps

How data can be used

Data-to-Action Toolkit

ACEs & PCEs data

ACEs & PCEs overview

Building Healing Systems' work

Increased access to useful resources

Better understanding of the impacts of ACEs and PCEs

Additional efforts aimed at prevention of ACEs & promotion of PCEs

Increased collaboration across service systems

Building Healing Systems



**How you can use data
to take action!**

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Systems



Data is everywhere!



Looking in a new way!



Relationships





Example: Moving from 911 to 988

- **Problem –**

- 911 used for incidents related to mental health needs
- 21-38% of calls are related to mental health, could be better addressed by people other than police
- More police = More force and fatalities

- **Solution - 988 launched in 2022**

- Makes critical support services more accessible
- Reduces interactions between civilians and police
- Saves lives and money
- Since the July 2022 launch, 988 has received 9.6 million calls, texts, and chats



National Alliance on Mental Illness. 988 Reimagining Crisis Response. <https://www.nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response>

SAMHSA-988 Lifeline Performance Metrics. <https://www.samhsa.gov/find-help/988/performance-metrics>

Irwin, A. & Pearl, B. (2020, October). *The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call*
<https://www.americanprogress.org/article/community-responder-model/>



Introducing the Data-to-Action Toolkit!

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Systems

Join us!



Click through the Data-to-Action Toolkit with us!

<https://www.healingsystemsdata.org/>

A screenshot of the website for the Building Healing Systems Data-to-Action Toolkit. The page features a dark blue header with the Healing Systems logo and navigation links for Home, About the Toolkit, and Contact Us. Below the header is a large dark blue banner with the text "Welcome to the Building Healing Systems Data-to-Action Toolkit!". Underneath, there is a white box with a dark blue background containing the text "Here is a list of topics to help you get started." Below this is an orange banner with the text "You can also download a copy of the full toolkit." The main content area is a grid of nine topic cards: "Systems and Policies", "Trauma 101", "Adverse Childhood Experiences and Positive Childhood Experiences", "Data Resources", "Healing-Centered Engagement", "HOPE Social Determinants of Health HEALING", and three partially visible cards at the bottom.



About the Data-to-Action Toolkit

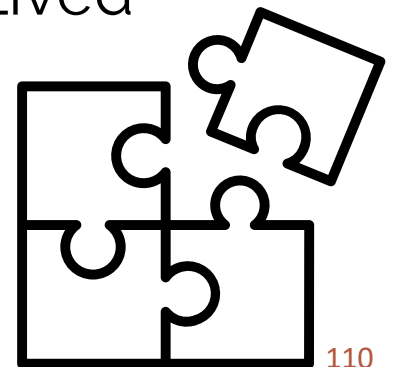
- A website to give people the information and resources they need to take actions
- Information for work at a systems and individual level
- Some information is specific to behavioral health, but much is broadly applicable!





Content Areas

- Systems and Policies
- Social Determinants of Health
- Prevention
- Anti-racism
- Childhood Experiences
- Data Resources
- Trauma 101
- Healing-Centered Engagement
- Interventions for Trauma
- Secondary Traumatic Stress
- Engaging People with Lived Experience





Systems & Policies

- Explanation of systems and policies
- Table of harmful and healing policies within systems
 - Education System:
 - **Exclusionary Discipline** (harmful) versus **Restorative Justice** (healing)

Systems change is...



A lens for thinking

Shifting your mindset to a new way to see complicated problems.



An Organizing Tactic

A process of bringing together everyone involved with a problem to address it.



A Strategic Approach from Leadership

Large-scale or transformational change that occurs as a result of changing the conditions that cause a problem or allow it to persist.

-Conditions are practices, policies, mindsets, etc.

<https://youtu.be/3DAZBYwLQno>



Social Determinants of Health

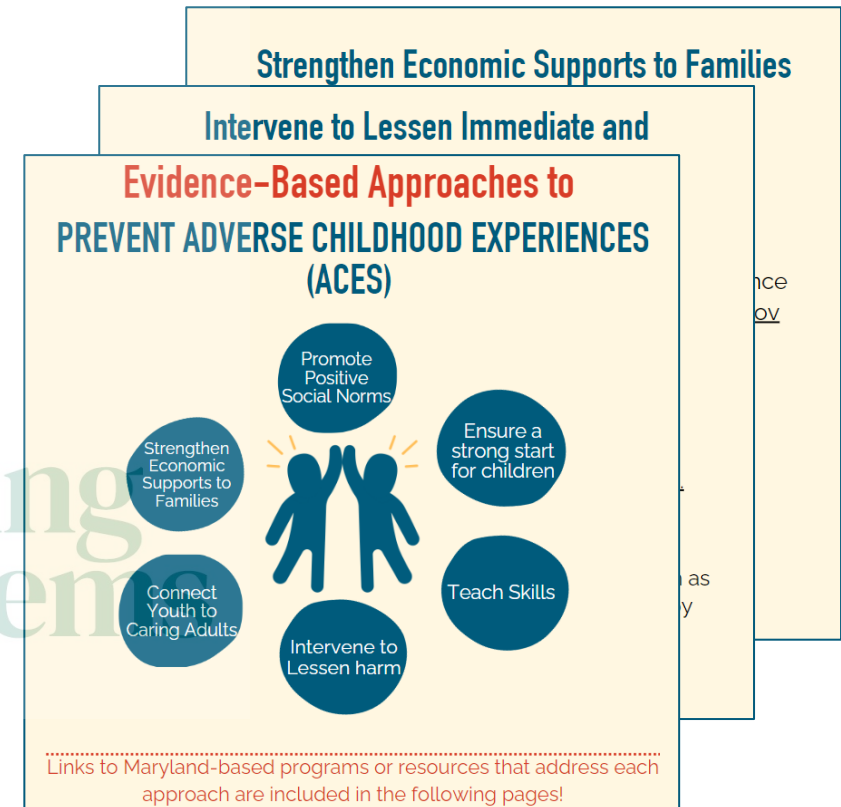
- Define social determinants of health (SDOH)
- Domains of SDOH:
 - Economic stability
 - Access to and quality of education
 - Access to and quality of health care
 - Neighborhood/built environment
 - Social and community context
- Examples of their impact on health, well-being, and quality of life
- Addressing and working to improve SDOH through systems change can help decrease existing health inequities and protect people from experiencing ACEs and trauma





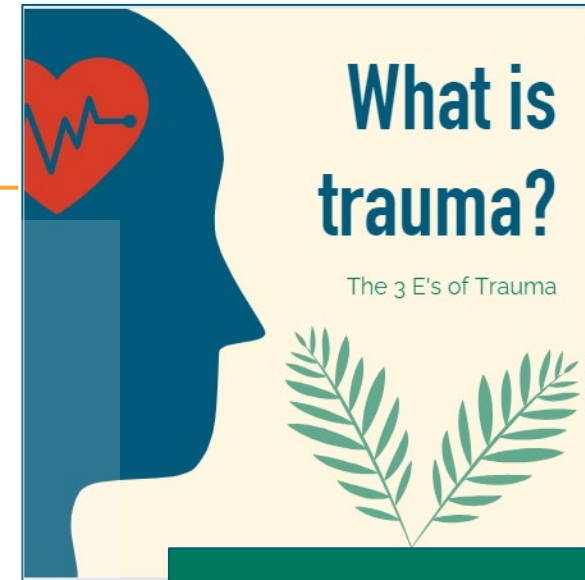
Prevention

- Discusses the risk and protective factors for Adverse Childhood Experiences (ACES)
- Identifies what individuals, families, organizations and communities can do to prevent ACEs
- Examines the different levels of prevention:
 - Tertiary
 - Secondary
 - Primary
- Infographic on evidence-based approaches to preventing ACEs, and links to programs and resources in MD
 - https://bit.ly/ACES_Prev



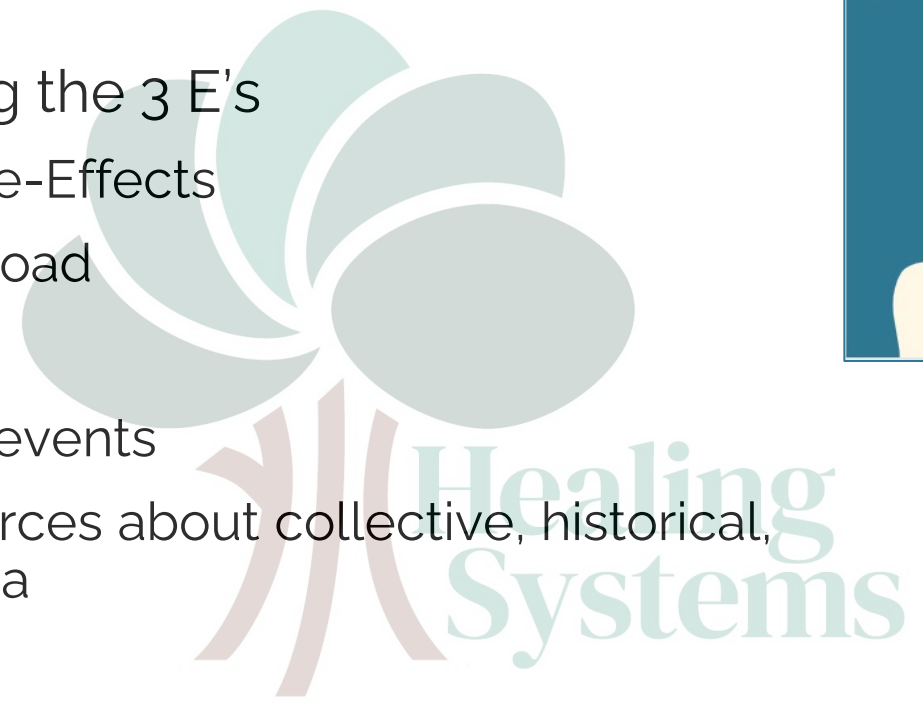
Trauma 101

- Defining trauma using the 3 E's
 - Events – Experience-Effects
 - PDF you can download
- Traumatic events
- Examples of traumatic events
- Explanations and resources about collective, historical, and generational trauma
- Resilience



**Trauma can be simply defined
by the 3 E's:**

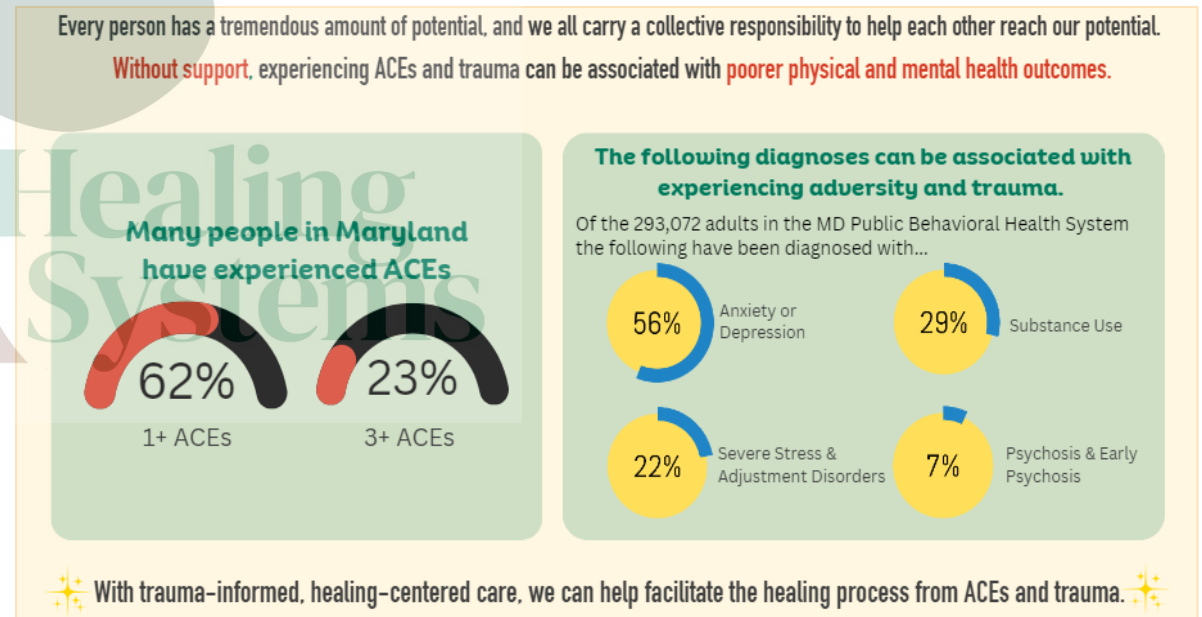
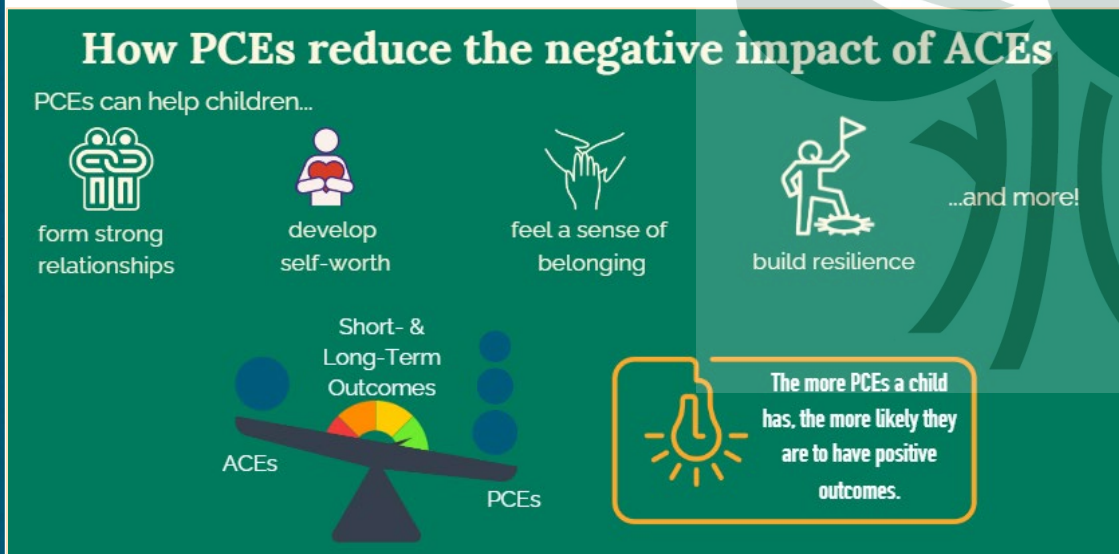
1. Events
2. Experience of events
3. Effects





Adverse & Positive Childhood Experiences

- Define ACEs and PCEs
- Explain some of the information we know about ACEs and PCEs in Maryland through infographics





Data Resources

- National, state-level, and jurisdictional-level resources
- These resources include
 - data (fact sheets, infographics, reports, needs assessments, and links to the Maryland YRBS and BRFSS data),
 - gap analyses,
 - action plans,
 - improvement protocols, articles, bulletins, briefs, and educational resources
- The focused data study and panel survey presentations created by Dr. McNamara & additional infographics





Healing-Centered Engagement

- Healing-centered engagement addresses harm and restores well-being.
- Resource list of local organizations that offer non-traditional forms of healing
- People who have influenced Healing-Centered Engagement
 - Audre Lorde
 - bell hooks
 - James Baldwin
 - Angela Davis
 - Eduardo Duran
 - Maria Yellow Horse Brave Heart
 - Lewis Mehl-Madrona

There are 5 principles of Healing-Centered Engagement: CARMA





Interventions for Trauma

- Learn about the common reactions to trauma exposure
- What to do if a reaction to a traumatic event causes problems that interfere with everyday life - includes:
 - List of evidence-informed treatments for trauma
 - Resources to help individuals find support in their area





Anti-Racism

- Defines anti-racism and what it means to be anti-racist
- Resources include articles, videos, podcasts, books, webpages, films, organizations, etc.
- Learn about anti-racism and how to practice anti-racism at the individual and organizational level





Secondary Traumatic Stress

- Learn about the signs and symptoms of secondary traumatic stress
- Understand the role of organizational leaders in creating systems that focus on the well-being of helping professionals
- Find resources and tools for organizations and providers to help identify, prevent, and intervene when secondary traumatic stress occurs





Next steps– apply to your work and life!

- **How can you take the learning from today to inform the work you do at your organization?**





Connect with Building Healing Systems!

- **Social Media:**

- Instagram- @buildinghealingsystems
- Facebook- Building Healing Systems
- LinkedIn- Building Healing Systems

- **Sign-up for our Newsletter here:**

https://www.healingsystemsdata.org/?page_id=36

- Behavioral Health and Substance Use Treatment Organizations, please contact your LBHA to ask that they consider applying to Cohort 2 of our Learning Community!

- RFA:

https://umbpsychiatry.az1.qualtrics.com/jfe/form/SV_orli85YMP75iPci





Links to Resources

- TIROE Principles PDF, <https://bit.ly/TIROE>
- TIROE Implementation Domains PDF, https://bit.ly/TIROE_Domains
- What is Trauma? The 3 E's, https://bit.ly/Trauma_3Es
- ACEs and PCEs Infographic, <https://bit.ly/ACEsandPCEs>
- Why TI and HC Care is Essential Infographic, https://bit.ly/Ti_HC_Care
- ACEs Prevention in Maryland: https://bit.ly/ACES_Prev
- Listening Session Summaries: https://www.healingsystemsdata.org/?page_id=465

References

- Bethell, C., Jones, J., Gombojav, N., Linkenbach, J., & Sege, R. (2019). Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample. *JAMA Pediatrics* published online 2019 Sep 9. <https://doi.org/10.1001/jamapediatrics.2019.3007>
- Bethell, C. D., Gombojav, N., & Whitaker, R. C. (2019). Family resilience and connection promote flourishing among US children, even amid adversity. *Health Affairs*, 38(5), 729-737.
- Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (2019). CDC Vital Signs: Adverse Childhood Experiences (ACEs) Preventing early trauma to improve adult health. https://www.cdc.gov/violenceprevention/aces/resources.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Fresources.html
- Child and Adolescent Behavioral Health (2022). Positive Childhood Experiences. <https://www.childandadolescent.org/positive-childhood-experiences/>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine*, 14(4), 245–258. DOI: [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Jallah, N., Harding, Y. (2022). Youth ACEs Status: Findings from the 2021 Youth Pandemic Behavior Survey (YPBS-21). BHA Monthly Data Meeting March 28, 2022.
- Merrick, M., Ports, K., Ford, D., Afifi, T., Gershoff, E., Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Journal of Child Abuse and Neglect*, 69(1), 10-19. doi: 10.1016/j.chiabu.2017.03.016
- Oral, R., Ramirez, M., Coohy, C., Nakada, S., Walz, A., Kuntz, A., Benoit, J., Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: the future of health care. *Journal of Pediatric Research* 79(2), 227-233.

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