



Center on the Developing Child
HARVARD UNIVERSITY

The Latest in Trauma Research and Practice

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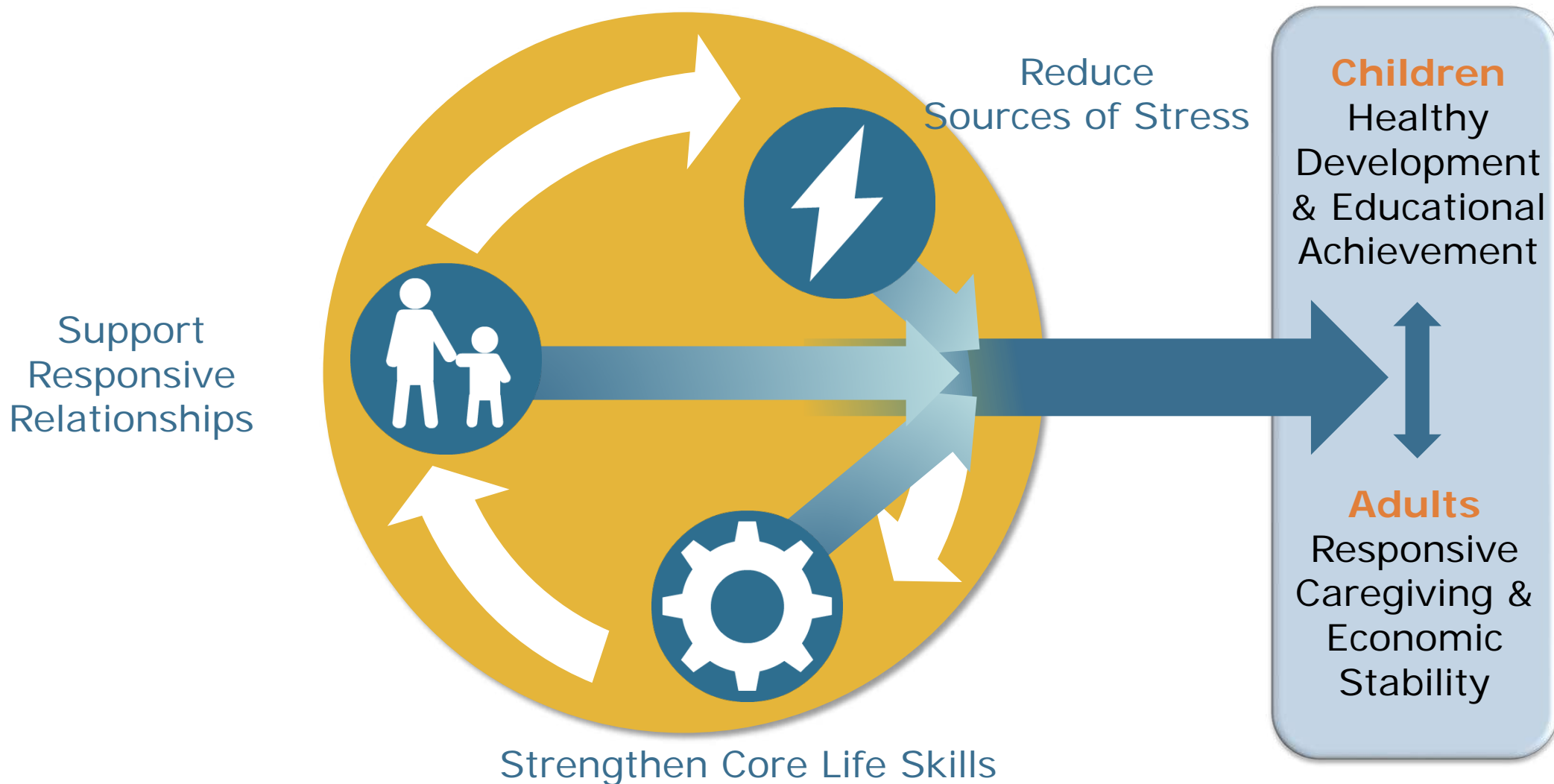
By All Means May 2018 Convening
Cambridge, MA



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www.developingchild.harvard.edu

Translating the Science Concepts into Principles for Policy and Practice



Support Responsive Relationships



- Early experience builds brain architecture
- Serve & Return interaction is key
- Provides a double benefit—promoting development and buffering stress

Strengthen Core Life Skills



- The essential skills we all need to manage life, work and relationships successfully
- Include executive functioning and self-regulation
- Develop over time with coaching and practice

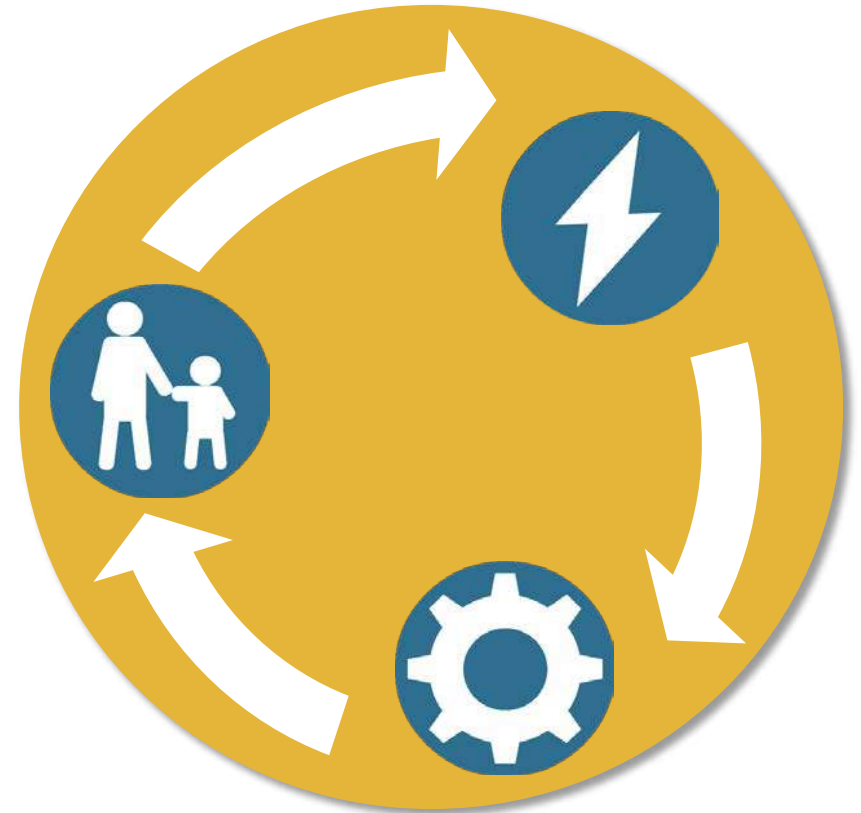
Reduce Sources of Stress

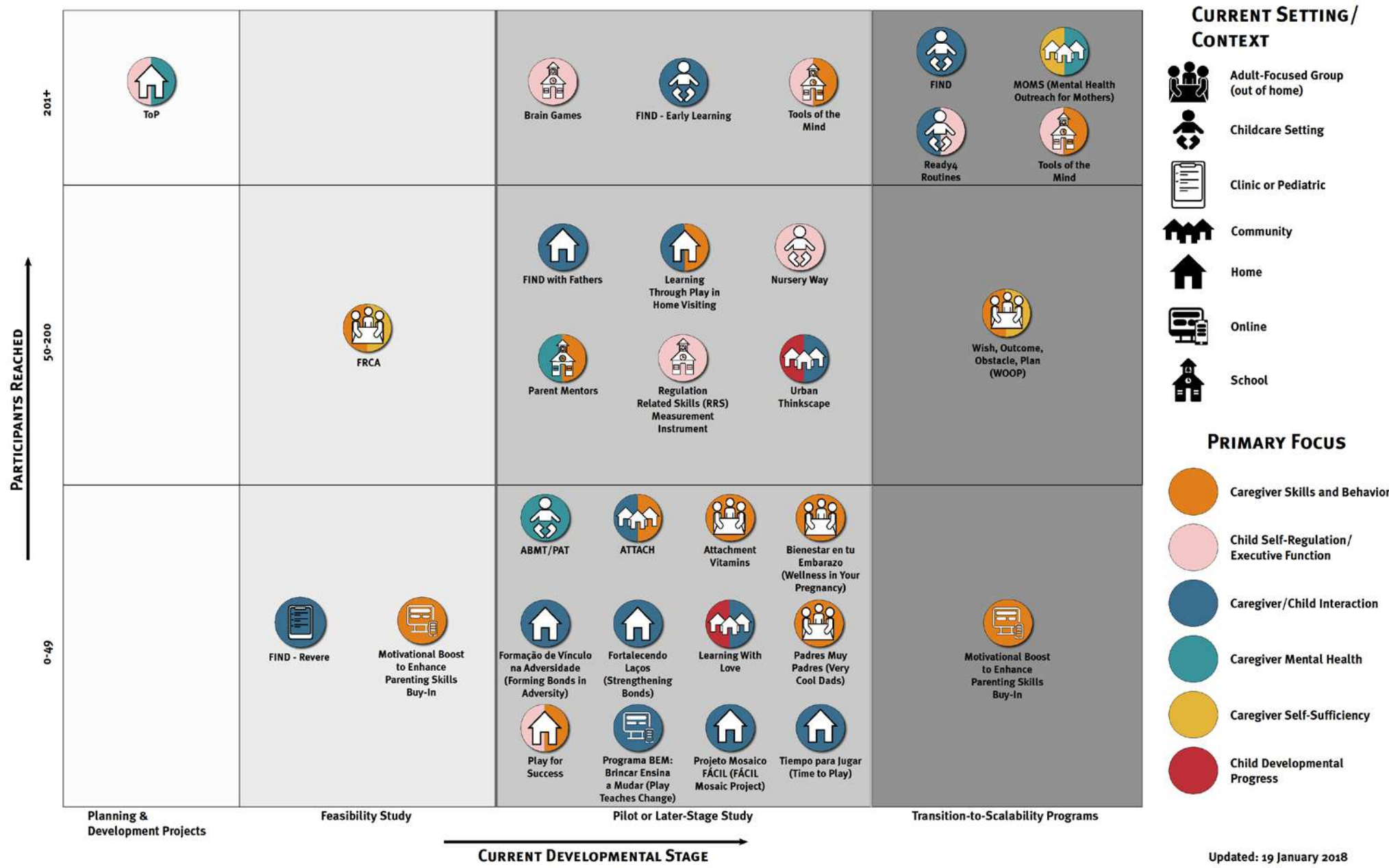


- Not all stress is bad but unrelenting, severe stress can be toxic
- Reducing toxic stress protects children directly by decreasing activation of the stress response system
- And indirectly because the adults they depend on are better able to support them

Key Questions

- 1) What are policies, systems and practices doing to address each principle?
- 2) What could be done to address them better?
- 3) What barriers prevent addressing them more effectively?



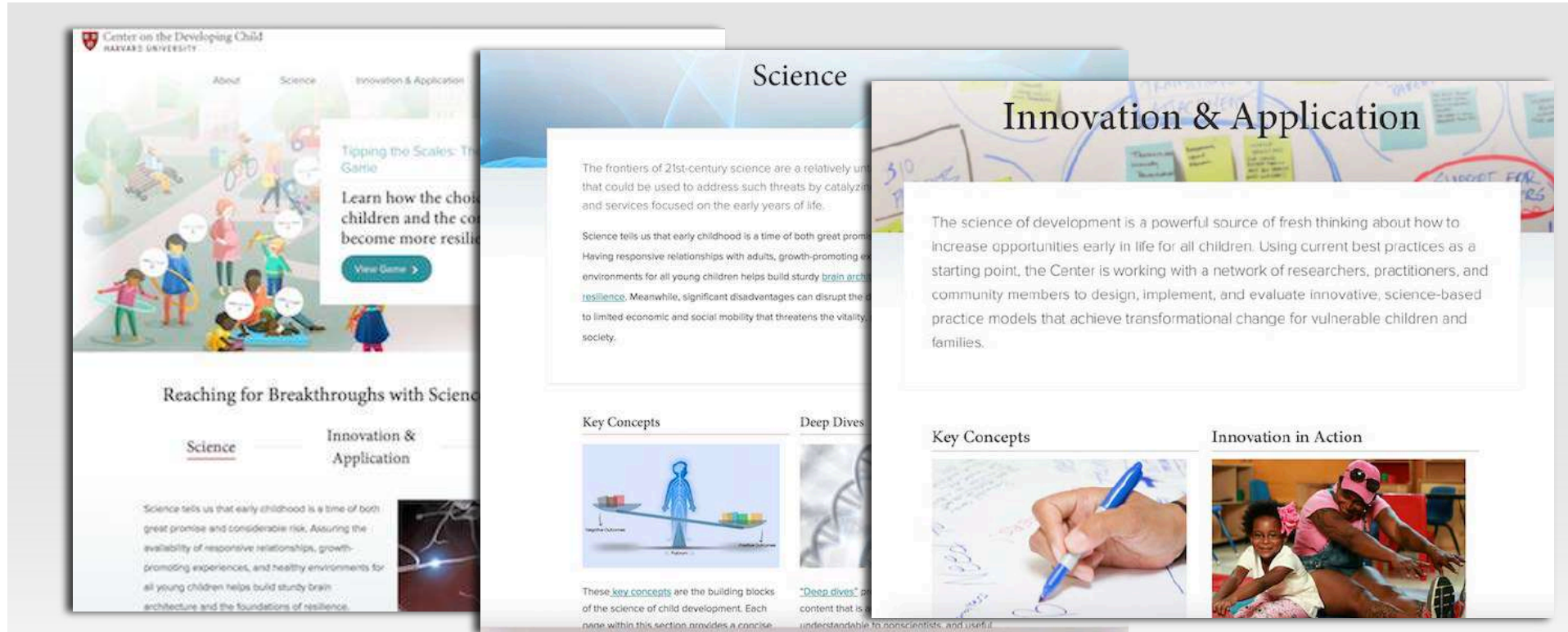


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PARTNERSHIP FOR RESILIENCE

AUDREY SOGLIN

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KAREN PETERSON

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BRENDA BANNOR

PARTNER, MILLENNIA CONSULTING

OUR START



EDUCATIONAL REFORM

Laser like focus on teachers, teacher policies and testing

- Student growth
- Evaluation
- Dismissal
- Standards



“The most **impactful** in-school influence on student learning is the **teacher**”

CONVENED PARTNERS



American Academy of Pediatrics
Illinois Chapter

THE RIGHT SCHOOL DISTRICTS



Building Bridges to Success

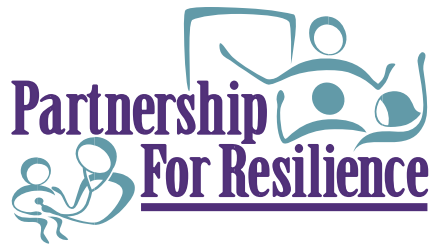
DOLTON • RIVERDALE School District



THREE AREAS OF FOCUS

- Primary care and wellness
- **Behavioral Health**
- Parent engagement





www.partnership4resilience.org

OUR VISION IS TO TRANSFORM AND INTEGRATE EDUCATION, HEALTH CARE AND COMMUNITY ORGANIZATIONS TO CREATE A TRAUMA-INFORMED, FAMILY-FOCUSED SYSTEM THAT MEASURABLY IMPROVES ACADEMIC, HEALTH, AND SOCIAL OUTCOMES FOR CHILDREN.

Steering Committee Partners:

- American Academy of Pediatrics – Illinois Chapter (ICAAP)
- Consortium for Educational Change (CEC)
- Cook County Health and Hospitals System
- Education Redesign Lab at the Harvard Graduate School of Education
- Governors State University (GSU)
- Illinois Education Association (IEA)
- Illinois Federation of Teachers (IFT)
- Advocate Health Care
- Lurie Center for Childhood Resilience
- Southern Illinois University School of Medicine
- School Districts Ridgeland 122 (Oak Lawn) 130 (Blue Island), 132 (Calumet Park), 148 (Dolton Riverdale), 163 (Park Forest), 169 (Ford Heights), 205 (Thornton Township)

BUILDING CAPACITY DISTRICT RESILIENCE TEAMS

- Vision-keepers and drivers of change. Support broad awareness. Own annual action plan for the school district, and have ongoing in-district meetings to facilitate work and integrate it with other district initiatives.
- Usually 5 – 10 people including an administrator; teacher/union leader; and nurse, social worker, and other support staff; can be a larger group.
- Convene quarterly across districts for action planning, professional development, networking, and accountability.

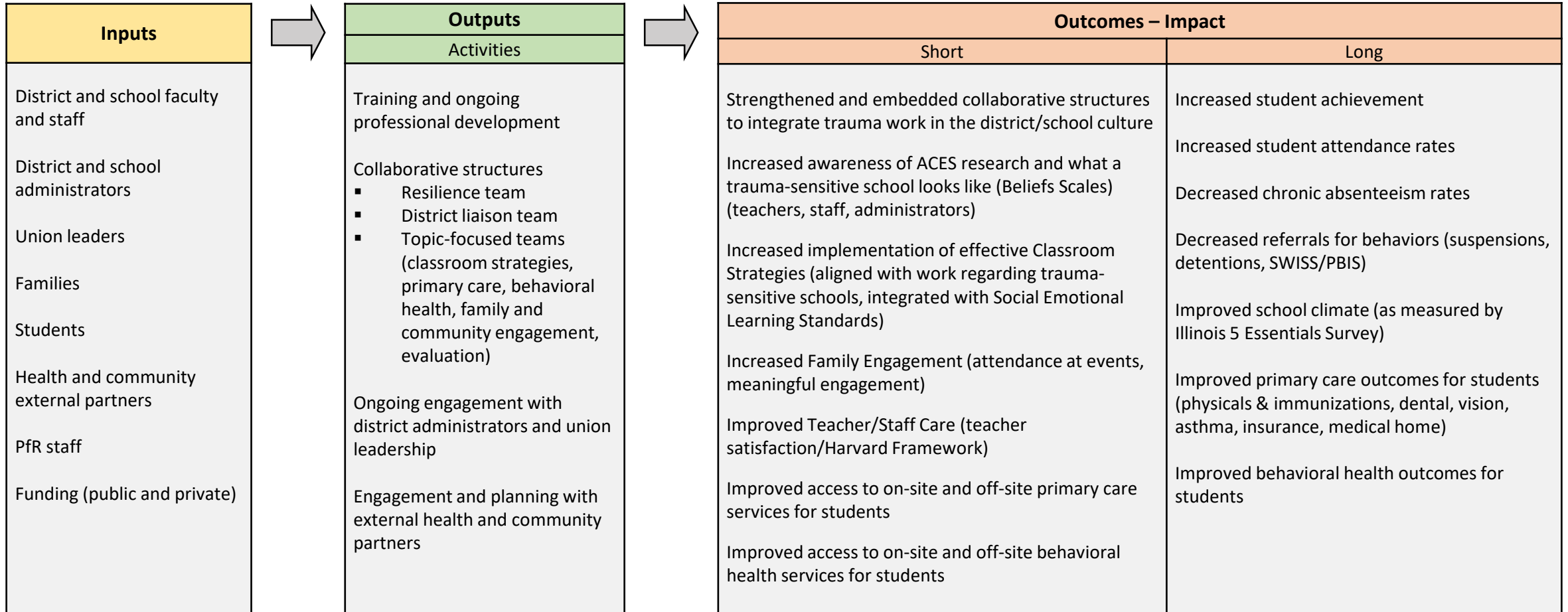
BUILDING TRAUMA-SENSITIVE SCHOOLS

RESILIENCE TEAM TRAINING

Day One	Day Two	Day Three
<ul style="list-style-type: none"> ▪ Phase I-ACEs ▪ Phase II - Context, Research, School Culture ▪ Phase III - Trauma Sensitive Schools and Classrooms ▪ Phase IV - Family and Community Partnerships 	<ul style="list-style-type: none"> ▪ Phase V - Social Emotional Learning ▪ Phase VI - Resilience and Restorative Practices ▪ Phase VII – Brain Research and Executive Function ▪ Closing Day 2 – Practical Applications and Resources 	<ul style="list-style-type: none"> ▪ PfR and Southland – Resilience Team Design, Lessons Learned, and Southland Case Study – Ridgeland District 122 ▪ Action Planning and Networking ▪ Overall Reflections, Comments, Questions, Next Steps

Partnership for Resilience (PfR) Trauma Sensitive Schools Logic Model

Situation: Adversity, trauma, and poverty are impacting a growing number of students.



Assumptions

Each school district designs and implements programs specific to the needs of its population

External Factors

The whole child approach aligns with resources available through the Every Student Succeeds Act (ESSA)

“This was the answer to why our students’ behavior had become so volatile and unpredictable over the past several years. The introduction to ACEs and the training was my “aha” moment. It transformed my approach to working with students”.

— Sherri Sera, Teacher and Association President, Blue Island District 130



Calumet Park School District 132 Results

Discipline



Academic outcomes

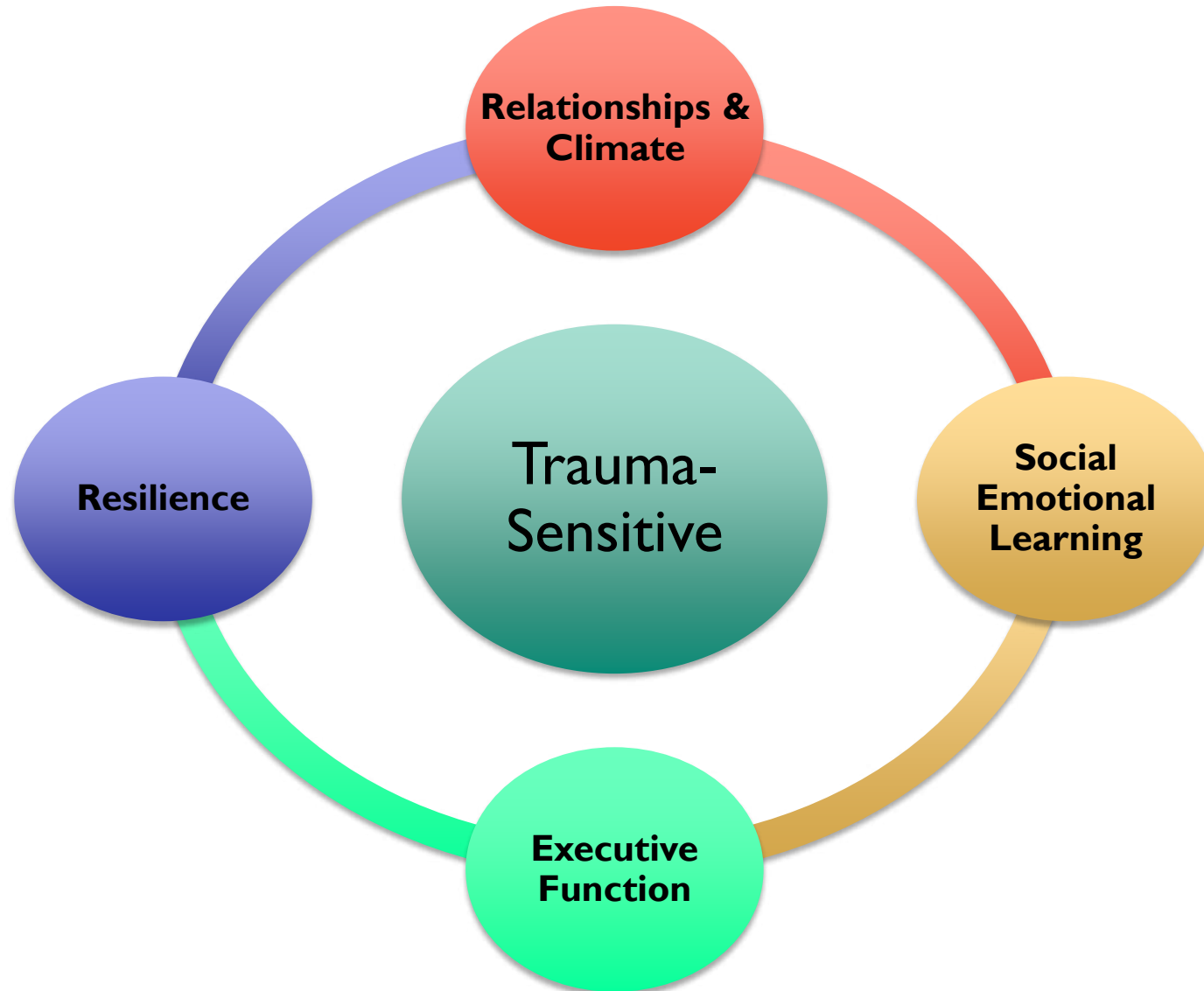
Students made statistically significant gains in English and Math across all grades K-8 in years one and two, correlated with the Partnership's work.

“It is not about what is wrong with you, it is about what happened to you!”



Awareness and Sensitivity
Practical Applications in Our Daily Work

CLASSROOM STRATEGIES IN TRAUMA-SENSITIVE CLASSROOMS



THE ROLE OF HEALTH IN THE PFR

PfR is working to create trauma-informed neighborhoods and improve childhood wellness through increased access to care and management and increased collaboration between schools and medical homes.

The health work has three key areas of focus:

- Facilitating school-based health services to meet identified needs while still promoting the connection to a patient-centered medical home.
- Encouraging schools and health systems to work together and use metrics to drive program development by:
- Spreading ACES awareness among medical providers by:

STEP ONE: NEEDS ASSESSMENT

Common themes across the districts

Needs	Barriers/Challenges	Assets
<ul style="list-style-type: none">▪ Behavioral health▪ Oral health▪ Asthma and Allergies▪ Vision and glasses▪ Physicals and immunizations (compliance with State Law)▪ Health education (for students and families)	<ul style="list-style-type: none">▪ Lack of providers▪ Transportation▪ Medicaid challenges▪ Behavioral health stigma▪ School resources stretched thin▪ Parental follow-through	<ul style="list-style-type: none">▪ District, school-level leadership, and staff understand/ support connection between health and academics.▪ Families see schools are safe havens for students and themselves▪ Several of the districts have hospitals and community health clinics nearby.▪ Governor State University has interest on part of the behavioral health and nursing departments to find ways to increase services to the Districts.

STEP TWO – ANALYZING OPPORTUNITIES

Everyone wanted a **School Based Health Center** but this model of care was NOT recommended

- The high build-out and operational costs would not be the best use of resources to support the identified medical and behavioral health needs of the Districts.

Mobile Care

- This model of care has proven to be an effective school delivery system for oral health, asthma and physicals and immunizations.
- It was recommended that the Districts partner with existing providers who can commit to a long-term and mutually beneficial partnership.

Leverage Community Assets

Create Protocols and Procedures for Working with External Partners

STEP THREE: IMPLEMENTATION

Oral health services through Mobile Care Foundation

Asthma services through Mobile Care Foundation

School based vision services through Ageless Eye Care



Advocate Care Van for physicals and immunizations

Formalized agreement with Cook County Health Systems Cottage Grove Clinic

Development of health team including school nurses, administrator, and providers



Healthcare Impacts

Asthma

By Spring of year one, 19 students being seen by asthma van without a single return ER visit, 100% below national average for school absenteeism (Calumet Park District 132).



Dental

86% of students with consents followed through to completion (vs 15% CPS completion rate). Of the initial 212 students screened, 111 needed restorative dental, 356 cavities, 41 extractions (Calumet Park District 132).



Immunizations

By October 15, just two students had not been immunized (Ford Heights District 169).



Access to care

1500 students have received some level of medical care without charge over 18 months (Calumet Park District 132).



WHAT IS HAPPENING NOW AND PLANS FOR THE FUTURE

- Health services are being provided in 6 out of the 7 PfR districts
- The type of service is different in each district, depending on need, interest, and ability of districts to engage with outside providers
- Calumet Park and Ford Heights are serving as incubators for practices that we are moving out to other districts, after piloting and adapting them
 - Universal consent
 - Medicaid
 - Medical Home
 - Parent Engagement