

THE COMMUNITY RESILIENCE INITIATIVE

The Problem

Recent events in Newtown highlight the devastation a community can face when mental health disorders are ignored and untreated. Early exposure to Adverse Childhood Experiences (ACE) significantly increases the risk of mental health disorders. An ACE event is a complex and stressful life event. Examples of ACEs include but are not limited to traumatic grief and loss, physical and sexual abuse, emotional abuse, chronic neglect, and domestic and community violence.

ACEs know no socioeconomic boundaries, and research shows that children who are exposed to more than three ACEs can develop a stress so toxic that it results in developmental delays, neurological damage and severe and chronic health issues (e.g., heart disease, diabetes, obesity). Additionally, children exposed to ACEs who are left untreated face greater risk of incarceration, violence, and early death, and they will likely struggle academically. Experts estimate these children cost society an average of \$3,000,000 each over their lifetimes when taking into account social services, health, mental health, juvenile and criminal justice and special education costs, and lose close to \$6,000,000 when considering lost income and lifetime Federal and state tax payments.

Children in New Haven experience high numbers of ACE events. One recent pilot program administered ACE screenings to the 176 member kindergarten class at Strong School in New Haven. The results were astonishing. 90% of Kindergarteners reported experiencing ACE events, but only 23% were currently displaying symptoms. What this tells us is that 67% of these students are experiencing ACEs, but are unidentified and untreated, allowing the issues to worsen until they eventually display themselves years later.

The social and financial cost of ignoring childhood trauma is enormous. Fortunately, the course can be corrected, and a child who is exposed to ACEs and who receives treatment may not only heal but indeed thrive.

The Solution

The City of New Haven seeks to implement the Community Resilience Initiative (CRI). The CRI seeks to eradicate community violence, school failure, reduce incarceration rates, improve overall health and, in short, create a safer, healthier community for children and families, with its impact to be assessed vis-à-vis results-based accountability. The CRI consists of four strategies:

1. Creation of the New Haven Trauma Coalition. A trauma-informed collaborative system of care to treat ACEs that involves the entire Greater New Haven community. The Coalition will be co-chaired by the New Haven MOMs Partnership and the Boost! Partnership (New Haven Public Schools, United Way of Greater New Haven, City of New Haven). This trauma-informed system will be built on promising practices already being delivered throughout the City of New Haven. The projected impact of this project will be drawn from the collective agreement of all involved to construct a unified vision of a safe and resilient New Haven. The direction of the system of care will be guided by those who presently lead local, trauma-informed initiatives so that objectives will be focused and aligned. Coalition members will include representatives from: the City of New Haven, New Haven Public Schools, Foundation for the Arts and Trauma, New Haven Police Department, New Haven MOMS Partnership, Yale University, New Haven Community-based Violence Prevention Collaborative, Department of Children and Families, Community Foundation for Greater New Haven, United Way of Greater New Haven and Clifford Beers Clinic. The Coalition will manage the

implementation of the CRI and will plan and manage the City's Crisis Response plan. **Request: Support to hire a Coalition Staff Member: \$70,000**

2. Schools. New Haven Public Schools provide a unique, nearly ideal venue through which ACEs can be addressed. CRI proposes:
 - a. ACEs screening for every public school student. Every child, every year, will be screened for ACEs and behavioral health problems, much like they are screened for immunization, vision, or reading, through a mix of school staff, SBHCs and private providers.. The screening results will be properly reviewed, and appropriate referrals will be made to school social workers/psychologists and/or school based health clinics and/or outside agencies. If a child reports actual abuse or neglect, the principal and staff will meet with the child; if abuse is confirmed, appropriate reports and referrals will be made including to DCF, Yale Center for Children Exposed to Violence, the Post Traumatic Stress Center, and Clifford Beers Clinic.
 - b. ALIVE/PBIS or other robust school wide early intervention. School administrators will continue to grow the partnership with the Foundation for the Arts and Trauma through the Boost! Initiative. This partnership has spawned a program called ALIVE (Animating Learning by Integrating and Validating Experience) which focuses on early intervention and prevention by reducing chronic stress in children K-12. Currently in nine schools, Boost will ultimately be in all New Haven schools. ALIVE has proven particularly impactful in reducing behavioral disruptions in school. Barnard Environmental Magnet School has fully implemented the ALIVE program through Boost. Referrals to the office have decreased from over 700 prior to the ALIVE program coming in 2011 to under 70 in 2012, a remarkable change due to ALIVE, PBIS and other efforts at the school. In addition PBIS and de-escalation trainings will be expanded to more schools, and all school personnel will be trained in trauma and its effects in the classroom, through a mix of school staff, SBHCs and private providers. All staff and personnel will be trained in trauma-informed practices, and all discipline policies will be designed with trauma-informed care.
 - c. CBITS and vigorous referral system. In addition to the ALIVE program, Cognitive Behavioral Intervention for Trauma in School (CBITS) will be available for students in grades 5-12. CBITS is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. Its implementation will be coordinated with the schools and the students' families.

Request: Provide \$100,000 per school to provide the above, for a total of \$4.7 million.

3. Families. Train key providers in trauma-informed care to enable these providers to participate in the effort to address the toxic stress caused by ACEs focusing on:

- a. Early Childhood Interventions, delivered through Home Visitors, Home and Center based day care providers, Pediatricians, Head Start, Nurturing Families, All Our Kin, Family Centered Services, Child First.
- b. School Age Interventions, delivered through MOMS Partnership Community Hubs, Community Partners, Parent University, School Based Health Centers, Family Resource Centers, Pediatricians and Primary Care doctors. Link to schools for referrals.

Request: Provide \$1.3 million to support technical assistance and training of New Haven Community

4. Community

- a. Media Campaign. A city-wide public health campaign will be designed to educate the public about ACEs and the lifelong impact of and health problems caused by toxic stress, with information about how to get help. This media campaign would encompass PSAs and incorporate a social media strategy targeted at specific demographics.
- b. Community-wide information sessions will be held to educate the public on mental health awareness and the lifelong impact of ACEs.
- c. Child Development-Community Policing (CD-CP) Program in New Haven. CD-CP is a unique partnership of mental health and law enforcement professionals that provides collaborative responses to children and families exposed to community violence. It is worth noting that the CD-CP model has been replicated in numerous communities around the country and abroad. In 1999, having worked closely with the US Department of Justice, the Trauma Section at the Yale Child Study Center was designated by the White House and Department of Justice as the National Center for Children Exposed to Violence.
- d. The Domestic Violence Home Visit Intervention (DVHVI) will be grown. DVHVI is a specialized intervention component of CD-CP in which community-based patrol officers with specialized training in domestic violence are paired with clinical partners to conduct home visits to assess the victim's safety and the safety of her children. Where appropriate, these teams initiate contact with law enforcement and support services.

Request: Provide \$450,000 to support community based interventions and public health campaign.

Conclusion

As mentioned at the outset, denying the mental health problems that stem from ACEs is no longer plausible. To do so will only continue to deplete the City of New Haven of its financial resources as well as weaken its overall social fabric; however, by implementing the Community Resilience Initiative – a multi-faceted, trauma-informed system of care – the effects of toxic stress caused by untreated ACEs will be greatly lessened and the City of New Haven will become a healthier, safer and overall enhanced community. Within one year we expect decreases in number of Emergency Room Visits, Decreased School Behavior Problems, including office referrals and In School Suspensions, Decrease in Crime, Decrease in DCF referrals, Increase in school attendance and increased academic performance.