

# **Promoting Resiliency of Trauma Exposed Communities Together**

**An overview of the PROTECT Initiative**

# Building Health Through Integration purpose

- to improve the healthy physical, social, and emotional development during infancy and early childhood;
- to eliminate disparities; and
- to increase access to needed early childhood services by engaging in systems development, integration activities and utilizing a collective impact approach to strengthen communities for families and young children and to improve the quality and availability of early childhood services at both the state and local levels.

*This program broadens and enhances the efforts of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs authorized by section 511 of the Social Security Act (42 U.S.C. 711), focusing attention on the needs of our youngest citizens, infants and young children.*

# Plan and implement one of three strategies

- Mitigation of toxic stress and trauma in infancy and early childhood. This strategy should be broadly focused across multiple systems in communities, and coordinated with medical homes, trauma prevention activities, and collective impact approaches; or
- Coordination of the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants to link training and referrals among medical homes, early intervention services, child care programs and families; or
- Improvement of state infant/toddler child care quality initiatives (State licensing standards/Quality Rating and Improvement Systems [QRIS] and/or professional development) by incorporating 10 or more *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs*, 3rd ed. (CFOC3) standards focused specially on the infant/toddler age group.

*Note: “early care and education” is inclusive of child care, day care, pre-school, pre-K, kindergarten, Early Head Start, and Head Start programs.*

# How Illinois got to this place

- **ECCS leadership meeting convened**
- **Decisions made about vision for grant application**
- **Decision was made for fiscal agent responsibilities regarding grant application**
- **Once project narrative was created by ICAAP, it was shared with interested parties**

# **ECCS leadership interest**

- **Promote meaningful and measurable changes in social and emotional well-being for children who have experienced maltreatment, trauma, and/or exposure to violence**
- **Develop and share information and quality services for service providers and for children, families, and communities at risk.**
- **Consider whether and how to bring these separate efforts and new partners together for the development of more consistent and effective trauma-informed practice**

# Process for decision about direction of application

- **Share the status of individual system efforts to mitigate toxic stress and trauma**
- **Review existing and needed system policies and protocols to determine what, if any trauma-informed practices exist**
- **Determine what practices can be introduced specifically to systems to help reduce impact of and when possible further exposure to toxic stress, trauma, and polyvictimization**

# **PROTECT Initiative Vision**

**Build capacity to enhance provider confidence, system capacity, and delivery of coordinated care through a trauma-informed lens.**

# **PROTECT Initiative Strategy**

- 1. Build community capacity for strengthening resiliency**
- 2. Integrate a trauma-informed approach for providers**
- 3. Facilitate robust and intentional coordination among systems for children impacted by trauma**



# **Strategy 1: Build community capacity strengthening resiliency**

**Tactic: by identifying relevant, existing screening tools and services (training, consulting, and coaching) that providers serving families with young children need and determining that these tools and services are both widely available and coordinated between systems**

## **Strategy 2: Integrate a trauma-informed approach for providers**

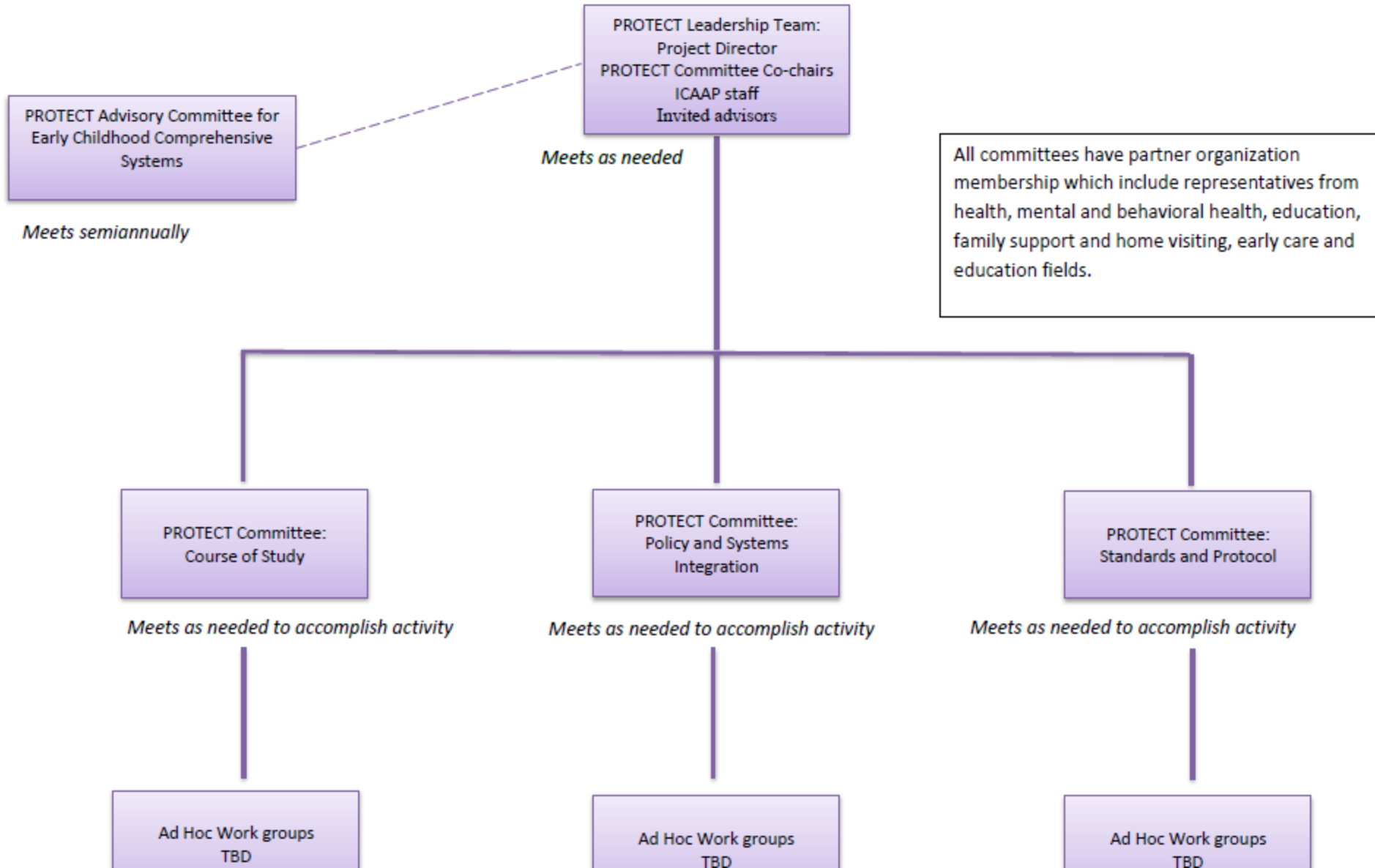
**Tactic: by developing and spreading key messaging that caregivers and other community members can share with and use to engage families about trauma, adverse childhood experiences (ACEs), and toxic stress**

# **Strategy 3: Facilitate robust and intentional coordination among systems for children impacted by trauma**

**Tactic: by identifying and creating joint tools and materials for such communication such as system-specific best practices and protocols, to include referral and feedback forms to be developed and shared among all appropriate systems.**

Promoting Resiliency Of Trauma-Exposed Communities Together (PROTECT) Initiative

Project Organization Chart



# **PROTECT Advisory Committee Structure and Role**

- **Broad representation as part of ECCS**
- **Meets semi-annually**
- **Receives PROTECT Leadership Team (PLT) reports**
- **Responds to PLT reports**
- **Provides resources if needed and able to do so**

# PROTECT Leadership Team Structure

- Project Director
- Committee co-chairs
- ICAAP staff assigned to each committee
- As needed and available:
  - Medical advisor
  - Community engagement advisor
  - Others TBD

# PROTECT Leadership Team Charge

- **Manage day to day work and direction of committees and workgroups**
- **Invoke the vision of PROTECT**
- **Create and maintain a consistent information sharing and communications structure**

# Project Committee Structure

- **Two co-chairs invited by PROTECT project director**
- **One medical advisor (invited by ICAAP)**
- **One community engagement advisor (invited by committee co-chairs)**
- **One ICAAP staff representative as invited by PROTECT project director**



# Course of Study Committee Charge

***GOAL : By incorporating training, coaching, and mental health consultation, communities build capacity for and are committed to offering trauma-informed care and services that are of high quality, consistent, and coordinated among providers in multiple settings***

# Course of Study Committee Objectives

- Establish a process and protocol for reviewing and incorporating the best of training, coaching and consulting tools
- Establish an infrastructure to enable community providers to access training and other resources on a wide range of trauma-informed practice information by profession and across professions (such as: primary care providers, home visitors, homeless service providers) and by topic (such as: use of screening tools, care coordination, toxic stress, ACE)
- Develop a sustainability plan for stability of virtual resource center

# Policy and Systems Integration Committee Charge

***GOAL : State and system level health, education and social service programs support providers to offer and integrate high quality, coordinated trauma-informed care and services to their fullest extent, as appropriate to the agency or program, through initiatives including but not limited to promulgation of regulations and standards; consensual information sharing for care coordination; educational programs; referral assistance; professional development resources including reflective supervision.***

# **Policy and Systems Integration Committee Objectives**

- **Design a dissemination plan to share the content developed for standards and protocols and care coordination and to promote training, technical assistance, and support materials**
- **Establish an infrastructure to enable community providers to coordinate with state leaders, assess resources and gaps, and make plans for community wide trauma-informed practice**

# Standards and Protocols Committee Charge

***GOAL : Children 0-3 and their caregivers receive community-based medical, social and educational care and services that are trauma-informed in diverse settings by incorporating standards and protocol (community wide)***

# **Standards and Protocols Committee Objectives**

- **Recommend standards for medical, social and educational care and services that are trauma-informed in diverse settings**
- **Establish care coordination protocol to track process for making referral(s) to community-based medical, social and educational care and services that are trauma-informed in diverse settings**

# Use of Ad Hoc Workgroups

- For short term (usually 2-3 month) duration assignments
- Members are content experts as related to their profession (i.e. home visitors, EI service providers, medical providers)
- Report to and receive direction from committee under which ad hoc workgroup is organized

# Year One-August 2013-July 2014

- **Prevention of child injuries, child abuse, neglect, or maltreatment: this benchmark area includes analysis of ER visits as well as reports of maltreatment**
- **Reduction in domestic violence, which includes areas of analysis (screening for domestic violence, access to services, and development of safety plans)**
- **Interprofessional discussions of trauma-informed practices and protocols.**



# Year Two-August 2014-July 2015

- Improved maternal and newborn health, which includes the specifically relevant measures related to use of maternal depression screening tools and prenatal substance use/abuse
- Improvements in the coordination and referrals for other community resources and supports, which is an important focus of the proposed work described above
- Development of some additional tools and process related to the care and referral of trauma-impacted clients/patients should be available to service providers

# **Year Three-August 2015-July 2016**

- **Improvement in the remaining benchmark areas**
- **Focus on improvement in school readiness and achievement**
- **Focus on improvements in family economic self-sufficiency**

# PROTECT Work Product

- A website accessible 24/7
- Consistent training and messaging modules available to any organization interested in using the materials
- Coaching guidelines for medical homes and other professionals
- Standards and protocols including systems and care coordination
- Policy recommendations

# Course of Study Committee Staffing

- Co-chairs
- ICAAP staff
- Medical advisor

# Policy and Systems Integration Committee Staffing

- Co-chairs
- ICAAP staff
- Medical advisor

# Standards and Protocols Committee Staffing

- Co-chairs
- ICAAP staff
- Medical advisor

# What is your role?

- **Participate at PROTECT Advisory Committee meetings (anticipate semi-annual meetings)**
- **Participate in of one of the PROTECT project committees (meet as needed)**
- **Participate as a content expert for an ad hoc workgroup (short term and meet as needed)**