Growing Resilience:

Using Local Childhood Adversity, Youth Risk Behavior and Asset Data to Accelerate Change in Systems of Care

Staff Development Training Forum, Saratoga NY NYS Coalition for Children's Behavioral Health & NYS Office of Mental Health 11 | 28 | 18



Monroe County Office of Mental Health

WELCOME

Debra Hodgeman

Chief, Information Management & Analytics Monroe County Office of Mental Health 585.753.2878

dhødgeman@monroecounty.gov

- Amy H. Scheel-Jones Planning Consultant Monroe County Office of Mental Health 920.246.0061
- ascheel-jones@ccsi.org



Today we will share:

- An overview of the process to obtain local ACEs data utilizing the national Youth Risk Behavior Survey (YRBS)
- Key findings of the Monroe County 2017 survey data
- How to employ the data to create meaningful learning opportunities for system stakeholders
- Collaborative efforts that support system change community-wide resilience development



Where We Started

Community Assets





Demographics

Monroe County, New York

- Population: 749,857
- 77% Caucasian, 16%
 African American, 4%
 Asian, 8% Latino or
 Hispanic
- 15% below the poverty level

Rochester, New York

- Population: 209,983
- 44% Caucasian, 42%
 African American, 3%
 Asian, 16% Latino or
 Hispanic
- 33% below the poverty level





Mission

To maintain and grow a community and school-based consortium of culturally sensitive and clinically appropriate training, support, and resource services to assist schools in responding to the emotional needs of children, teachers, and other school personnel, which arise from trauma, violence, illness, grief and loss.

Core Curriculum

- Five-day sequence
 - Grief & Loss
 - Trauma
 - Chronic & Acute Illness
 - Suicide Awareness & Intervention
 - Threat Assessment
 - Crisis Response Critical Incident Stress Management
- Appropriate for any staff
- Increases awareness
- Increases capacity to respond

Regional Back-up Support

- 24/7 Support for Critical Incidents
- 60+ component schools/districts
- Evidence informed response model
- Decreases vicarious trauma
- Increases efficacy of response



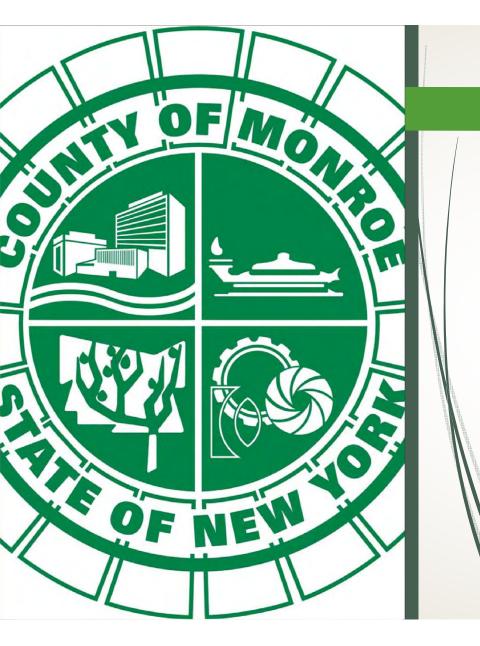
Youth Risk Behavior Survey (YRBS)

Developed in 1990 to monitor priority health risk behaviors that markedly contribute to the leading causes of death, disability & social problems among youth & adults in the U.S. Often established during childhood and early adolescence, these behaviors include:

- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity
- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection



Source: Center for Disease Control http://www.cdc.gov/healthyyouth/data/yrbs/overview.htm



Collaboration

Department of Public Health (MCDPH)

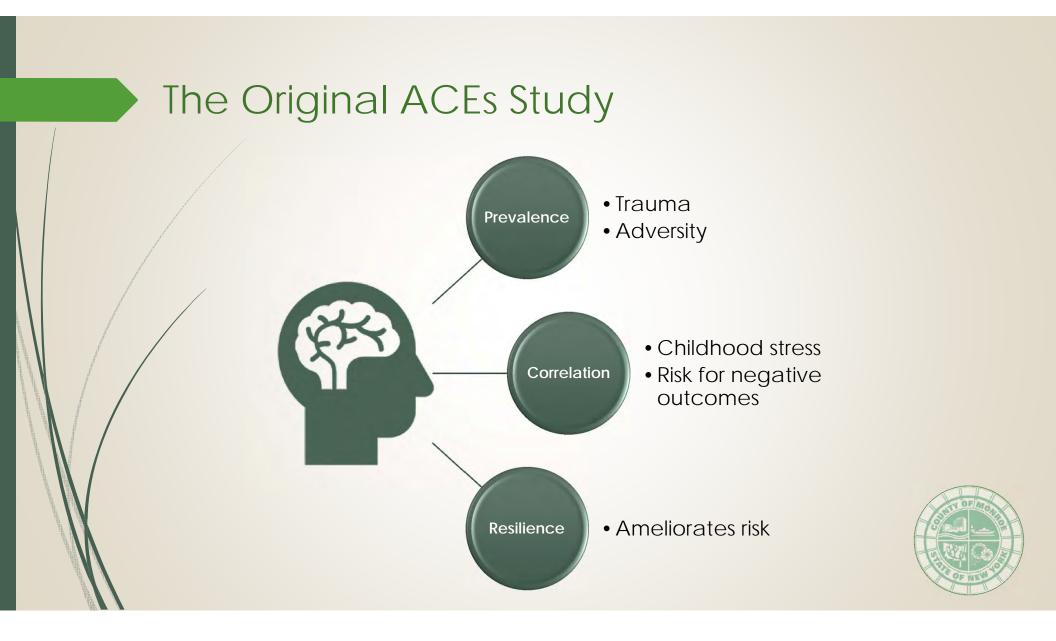
Office of Mental Health (MCOMH)

The Process Pt. I

Communication & Collection







Hope

Resilience is ordinary NOT extraordinary

The power of one strong adult relationship is a key ingredient in resilience — a positive, adaptive response in the face of significant adversity.

Building resilience can help our children manage stress and feelings of anxiety and uncertainty



The Framework



МСДРН МСОМН



Assess

Locally Determined Questions 11 ACEs Assessed

Collect County Sample MCDPH <u>u.</u>

Analyze Risk – ACEs – Assets MCOMH



Key Findings

2017 Monroe County Data

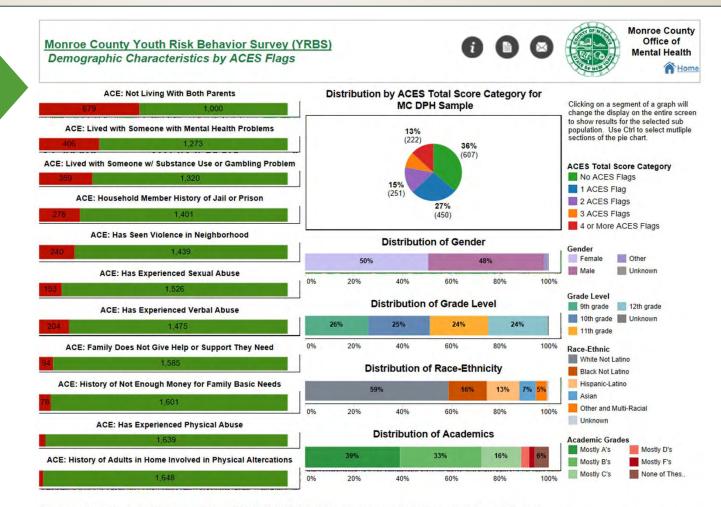




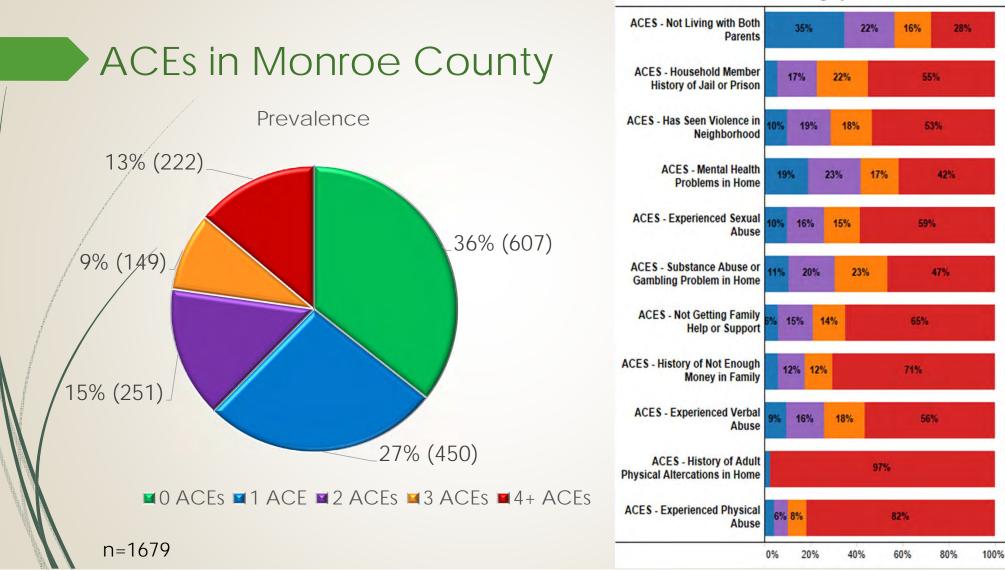
2017 Monroe County YRBS

- 13 districts participated fully
- 2 districts contributed to the County Sample only
- 3 districts opted out
- Participation included RCSD as well as suburban districts
- Sample representative of Monroe County student population

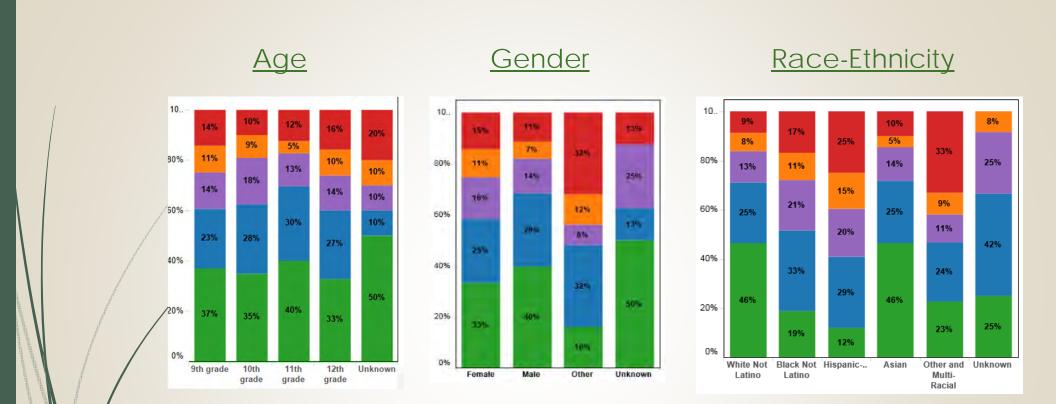




Data Source: Monroe County Youth Risk Behavior Survey (YRBS) for 2016-2017 School Year - Survey data compiled by Monroe County Dept of Public Health Note that Information presented in this reporting tool is critically dependent on the accuracy and completeness of data collection practices for the referenced data source(s). While these reports may be useful in raising questions and identifying areas that merit further investigation, in many cases, more detailed follow-up analysis may be required.



Distribution of ACES Score Category for Each ACES Question

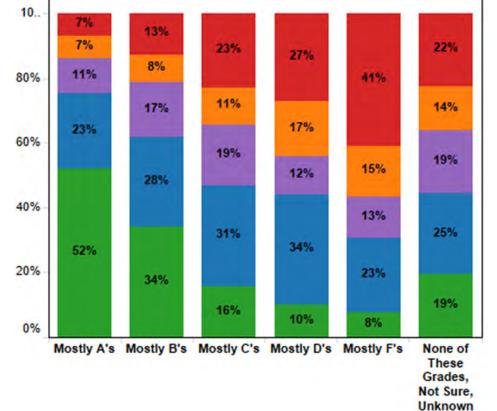


Prevalence of ACEs varies by demographic characteristics

ACEs and Academic Performance

 Accelerated transformation efforts in schools

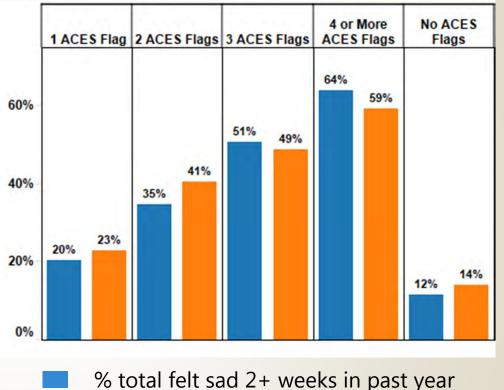




Mental Health

Compared to youth with 0 or 1 ACE: Youth with 2 or More ACEs are:

- 4.5x more likely to experience emotional difficulties
 - Nearly 7x for 4 or more ACEs
 - Over **5x** more likely to have experienced symptoms of depression within the last year
 - Nearly 10x for 4 or more ACEs



% total for emotional problems

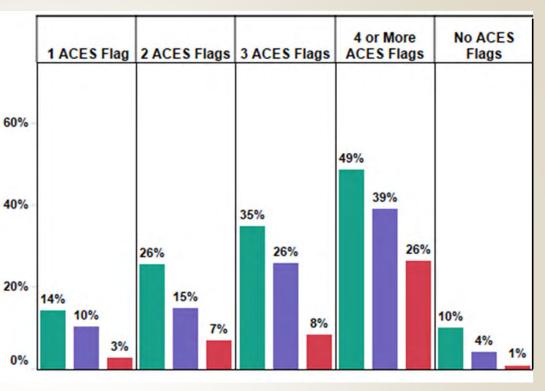


Suicide

Compared to youth with 0 or 1 ACE:

Youth with 2 or More ACEs are:

- Over 4x more likely to have engaged in self injury ever
 - (7x for 4 or More ACEs)
- Nearly 5x more likely to have considered suicide within the last year
 - (9x for 4 or More ACEs)
- Over **9x** more likely to have attempted suicide within the last year
 - (20x for 4 or More ACEs)



% total non-suicidal self-injury ever

- % total considered suicide in the past year
- % total attempted suicide in the past year

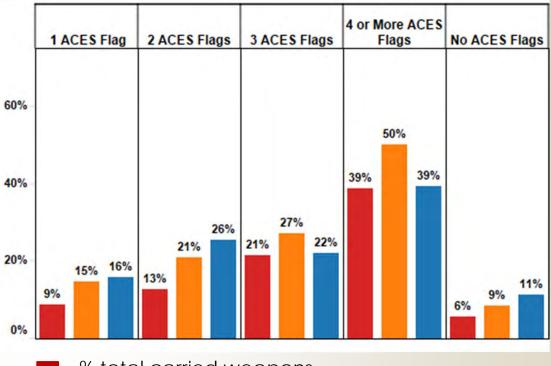


Violence

Compared to youth with 0 or 1 ACE:

Youth with 2 or More ACEs are:

- Over 4x more likely to have carried a weapon in the past month
 - Over 8x for 4 or more ACEs
- Nearly 4x more likely to been in a physical fight in the past year
 - Nearly 8x for 4 or more ACEs
 - Nearly **2x** more likely to have been a victim of harassment at school in the past month
 - Nearly 4x for 4 or more ACEs



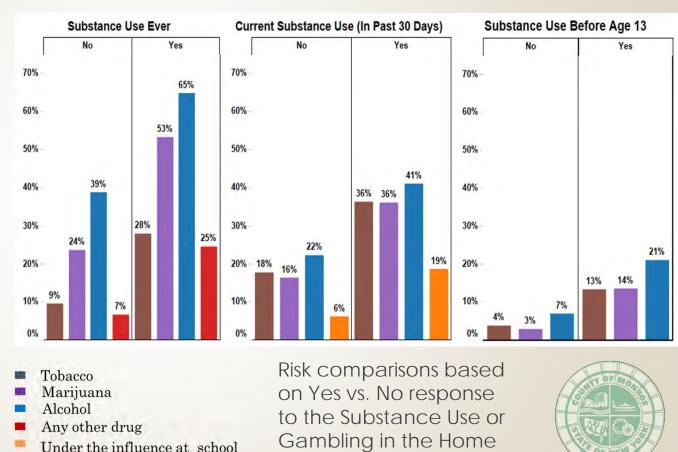
- % total carried weapons
- % total engaged in a fight
- % total victim in past 30 days



Effect of Specific ACEs: Substance Use

When substance use risks are analyzed by presence of the ACE related to substance use:

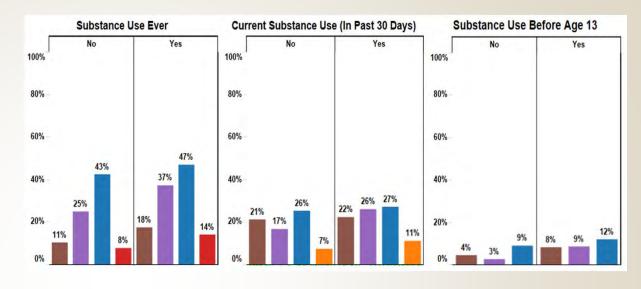
 Risks for youth with the ACE increased from 2 to 5 times for all substance use measures

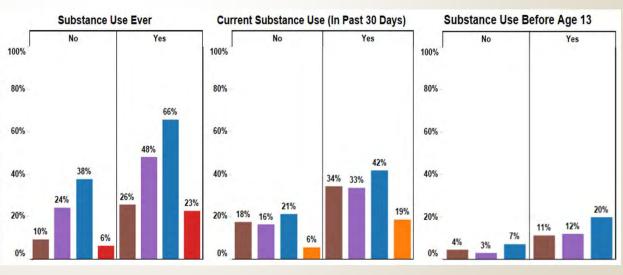


ACE: Not Living with Both Parents

When substance use risks are analyzed by other ACEs, the effects are different.

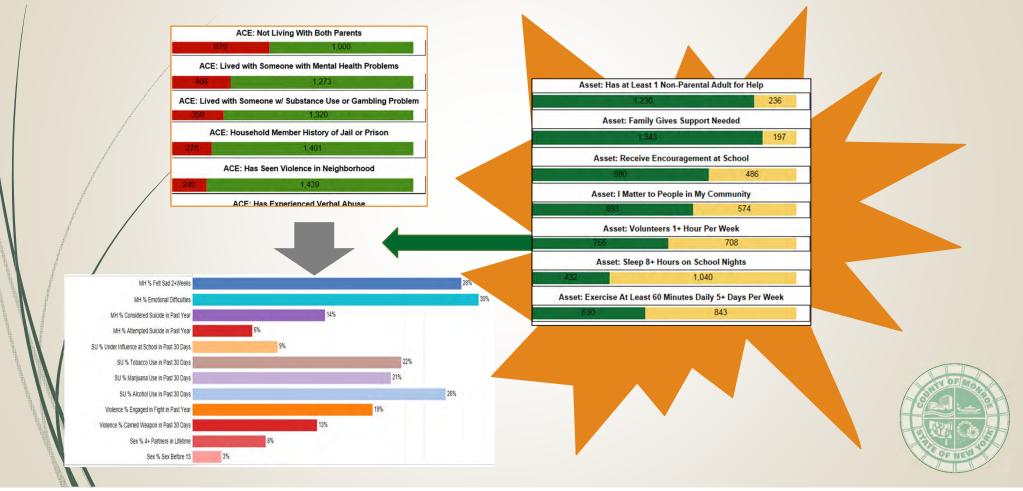
ACE: MH Problems in the Home





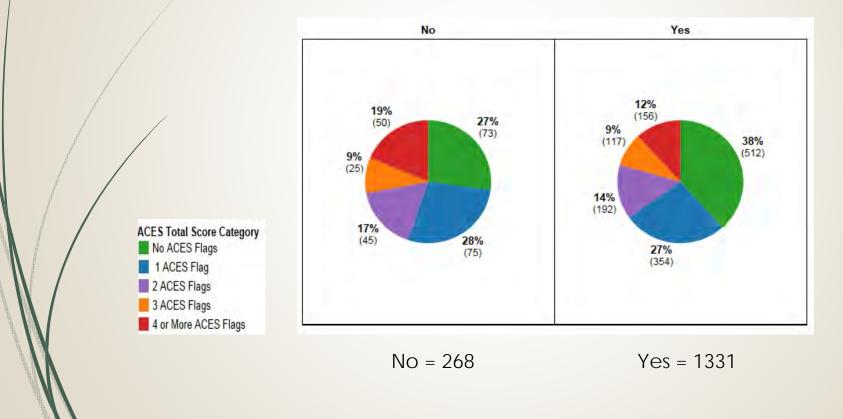
The Impact of Assets on Risk





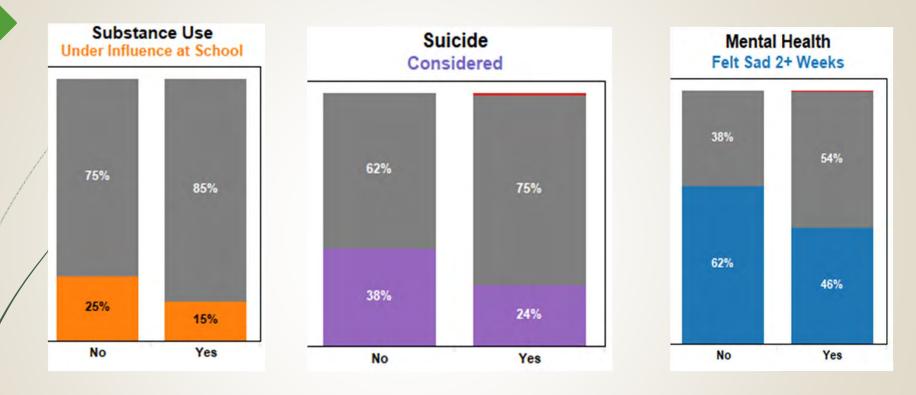
Resiliency Factors Exist Regardless of ACEs

I have at least one non-parental adult support.





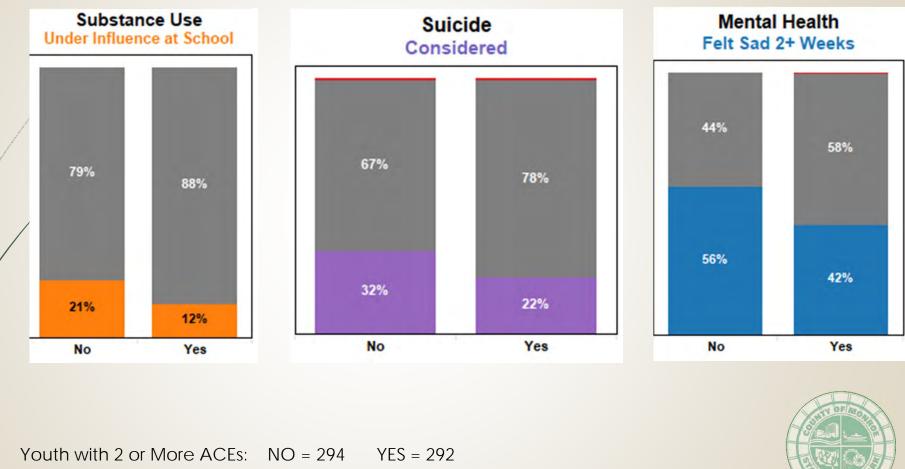
I have at least one non-parental adult support...



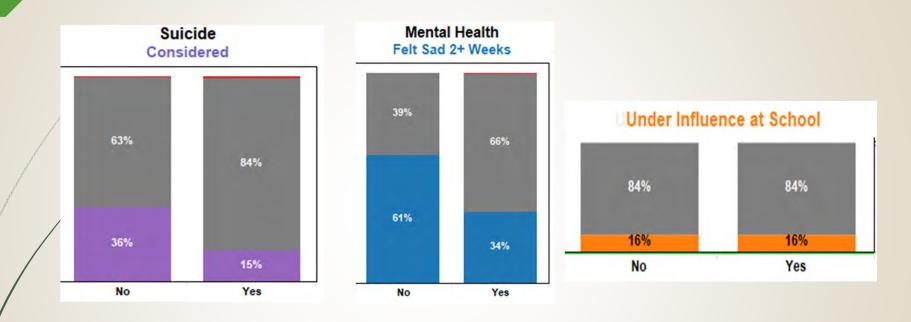


Youth with 2 or More ACEs: NO = 120 YES = 465

I receive encouragement at school...



I feel I matter in my community...



Youth with 2 or More ACEs: No = 328 Yes = 261



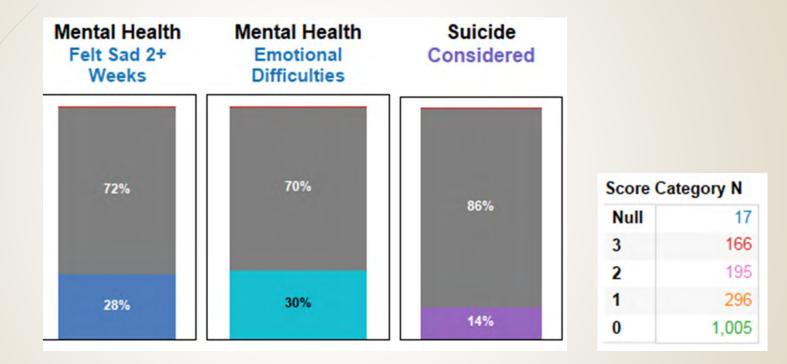
How powerful can Assets be?

Which <u>Assets</u> have most impact on reducing risk when an <u>ACE</u> exists that significantly increases occurrence of <u>specific risks</u>?

Assessment of increased Mental Health Risk

- Youth with 2+ ACEs
- ACE for Mental Health Problems in Home
- Combined Risk Factors:
 - Depressed mood for 2+ weeks
 - Emotional difficulties in past year
 - Suicide considered in past year

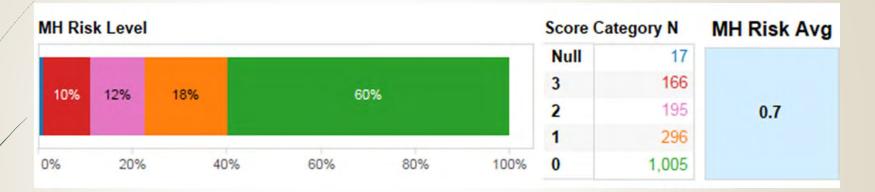




1 point for each risk indicated

Calculate Average Risk Score

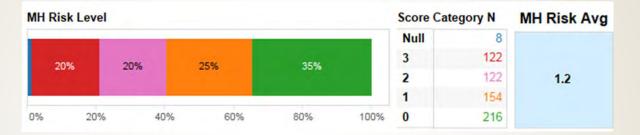
Show distribution of score categories



FOR ALL RESPONSES:

40% of youth show some level of mental health risks with an average mental health risk of 0.7

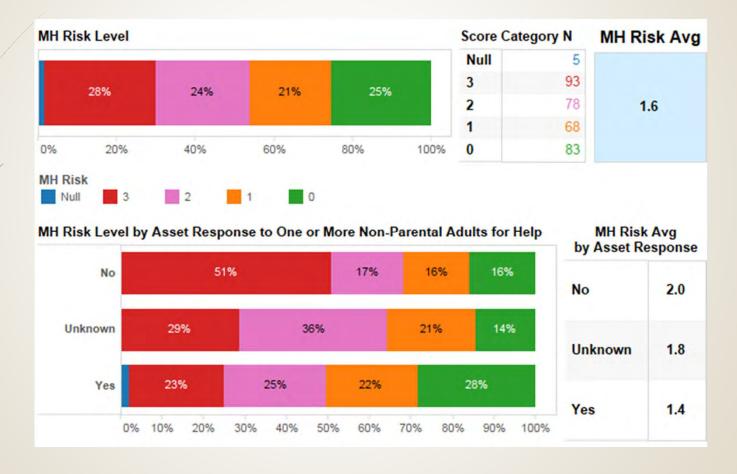
For youth with 2 or more ACEs: 65% have some risk, avg score = 1.2



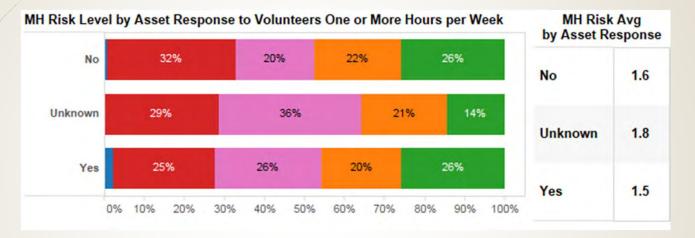
Of 2+ ACEs population, have MH in Home: 74% have some risk, avg score = 1.6

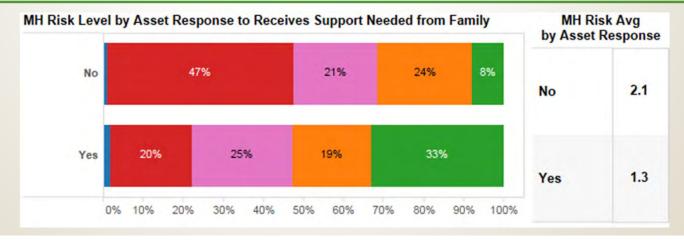
MH Risk Level						Score Category N		MH Risk Avg
		24%	21%			Null	5	
	28%			25%		3 2	93 78	1.6
	20%							
					_	1	68	
0%	20%	40%	60%	80%	100%	0	83	

The difference of having one or more non-parental adult for help:



Different effects for different assets:



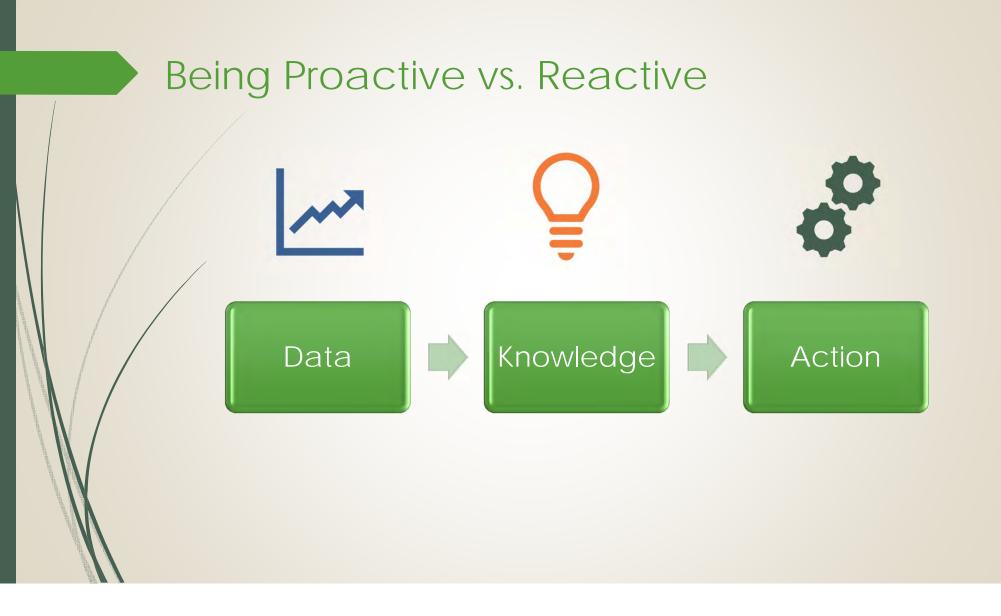


The Process Pt. II

Communication & Action







The Framework



DEAA

MCDPH MCOMH



Assess

Locally Determined Questions 11 ACEs Assessed



Collect

County Sample MCDPH



Analyze

Risk – ACEs –Assets MCOMH



Communicate

Cross-Sector Drive Change



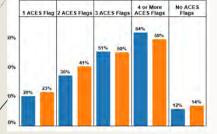
Communication Strategy

- Community Event
- School Districts
- Policy & Advocacy
- Capacity-Building / Stakeholder Awareness
- Finger Lakes ACEs Connection

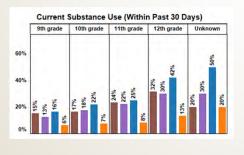


Supporting Stakeholders

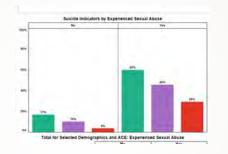
By ACE Score



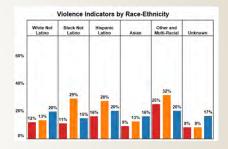
By Grade Level



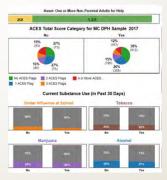
By Presence of Specific ACE



By Race-Ethnicity



Effects of Assets





Monroe County Resiliency Learning Collaborative Empowering the growth of roots & wings





Monroe County Office of Mental Health







Three Youth-serving Community-Based Organizations









Action Areas

- Inform system planning & development (LSP)
- Enhance System of Care
 - Improved cross-sector communication
 - Facilitate integrated care
 - Common, strength-based approach
- Site specific transformation
 - Employee onboarding
 - Trauma-informed Care
 - Intervention design
- Accountability
- Support initiatives / Advocacy
- Planning and enhancement for 2019 Analysis





Our Goal

To Support All Monroe County Youth to Grow in Health & Resilience



Thoughts & Questions?

Thank you for your time and attention!