Building Resilience, Addressing Trauma, & Identifying and Responding to Adverse Childhood and Community Experiences, December 8, 2020, 3:30 PM-5:00 PM

NEXT STEPS – FRIENDLY SUGGESTIONS

I. Next Steps- Homework
   a. Scavenger Hunt: Who is your community or circle is thinking, working on these issues in NM? Pick up the phone or email and ask what's needed to make this recommendation a reality? What hopes, what concerns? Do you know anyone else interested in this?
   b. Next time: focusing on Recommendation 2 B: Invest in restorative approaches to substance use, toxic stress, and trauma by addressing social determinants of health and utilizing alternative courts or other options. Consensus Percentage: 90%
   c. Want to make sure we remember to discuss motivational interviewing as a tool for helping with screenings.
   d. Who might we invite in to join us or to present?

II. Welcome new friends, Liz Martinez, emartinez@ydinm.org and Peg Crim at pcrim@tularosa.net.

PARTICIPANTS

Christina Morris, New Mexico Department of Health, Christina.Morris@state.nm.us
Julie Zuniga, jewelzuniga@comcast.net
Lilly Irvin-Vitela, New Mexico First, lilly@nmfirst.org
Linda Estavillo, lindae.torc@gmail.com
Liz Martinez, YDI Director of Mental Health, emartinez@ydinm.org
Maureen Schmittle, New Mexico Department of Health, maureen.schmittle@state.nm.us
Melanie Sanchez Eastwood, New Mexico First, melanie@nmfirst.org
Nichole Rogers, UNM, Education Specialist, nlrogers@salud.unm.edu
Peg Crim, The City of Alamogordo, pcrim@tularosa.net
Rasa Lila O'Donnell, Taos Whole Health, drrasa@taoswholehealth.org
Susana Santillan, NMCDHH-Community Advocacy Specialist, susana.santillan@state.nm.us
Wendy Wintermute, New Mexico First, wendy@nmfirst.org

DISCUSSION

III. Context
   a. Community conversations – 300 folks in 17 community conversations around the state
   b. Town Hall – 230 participants in weekly Zoom sessions from August 2 – September 2
   c. Recommendations were developed based on:
      i. Our values
      ii. What is happening now and what's possible
      iii. Priorities

iv. Consensus (85%)

d. Find recommendations, reports: http://nmfirst.org/event-details/healthcare-body-mind-and-spirit-town-hall#Reports

IV. Brief Check-in: On a scale of 1-10, where is NM in terms of addressing trauma and promoting resilience (1=nowhere, 10=we're there)

a. Peg Crim, Alamogordo. Building a 100% Community in Otero County. Positive and hopeful. Potential, we just have to do it. N=High
b. Nicole Rogers, UNM Hospital. We have what it takes, but we're missing the motivation to fix things. N=3
c. Liz Martinez, Director, Mental Health, YDI Early Childhood. Coming in from ABQ South Valley. N=6. I would love to say we have everything it takes, but something is holding us back from making any changes from those statistics. I have optimism.
d. Rasa Lila O'Donnell. Live in Taos, work in Rio Arriba County, Northern NM Rural Health Network: N=4. We have a long way to go. We have resources, but it's going to take a lot of work.
e. Wendy Wintermute, SHARE New Mexico/NM First, in downtown ABQ. Optimistic, because many programs are emerging. We just need to support these programs and work together, not go off in all directions.
f. Susana Santilllo, Las Cruces, Deaf and Hard of Hearing. N=7. Outreach meetings every month allow us to let NM know what resources we provide. Many hard of hearing do lack access to the internet.
g. Melanie Sanchez Eastwood, N=5. Lots to do, but I'm seeing so many people, like those here, who have resources. COVID has made things more difficult in every way. This may set us back.
h. Maureen Schmittle, Alamogordo, DOH. N=5. We have a lot of resources, but maybe where we lack is some of the connecting those resources, people knowing about each other, not duplicating services, sometimes almost working at odds with each other. On purpose? Or accidentally. Lots of potential. There are a lot of things we do well. We need to improve our connections and communication.
i. Linda Estavillo, Casa de la Rocha, TorC. N=3.5 for our área. Quite a bit of good movement, I see people coming together to work on things. The collaboration and connectivity of resources is what's lacking: knowing about each other, not competing for resources, supporting like-minded agencies – there could be a lot more. Involve the "average Job," recipients of services, people with the life experience to lay out policies for the long run. It feels like a desert for trauma-informed services between Las Cruces and Socorro.
j. Susan Tsyitte, Las Vegas. I know that wonderful, bright kids that could have futures get involved in drugs, get pregnant, murder over drugs. We have capacity, organizations working really hard. It's getting people to ask for help, without twisting their arms or mandating it. They need more than one thing.
k. Christina Morris, DOH, Health Promotion, San Juan County/Farmington. N=somewhere in the middle. It benefits those who have the means to access it. Information doesn't always get to the communities who need it the most. Doesn't always take into consideration cultural, psychological, spiritual component.
l. Lilly Irvin-Vitela, NM First, Peralta, NM. Looking at international, national context, NM is very suited to do this work in some ways: people-centered, in a cultural context. But I'm also struck by how poorly we implement things that could work, we don't fund them enough to ensure predictably positive outcomes. Do we have the political will to have it be a different way? Political will has to be created and sustained by all of us together. Collaboration is hard, though, when we're so busy just staying afloat. So many systems are over-stressed and over-leveraged. N=5.

V. Expand Conversation about Existing Related Public Policy Efforts

a. Recommendation 2 A . Using culturally responsive practices, implement evidence-based universal screening for social determinants of health and adverse childhood experiences in all medical, educational, and human service systems receiving state or federal dollars and align supports with needs identified. Consensus Percentage: 89%
    i. 100% Community Initiative in various counties. Otero, Taos, Taos Pueblo. Screening is problematic when resources aren't available.
    ii. YDI. We do measure children' social-emotional development through Ages and Stages instrument and make referrals based on results. Home visiting programs statewide are using a screen for post-partum depression.

iii. Page-Reeves, Janet, Addressing Social Determinants. JABFM May-June 2016 v29(3):414-418. This is a study happening in New Mexico. Art Kaufman is heading a program to screen for SDH and ACEs. We'll administer the screen here, prior to a national roll-out.
iv. Feds had list of requirements for screening and assessment. State of Wisconsin came up with a raft of screens, sometimes with training, sometimes without. Lack of attention to cultural appropriateness. Can't assume people are comfortable with this approach without support.
v. Screeners may be afraid to ask because they don't know how to help and/or they don't know what resources are available in the community.
vi. Fear of re-traumatization. Depends on where the person is with an earlier traumatic experience. A low score doesn't necessarily tell us if the traumatic experience has had a long-lasting impact.
vii. A screen is not a diagnostic tool, but a way to normalize a conversation to build a helpful relationship, to inform how to approach services. Provides some context to the current situation. "What's your story?" Enough so I can be effective in helping you.
viii. Lots of professional development needs. Where are resources?
ix. YDI is contracting with All Faiths, Donna Lucero, Director of Training. Regulate then Educate: Creating a Trauma Sensitive Lens. Started out as an all-staff training, with monthly follow-up sessions with staff. Donna Lucero, All Faiths Children's Advocacy Center, Trauma Sensitive Lens Training: dlucero@allfaiths.org
x. In Otero County, efforts are led by our schools, with a staff person who oversees crisis response, ACEs education for school staff. Also CYFD.
xi. UNM Office for Community Health, pilot at First Choice, headed by Dr. Kaufman (see above). Also Dr. Ziedonis, VP of Health Sciences; Dr. Sapien working on hospital implementation around SDH and ACEs.
xii. CONNECT program out of Santa Fe. A network of 45-50 organizations. Referrals are screened for SDH then referred to one or more member organizations, tracking process and outcomes.
xiii. Incorporate this into the work of CHWs and Navigators. Center for Health Innovation is developing a common base curriculum for support workers.