

Toxic Stress Steering Committee

Meeting Summary

July 7, 2014

Welcome & Introductions

Richard Mettler called the meeting to order at 1:05pm. Steering Committee members introduced themselves, sharing why they believed they were invited to join the Toxic Stress Steering Committee.

Attendees:

Ivy Bloom; Mai Dang; Paula Eurek; Jennifer Gerdes, alternate for Betty Medinger; Kay Glidden; Jan Goracke, alternate for Sue Adams; Heather Leschinsky; Richard Mettler; Tiffany Mullison; and, Ming Qu.

The group viewed a 4 minute video from YouTube, called Brain Builders, produced by Alberta Family Wellness <http://www.youtube.com/watch?v=DeeWSDMIbsU>. The video provides an overview of brain architecture – how brains are built, the importance of positive supports, and, the negative impact of toxic stress on brain development.

Richard guided members in sharing initiatives and work in their area which relates to toxic stress and Adverse Childhood Experiences [ACEs].

- Tiffany [DHHS, Public Health] shared the soon to be released toxic stress brochures. The brochures are a companion piece to CD-ROMS targeting 4 audiences: child care providers, home visitors, foster care parents/workers, and general professionals. The CD-ROMS include 5 segments, for a total length of 90 minutes. In addition, fact sheets on toxic stress and collective impact were developed for the Steering Committee.
- Jen [Nebraska Children and Families Foundation] shared work on the pyramid model and upcoming training for facilitators in the Circle of Security Parenting program in September. Jen also shared complimentary strategies within the Together for Kids and Families work groups, which focus on toxic stress this year.
- Ivy [DHHS, Child and Family Services] shared that child protection workers are trained about toxic stress in working with children, compassion fatigue, care for trauma, and, skills to avoid re-traumatizing parents. A conference in September 2013 reached nearly 1,000.
- Heather [DHHS, Medicaid] shared that children receive medical care from one insurance provider and behavioral care from another insurance provider. Medicaid is working to integrate the two services, starting in 2015.
- Kay [Region 3] shared they view toxic stress as trauma and provide conferences and training targeting educators and care providers of 0-5 years olds. Kay will present at PHAN in October.
- Jan [DHHS, Behavioral Health] shared they provide trauma informed care for adults, which strengthens families.

Utilization of a Collective Impact Model to Address Toxic Stress

Paula guided the Steering Committee through the collective impact fact sheet and handouts with a discussion of the necessary prerequisites and elements. Collective Impact will be the model throughout the initiative.

Steering Committee Members shared needs to move forward for each of the 5 key elements:

1. Common agenda

- what is happening, planned to happen, or was done, so as to utilize available resources and suggest direction without duplicating work
- what is the extent of mitigation required: how long, how to solve exactly (workers need to know what they can do, as many of them are young and have no children)
- consistent definitions of toxic stress to identify the approaches, partners, target audiences, and stakeholders

2. Shared measurement

- Steering Committee can advise on measures and select specific indicators, benchmarks, and outcomes
- there are benchmarks we need to report, but the federal award doesn't limit our scope

3. Mutually reinforcing activities

- Example included the promotion of the CD-ROMS with assistance from Steering Committee members

4. Continuous communication

- frequency of future meetings
- define the common vocabulary – there is not a shared understanding of terms at present

5. Backbone organization support

- backbone support don't set the agenda or do the work
- DHHS will serve as the backbone to coordinate participation

The Charge of the Steering Committee

The Charge: Create an overarching, state-level, strategic plan for the identification, prevention, and mitigation of toxic stress in young children aged 0-3 years. Utilizing the principles of Collective Impact, transform the nature and quality of social support provided to families with young children.

Steering Committee members agreed to offer refinement or further develop the Charge to increase buy-in from each member.

Early Childhood Comprehensive Systems Award

Tiffany provided an overview of the award from Health Resources & Services Administration [HRSA]. The funding period is a three year award, with an award of \$140,000/year. Year 1 is from August 1, 2013 – July 31, 2014. All states/territories receive the same allocation.

Funding began in 2003, the initial focus on the funding was to integrate early childhood comprehensive systems (ECCS). In 2013, states selected one of three strategies, in addition to continuing systems work. Nebraska picked toxic stress; 25 other states also picked this strategy.

Next steps are for the Steering Committee to use the Collective Impact model, develop a SWOT, strategic plan, and implement the plan.

Data Driven Decision Making

Tiffany referenced the 2 page handout on life course indicators. The Life Course indicators were developed by the Association of Maternal & Child Health Programs [AMCHP] and released in 2013. There are a total of 59 indicators, 10 indicators that may have relevance to toxic stress were included with the meeting materials.

Tiffany shared a story about how providing vacuums to families was one community's approach to reduce truancy. This approach took months to determine, as a result of discussion and data driven decision making. Tiffany would like the Steering Committee to arrive at an effective approach to toxic stress.

The Steering Committee needs to advise each other on data to discuss and review. The Steering Committee will then consider 'where we can move the needle' through our efforts. Multiple entities collect/compile/report data including:

- Healthy People 2020
- National Center for Children in Poverty
- Zero to Three
- Behavioral Risk Factor Surveillance System [BRFSS]
- National Survey of Children's Health [NSCH]
- Nebraska's Early Childhood Data Coalition
- Kid's Count
- Pregnancy Risk Assessment Monitoring System [PRAMS]
- Child Trends [Nebraska report expected January 2015]

Establish Steering Committee Expectations

Richard guided the group to come to consensus on the following:

- Meeting frequency – the Steering Committee committed to monthly meetings through December.
- Option of conference calls/live meetings for those outside of Lincoln
- Members are to suggest additional stakeholders for inclusion

Next Steps

Richard asked the members to suggest topics for future meetings; members suggested the following:

- Determine roles and responsibilities of the Steering Committee
- Review specific grants requirements and expectations
- Develop more framework on guidance, oversight and timeline
- Explore Nebraska data to provide further understanding of the magnitude and prevalence of toxic stress
- Share details on similar initiatives – whether completed, in progress, or planned to avoid duplication of effort
- A scheduling poll for future meetings on Tuesday or Friday will be sent to members