

Oregon MCH Title V Priority Area: Trauma, ACEs and resilience

Inputs	Strategies	Sample Activities	Outputs (Process Measures)	Short term outcomes	Intermediate Outcomes
<p>Staffing & expertise</p> <ul style="list-style-type: none">• MCH Program• Assessment, evaluation, epi• Managers• Community health workers <p>Funding / resources</p> <ul style="list-style-type: none">• Title V• Other <p>Partnerships within agency</p> <ul style="list-style-type: none">• MIECHV• WIC <p>Community partnerships</p> <ul style="list-style-type: none">• Schools• Social services• Mental health• Early education• Businesses• CCOs'• Primary care	<p>1. Promote family friendly policies that decrease toxic stress and adversity, increase economic stability, and promote health.</p>	<p>- Partnerships to develop policy initiatives, support paid family leave, promote earned income tax credit, etc.</p> <p>- Provide data on health impact of family friendly policies.</p> <p>- Develop and implement family friendly internal agency policies to support employees and clients (e.g. flexible scheduling)</p>	<p>1.1 Number of policies developed or promoted</p> <p>1.2 Number of partnerships developed or strengthened</p>	<p>- Increased knowledge about NEAR science and the health impact of trauma and adversity among caregivers, community, and professionals</p> <p>- Improved knowledge/skills in parent and child development among caregivers, communities, and professionals</p> <p>- Increased availability of trauma informed MCH systems and services</p> <p>- Increased capacity of families and partner agencies to engage in supporting early childhood policies and initiatives</p> <p>- Increase in number of family friendly policies that prevent toxic stress and promote resilience at the agency, community, or state level</p> <p>- Increased parent-child attachment and bonding</p>	<p>- State Performance Measure 1A: Percent of new mothers who experienced stressful life events before or during pregnancy</p> <p>- State Performance Measure 1B: Increased social support for parents of young children</p> <p>- Reduced family violence and child abuse</p> <p>- Increase in children protected from ACES</p> <p>- On track early childhood development</p> <p>- Increased neighborhood safety and community connection</p> <p>- Enhanced community capacity to support families</p> <p>- Improved parental capabilities and economic stability</p> <p>- Trauma-informed workforce, workplaces and services</p>
	<p>2. Increase understanding of NEAR science (neurobiology, epigenetics, ACEs and resilience), and the impact of childhood adversity on lifelong health.</p>	<p>- Develop public awareness/social marketing campaigns,</p> <p>- Conduct outreach/community education events</p> <p>- Deliver presentations to providers and partners (NEAR science, public health approaches to prevent ACEs and promote resilience)</p>	<p>2.1 Number of events or education campaigns</p> <p>2.2 Number or percent of providers or staff trained</p> <p>2.3 Number of people reached through outreach or education</p>		
	<p>3. Engage partners to build capacity for safe, connected, equitable and resilient communities.</p>	<p>- Mobilize community partners (including CCOs and EL Hubs).</p> <p>- Convene coalitions, inter-agency collaborations, and cross-systems initiatives to prevent/address trauma and ACEs and promote resilience.</p> <p>- Implement community level equity initiatives, trauma and violence prevention programs, etc.</p> <p>- Work with partners to create safer public spaces and opportunities for connection to community, spirituality and culture; ensure equitable access to affordable housing, jobs, schools, transportation, healthy food, clean air and water and concrete supports for families in need.</p>	<p>3.1 Number of partnerships developed or strengthened</p> <p>3.2 Number of projects /coalitions convened or implemented with partners</p>		
					<p>Long term outcomes</p> <p>- Resilient and connected families and communities</p> <p>- Safe and supportive environments</p> <p>- Children flourishing</p> <p>- Improved lifelong physical, social-emotional, and mental health</p>

<p>Data</p> <ul style="list-style-type: none">• Community health assessments• Community health improvement plans• State and national surveys• Community partners <p>Evidence base / best practice</p> <ul style="list-style-type: none">• Trauma Informed Oregon• CDC• Harvard Center for the Developing Child• ACES connection	<p>4. Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science to drive policy decisions.</p>	<ul style="list-style-type: none">- Conduct community needs assessment and/or surveys;- Develop policy briefs using state and local data; present to policy makers to inform policy, funding, and program decisions impacting children, youth and families.- Engage communities to ensure that the data is accessible and useful to them;- Use Oregon Health Authority REAL D protocols for data collection whenever possible;- Conduct community based participatory research	<p>4.1 Number of needs assessments, surveys, or other data gathering activities conducted</p> <p>4.2 Number of policy briefs, data or educational tools developed</p> <p>4.3 Number of community members engaged in research activities</p>	
	<p>5. Develop trauma-informed workforce, workplaces, systems, and services.</p>	<ul style="list-style-type: none">- Train providers in trauma and trauma-informed care,- Integrate principles of TIC into agency policies and practices;- Make changes in workplaces and service settings to prevent re-traumatization. Integrate TI and culturally-specific approaches into services and systems for children, youth and families.- Identify children, youth and families experiencing adversity and refer them to needed supports and services.- Develop culturally and linguistically competent systems to screen and refer for adversity including food and diaper insecurity, ACEs, homelessness, depression, etc.- Provide screening in home visiting, health and other settings;- Use community health workers, home visitors, etc. to support families to access services.	<p>5.1 Number / percent of providers or staff trained</p> <p>5.2 Number of trauma informed or culturally responsive approaches integrated</p> <p>5.3 Number / percent of clients who have received screening, referrals, or education</p>	
	<p>6. Strengthen protective factors for individuals and families.</p>	<ul style="list-style-type: none">- Support programs that: build parent capabilities, children's social emotional competence, supportive/nurturing relationships; and/or foster connection to community, culture and spirituality. <p>(e.g. home visiting, parenting education, comprehensive early care and education, community respite programs, and culturally-specific evidence-based social support and mental health practices.</p>	<p>6.1 Number of individuals served by programs that build family or community protective factors</p> <p>6.2 Number of activities that build family or community protective factors</p>	