

Hope in Action: An Environmental Scan of Trauma-Informed Efforts to Prevent and Address Substance Harm in Wisconsin

January 2020



WISCONSIN DEPARTMENT
of HEALTH SERVICES

P-02593 (1/2020)

 **Resilient
Wisconsin**
Connected. Stronger. Thriving.

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→ Introduction

The answer to Wisconsin's toughest trauma and substance use challenges? It's you.

Trauma is chronic, toxic stress that can overwhelm an individual's ability to cope. But that's not all it does. All across Wisconsin, individuals, families, communities, and public health innovators are looking for new, effective ways to cope with another of trauma's most devastating effects: harmful substance use. The steady rise in cases of substance use disorders in Wisconsin is exacerbated by our state's evolving opioid epidemic, a major health challenge that is derailing too many futures, devastating too many hometowns, and harming too many lives, here at home and throughout our nation. Although Wisconsin recently detected a 10% decrease in opioid-related deaths (from 932 in 2017 to 838 in 2018), we are still experiencing far too many deaths, hospitalizations, and reduced quality of life due to opioid harm in our communities.

But there is hope. We've found it in the inspiring work of health and human services partners, programs, and providers who are dedicated to working with families, schools, and communities across Wisconsin. They're helping people from all walks of life find support, build resilience, and achieve recovery. And their innovative ideas, collected in this report, can help other health organizations build their own blueprint for treating trauma and reducing or preventing substance use-related harms.

Trauma and substance use disorders are critical public health challenges. But as this report powerfully illustrates, they are not insurmountable ones. The common themes and insights we've gathered here are a first step toward finding solutions. By connecting the dots across communities and by sharing strategies, tools, outcomes, and approaches to trauma-informed efforts, we can make even greater progress.

Together, we can help ensure that everyone in Wisconsin has the chance to live their best life.

Thank you,

Governor Tony Evers



→ **Our goals**

Reducing substance-related harms and empowering others by sharing what works.

Change more lives by leveraging ideas and insights from some of Wisconsin's most effective and innovative trauma-informed efforts.

Trauma can be both a cause and consequence of harmful substance use. That duality has made preventing and responding to trauma a key strategy for organizations working to build resilient communities, promote protective factors, and reduce risk factors associated with opioid and other substance use disorders.

In 2018, the Wisconsin Department of Health Services Division of Public Health received funding from the Centers for Disease Control and Prevention to conduct an environmental scan of programs across the state that address the linkages between trauma and harmful substance use.

By identifying what's working well, what to avoid, and opportunities to maximize impacts, this report seeks to help organizations find best practices, tools, and techniques to effectively respond to the root causes of harmful substance use in Wisconsin.

More specifically, the purpose of this report is to share vital findings gained from a sample of trauma-informed efforts taking place across the state, with a goal of reducing substance-related deaths, hospitalizations, and quality of life issues. Some examples of these life issues include child removals; loss of relationships, employment, or assets; drug-induced mental health illnesses, maternal and infant morbidity and mortality; as well as other harmful or self-injurious behaviors.

This report explores the key findings from the scan to find effective principles, promising practices, and evidence-based models that organizations can use to become more trauma responsive, and adapt to their own needs, community, or context. We've provided an overview of efforts across the state to help stakeholders from diverse sectors and disciplines connect and collaborate in meaningful ways.

Start reading to strengthen your professional networks and access new tools and resources you can begin using right away.



Acknowledgments

We want to thank everyone working to prevent, address, and heal trauma and substance use disorders, as well as those helping individuals, systems and communities build resilience. This report would not exist without your inspiring efforts.

We would also like to acknowledge those whose guidance and special contributions ensured the successful completion of the environmental scan and this report:

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Executive Summary





Background

In Wisconsin, the prevalence of adverse childhood experiences, toxic stress, and the damaging use of drugs, alcohol, and other substances, including opioids, have instigated a rise in the harms that can occur where substance use disorders and trauma intersect.

Opioids, including prescription painkillers, heroin, and synthetics like fentanyl, play a major role in Wisconsin's substance-related challenges.

Opioid-related death rates increased by 695% between 2000 and 2017 in Wisconsin, from 2.1 to 16.7 per 100,000 people.¹

In 2018...

- More than 80% of counties had opioid-related deaths.²
- 78% of all drug-related deaths involved opioids.²
- The rate of deaths from all opioids was 14.52 deaths per 100,000 people.²
- Out of the three main classes of opioids, consisting of prescriptions opioids, heroin, and synthetic opioids (a class of drugs designed to mimic naturally occurring opioids, including fentanyl), the rate of deaths was highest for synthetic opioids, at 8.72 deaths per 100,000.²
- Opioid-related death rates were highest among people aged 18–44.²
- In Wisconsin, African Americans and American Indians/Alaska Natives experience disproportionately high rates of opioid-related death.²

As both a cause and effect of adverse child experiences, substance use disorders are drawing many Wisconsinites into a cycle of trauma and adversity.

In Wisconsin, as an individual's adverse child experiences score increases, their risk of harmful substance use also increases.³

- 59% of Wisconsin residents reported experiencing at least one adverse child experience.⁴
- 28% reported an adult in their childhood home with a substance use disorder.⁴
- The number of children removed from their homes and placed in an out-of-home care setting due to parent/caregiver drug abuse has more than doubled, from 479 in 2009 to 1,252 in 2016.⁵

1 "Opioids." Healthy Wisconsin, healthy.wisconsin.gov/content/opioids.

2 "WISH (Wisconsin Interactive Statistics on Health)." Wisconsin Department of Health Services, 2018, dhs.wisconsin.gov/wish/opioid/mortality.htm.

3 "Adverse Childhood Experiences in Wisconsin: 2011–2015 Behavioral Risk Factor Survey Findings." Child Abuse and Neglect Prevention Board, May 2018, preventionboard.wi.gov/Documents/ACE-Brief_2018FINAL.pdf.

4 2017–2018 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)

5 "2018 Annual Report to the Wisconsin Legislature." Wisconsin Office of Children's Mental Health, 2018, children.wi.gov/Documents/2018%20OCMH%20Annual%20Report.pdf.

Key Findings

A scan of 76 Wisconsin initiatives, conducted between January and August of 2019, identified programs that address the link between trauma and substance harm. Twenty-eight key informant interviews lead to the following key findings:

Collaboration was considered the most effective principle for guiding program success, according to interviewees.

Other principles, presented in order of importance, include:

- Continuity of care
- Community engagement
- Including the voice of people with lived experience
- Peer support
- Stigma reduction activities

Sixteen promising practices that promote program success were identified by key informants.

- Breaking down silos between substance harm and mental health
- Flexible program scheduling
- Mindfulness practices
- Multiple trainings
- Trauma-informed policies and procedures
- Customized programs for vulnerable and marginalized populations
- Cultural healing resources
- Family support for youth
- Cross-community program expansions
- Referral coordinators and resource navigators
- Treatment facility collaboration
- Sustainable, system-level improvements



- Adaptation of existing evidence-based practices
- Creating a recovery community
- Universal application of trauma-informed principles
- Utilizing a medical home model

Inadequate funding is the most common barrier programs face.

Other barriers to success cited by interviewees include:

- Staffing
- Limited scale based on funding restrictions
- Collaboration
- Evaluation
- Lack of treatment services
- Stigma
- Lack of attention to other (non-opioid) substance use disorders

Key informants highlighted 10 key considerations to weigh before program implementation.

- Ensuring buy-in
- Converting training into practice
- Hiring experienced professionals
- Starting with clear goals and strong relationships
- Identifying sustainable funding
- Motivating and assisting the community
- Working with local partners
- Evaluating community needs
- Acknowledging interrelated risk factors
- Building a healthy, inclusive work environment

Methodology





Our Approach

The process of reviewing documents and collecting new data through key informant interviews was multi-layered and designed for accuracy, consistency, and relevancy.

An environmental scan workgroup was convened. The workgroup was comprised of Wisconsin Department of Health Services staff from the Division of Public Health, the Division of Care and Treatment Services, and the Department of Children and Families staff who work in areas related to behavioral health and trauma-informed care. Team members reached out to their networks to ask about any existing efforts that address the intersections of trauma and substance harm. A list of 76 efforts, in the form of progress reports, evaluation reports, project descriptions, and weblinks was compiled and divided up among the workgroup for review. The workgroup identified 28 efforts that best demonstrated the linkage between trauma and substance harm. Representatives from the organizations leading these efforts were invited to participate in phone interviews to derive a detailed and precise understanding of the programs' scope, scale, and effectiveness.

Once information was collected, it was entered into a spreadsheet with the following fields:

- Name of effort/program
- Location (county or statewide)
- Implementing agencies
- Partners
- Primary audience
- Strengths

- Challenges and considerations
- Resource gaps
- Innovation

The spreadsheet also documented whether the efforts had been evaluated, the funding source(s), timeline, and contact information.

At publication, around one quarter of those reviewed (20 efforts) had completed an evaluation. Approximately 34% (26 efforts) had an evaluation in progress. Five programs reported they lacked an evaluation plan. The availability or status of an evaluation could not be determined for 16 of the efforts. An evaluation was not applicable for an additional nine efforts.

Disclosure

The Department of Health Services recognizes that limited time and resources make it impossible to investigate every relevant program in the state. However, by strategically identifying information-rich programs that broadly illuminate the current range of practices in Wisconsin, we can draw on a number of relevant general principles and insights.

In this report, we highlight those programs that address the linkages between the experience of trauma and harmful substance use. We hope these findings help others further such integrative work and add to our collective knowledge about trauma-informed substance harm prevention efforts taking place across the state, nation, and world.

Wisconsin in Context

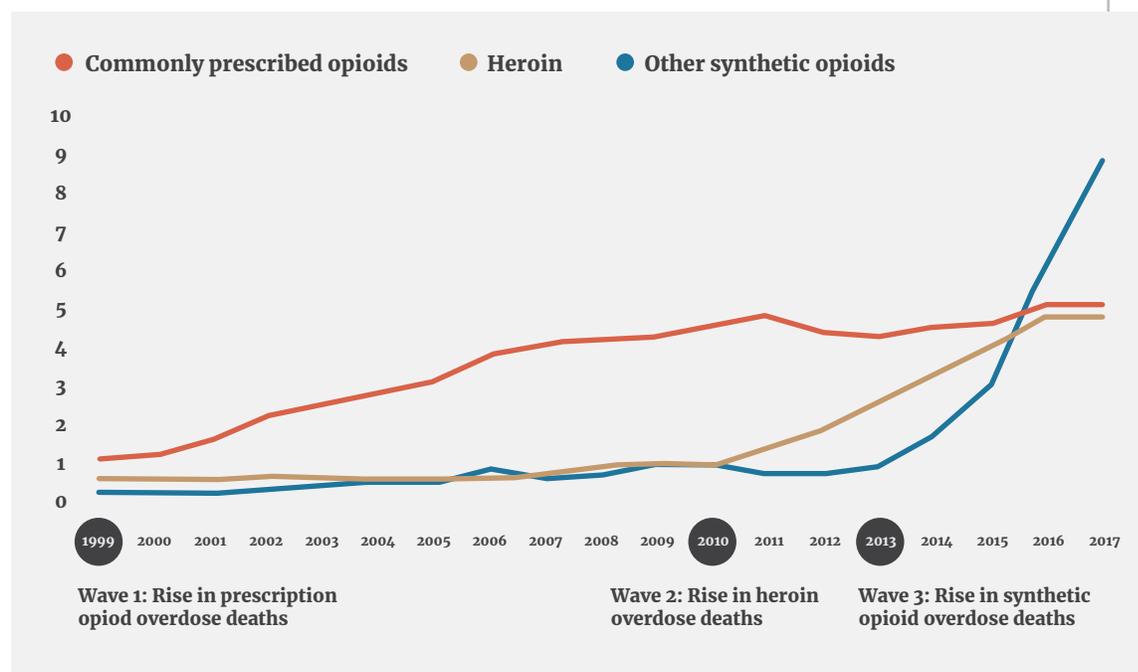




The Opioid Epidemic

Like most states in America, Wisconsin has seen a steady rise in harmful opioid use and addiction over the last 20 years.

This increase in opioid overdose deaths occurred in three distinct waves, corresponding to the three main classes of opioids: prescription opioids (1999–2010), heroin (2010–2016), and synthetic opioids—mainly fentanyl (2013–2019).



Three waves of the rise in opioid overdose deaths

It’s an evolving addiction. While four out of five current heroin users report that their opioid use began with prescription opioids, synthetic opioids were responsible for the highest rate of deaths in 2018. Heroin, in contrast, had the highest rate of overdoses.

The rise in heroin has contributed to an increase in injection drug use in Wisconsin, resulting in the spread of infectious diseases, such as HIV and hepatitis C. It has been estimated that 50% of people who inject drugs become infected with hepatitis C. The rate of hepatitis C infections in Wisconsin has more than doubled from 2011 to 2015.⁶

⁶ “Hepatitis C in Wisconsin: Increase Among Young People Who Inject Drugs.” Wisconsin Department on Health Services, 2019, dhs.wisconsin.gov/publications/p02322.pdf.

The Root Causes of Substance Use Disorders

Socioeconomic and structural factors—such as lack of economic opportunities, poor working conditions, lack of social capital, and mental illness—are all proven root causes of opioid and other substance use disorders. Poverty and substance use disorders have an interconnected relationship, often reinforced by trauma and mental illness. Further, in response to physical or emotional trauma, individuals may intensify substance use.

Research has also shown that children of parents with a substance use disorder are more likely to be of lower socioeconomic status, and have more difficulties in academic, social, and family settings as compared with children of parents who do not have a substance use disorder. These children are also more likely to have experienced mental and behavioral health disorders than their peers.

As the Intergenerational Passage and Cycle of Adversity (Figure 1) illustrates, children who are exposed to a parent with substance use disorders are more likely to develop substance use disorder symptoms themselves.⁷

Trauma is defined as chronic, toxic stress that overwhelms a person's ability to cope.



Figure 1:

Intergeneration passage and cycle of adversity for children exposed to parents with substance use disorders

From the Wisconsin Department of Health Services Division of Public Health

⁷ Lipari, R.N. and Van Horn, S.L. *Children living with parents who have a substance use disorder*. The CBHSQ Report: August 24, 2017. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Rockville, MD.



In recent years, trauma-informed approaches have emerged as a method for addressing the root causes of harmful substance use.

Trauma-informed approaches (Figure 2) engage individuals with a history of trauma (defined, in this context, as chronic, toxic stress that overwhelms an individual's ability to cope) in a manner that acknowledges the role of trauma, or adverse child experiences in their lives. Adverse child experiences include a variety of stressful or traumatic events that occur during childhood, from child abuse, neglect, and problematic substance use in the home to incarcerated parents, witnessing violence, and other household and community challenges. These experiences have been strongly associated with a wide range of health problems, including substance use disorders.



Figure 2:

Six Guiding Principles to a Trauma-Informed Approach

From the Center for Disease Control and Prevention Office of Public Health Preparedness and Response, in collaboration with the Substance Abuse and Mental Health Services Administration National Center for Trauma-Informed Care

Data shows that in Wisconsin individuals who have experienced adverse child experiences or trauma are at disproportionate risk of harmful substance use and negative health outcomes. According to Wisconsin Behavioral Risk Factor Surveillance Survey data from 2017 to 2018, 59% of Wisconsin residents reported experiencing at least one adverse child experiences, and 28% of residents reported growing up with a household member who struggled with substance use.⁴ Recently, we have been able to better connect opioid use and adverse child experiences score (Figure 3).

59% of Wisconsin residents reported at least one adverse childhood experience.

Adverse Child Experiences and Use of a Prescribed Opioid in the Past Year

Number of adverse child experiences	Received a pain medication	Pain medication was an opioid	Calculated: used a prescribed opioid
0	25%	55%	13%
1	31%	58%	17%
2 or 3	33%	60%	20%
4 or more	43%	71%	30%
Total Population	31%	60%	18%

Figure 3:

Data on adverse child experiences and opioid use

From the 2017 Wisconsin Behavioral Risk Factor Surveillance Survey

⁴ 2017–2018 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)

Key Findings



Identifying the Ingredients for Success

We’ve gathered insights from 28 key informants to identify the challenges, opportunities, and principles that guide successful trauma-informed efforts in Wisconsin, specifically among programs that focus on substance use disorders and their root causes. While informant perspectives, audiences, and approaches differed, a number of common themes emerged.

Effective Principles

For the majority of the informants, collaboration—across agencies, disciplines, and/or local partners—was the most effective principle for guiding efforts to success.

Principle	Description/Example
Collaboration	<ul style="list-style-type: none"> → Across agencies and jurisdictions → Across disciplines or sectors → With local partners through community based coalitions
Continuity of care: connection between community based and clinical resources	<ul style="list-style-type: none"> → Advocacy and assistance navigating the health care system → Provided a care coordinator who builds support team → Connection to wraparound services → Link to community resources from hospital or emergency department settings
Community engagement	<ul style="list-style-type: none"> → Community members involved in decision making → Community-based programs → Programs embedded in the community
Lived experience of trauma and/or substance abuse	<ul style="list-style-type: none"> → Program should be centered around individuals with lived experience → Program leadership and staff contain individuals with lived experience → Programs developed by a community with lived experience
Peer support	<ul style="list-style-type: none"> → Offer peer support groups → Peer leadership → Peer champions
Stigma reduction	<ul style="list-style-type: none"> → Mental or behavioral health → Substance use disorder → Increasing awareness



Promising Practices

We asked interviewees to share the critical practices they believe elevate and sustain successful substance-related efforts.

- **Break down silos between substance abuse and mental health, and get everyone at the table**
- **Flexibility in program scheduling to best serve the community**
- **Mindfulness practices**
- **Offer multiple trainings over time**
- **Develop a trauma-informed system that includes policies and procedures that include trauma-informed principals**
- **Develop multiple, culturally-appropriate versions of the program to include vulnerable and marginalized populations (consider language, cultural practices, etc.)**
- **Use of cultural healing resources**
- **Focus on entire family support for youth**
- **Expansion of the program across the community, driven by the community**
- **Hire referral coordinators and resource navigators to help increase access to services and resources**
- **Collaboration between treatment facilities**
- **System level improvements to ensure sustainability**
- **Adaptation of existing evidence-based practice**
- **Creating a recovery community**
- **Universal precautions: apply trauma-informed care principles at all levels (individual, community, organization, system)**
- **Medical home model: provides a team of professionals that coordinates healthcare to meet the unique needs of each child through the creation of individualized treatment plans**

Common Barriers

Interviewees found common ground in the challenges and barriers many efforts face when organizations are implementing trauma-informed practices and working to reduce substance-related harms.

Barriers	Description
Funding	<ul style="list-style-type: none"> → Transportation services → Education programs → Treatment services and recovery housing → Human resources → Expanding existing programs → Programs in high need areas → Programs addressing root causes
Staffing	<ul style="list-style-type: none"> → Gaining staff buy-in → Staff turnover/inconsistent staffing → Need for additional staffing <ul style="list-style-type: none"> • For school based programs, teachers are overworked so there is a need for additional staff to implement programs (i.e. social workers)
Limited scope	<ul style="list-style-type: none"> → Need to expand to other sub-populations → School-based programs—only available at certain grade level or school <ul style="list-style-type: none"> • Program expansion requires resources → Program only addresses a specific target audience → Program participants are 90% female → Low participation in rural communities
Collaboration	<ul style="list-style-type: none"> → Local partners have full time jobs and it can be difficult to find time for program implementation when coalitions only meet once per month <ul style="list-style-type: none"> • It can be challenging to keep partners engaged but not ask too much → It is harder to accomplish goals when working with broad, diverse groups → There are obstacles to engaging with diverse partners or underrepresented groups
Evaluation	<ul style="list-style-type: none"> → Data is outdated—need for further, on-going analysis → Evaluation requires time and resources → Difficulty understanding and interpreting data
Lack of treatment resources or recovery housing	<ul style="list-style-type: none"> → Lack of available sober living housing → Lack of transportation and child care with these services
Addressing stigma	<ul style="list-style-type: none"> → Challenges addressing stigma around treatment services → Challenges addressing stigma around mental health and substance abuse
Other drug problems needing attention	<ul style="list-style-type: none"> → Methamphetamines → Vaping → Marijuana



Key Considerations

Despite the diversity of organizations, audiences, and strategies included in this scan, interviewees agreed on 10 key considerations that successful efforts should factor in.

- **Ensure buy-in, support, and understanding from staff and administration.**
- **The community should be energized and motivated to implement the program. Provide technical assistance as needed.**
- **Use caution about making assumptions that training leads to practice.**
- **Ensure collaboration and support from local partners throughout the effort.**
- **Hire professionals that have experience working with the target population.**
- **Choose issues carefully by looking to local partners to identify important problems in the community.**
- **Take time to build and strengthen relationships and set clear, specific goals prior to program implementation.**
- **Acknowledge the interrelated risk between substance abuse, mental health, and suicide. Stay clear of “silos”.**
- **Identify sustainable funding streams.**
- **Create a healthy work environment to gain staff buy-in. Build additional support with underrepresented or vulnerable groups.**

Highlighted Efforts





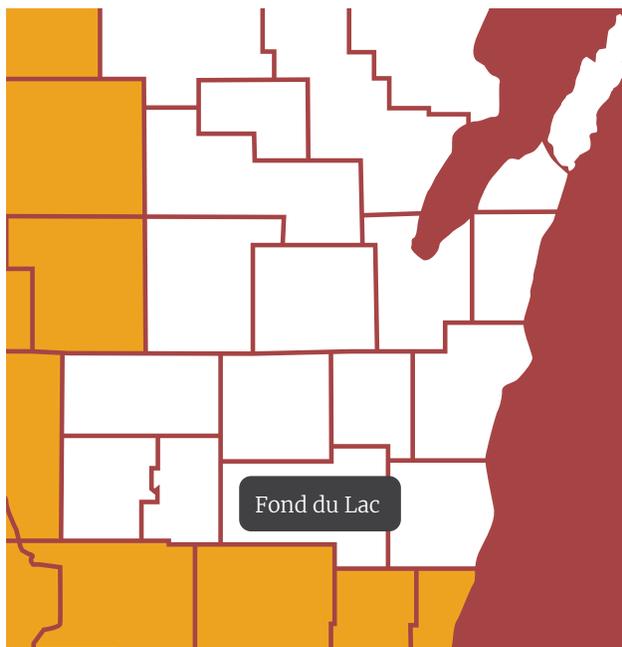
In Wisconsin, a number of efforts have been developed to address trauma, both as a root cause and as a consequence of substance use disorders, through trauma-informed activities, programs, systems, and cultures. These are just a few of the many outstanding initiatives working to make a difference in Wisconsin communities right now.



Northeastern

Destination Zero

csifdl.org/priorities/mental-health/destination-zero



Effective Principles:

Collaboration, lived experience, peer support

Primary Audience:

Middle-aged men, veterans, and community members

Lead Agency(ies):

Comprehensive Service Integration

Key Partner(s):

Medical College of Wisconsin and many local partners

Funder(s):

Advancing a Healthier Wisconsin Endowment with the Medical College of Wisconsin

Timeline:

Began in early 2018

Description:

Destination Zero is a suicide prevention initiative that was developed in response to the increasing rates of suicide in Fond du Lac County, particularly among middle-aged men and veterans. They have implemented targeted approaches towards these populations, but they have also taken a universal approach to suicide prevention by preparing the entire community. Destination Zero is



based on the Zero Suicide framework, which was designed to improve suicide prevention in the health care system. Destination Zero has adapted this framework for both clinical and non-clinical settings, so the entire community is equipped to assist an individual in crisis. The initiative involves multiple components, including countywide Question Persuade Refer training, and other events to increase awareness. By addressing the stigma around mental and behavioral health, Destination Zero is encouraging help-seeking behaviors which can prevent harmful substance use.



Goal(s):

The goals of the Destination Zero initiative are to reduce the stigma around suicide and mental health, partner with individuals who have lived experience, and develop a universal approach to identify, refer, assess, treat, and monitor those who are at-risk.

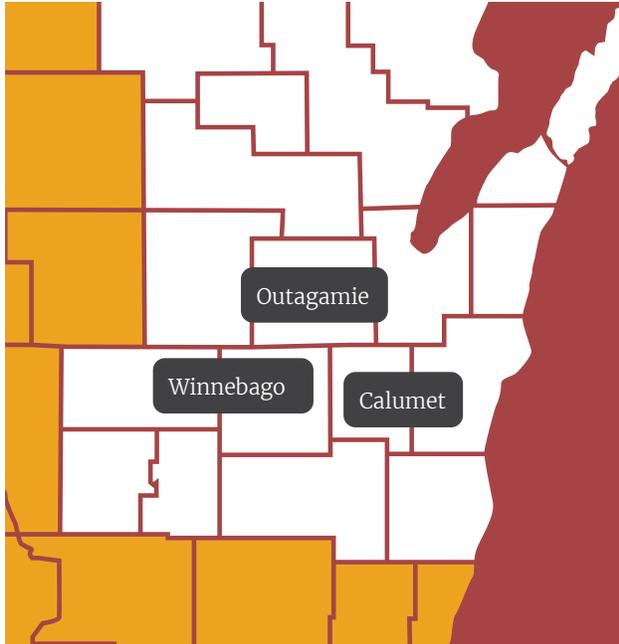
Evaluation:

Destination Zero is currently being evaluated with survey data through the partnership with Medical College of Wisconsin.

Destination Zero encourages help-seeking behaviors by addressing the stigma around mental and behavioral health.

Sources of Strength

sourcesofstrength.org



Effective Principles:

Collaboration, peer support

Primary Audience:

Middle school and high school students

Lead Agency(ies):

The Northeast Wisconsin Mental Health Connection

Key Partner(s):

UW-Madison Division of Extension, Boys and Girls Club, and other local partners

Funder(s):

Advancing a Healthier Wisconsin Endowment at the Medical College of Wisconsin.

Timeline:

Began in 2017

Description:

Sources of Strength is a mental wellness program that uses social networks to change unhealthy norms and culture as a way of preventing suicide, bullying, violence, and substance use disorders. Sources of Strength trains peer leaders, mentored by adult advisors, to change peer social norms and improve perceptions of adult support. Peer teams design and implement strength-based messages to educate their peers and engage school culture. By utilizing positive messaging and developing protective factors, the program focuses on building resilience in school communities.



This program was implemented in response to trauma and seeks to increase resiliency for students who may experience adverse childhood experiences or toxic stress. Sources of Strength prevents harmful substance use, and other unhealthy behaviors, by providing students with tools to cope with the stress in their lives.



Goal(s):

The goal of Sources of Strength is to prevent suicide, violence, bullying, and harmful substance use by increasing help-seeking behaviors, and promoting connections between youth and adults.⁸

Evaluation:

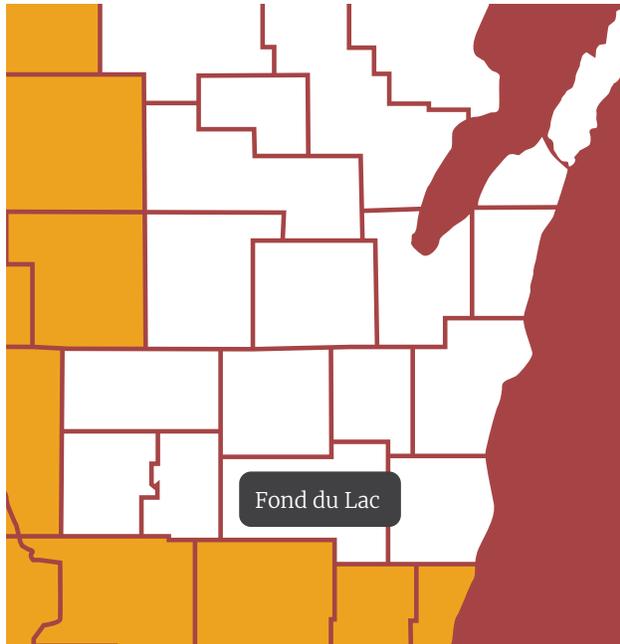
Evaluation for the program in Wisconsin is currently in progress. They are starting to see positive changes from Youth Risk Behavior Surveillance data. Previous research around the world has shown that participation in the program can increase a peer leader's school engagement and increase overall youth-adult connectedness.⁸

Sources of Strength uses social networks to change unhealthy norms and promote mental wellness.

⁸ Discover Sources of Strength. (2019). Sources of Strength. Retrieved from sourcesofstrength.org

Trauma-Informed Care

csifdl.org/priorities/mental-health/trauma-informed-care



Effective Principles:

Collaboration, lived experience

Primary Audience:

Community members

Lead Agency(ies):

Comprehensive Service Integration

Key Partner(s):

Many local partners

Funder(s):

Comprehensive Service Integration

Timeline:

Began early 2018

Description:

Fond du Lac County has recently developed trauma-informed initiatives to increase awareness and reduce stigma around trauma. As part of this initiative, they have held educational events and provided trauma-informed trainings in the community. They also utilized a trauma-informed assessment for community organizations. The trauma-informed care initiatives were developed to help educate the community on addressing mental health and substance use disorders in more trauma-sensitive ways. Being trauma-sensitive or trauma-informed involves realizing the prevalence of trauma in the community, recognizing signs and symptoms of trauma, responding by applying the principles of a trauma-informed



approach to all areas of functioning, and resisting re-traumatization. The trauma-informed initiatives are increasing awareness about the role of trauma in substance use disorders which can decrease stigma and prevent harmful substance use.



Goal(s):

The goal of the trauma-informed initiatives is to become a trauma-informed county.

Evaluation:

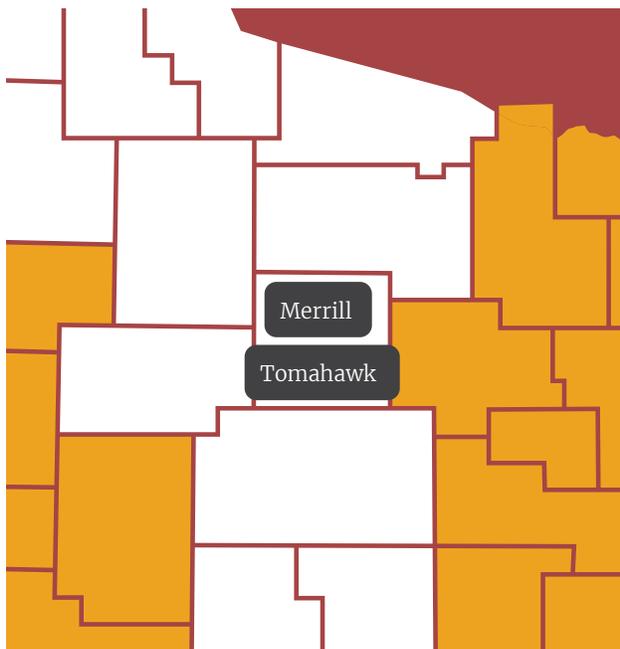
The trauma-informed care initiatives have not yet been evaluated.

Fond du Lac County's trauma-informed initiatives are increasing awareness of trauma and reducing stigma.

Northern

Lincoln County Social Norms Project

lincoln.extension.wisc.edu/p/dfc/social-norms



Effective Principles:

Collaboration, community engagement, peer support

Primary Audience:

Middle school and high school students

Lead Agency(ies):

Healthy Minds Coalition

Key Partner(s):

UW-Madison, Division of Extension

Funder(s):

The Northwoods Coalition and many local partners, including United Way, hospitals, schools, area businesses, and Substance Abuse and Mental Health Services Administration funding

Timeline:

Since 2007 in Merrill and 2010 in Tomahawk

Description:

The Lincoln County Social Norms Project was created to challenge misperceptions of youth alcohol, tobacco, and other drug use through a marketing campaign in Lincoln County's two school districts. Every other year, students complete a survey about youth behaviors and their perceptions of behaviors. Local middle



and high school students are provided with the results from the survey to develop messages for a marketing campaign in the schools and throughout the community. The campaign may include posters placed in the schools, information in the parent newsletters, ads in school event programs, billboards throughout the communities, local radio commercials, and more. By correcting misperceptions of alcohol and drug use through the marketing campaign, the social norms project empowers local students to resist peer pressure and decrease unhealthy behaviors.



Goal(s):

The goal of this project is to reduce the positive perception of alcohol and tobacco use among middle and high school students in Lincoln County by correcting misperceptions of use.

Evaluation:

The Social Norms project is evaluated through the use of survey data. They have seen an important reduction in positive perception of alcohol use among high school students in both Merrill and Tomahawk school districts.⁹ The actual reported 30-day use of alcohol has also decreased and the percentage of students reporting that they never tried alcohol has increased in both school districts.⁹

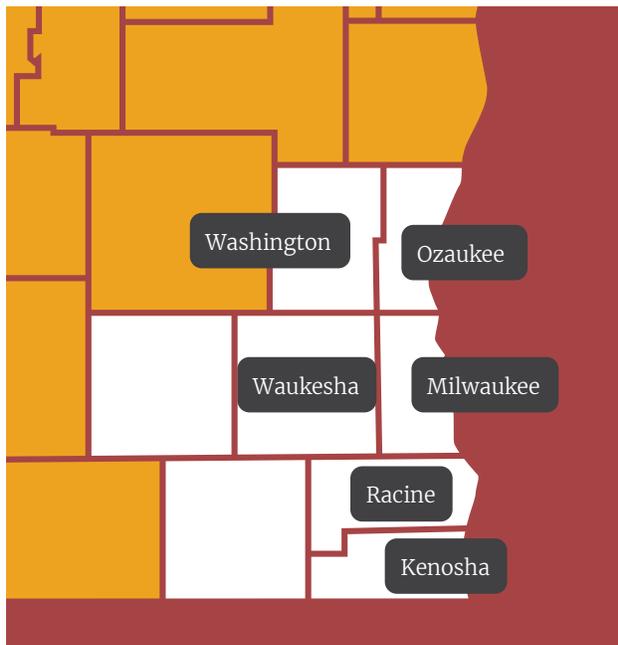
⁹ *Social Norms*. (2019). Extension Lincoln County, UW-Madison. Retrieved from lincoln.extension.wisc.edu/p/dfc/social-norms.

The Lincoln County Social Norms project empowers local students to resist peer pressure and decrease unhealthy behaviors.

Southeastern

Care4Kids

dhs.wisconsin.gov/care4kids



Effective Principles:

Collaboration, continuity of care

Primary Audience:

Children in foster care

Lead Agency(ies):

Wisconsin Department of Health Services and Department of Children and Families

Key Partner(s):

Children's Hospital Wisconsin

Funder(s):

Medicaid

Timeline:

Began January 1, 2014

Description:

Care4Kids follows the medical home model to provide comprehensive services for children in out-of-home care. The medical home model involves connecting children with a team of professionals to help coordinate their health care services—including trauma-related care—and create an individualized treatment plan based on their needs. This unique partnership between the medical home team members, the child, and the child's family works to ensure the best possible outcomes for each child. The Care4Kids providers are expected



to utilize trauma-informed and evidence-informed practices. Care4Kids assumes each child has experienced trauma. With this in mind, they approach each child with a trauma-informed perspective and assess each child to determine if trauma has negatively impacted their life. Additionally, all children in the program receive either a developmental and/or behavioral and mental health screening. By addressing underlying trauma and providing access to behavioral and mental health services, Care4Kids improves resiliency and decreases harmful substance use.



Goal(s):

The goal of Care4Kids is to improve health care for children in out-of-home care by strengthening the quality of care, increasing access to care, improving physical and mental health for children, and creating stronger support systems.

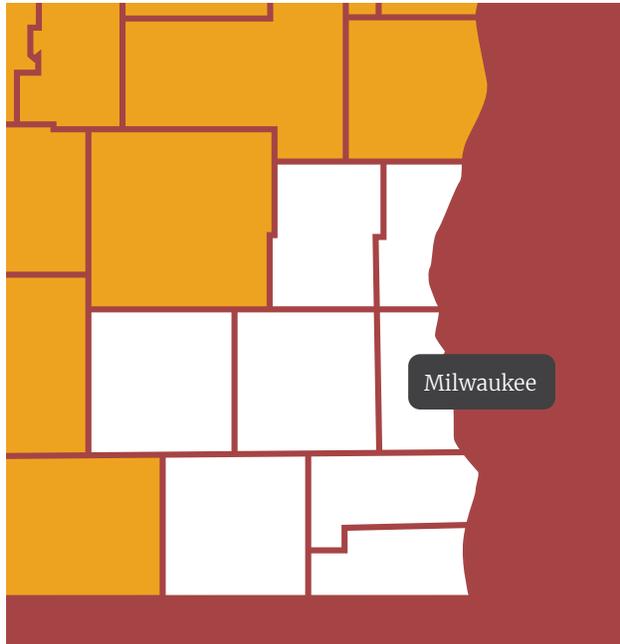
Evaluation:

The program currently serves approximately 3,000 children, totaling about half the children in foster care in Wisconsin. As a result, children in community settings have shown to have improved physical and mental health, improved resiliency, and shorter stays in out-of-home care.

Care4Kids connects medical home team members, children and their families to ensure the best possible health care outcome.

Meta House

metahouse.org



Effective Principles:

Continuity of care, lived experience, peer support

Primary Audience:

Women with any substance use disorder, including pregnant women

Lead Agency(ies):

Meta House

Key Partner(s):

United Way and Substance Abuse and Mental Health Services Administration

Funder(s):

Medicaid and federal grants

Timeline:

Founded in 1963

Description:

Meta House is a non-profit organization offering services designed specifically for women, including residential treatment, outpatient treatment, and a recovery housing community. They provide the full continuum of care for patients, including specialized treatment for co-occurring mental and substance use disorders. Meta House allows women to bring their children to live with them in residential treatment while simultaneously receiving supportive services.

Meta House has developed a safe and friendly environment that acknowledges that most women presenting to Meta House have experienced some form of trauma. Trauma-informed practices are incorporated into all aspects of



Meta House. Meta House recognizes that many women started using substances to mask the pain of past trauma. By providing services that directly address co-occurring mental health and substance use disorders, Meta House is addressing the root causes that link trauma and substance use disorders.



Goal(s):

Meta House seeks to heal women and strengthen families.

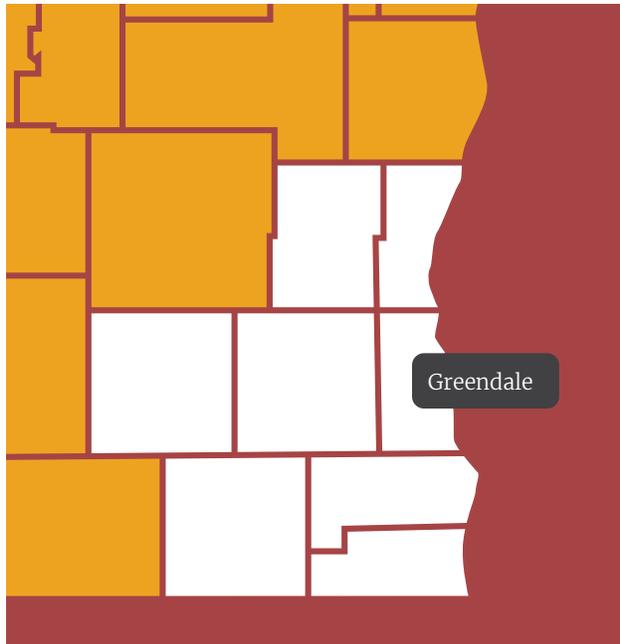
Evaluation:

In 2018, Meta House found that 78% of clients successfully completed residential treatment. They also found that 100% of pregnant women, that they served, were linked to prenatal care and 88% of the women involved with the child welfare system improved their parenting skills, had children returned to their care, or had increased visitation with their children. At discharge from residential treatment, 93% of women were abstinent from or had reduced their drug and alcohol use between admission and discharge. Additionally, 58% of women were employed, enrolled in training, or had another formal source of income (compared to 15% at time of admission).

Meta House service directly addresses co-occurring mental health and substance use disorders.

Rise Above the Stigma

communityalliancehcgd.org/our-impact



Effective Principles:

Collaboration, community engagement, lived experience, stigma reduction

Primary Audience:

People living with or affected by addiction

Lead Agency(ies):

The Community Alliance of Greendale and Hales Corners

Key Partner(s):

Many local partners

Funder(s):

Centers for Disease Control and Prevention
CoAg Opioid grant

Timeline:

September 2018 to August 2019

Description:

The Community Alliance of Greendale and Hales Corners is a substance use disorder prevention coalition that contains representation from 12 different sectors in the community. The Community Alliance developed and implemented an anti-stigma campaign aimed at addiction in the community. They developed a subcommittee to lead the campaign that defined clear goals, objectives, and marketing messages. While developing the messages for the campaign, they worked closely with individuals in the community who had lived experience of opioid addiction. They created positive, compassionate messages that were



intended to educate about addiction and highlight what individuals struggling with addiction may need. After message development, they conducted pilot surveys in the community about the perception of the messages. For the campaign, they developed a website, used social media platforms, held “Lunch and Learn” sessions, and displayed public service announcements in movie theaters.



Goal(s):

The goal of the campaign was to decrease the stigma around opioid addiction, and inspire hope and healing in those who are addicted, by spreading positive messages. Stigma associated with harmful substance use acts as an additional stressor for individuals struggling with addiction. Stigma can impact an individual’s quality of life, and may serve as a barrier to seeking treatment and recovery. By addressing stigma in the community, this campaign is reducing that stress and encouraging individuals to seek treatment.

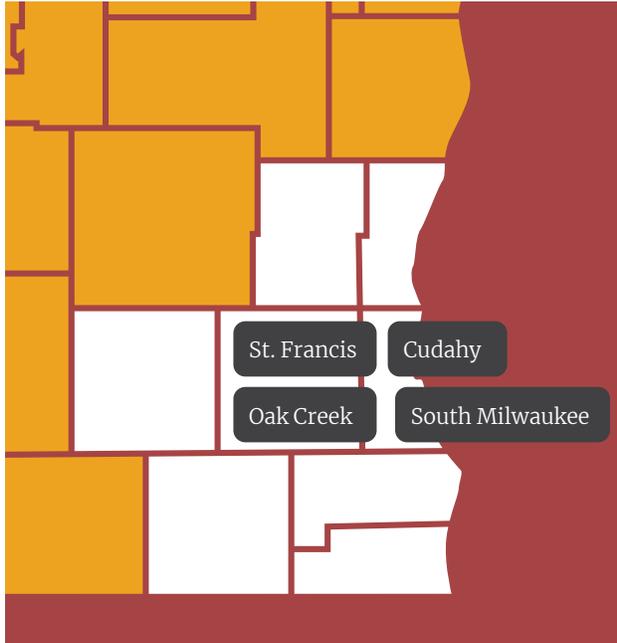
Evaluation:

Evaluation for the anti-stigma campaign is in progress.

The campaign uses positive messages to decrease the stigma around opioid addiction and inspire hope and healing in those struggling with addiction.

Trauma-Informed Opioid Response through Connection and Hope

sainta.org/trauma-informed-care



Effective Principles:

Collaboration, peer support

Primary Audience:

People impacted by opioid overdoses, including first responders

Lead Agency(ies):

Cudahy Health Department

Key Partner(s):

Police, fire, and health departments, SaintA

Funder(s):

Centers for Disease Control and Prevention
CoAg Opioid grant

Timeline:

September 2018 to November 2019

Description:

Through the cooperative effort of Trauma-Informed Opioid Response through Connection and Hope, Cudahy, Oak Creek, South Milwaukee, and St. Francis collaborated to address the opioid epidemic. Initially, they utilized and reviewed the real-time reporting of overdoses through the Overdose Detection Mapping Application Program. This program is currently being used by the Fire Department to log overdoses as they happen within the community. The health department staff recently gained access to this mapping system to review where overdoses are occurring, and to monitor for spikes in overdoses.



They also provided training for all police, fire, and health employees in trauma-informed principles. This training helps first responders and public health workers better recognize and respond to the various types of trauma that impact children and adults in their communities. These adverse experiences have been shown to contribute to harmful substance use, mental health problems, domestic abuse, and child abuse.

Training was provided in coordination with SaintA: a leader in the application of trauma-informed principles. To inform the training, a subgroup was formed to allow for a representative from each discipline to provide feedback to SaintA to shape the training. Considerations and adjustments included the following: focusing on the trauma of an individual as well as processing trauma as a professional; using stories to understand the application; having a first responder/peer co-present. They are also in the process of developing an awareness campaign through the use of social media.

Goal(s):

The goal of the trauma-informed training was to take steps towards developing trauma-informed police, fire, and health departments across all four jurisdictions.

Evaluation:

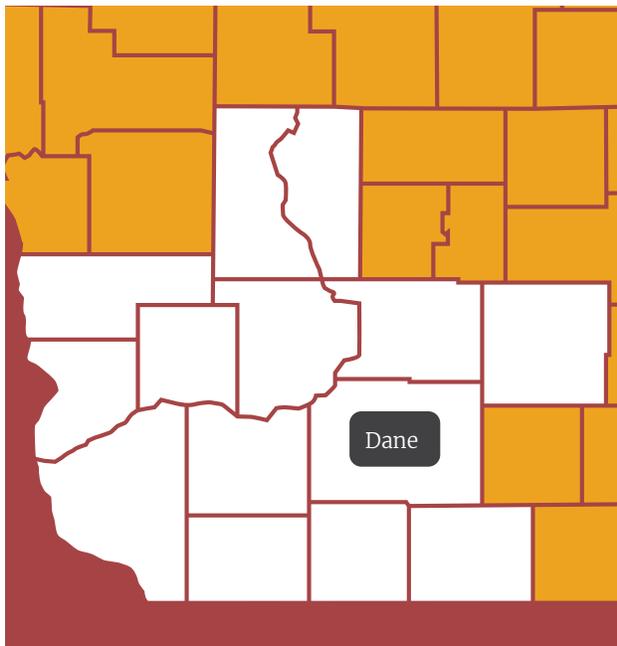
Participants attending the trauma-informed training complete an evaluation. A sustainability plan assures that trauma-informed training and support from SaintA continues beyond the grant period. The awareness campaign was evaluated through determining the number of impressions and the overall reach.

**Trauma-Informed
Opioid Response
through Connection
and Hope helps
first responders
and public health
workers better
recognize and
respond to various
types of trauma.**

Southern

First Responder Resilience and Mindfulness Training

centerhealthyminds.org/science/studies/exploring-the-effects-of-mindfulness-training-on-police-officer-resilience-and-well-being



Effective Principles:

Collaboration, peer support

Primary Audience:

Law enforcement officers

Lead Agency(ies):

Center for Healthy Minds

Key Partner(s):

Madison Police Department, Dane County Sheriff's Office, and the UW-Madison Police Department

Funder(s):

UW-Madison Institute for Clinical and Translational Research and the National Institute of Justice

Timeline:

Began in fall 2016

Description:

Studies have shown that police officers are at an increased risk for depression, Post-Traumatic Stress Disorder, sleep disruptions, cardiovascular disease, and harmful alcohol use due to the extreme stress associated with their occupation. The Center for Healthy Minds partnered with the Madison Police Department to



launch a pilot study examining the impact of mindfulness-based practices on police officers' physical and mental well-being. The pilot study focused on whether First Responder Resilience and Mindfulness Training—an 8-week mindfulness-based training program specifically adapted for law enforcement officers—can improve officers' abilities to manage daily and occupational stressors from their jobs. The Center for Healthy Minds is currently conducting a multi-year randomized, controlled trial with additional agencies, including the Dane County Sheriff's Office and the UW-Madison Police Department.



Goal(s):

The goal for this project is to reduce stress and improve the physical and mental well-being of police officers.

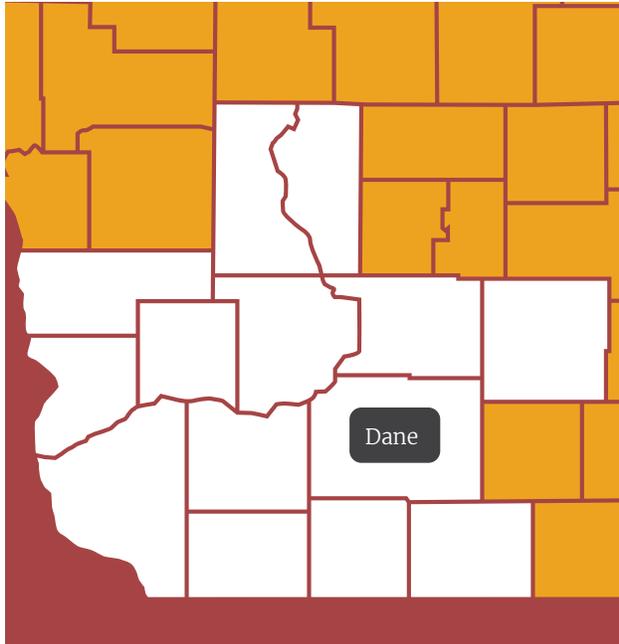
Evaluation:

Previous research from Pacific University in Oregon has shown that a similar 8-week mindfulness training program can improve physical and mental health outcomes in police officers. The Center for Healthy Minds is currently in the process of evaluating the First Responder Resilience and Mindfulness Training program. Early results from the pilot study have shown that officers are reporting improvements in sleep, lower perceived levels of stress, and reductions in symptoms of Post-Traumatic Stress Disorder after participating in the mindfulness program. They have also seen decreases in the rate of burnout.

First Responder Resilience and Mindfulness Training provides officers with alternative coping mechanisms through mindfulness.

Forward Learning Youth and Young Adults

flyy.org



Effective Principles:

Collaboration, lived experience

Primary Audience:

High-risk youth and their families

Lead Agency(ies):

Forward Learning Youth & Young Adults

Key Partner(s):

Dane County Department of Human Services

Funder(s):

Grant funding and funding through the therapy programs

Timeline:

Founded in 2011

Description:

Forward Learning Youth and Young Adults provides access to services and resources for high-risk youth and their families. Forward Learning Youth and Young Adults was developed for high-risk youth who may have experienced trauma, substance use disorders, have an unstable home environment, or have a mental health diagnosis. Forward Learning Youth and Young Adults' therapy programs serve high-risk youth that may not respond well to traditional services. Individual therapy sessions are offered that address a variety of issues, including trauma, alcohol, and other harmful drug use, anxiety, depression, suicidal ideation, and unhealthy relationships. Individual skill development is also offered, which involves therapeutic



mentoring and coaching while improving life skills. In this program, a skills coach works closely with the youth to empower them by providing individualized support.

Goal(s):

Forward Learning Youth and Young Adults seeks to equip youth with the life skills that enable them to cope with stress, resolve conflicts, and communicate more effectively to prevent substance use.

Evaluation:

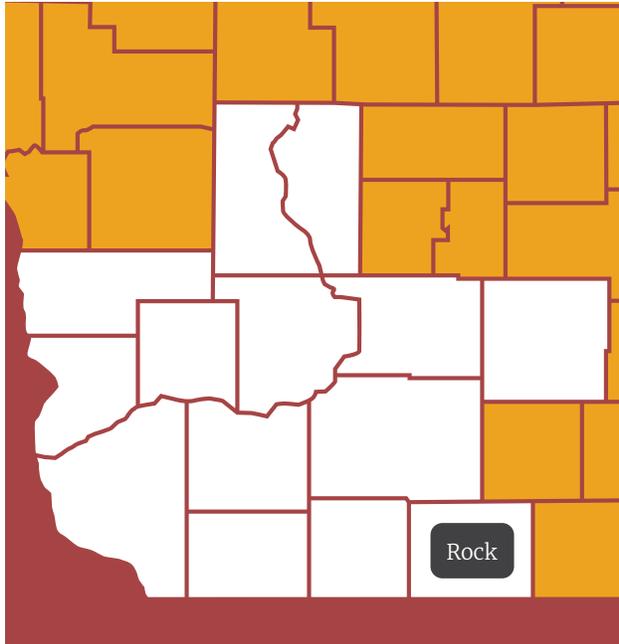
Almost all of the participants in the individual skills development and therapy programs report that the sessions are more than worth it. Participants also often report a boost in confidence.

Forward Learning Youth and Young Adults equips youth with life skills that enable them to cope with stress.



Handle with Care

jm4c.org/partners/community



Effective Principles:

Collaboration, continuity of care, community engagement

Primary Audience:

Law enforcement, child protective services, school districts, and the court system

Lead Agency(ies):

Janesville Mobilizing for Change: Rock County Trauma Task Force

Key Partner(s):

Local law enforcement agencies and school districts

Funder(s):

Federal grant funding

Timeline:

Began during the 2018–2019 school year

Description:

Handle with Care provides the school or child care lead agency(ies) with a notification when a child has been identified at the scene of a traumatic event. Law enforcement officials are trained to identify children at the scene and send the child's school or daycare a confidential note to handle the child with care. Officers also build positive relationships with children by interacting with them on a regular basis. Additionally, teachers are trained to incorporate interventions that mitigate the negative impacts of trauma in the classroom. When a student exhibits continued behavioral or emotional problems in the classroom, the school counselor may refer the parent to a counseling lead agency(ies) that offer



Trauma-Focused Cognitive Behavioral Therapy. Trauma-focused cognitive behavioral therapy is an evidence-based treatment program for children and adolescents impacted by trauma, and their parents or caregivers. Research has shown that trauma-focused cognitive behavioral therapy successfully resolves a wide range of emotional and behavioral difficulties associated with traumatic experiences. Handle with Care promotes safe and supportive homes, schools, and communities that protect children, and help traumatized children heal and thrive. Prolonged exposure to violence or trauma can undermine children’s ability to focus, behave properly, and learn. By mitigating the negative impacts from a child’s exposure to trauma, Handle with Care decreases the risk of substance use disorders later in life.

Handle with Care help traumatized children heal and thrive by promoting safe and supportive homes, schools, and communities.



Goal(s):

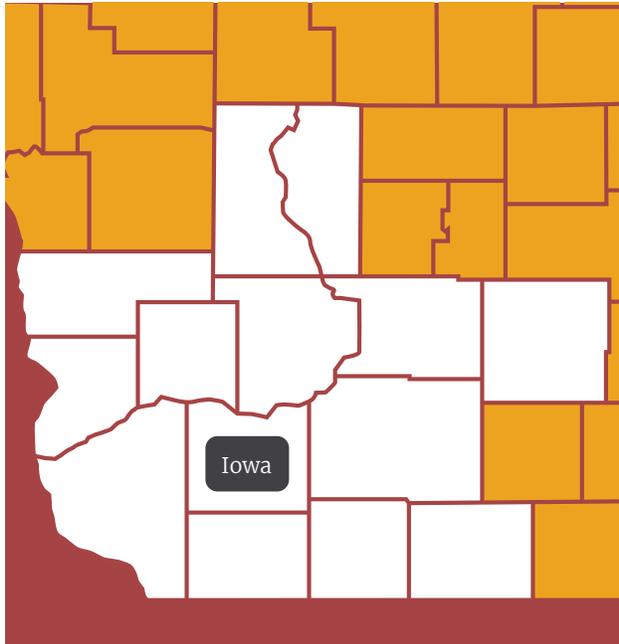
The goal of Handle with Care is to prevent children’s exposure to trauma and violence, mitigate negative effects children exposed to trauma experience, and to increase knowledge and awareness of this issue.

Evaluation:

Handle with Care in Rock County is not currently being evaluated. Handle with Care was initially developed in West Virginia where it has been evaluated.

Healthy Living with Chronic Pain

wihealthyaging.org/healthy-living-with-chronic-pain



Effective Principles:

Collaboration, community engagement, peer support

Primary Audience:

Adults with chronic pain

Lead Agency(ies):

Iowa County Substance Abuse Prevention Coalition

Key Partner(s):

Iowa County Health Department

Funder(s):

Centers for Disease Control and Prevention
CoAg Opioid grant

Timeline:

September 2018 to August 2019

Description:

The Iowa County Substance Abuse Coalition formed a subgroup of stakeholders to focus specifically on prevention initiatives. They have implemented a Healthy Living with Chronic Pain course that teaches different strategies for managing chronic pain, such as exercise, meditation, communication, and other coping mechanisms. By addressing the underlying emotions that can result from pain, such as fear, stress, anxiety, and depression, Healthy Living with Chronic Pain allows individuals to better manage their pain and decreases harmful opioid use. They have also hosted community events to decrease stigma surrounding chronic pain and increase awareness of harmful substance use in the community.



Goal(s):

The goal of Healthy Living with Chronic Pain is to prevent harmful opioid use by creating positive lifestyle changes.

Evaluation:

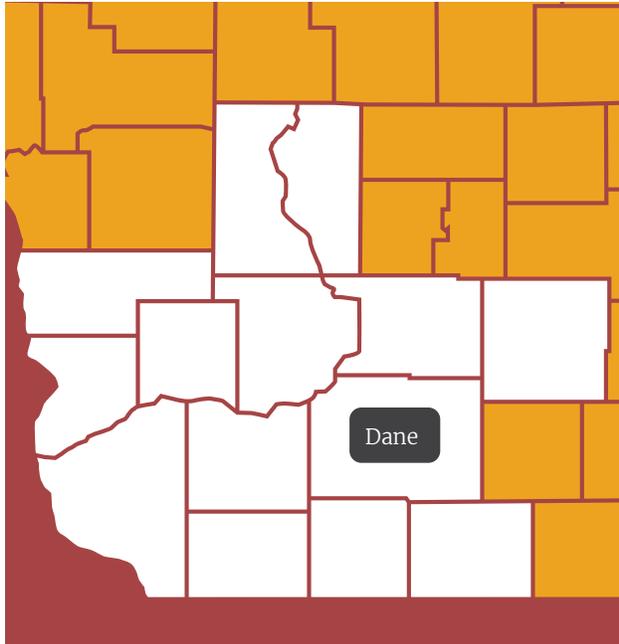
Healthy Living with Chronic Pain is currently being evaluated. They are evaluating this program through participant surveys.

Participants learn different strategies for managing chronic pain, including meditation, communication, and other coping mechanisms.



Joining Forces for Families

danecountyhumanservices.org/jff



Effective Principles:

Collaboration, continuity of care, community engagement, lived experience, peer support

Primary Audience:

Community members

Lead Agency(ies):

Joining Forces for Families

Key Partner(s):

Local and county law enforcement agencies, school districts, public health departments, and Dane County Department of Human Services.

Funder(s):

Dane County Department of Human Services

Timeline:

Began in 1993

Description:

Joining Forces for Families is a community-focused initiative that engages local partners to create decentralized, collaborative, and community-informed service platforms. At the heart of this initiative are 14 community social workers embedded in various neighborhoods throughout Dane County. Each social worker manages at least one Joining Forces for Families office that is uniquely responsive to its neighborhood context and allows direct access to services in the community. Joining Forces for Families workers consider individual, family, and community levels of intervention in conducting their daily work.



All Joining Forces for Families workers have common responsibilities to provide services available in the community. These include system navigation, resource/referral services, problem solving, and advocacy. Each worker also manages a small homeless prevention fund that is used to help families stay stable in their community and remain connected with their local educational and community support network. Additionally, all Joining Forces for Families teams work with local partners and residents to increase communication and collaboration locally. This collaborative practice has helped to create many community led programs addressing issues such as employment, transportation, subsidized housing, mental health.

Joining Forces for Families staff members have completed trauma-informed training to better understand the relationship between trauma and substance harm. When these issues arise, Joining Forces for Families teams work to connect these individuals with the necessary services and assist them in navigating the systems involved. They also support these individuals during the waiting time before they can get connected with the services they need.

Goal(s):

The goal of Joining Forces for Families is to offer community-based prevention and early intervention services informed by local residents, stakeholders, and context. Workers engage multiple partners and individuals on a neighborhood level, using local assets and insight to improve the accessibility, and quality of human services available. Overall, this helps families stay out of more costly and restrictive systems and assists in maximizing the potential for family and community stability by harnessing community assets and innovation.

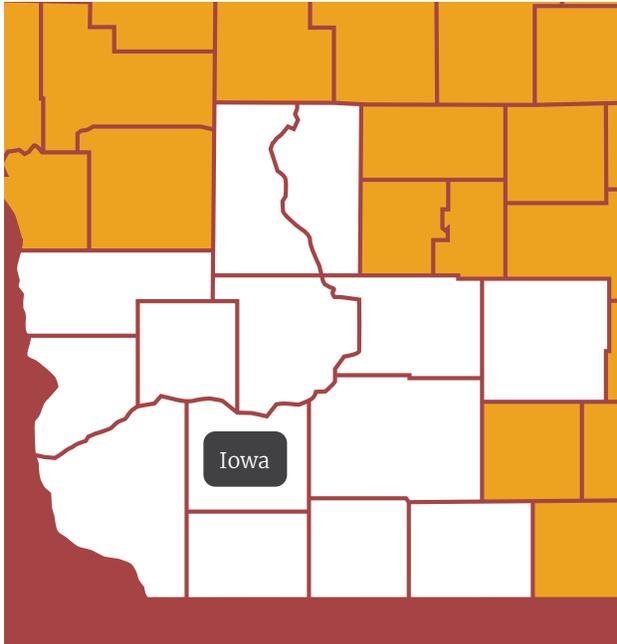
Evaluation:

Joining Forces for Families continuously evaluates their impact on local communities. Joining Forces for Families partners with Dane County to track performance indicators including data on community and neighborhood well-being, family outcomes resulting from Joining Forces for Families team interventions, and Joining Forces for Families stakeholder and resident satisfaction with Joining Forces for Families activities.

The program's 14 community social workers help families connect with and navigate essential community services.

Keepin' it Real

real-prevention.com/keepin-it-real



Effective Principles:

Collaboration, community engagement, peer support

Primary Audience:

School-aged children

Lead Agency(ies):

Iowa County Substance Abuse Prevention Coalition

Key Partner(s):

Iowa County Health Department

Funder(s):

Centers for Disease Control and Prevention
CoAg Opioid grant

Timeline:

September 2018 to August 2019

Description:

The Iowa County Substance Abuse Coalition has implemented Keepin' it Real in local schools. Research has shown that this program is effective in preventing substance use disorders. This interactive program uses real stories of young adolescents and involves students in the learning process. By enhancing social and emotional competencies, students are able to regulate emotions and manage stress which prevents harmful substance use.

**Goal(s):**

The goal of Keepin' it Real is to prevent harmful substance use by enhancing social, psychological, and emotional competencies.

Evaluation:

Keepin' it Real is the only initiative currently being evaluated. They are evaluating this program through participant surveys.

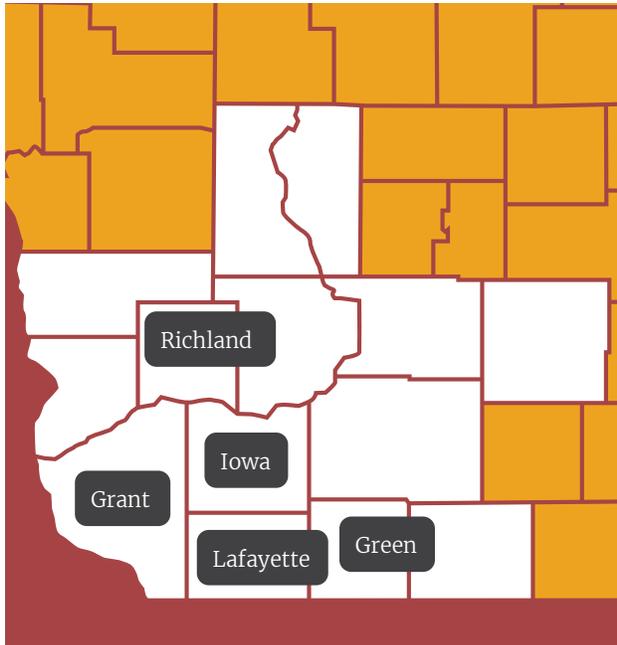
Keepin' It Real uses real teen stories and involves students in the learning process.



Southwestern Wisconsin Behavioral Health Partnership and Recovery Pathways Program

behavioralhealthpartnership.org

behavioralhealthpartnership.org/pdf/SWWI_RecoveryPathways_Long.pdf



Effective Principles:

Collaboration, continuity of care, community engagement, lived experience, peer support, stigma reduction

Primary Audience:

Community members with mental health, or substance use disorders, and related service organizations and providers

Lead Agency(ies):

Southwestern Wisconsin Community Action Program

Key Partner(s):

UW-Madison Population Health Institute, Medical College of Wisconsin, and many local partners

Funder(s):

Healthier Wisconsin Partnership Program and the Wisconsin Partnership Program

Timeline:

Began in July 2017

Description:

The Behavioral Health Partnership aims to reduce stigma around mental health and substance use issues, improve access to services and resources, and increase availability of providers and services. It provides Mental Health First Aid and Honest, Open, Proud trainings in the community. An asset-based community development effort is underway to develop an online directory of resources available in the community. Additionally, in the future they intend to offer support and training for primary care providers and peer support specialists.



Southwestern Wisconsin Community Action Program is also piloting the Recovery Pathways program in Iowa and Richland counties to provide coordinated access to mental, physical, emotional, social, and economic wrap-around services for people in recovery from opioid addiction. The program provides sober-living housing to support recovery after treatment without negative influences and triggers. The program supervisor is an individual with lived experience of opioid addiction. Through the creation of a recovery community, reinforced by consistent monitoring, peer support, professional counseling, and medication, this program seeks to ensure successful treatment and long-term recovery.

Staff with lived experience of opioid addiction help create and support asset-based recovery communities.



Goal(s):

The goals of the Behavioral Health Partnership are to foster acceptance and support for people with mental health and substance use disorders, improve accessibility of community resources, and expand availability of support through providers, peer support groups, and other community services. The goal of the Recovery Pathways Program is to ensure long term recovery by providing sober-living housing and treatment and recovery resources.

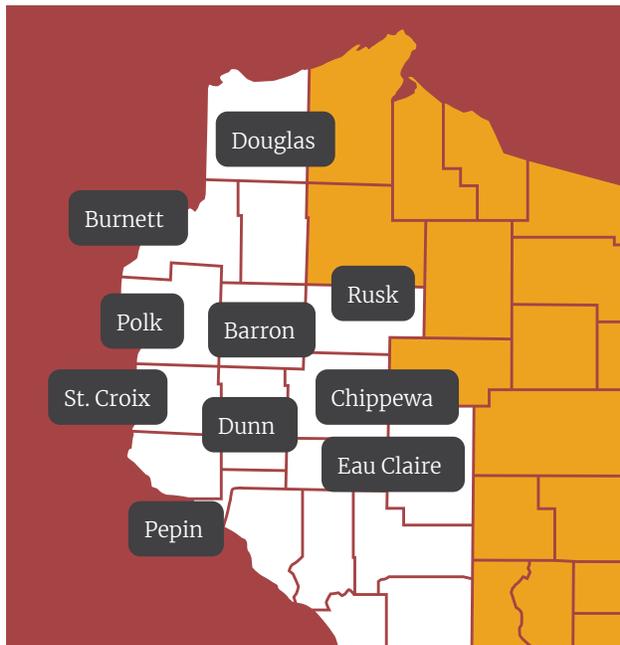
Evaluation:

The UW-Madison Population Health Institute is the contracted evaluator for these projects. The evaluations are currently in progress.

Western

Menu of Apps to Enhance Resiliency in Children

wwphrc.org



Effective Principles:

Collaboration, community engagement

Primary Audience:

Children and families

Lead Agency(ies):

Western Wisconsin Public Health
Readiness Consortium

Key Partner(s):

Barron County Health and Human Services, Burnett County Health and Human Services, Chippewa County Department of Health, Douglas County Department of Health and Human Services, Dunn County Health Department, Eau Claire City/County Health Department, Pepin County Health Department, Pierce County Health Department, Polk County Health Department, Rusk County Department of Health and Human Services, and St. Croix County Department of Health and Human Services, St. Croix Tribal Health Department

Funder(s):

Centers for Disease Control and
Prevention CoAg Opioid grant

Timeline:

September 2018 to August 2019



Description:

The Western Wisconsin Public Health Readiness Consortium has focused on increasing resiliency in local communities by utilizing apps for mobile devices. They recognized that many local schools and classrooms were already using iPads which made apps an easy way to increase resiliency. Many apps already existed that focused on increasing resiliency in children, so they developed a list of apps for local organizations. They used guidance from the Substance Abuse and Mental Health Services Administration and also conducted their own research to create the list. They provided the menu to different organizations working with children and families including schools, day care facilities, Women Infants Children, Milwaukee County Child Protective Services, Wisconsin Department of Children and Families, and more. The menu contained a description of the app, the price, and the recommended age group. They also provided the counties with iTunes gift cards to distribute to local organizations to purchase the apps. Some counties also received iPads to distribute. At the recommendation of the Substance Abuse and Mental Health Services Administration, the Wisconsin Public Health Readiness Consortium also provided items to at-risk youth in the communities to improve skills that build resiliency. The items were designed for children, but families also received a tote bag with resiliency messaging and questions to foster family discussions.

Goal(s):

The goal of this project was to increase resiliency among children in local communities by providing a list of apps designed specifically for this purpose. By increasing resiliency in children, they will be better equipped to cope with stress in their lives and less likely to turn to alcohol or other drugs as a coping mechanism.

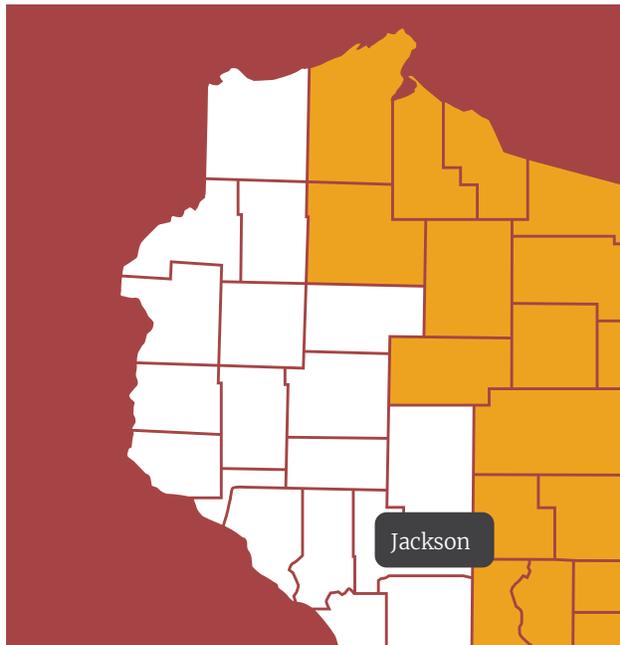
Evaluation:

Evaluation for this project is currently in progress. The Western Wisconsin Public Health Readiness Consortium receives feedback from each local health department.

To supplement the descriptive list of resiliency-building apps, some counties distributed iTunes gift cards.

Social Marketing to Prevent Suicidal Behavior in Teens

momenttobreathe.org



Effective Principles:

Collaboration, community engagement, peer support, stigma reduction

Primary Audience:

High school girls ages 14–18

Lead Agency(ies):

Medical College of Wisconsin

Key Partner(s):

UW–Madison, Division of Extension

Funder(s):

Healthier Wisconsin Partnership Program, as well as county–based grant funding

Timeline:

Began in 2015

Description:

The social marketing campaign in Jackson County was developed in response to increasing rates of suicides among youth that were higher than most of the state. Multiple focus groups were held with high school aged girls in Jackson County to discuss stressors in their lives and to develop messages for the campaign. The results from the focus groups were used to develop the Moment to Breathe campaign which involved placing posters in bathroom stalls, school suspension rooms, and local coffee shops. The campaign also utilized social media platforms with diverse images that were relatable to the students. Jackson County school districts have also begun offering mindfulness programs in the



classroom. They currently offer MindUp in Kindergarten through 5th grade classrooms and Mindfulness for Teens in high school classrooms.

There is an interrelated risk between suicide, substance use disorders, and mental illness. By addressing the stigma associated with mental and behavioral health, the social marketing campaign is encouraging help-seeking behaviors among youth experiencing stress or trauma which can prevent harmful substance use. Additionally, mindfulness practices provide a healthy coping mechanism for managing stress that can prevent harmful substance use.

Goal(s):

The goal of the social marketing campaign was to prevent suicide by increasing positive coping skills, reducing stigma, and normalizing behavioral health among youth in Jackson County.

Evaluation:

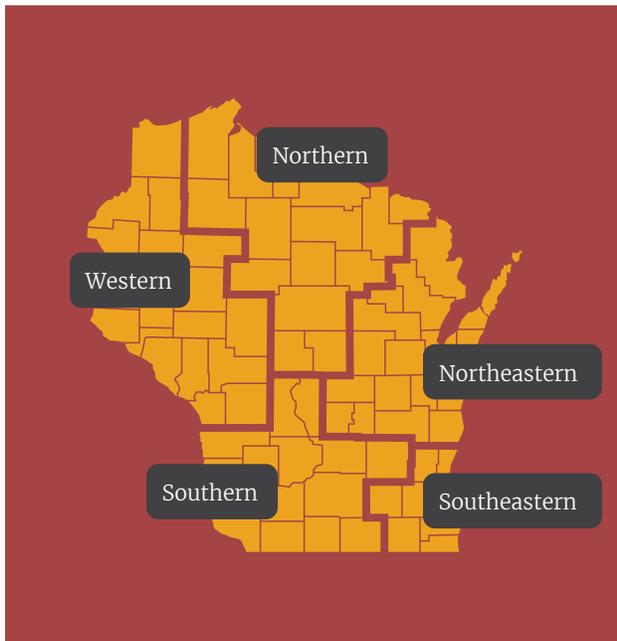
The Medical College of Wisconsin is currently in the process of evaluating the social marketing campaign through process measures and survey data. They also used Google marketing tools to track the number of social media users that viewed the post. Additionally, evaluation of the mindfulness programs in schools has shown that 72.9% of students who participated continued to practice mindfulness outside of the classroom.

Moment to Breathe
campaign posters
appeared in
bathroom stalls,
school suspension
rooms, and local
coffee shops.

Wisconsin

ED2 Recovery

wisconsinvoicesforrecovery.org/ed2-recovery



Location:

All five public health regions across Wisconsin—they are currently in 22 hospital emergency departments

Effective Principles:

Continuity of care, lived experience, peer support, stigma reduction

Primary Audience:

Anyone affected by opioid use disorders

Lead Agency(ies):

Wisconsin Voices for Recovery

Key Partner(s):

Wisconsin Department of Health Services and UW-Madison Department of Family Medicine and Community Health

Funder(s):

Department of Health Services/Substance Abuse and Mental Health Services Administration

Timeline:

Began in 2017

Description:

ED2 Recovery involves training peer support specialists, recovery coaches, and community organizations to support people with opioid use disorder as they move toward recovery. When an individual presents to a participating emergency department after an overdose, ED2 Recovery connects them to peer support networks and recovery coaches who have personally experienced an overdose. ED2 Recovery staff regularly check on the individual



after they leave the hospital to support them in reaching their recovery goals. As supporting someone after an overdose can be emotionally taxing, ED2 Recovery provides self-care resources to its staff to combat burnout. ED2 Recovery provides trauma-informed trainings for peer support specialists and recovery coaches that discuss the role of underlying trauma in substance use disorders.



Goal(s):

The main goals of ED2 Recovery include increasing utilization of treatment and recovery support services, reducing repeat overdoses, and decreasing the number of overdose fatalities in Wisconsin.

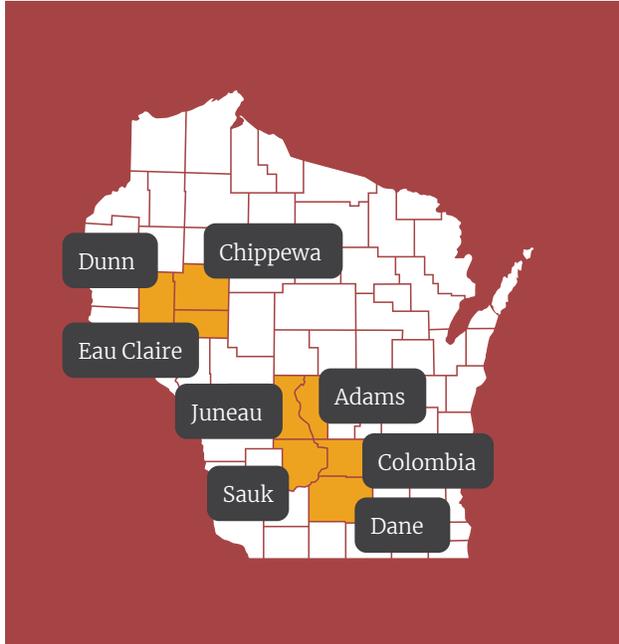
Evaluation:

This program is currently in the evaluation process through the UW Population Health Institute. The available data from their website has shown that they had 559 initial contacts from October 2017–January 2019. Of these initial contacts, over half went on to have at least one mutual contact between the peer and the recovery coach or peer support specialist.

ED2 Recovery trains peer support specialists, recovery coaches, and others who support those in recovery.

Nurse Family Partnership

nursefamilypartnership.org



Effective Principles:

Continuity of care, lived experience, stigma reduction

Primary Audience:

Low-income, first-time mothers

Lead Agency(ies):

Nurse Family Partnership

Key Partner(s):

Community agencies that are known for providing prevention services to low-income families

Funder(s):

Variety of public and private funding sources

Timeline:

Founded in 2007

Description:

Nurse Family Partnership provides first-time mothers with regular home visits from registered nurses beginning early in their pregnancy until their child turns two-years-old. The mothers benefit from receiving care and support as well as developing a relationship with a nurse who becomes a trusted resource. Nurse Family Partnership ensures a healthy start for the baby and provides the mothers with the tools needed for a lifetime of stability and opportunities. Nurse Family Partnership helps mothers and families use their strengths to address challenges in their lives, including substance use and mental health disorders. For Nurse Family Partnership mothers with addiction or dependency in pregnancy, nurses connect them with counseling, recovery, screening, and treatment for any health problems related to harmful substance use.



Nurses receive holistic training in trauma-informed approaches. They utilize this information to respond to the trauma that their clients may have experienced by connecting them to counseling and other resources. By addressing the underlying trauma, connecting mothers to treatment, and supporting positive parenting, Nurse Family Partnership is reducing harmful substance use and preventing further trauma in the child.



Goal(s):

The main goal of Nurse Family Partnership is to keep children healthy and safe while improving the lives of both mothers and babies.

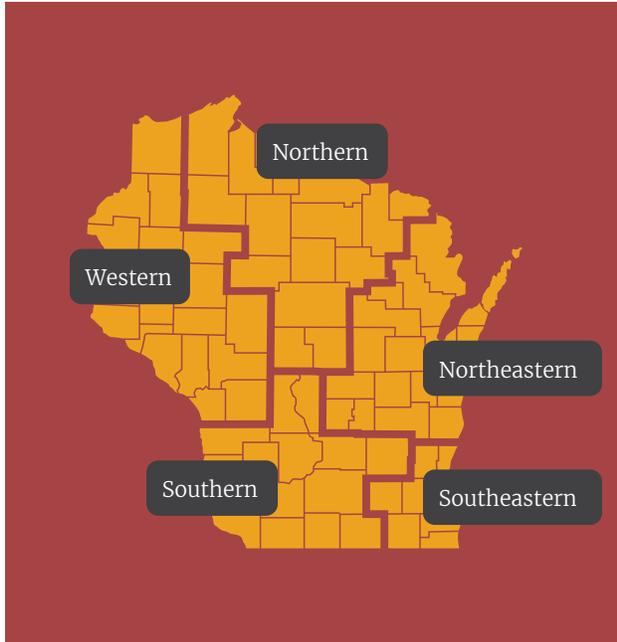
Evaluation:

The national Nurse Family Partnership program is backed by 40 years of evidence including three randomized, controlled trials. In Wisconsin, they currently evaluate the program quarterly and analyze client outcomes. They also track adverse child experience indicators at the national level, but Wisconsin data can be viewed separately.

Nurse Family Partnership helps mothers and families use their strengths to address challenges in their lives.

Taking Care of You

fyi.extension.wisc.edu/takingcareofyou



Location:

All five public health regions across Wisconsin

Effective Principles:

Collaboration, community engagement, peer support

Primary Audience:

Community members

Lead Agency(ies):

UW-Madison, Division of Extension

Key Partner(s):

Many local partners

Funder(s):

Fee for service (program fees cover expenses)

Timeline:

In Wisconsin since January 2017

Description:

Taking Care of You acknowledges that everyone encounters stress in their lives, and they provide participants with practical strategies and techniques to help them manage that stress. Through small group discussion and self-reflection activities, participants learn effective methods for managing challenges and improving their overall health and wellbeing. Taking Care of You consists of an eight-hour curriculum, but the program is flexible and can be adapted to meet the unique needs of the community. After the completion of the workshop, participants will have gained over 30 different wellness enhancement and stress reduction tools. The program also discusses that high stress can be a risk factor for substance use disorders, and seeks to provide participants with healthier coping mechanisms. By providing a wide variety of strategies, the hope is that every participant will find at least one tool that resonates with them. The program is also offered in Spanish.



Goal(s):

The goal of the program is to increase participants' awareness of their bodies, how stress affects them, and strategies for healthier responses to stress.³



Evaluation:

Taking Care of You is a research-based program that was developed by the University of Missouri-Extension. Evaluation in Wisconsin is currently in progress. A follow up evaluation, with the participants who were trained as facilitators in the first two workshops, has shown that 82% (n=11) have continued to practice stress management strategies in their own lives since they were trained.¹⁰ Additionally, the trainers have indicated that the need and applicability of the program is growing in their communities.¹⁰

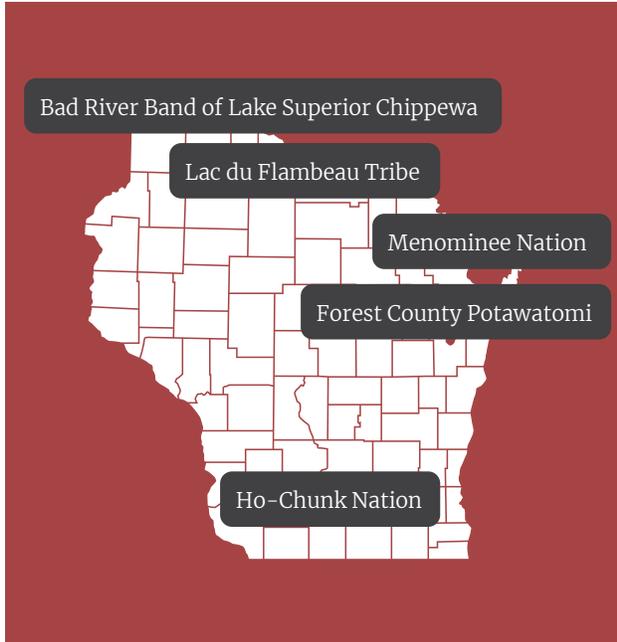
In all, 82% of workshop attendees have continued to practice stress management strategies.

³ "Adverse Childhood Experiences in Wisconsin: 2011-2015 Behavioral Risk Factor Survey Findings." Child Abuse and Neglect Prevention Board, May 2018, preventionboard.wi.gov/Documents/ACE-Brief_2018FINAL.pdf.

¹⁰ *Taking Care of You*. (2019). University of Wisconsin Division of Extension. Retrieved from fyi.extension.wisc.edu/takingcareofyou.

Tribal Healing to Wellness Courts

wellnesscourts.org



Effective Principles:

Collaboration, continuity of care, community engagement, lived experience, peer support

Primary Audience:

Tribal members (ages 18 and older)

Lead Agency(ies):

Varies based on location of the tribal community.

Key Partner(s):

Partner closely with the local judicial system in the neighboring county and local alcohol and drug related treatment services

Funder(s):

Wisconsin Department of Justice (Treatment Alternatives and Diversion Program), Substance Abuse and Mental Health Services Administration, tribal funding

Timeline:

Began in 2013

Description:

Tribal Healing to Wellness Courts are based on the Tribal Ten Key Components which were designed as an improvement over the standard drug court components. Participants in the program receive access to treatment services, including counseling for co-occurring substance use and mental health disorders. However, rather than focusing on treatment at the individual level, wellness courts focus on community healing by incorporating



traditional cultural values and activities into recovery services. The wellness court team assists with care coordination and connecting individuals with community healing resources. Wellness courts focus on taking a holistic approach to the recovery process by developing a highly individualized treatment plan.

Individuals in the wellness court may be dealing with historical trauma as well as trauma from present experiences. By incorporating cultural practices into the treatment process, Healing to Wellness Courts are addressing the historical trauma that has been experienced by tribal communities while providing tools and resources to address current trauma. Trauma-informed practices may also be incorporated throughout all aspects of wellness court.

Goal(s):

The goal of a Healing to Wellness Court is to divert tribal members from the traditional judiciary proceedings into drug and alcohol treatment, recovery, and wellness.

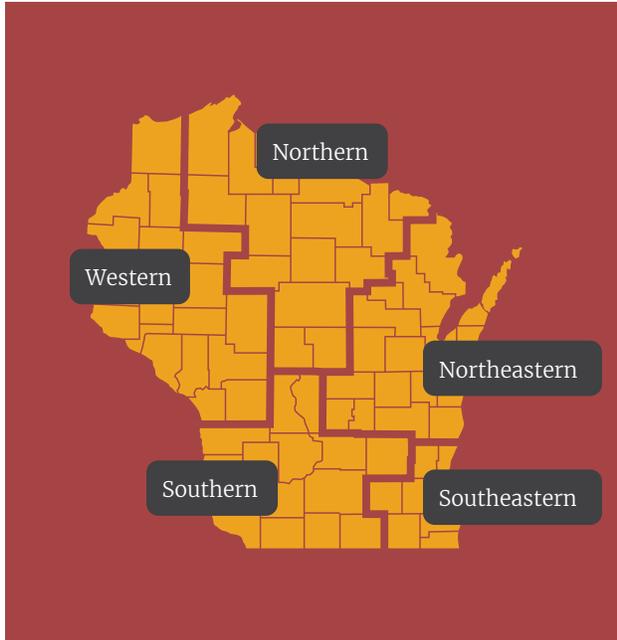
Evaluation:

While traditional drug courts have been widely researched, there is not much evaluation data currently available on the effectiveness of Tribal Healing to Wellness Courts for this understudied population.

Wellness courts focus on community healing by incorporating cultural values and activities into recovery services.

Strengthening Families

fyi.extension.wisc.edu/strengthening-families



Location:

Trained facilitators in over 50 Wisconsin counties

Effective Principles:

Collaboration, peer support

Primary Audience:

Parents and youths (ages 10–14)

Lead Agency(ies):

UW Madison, Division of Extension

Key Partner(s):

Northwoods Coalition

Funder(s):

Funding provided by local partners

Timeline:

Began in 2005

Description:

Strengthening Families engages parents and their children ages 10–14 in interactive sessions that seek to increase family strengths, enhance child development, and reduce child abuse and neglect by building protective factors. During each session, which begins with a shared meal, parents and their children work on activities to improve parenting skills, build life skills, and strengthen family bonds. The course consists of seven, weekly, two-hour sessions, with both individual and shared activities such as role playing, communication building, and problem solving. Wisconsin is currently in the process of transitioning to the Mindfulness-enhanced Strengthening Families Program, which integrates mindfulness practices into the existing family prevention program.



Strengthening Families was developed in response to an increase in harmful substance use and adverse childhood experiences among youths. This program focuses on strengthening family relationships to prevent adverse childhood experiences, which have been linked to substance use disorders later in life. With the addition of mindfulness practices, this program will prevent harmful substance use by providing children and families with healthier coping mechanisms to manage stress.

Goal(s):

The Strengthening Families program was developed to prevent teen substance use disorders and other behavior problems, strengthen parent-youth communication skills, increase academic success in youth, and prevent violence and aggressive behaviors at home and at school.¹¹

Evaluation:

Strengthening Families has been scientifically evaluated in a randomized, controlled trial by Iowa State University. Previous research has shown that youths attending the program had significantly lower rates of alcohol, tobacco, and marijuana use compared to those in a control group.¹¹ Strengthening Families can provide both health and economic benefits to youth, families, and communities long after the program ends.¹¹ Evaluation in Wisconsin is currently in progress.

Each Strengthening Families skill-building session begins with a shared meal.

¹¹ *Strengthening Families Program*. (2019). University of Wisconsin Division of Extension. Retrieved from fyi.extension.wisc.edu/strengthening-families

Wisconsin Project Advancing Wellness and Resiliency in Education

uwphi.pophealth.wisc.edu/evaluation-research/current-evaluation-projects-2



Effective Principles:

Collaboration, continuity of care

Primary Audience:

School-aged youth and community members

Lead Agency(ies):

Wisconsin Department of Public Instruction

Key Partner(s):

UW-Madison Population Health Institute and many local partners

Funder(s):

Substance Abuse and Mental Health Services Administration grant funding

Timeline:

Began in 2014

Description:

Wisconsin Project Advancing Wellness and Resiliency in Education seeks to improve awareness of behavioral health issues among school-aged youth and their communities. This program provides Youth Mental Health First Aid Training for school personnel and other adults who interact with school-aged youth to educate them on detecting and responding to mental health issues. This program focuses on connecting these students to additional services in the community when behavioral health issues arise. They are working to break down the silos between different sectors such as education and healthcare, or treatment services.



The linkages between trauma and substance use disorders are discussed in the Youth Mental Health First Aid training for school personnel. School staff are provided with the knowledge to recognize and respond to behavioral health issues that may arise as a result of trauma. These students, and their families, are then referred to additional services. By referring them to the services they may need, school staff are addressing underlying root causes which may prevent future harmful substance use.



Goal(s):

The goals of this project are to improve school safety, increase the capacity of school staff to identify warning signs of mental health issues, and to connect students to behavioral health services appropriately.

Evaluation:

The Department of Public Instruction is the primary evaluator for the project. UW–Madison Population Health Institute serves as the external evaluator for this project in Ashland and Adams Counties. The evaluation involves tracking mental health referrals and service delivery as well as providing technical assistance to partnering communities. Over the past five years, they have seen reductions in stigma associated with mental health and substance use disorders.

The program's Youth Mental Health First Aid training helps schools recognize and respond to trauma-related behavioral health issues.

The Path Forward





There's one thing we know about measuring Wisconsin's resilience: everyone matters.

That means people who have faced stress, trauma, adverse childhood experiences, and other risk factors aren't in this effort alone. It is up to all of us. We must support anyone who has experienced trauma, while continuing to look for effective ways to address the underlying causes of challenges, so that, one day, we can prevent trauma before it takes root.

We are proud to say this report includes a variety of programs and initiatives that are working to do just that.

Partners across the state are working to better understand the impacts of adverse childhood experiences and trauma, and how to apply a more preventative approach toward addressing negative health outcomes like harmful substance use, suicide, and more. One of the most promising change strategies is to encourage local, state, and national partners to continue to break down silos and work in harmony to address the root causes of negative outcomes.

It's an approach that could measurably improve health equity throughout Wisconsin. Because social problems like poverty, racism, historical trauma, and violence contribute to toxic stress and, like adverse childhood experiences, are cyclical in nature, collaborating to identify the extreme stressors that perpetuate adversity, and allocating resources to communities that are disproportionately impacted by trauma and its risk factors, we will improve and/or reduce a host of interconnected negative health outcomes that impact our neighbors.

Sharing new, evidence-based approaches and strategies like those found in this report, across agencies and departments, across cultures and communities is how we can achieve healthier lives across Wisconsin.

One of the most promising change strategies is to encourage local, state, and national partners to continue to break down silos and work in harmony to address the root causes of negative outcomes.

Resources





The following resources are displayed here to help facilitate a conversation on how to address Trauma related issues in your community. Try hosting a book club or creating a trauma-informed little library with different books that community members can check out

Tools and Toolkits

Straight Forward: The Truth About Addiction
wiseeye.org/2017/09/13/straight-forward-the-truth-about-addiction

Written off
written-off.com

Dose of Reality Public Awareness Campaign
doseofrealitywi.gov

HOPELINE
centerforsuicideawareness.org/hopeline

kNOw METH
knowmethwi.org

Substance Abuse and Mental Health Services Administration—Evidence-Based Practices Resource Center
samhsa.gov/ebp-resource-center

Substance Use Prevention: A Resource Guide for School Staff
whitehouse.gov/ondcp/additional-links-resources/resource-guide-for-school-staff

The Periscope Project
the-periscope-project.org/

Wisconsin Department of Children and Families Family Foundations Home Visiting
dcf.wisconsin.gov/cwportal/homevisiting

Wisconsin Department of Health Services Comprehensive Community Services
dhs.wisconsin.gov/ccs/index.htm

Training and Workshops

Question, Persuade, Refer (QPR) Training
qprinstitute.com

Secondary Stress Training
learn.nctsn.org/course/index.php?categoryid=41

Psychological First Aid Training
learn.nctsn.org/course/index.php?categoryid=11

Mental Health 1st Aid Trainings
mentalhealthfirstaid.org

Honest, Open, Proud Training
wisewisconsin.org/up-to-me

Wisconsin Voices for Recovery—ED2Recovery Trainings
wisconsinvoicesforrecovery.org/resources-and-training

Let's Talk About Pain Medication Workshop—Wisconsin Literacy
wisconsinliteracy.org/health-literacy/what-we-do/lets-talk-about-pain-medicines.html

Healthy Living with Chronic Pain Workshop
wihealthyaging.org/healthy-living-with-chronic-pain

Regional and Statewide Initiatives

Alliance for Wisconsin Youth
allwisyouth.org

Drug & Alternative Treatment Courts
wilawlibrary.gov/topics/justice/drugcourts.php

HOPE Consortium
hopeconsortium.org/wp-content/uploads/2016/02/Mental-Health-Substance-Abuse-Resource-North.pdf

Milwaukee Blueprint for Peace
city.milwaukee.gov/414Life/Blueprint

Natural Circles of Support
naturalcircles.org

Northwoods Coalition
northwoodscoalition.org

Northwoods COPE
oneidacountypublichealth.org/coalitions/mental-health-aoda

Positive Behavioral Interventions & Supports
pbis.org/school

Positive Parenting Program
triplep.net/glo-en/home

Project Ujima
<https://chw.org/childrens-and-the-community/families-and-clients/family-support-services/violence-prevention-counseling>

Safe Schools Healthy Students
dpi.wi.gov/sspw/safe-schools/safe-schools-healthy-students

Substance Abuse and Mental Health Services Administration TIP 57: Trauma-informed Care in Behavioral Health Services
store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

WISE Wisconsin
wisewisconsin.org

Wisconsin Milkweed Alliance
Monarch House
milkweedalliance.org

Wisconsin Youth Treatment-Implementation
uwphi.pophealth.wisc.edu/evaluation-research/current-evaluation-projects-2

WISHOPE
wishope.org



For Tribal Communities

Substance Abuse and Mental Health Services
Administration Tribal Resources

[samhsa.gov/tloa](https://www.samhsa.gov/tloa)

Robert Wood Johnson Foundation Culture of
Prize Winner: Menominee Nation, WI, 2015

[rwjf.org/en/library/articles-and-
news/2015/10/coh-prize-menominee-wi.
html](https://www.rwjf.org/en/library/articles-and-news/2015/10/coh-prize-menominee-wi.html)

Robert Wood Johnson Foundation
Culture of Prize Winner: Waasswaaganing
Anishinaabeg (Lac du Flambeau) Tribe,
WI, 2015

[rwjf.org/en/library/articles-and-
news/2015/10/coh-prize-wa-wi.html](https://www.rwjf.org/en/library/articles-and-news/2015/10/coh-prize-wa-wi.html)

Dreaming sessions

Community feast

Sweat lodges

Community farm

Native Connections

Tribal Court Clearinghouse

[tribal-institute.org](https://www.tribal-institute.org)

Menominee Indian Tribe Police Assisted
Addiction and Recovery Initiative for Youth

[coapresources.org/Content/Documents/
BriefingSheets/BJA_COAP_Support_to_
Tribal_Communities.pdf](https://www.coapresources.org/Content/Documents/BriefingSheets/BJA_COAP_Support_to_Tribal_Communities.pdf)

[paariusa.org](https://www.paariusa.org)

Appendices





Appendix A: Key Informants

Name and Title	Effort	Date of Interview	Contact Information
<p>Debbie Moellendorf Positive Youth Development/Health & Well-Being Educator UW-Extension Lincoln County 801 N. Sales St. Suite 101 Merrill, WI 54452</p>	<p>Lincoln County Social Norms Project</p>	<p>4/18/19</p>	<p>Email: Deborah.Moellendorf@co.lincoln.wi.us</p> <p>Phone: 715-539-1077</p>
<p>Danielle Le Bon Gort, RN, RHN, MSN Nurse Consultant Nurse-Family Partnership National Service Office 1900 Grant St. 4th Floor Denver, CO 80203</p>	<p>Nurse Family Partnership</p>	<p>4/25/19</p>	<p>Email: danielle.lebongort@nursefamilypartnership.org</p> <p>Phone: 715-919-1308</p>
<p>Dan Grupe, PhD Associate Scientist, Center for Healthy Minds 625 West Washington Ave Madison, WI 53703</p>	<p>First Responder Resilience and Mindfulness Training (FiRRM)</p>	<p>4/3/19</p>	<p>Email: grupe@wisc.edu</p> <p>Phone: 608-263-7572</p>
<p>Larissa Duncan, Ph.D. Elizabeth C. Davies Chair in Child & Family Well-Being Director Center for Child and Family Well-Being School of Human Ecology Associate Professor Human Development & Family Studies, Family Medicine & Community Health, and Center for Healthy Minds Healthy Minds, Children & Families Specialist UW-Extension University of Wisconsin-Madison</p>	<p>Strengthening Families</p>	<p>N/A</p>	<p>Email: larissa.duncan@wisc.edu</p> <p>Phone: 608-263-4026</p>
<p>Kit R. Van Stelle KVS Evaluation Partners Emerita Distinguished Researcher at UW School of Medicine and Public Health</p>	<p>Tribal Healing to Wellness Courts</p>	<p>5/29/19</p>	<p>Email: KVSEvaluationPartners@gmail.com</p>

→ **Appendix A continued**

Name and Title	Effort	Date of Interview	Contact Information
<p>Lori Zierl Professor, Human Development & Relationships Extension Educator 432 West Main Street PO Box 69 Ellsworth, WI 54011</p>	<p>Taking Care of You</p>	<p>N/A</p>	<p>Email: lori.zierl@wisc.edu Phone: 715-273-3531</p>
<p>Mandi Dornfeld Human Development & Relationships Educator 625 E. County Road Y, Suite 600 Oshkosh, WI 54901-8131</p>	<p>Sources of Strength</p>	<p>5/30/19</p>	<p>Email: amanda.dornfeld@wisc.edu Phone: 920-232-1973</p>
<p>Mike Bruce Dane County Department of Human Services 1202 Northport Drive Madison, WI 53704</p>	<p>Joining Forces for Families</p>	<p>5/30/19</p>	<p>Email: Bruce@countyofdane.com Phone: 608-335-7817</p>
<p>Shari Faber Janesville Mobilizing 4 Change Project Coordinator Licensed Prevention Specialist One Parker Place, Suite 308</p>	<p>Janesville Mobilizing 4 Change: Handle with Care</p>	<p>4/10/19</p>	<p>Email: sfaber@jm4c.org Phone: 608-741-2105</p>
<p>Jessica Geschke, BS, CSAC WI Voices for Recovery University of Wisconsin, Madison Department of Family Medicine and Community Health</p>	<p>Wisconsin Voices for Recovery: ED2 Recovery</p>	<p>4/17/19</p>	<p>Email: jgeschke@wisc.edu Phone: 920-382-6834</p>
<p>Meagan Sulikowski Associate Outreach Specialist, Wisconsin Voices for Recovery University of Wisconsin Madison Dept. of Family Medicine and Community Health</p>	<p>Wisconsin Voices for Recovery: ED2 Recovery</p>	<p>4/17/19</p>	<p>Email: Meagan.sulikowski@fammed.wisc.edu</p>
<p>Oli Smith Program and Development Coordinator, Meta House, Inc. 2625 N Weil Street Milwaukee, WI 53212</p>	<p>Meta House</p>	<p>5/23/19</p>	<p>Email: osmith@metahouse.org Phone: 414-977-5823</p>



→ Appendix A continued

Name and Title	Effort	Date of Interview	Contact Information
Jordan Wildermuth Government Affairs Manager, Midwest Nurse-Family Partnership National Services Office	Nurse Family Partnership	N/A	Email: Jordan.wildermuth@nursefamilypartnership.org Phone: 224-605-1793
Heather Swider, MS, CCC-SLP Director, Foster Care Medical Home Children’s Community Health Plan— Care4Kids	Care4Kids	5/24/19	Email: hswider@chw.org Phone: 414-266-2915
Tarek Said Executive Director, FLYY 2940 Chapel Valley Rd, Suite 4 Fitchburg, WI 53711	Forward Learning Youth and Young Adults	5/8/19	Email: tarek@flyy.org Phone: 608-819-6390
Sara Kohlbeck, MPH Assistant Director, MCW Comprehen- sive Injury Center 8701 Watertown Plank Rd. Milwaukee, WI 53226	Social Marketing to Prevent Suicidal Behavior in Teens	3/29/19	Email: skohlbeck@mcw.edu Phone: 414-955-7667
Tammi Kohlman, MPH CSI Destination Zero Coordinator, Comprehensive Services Integration 72 West 9th Street Fond du Lac, WI 54935	Destination Zero	4/26/19	Email: kohlmant@fonddulac.k12.wi.us Phone: 920-906-6527
Tiffany Parker Director of Inpatient Behavioral Health, Addiction, and Domestic Violence Services	Trauma- informed care initiatives in Fond du Lac County	5/15/19	Email: Tiffany.Parker1@ssmhealth.com Phone: 920-926-4284
Brittany Fry WWPHERC Director 100 Polk County Plaza Balsam Lake, WI 54810	Menu of Resiliency Apps	5/15/19	Email: brittany.fry@co.polk.wi.us Phone: 715-485-8801

→ **Appendix A continued**

Name and Title	Effort	Date of Interview	Contact Information
<p>Heather Puente, MPH Acting Health Officers Cudahy Health Department 5050 South Lake Drive Cudahy, WI 53110</p>	<p>SaintA's TIC Training</p>	<p>5/3/19</p>	<p>Email: heatherp@CI.cudahy.wi.us Phone: 414-882-2389</p>
<p>Madeline Kornbeck Community Alliance Coordinator, Village of Greendale</p>	<p>Rise Above the Stigma Campaign</p>	<p>5/2/19</p>	<p>Email: MKornbeck@greendale.org</p>
<p>John Bowser, PhD Researcher/Evaluator—University of Wisconsin-Milwaukee Socially Responsible Evaluation in Education (SREed) 161 West Milwaukee Avenue Milwaukee, WI 53203</p>	<p>Wisconsin AWARE</p>	<p>5/23/19</p>	<p>Email: bowser@uwm.edu</p>
<p>Cara Biddick, RN Iowa County Public Health Depart- ment 303 N Chapel St Dodgeville, WI 53533</p>	<p>Healthy Living with Chronic Pain</p>	<p>5/2/19</p>	<p>Email: Cara.biddick@iowacounty.org Phone: 608-930-9870</p>
<p>Elizabeth Feder, PhD Researcher UW Population Health Institute 915 WARF Building, 610 Walnut St. Madison, WI 53726</p>	<p>Southwestern Wisconsin Community Action Program (SWCAP)</p>	<p>5/16/19</p>	<p>Email: efeder@wisc.edu Phone: 608-261-1907</p>



Appendix B: Effective Principles by Effort

Title of Effort	Collaboration	Continuity of Care	Community Engagement	Lived Experience	Peer Support	Stigma Reduction
Social Norms	X		X		X	
Taking Care of You	X		X		X	
Sources of Strength	X				X	
Strengthening Families	X				X	
First Responder Resilience and Mindfulness Training	X				X	
Handle with Care & Trauma-focused Cognitive Behavioral Therapy (TF-CBT)	X	X	X			
Care4Kids	X	X				
Meta House		X		X	X	
ED2 Recovery		X		X	X	X
Nurse Family Partnership		X		X		X
Forward Learning Youth and Young Adults	X			X		
Tribal Healing to Wellness Courts	X	X	X	X	X	
Joining Forces for Families	X	X	X	X	X	
Social Marketing to Prevent Suicide	X		X		X	X

→ **Appendix B continued**

Title of Effort	Collaboration	Continuity of Care	Community Engagement	Lived Experience	Peer Support	Stigma Reduction
Destination Zero and Trauma-informed Care Initiatives	X			X	X	
Menu of Apps to Enhance Resiliency in Children	X	X				
SaintA's Trauma-informed Care Training	X				X	
Public Awareness Campaign to Reduce Stigma	X		X	X		X
Healthy Living with Chronic Pain	X		X		X	
Keepin' It Real	X		X		X	
Wisconsin Advancing Wellness and Resiliency in Education	X	X				
Southwestern Wisconsin Community Action Program	X	X	X	X	X	X



Appendix C: Data Collection and Analysis Plan

Questions		
What is the epidemiological profile on trauma and opioid/substance harm in WI?		
Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
→ Data on: <ul style="list-style-type: none"> • Indicators of risk of substance misuse and addiction disorders (hx of trauma, ACES)— (Trauma And Resilience Manager) • Child removals due to opioid/drug abuse in the home (Department of Children and Families) • # of children who witness a parent’s OD death (Overdose Fatality Reviews) • ACES related to opioids/substance abuse (Department of Health Services) • NAS and other adverse birth outcomes associated with opioid/drug exposed pregnancies (PRAMS) • Longer-term effects of NAS? Opioid exposed pregnancies? (Centers for Disease Control and Prevention) • # Children with incarcerated parents (Department of Health Services, Department of Children and Families) • Maternal death rates due to SUD or Mental Illness (MCH unit) • ID “High need” communities (based on ACES, child removals, overdose deaths affecting H, hospitalizations, injury, etc.) (Department of Health Services) • Existing WI Epi profiles (AOD, opioids, child welfare, mental health, ACES, trauma, finding from overdose fatality review) 	→ Document Review → Literature Review → Desk Research	→ Data inventory → Graphs and messages that speak to the linkages between trauma and substance harm.

Questions		
Which WI counties/communities have identified trauma and opioids as a priority?		
Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
→ Needs assessments → Situation analyses → Focused studies → Key informants	→ Document review → Interviews	→ List of key themes

→ Appendix C continued

Questions		
What have we learned about trauma as a cause and consequence of opioid harm in WI?		
Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
<ul style="list-style-type: none"> → Community needs assessments and community health improvement plans → List of Fostering Futures counties working on TIC → Counties and child welfare agencies receiving TIC training from Department of Children and Families → Key Informants 	<ul style="list-style-type: none"> → Document review → Interviews 	<ul style="list-style-type: none"> → List of counties → List of additional questions that need to be asked

Questions		
Which communities in WI are implementing programs that address trauma and opioids?		
<ul style="list-style-type: none"> → What are they doing? → How is “trauma” being defined? Is there a common understanding of what is meant by “trauma,” including different levels and types of trauma? Toxic stress → Are programs focused on trauma prevention, response or both? → To what extent do programs development, implementation and evaluation efforts engage people with lived experience? → To what extent do they address stigma? What does this look like? 		
Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
<ul style="list-style-type: none"> → Local community (agency/LHD/coalition/ etc.): <ul style="list-style-type: none"> • Evaluation reports • Progress reports • Program descriptions → Wisconsin Public Health Association meeting agendas and minutes → Healthiest state summit agenda → Wisconsin Association of Local Health Departments and Boards → Program managers/implementers/evaluators 	<ul style="list-style-type: none"> → Document review → Key informant interviews 	<ul style="list-style-type: none"> → List and description of programs/ models/approaches by county/ community <ol style="list-style-type: none"> 1. What do they do? 2. Who does it reach? 3. What difference is it/ will it make and for whom?



Questions

What particular models or practices have demonstrated effectiveness in addressing trauma as a root cause and consequence of opioids in WI and beyond?

→ What principles are most effective in trauma informed care models for prevention or response?

Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
<ul style="list-style-type: none">→ Evaluation reports→ Evidence base	<ul style="list-style-type: none">→ Document review→ Key informant interviews	<ul style="list-style-type: none">→ List of effective principles and promising/best practices<ul style="list-style-type: none">• County/Community• Statewide

Questions

What contexts or conditions are required for TIC opioid models to be effective?

Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
<ul style="list-style-type: none">→ Evaluation reports→ Process reviews→ Program implementers		<ul style="list-style-type: none">→ List of conditions required for effective implementation

Questions

What models or practices do not seem to work well? (in specific contexts)

Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
<ul style="list-style-type: none">→ Evaluation reports→ Process reviews→ Evidence base?	<ul style="list-style-type: none">→ Document Review→ Key Informant Interviews	<ul style="list-style-type: none">→ List of things to avoid

Questions

What are the areas of innovation taking place to address trauma and SUD?

Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
→ Evaluation Reports → Key informants → Progress Reports → Case studies	→ Document Review → Key Informant Interviews	→ List of innovative practices

Questions

What criteria should be used in future competitive application processes for trauma-informed substance harm prevention efforts?

Data source (where will we find this information?)	Methods for data collection and analysis	Deliverables
→ Evaluation Reports → Progress Reports → Research Reports → Policy Briefs → Key Informants	→ Document review/ coding for themes	→ List of selection criteria



Citations

- ¹ “Opioids.” Healthy Wisconsin, healthy.wisconsin.gov/content/opioids.
- ² “WISH (Wisconsin Interactive Statistics on Health).” Wisconsin Department of Health Services, 2018, dhs.wisconsin.gov/wish/opioid/mortality.htm.
- ³ “Adverse Childhood Experiences in Wisconsin: 2011–2015 Behavioral Risk Factor Survey Findings.” Child Abuse and Neglect Prevention Board, May 2018, preventionboard.wi.gov/Documents/ACE-Brief_2018FINAL.pdf.
- ⁴ 2017–2018 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)
- ⁵ “2018 Annual Report to the Wisconsin Legislature.” Wisconsin Office of Children’s Mental Health, 2018, children.wi.gov/Documents/2018%20OCMH%20Annual%20Report.pdf.
- ⁶ “Hepatitis C in Wisconsin: Increase Among Young People Who Inject Drugs.” Wisconsin Department on Health Services, 2019, dhs.wisconsin.gov/publications/p02322.pdf.
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Wisconsin Department of Health Services, Division of Public Health, Hope in Action:
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This project was funded by the Cooperative Agreement 1 NU90TP921984-01-00, Centers
for Disease Control and Prevention. Its contents do not necessarily represent the official
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and Human Services.

P-02593 (01/2020)