The Center for Youth Advocacy and Well-Being: Moving from ACEs to Positive Childhood Experiences to Transform Child Serving Systems in Memphis Since 2015

2024 Frank M. Norfleet Forum for the Advancement of Health Promoting Safe And Stable Relationships: The Power of Positive Childhood Experiences on Resilience Against Toxic Stress

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FINANCIAL DISCLOSURE/CONFLICT OF INTEREST

Dr. Stewart is President of the American Association for Community Psychiatry, but the opinions expressed in her presentation today are her own and do not reflect the views or policies of the AACP.

She is a consultant with Otsuka Pharmaceutical but has no financial disclosures or conflicts of interest to report regarding the content in this presentation.



From CHJIY - > CYAW (2015-2019)

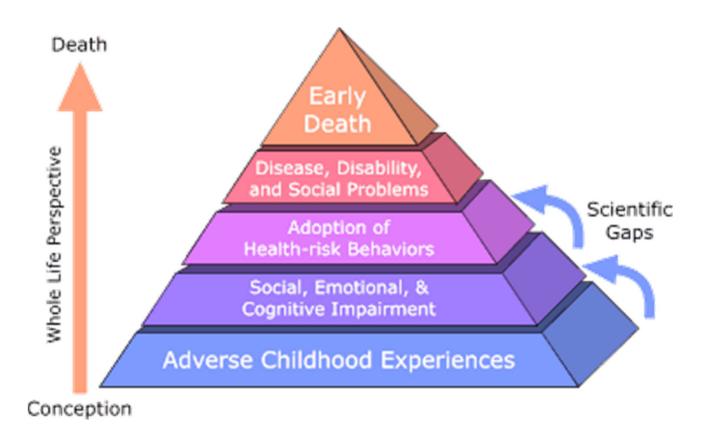
- Memphis Research Consortium –research on trauma and MH as risk factors for justice involvement
- Protecting Children from ACEs and Trauma initial ACEs work in SC/Protecting Children from ACEs and Trauma in Schools – expanded efforts to address trauma in school students
- Youth Advocacy Center 1st SC effort to reduce youth involvement in justice system
- Reducing Racial and Ethnic Disparities funded effort to address growing problem of minority youth involvement in justice system
- Building Strong Brains TN statewide ACEs initiative (funding x 7 years)
- Wraparound Frayser initial community-based SOC capacity building effort following 1st SOC grant (2008-2015)
- Gang Intervention Focusing on Families & Trauma Supports utilizing a SOC model to address gang violence/intervention
- Wraparound Shelby/Shelby Connects Network UTHSC hosted SOC grant (in collaboration with SCG 2019-2023)

CYAW (2020 – current)

- Shelby Connects Network 2019-2023
- TCCY-funded Youth Reentry Program
- South Memphis Gang Intervention Model to Prevent Adverse Child Trauma (IMPACT)
- Integrated Care for Child Wellness (ICCW)
- Project AWARE (Advancing Wellness and Resiliency in Education)
- Preventing Long-term Anger and Aggression in Youth) PLAAY
- Shelby County Youth Re-entry (SCYR)
- Soulsville HEALTH HUB



Children are not just small adults, and they are YOUTH not juveniles!



Adverse Childhood Experiences

Adverse Childhood Experiences

Before age 18...

ACE: ADVERSE CHILDHOOD EXPERIENCES

LIVED WITH ANYONE WHO WAS...

a problem drinker or alcoholic

LIVED WITH ANYONE WHO USED...

illegal street drugs or who abused prescription medications

LIVED WITH ANYONE WHO WAS...

depressed, mentally ill, or suicidal

served time or was
sentenced to serve time in
a prison, jail, or other
correctional facility

HAD PARENTS OR ADULTS IN YOUR HOME WHO OFTEN...

slapped, hit, kicked, punched or beat each other up



HAD PARENTS OR ADULTS IN YOUR HOME WHO OFTEN...

hit, beat, kicked, or physically hurt you in any way before you were age 18



HAD A PARENT OR ADULT IN YOUR HOME WHO OFTEN...

swore at you, insulted you, or put you down

To learn more, visit www.sccease.org

HAD PARENTS WHO WERE...

separated or divorced



HAD ANYONE AT LEAST 5 YEARS
OLDER THAN YOU OR AN ADULT WHO
OFTEN...

touched you sexually

HAD ANYONE AT LEAST 5 YEARS OLDER THAN YOU OR AN ADULT WHO OFTEN...

tried to make you touch sexually

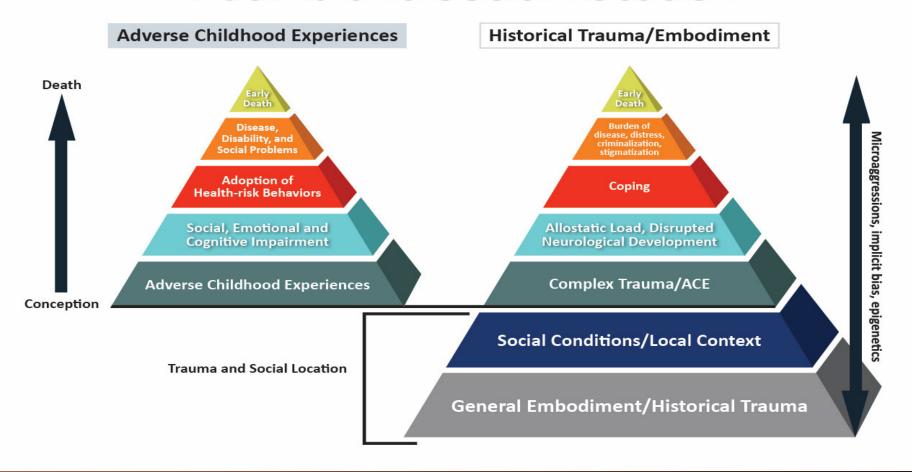
HAD ANYONE AT LEAST 5 YEARS
OLDER THAN YOU OR AN ADULT WHO

forced you to have sex

OFTEN...



Trauma and Social Location



The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Substance Abuse Mental Illness

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

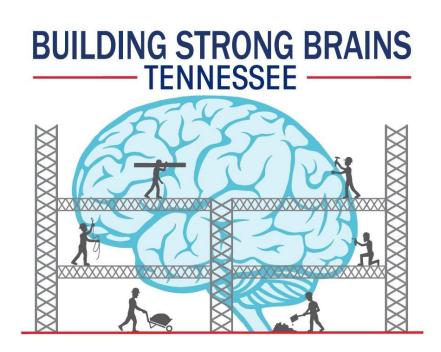
Community Disruption

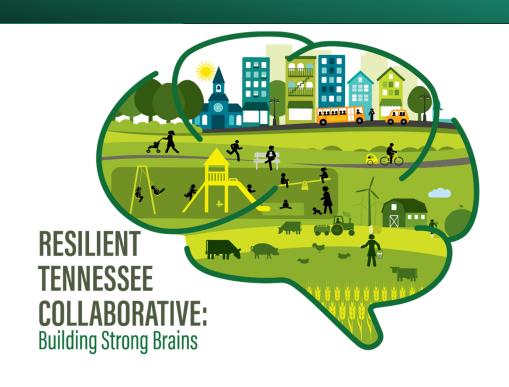
Lack of Opportunity, Economic Mobility & Social Capital Poor Housing Quality & Affordability

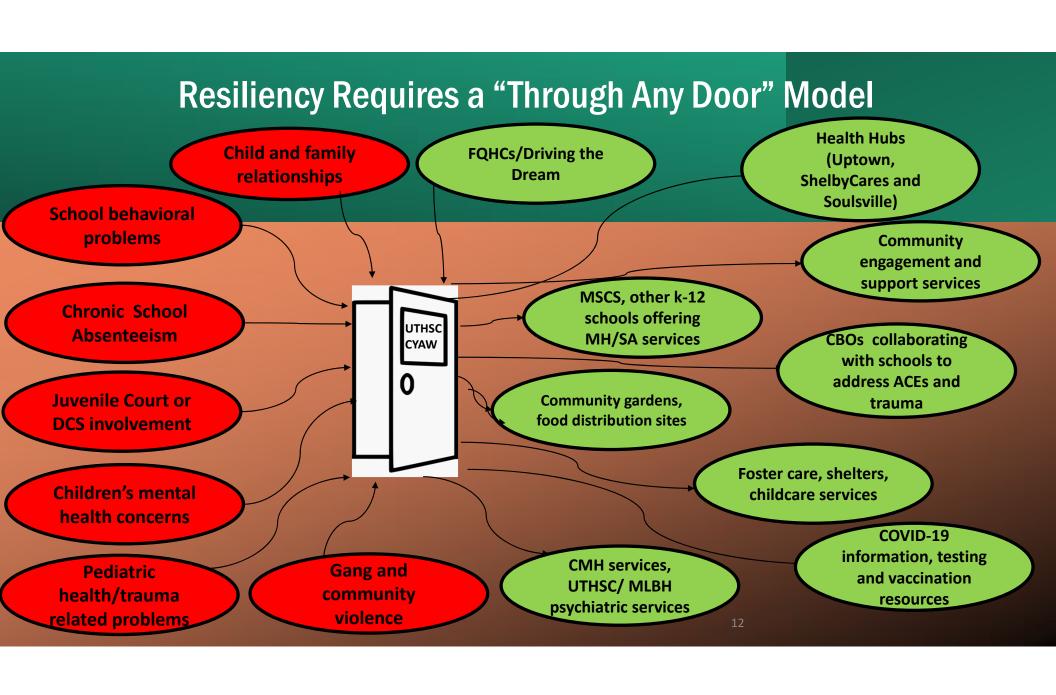


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ACEs to PCEs: From Adversity to Resilience







Community Partners: SDoH – Mental Health/Trauma/Violence

















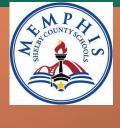














Department of

Mental Health &













To Build Resilience....

We Can Create Positive Childhood Experiences



Strengthen families' financial stability

- · Paid time off
- · Child tax credits
- Flexible and consistent work schedules



Promote social norms that protect against violence

- · Positive parenting practices
- Prevention efforts involving men and boys



Help kids have a good start

- · Early learning programs
- Affordable preschool and childcare programs



Teach healthy relationship skills

- Conflict resolution
- Negative feeling management
- · Pressure from peers
- Healthy non-violent dating relationships



Connect youth with activities and caring adults

- School or community mentoring programs
- · After-school activities



Intervene to lessen immediate and long-term harms

- ACEs education
- Therapy
- Family-centered treatment for substance abuse

Systems that promote resiliency allow youth to

Spend more time in school

Have improved grades

Have fewer arrests

Show reductions in disciplinary problems

Have improved emotional health

Have fewer suicide attempts



"RISK
FACTORS
ARE NOT
PREDICTIVE
FACTORS
DUE TO
PROTECTIVE
FACTORS"

Bell's Rules for Building Resilient Systems

- Uses a strengths-based approach to supporting children that incorporates natural supports ("the village"), services ("treatment, support, advocacy"), and skills building related to self-advocacy, education and empowerment
- Creates family centered, youth focused services and supports that includes schools and other child-serving agencies
- Utilizes a 'wraparound' approach to working with children and their families
- Works from a "needs" base, not a "deficit" ("you're the problem!")
 focus with clear and measurable goals

Resiliency focused services force everyone to:

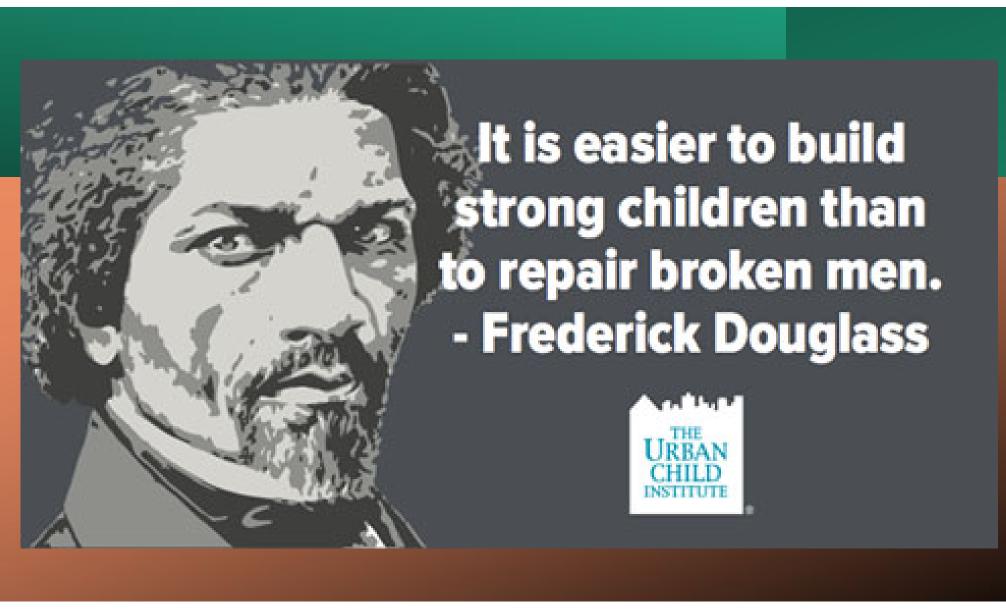
View the process differently

Act and interact in new ways

Feel comfortable with a re-framing process

Own and believe in a new way of working together

"It's not what's wrong with you, but what happened to you"



WWMD?



"It always seems impossible until it's done."

- Nelson Mandela

Center for Youth Advocacy and Well-Being



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Center for Youth Advocacy and Well-Being

The goal of the **Center for Youth Advocacy and Well-Being** is to raise awareness for better mental health services in the community for young people and their families, and to coordinate delivery of those services to ensure the community's youth have a chance to succeed.

Meet the Director



Altha J. Stewart, MD, Senior Associate Dean for Community Health Engagement at UT Health Science Center in Memphis is Associate Professor and Chief of Social/Community Psychiatry as well as Director, Center for Youth Advocacy and Well-Being at UTHSC. In 2018-19 she served as the 145th President of the American Psychiatric Association, the first African American elected to this position in the 175-year history of the organization. Prior to joining the faculty at UTHSC, she served as Executive Director of the Memphis/Shelby County System of Care program. A native of Memphis, Dr. Stewart worked for decades as CEO/Executive Director in large public mental health systems in Pennsylvania, New York, and Michigan. She received her medical degree from Temple University Medical School and completed her residency at what is now Drexel University. She has received honorary degrees from Regis College and Christian

Brothers University in Memphis. She is past president of the Black Psychiatrists of America, Association of Women Psychiatrists and American Psychiatric Foundation. She is the recipient of the Black Psychiatrists of America Lifetime Achievement Award.

Programs

If you are requesting assistance from any of our programs, please click here o Request for Assistance. you would like to contact us by phone, please give us a call at 94,448.4200.

UTHSC Building Strong Brains TN ACEs Initiative (BSB)

Gang Intervention Focusing on Families and Trauma Supports (GIFFTS)

Integrated Care for Child Wellness (ICCW)

South Memphis Gang Intervention Model to Prevent Adverse Child Trauma (IMPACT)

Shelby Connects Network (SCN)

UTHSC Building Strong Brains TN ACEs Initiative (BSB) connects Shelby County Schools (SCS) students at-risk for chronic absenteeism, according to SCS guidelines, to services and supports through trauma informed partners in their community. The program serves all grades, with a focus on grades 1-6, for students at risk for more than 10 unexcused absences.