



Addressing Substance Misuse and Trauma in a Healthcare Setting

Community of Practice

Session 4: Trauma and SUD
July 5, 2022

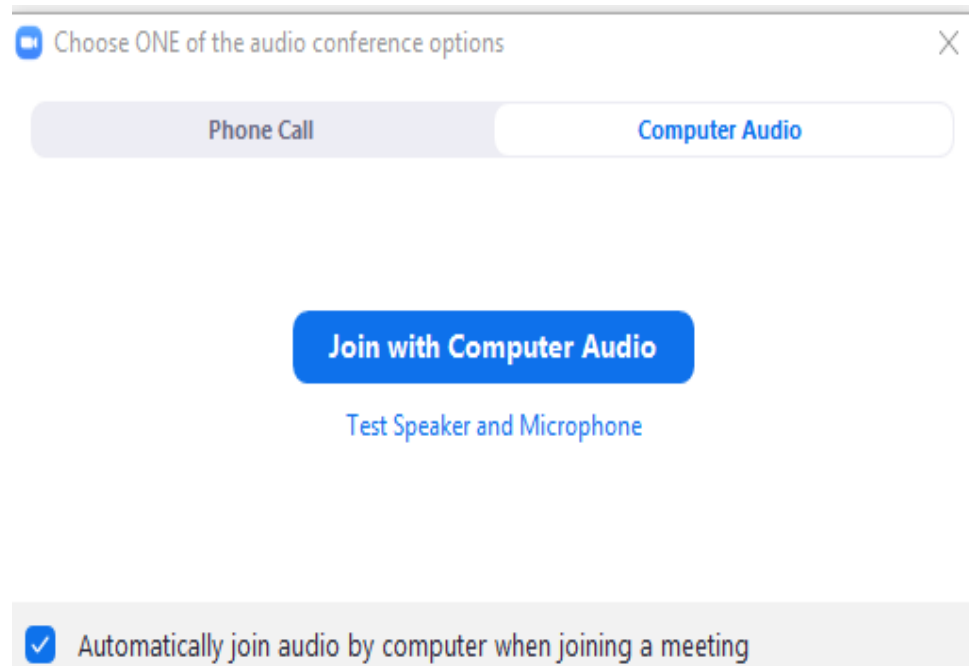
Vision: Healthy Communities, Healthy People



Connecting to Audio

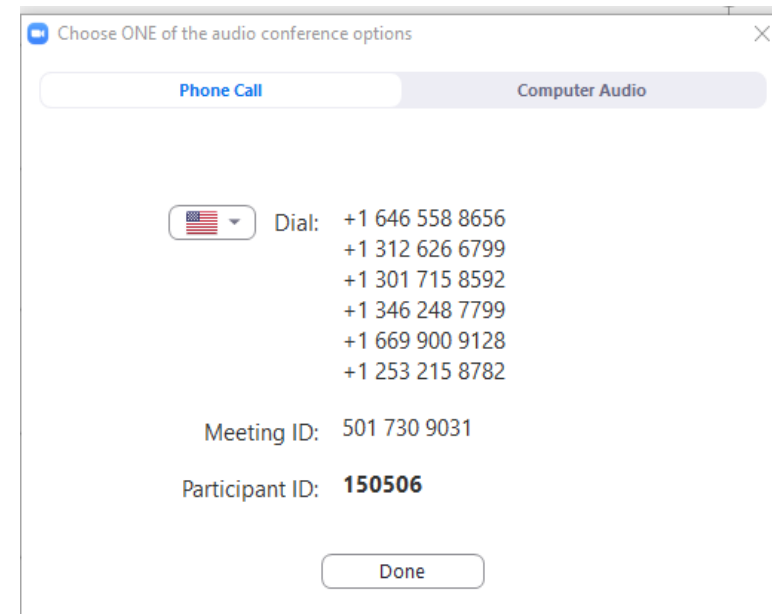
By computer:

- Click **Join with Computer Audio**.



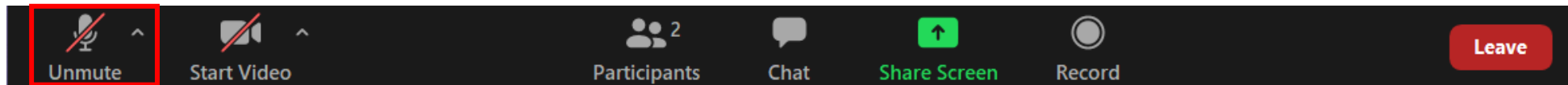
By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.

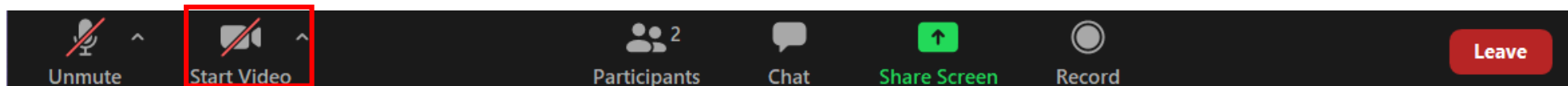


Zoom Participation

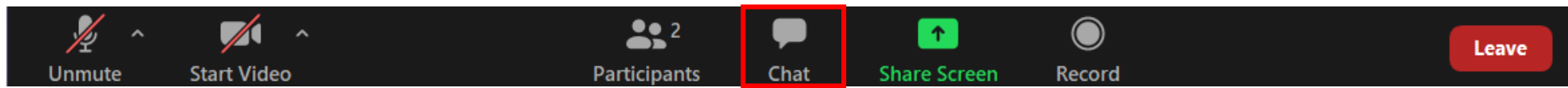
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 12 CEs for participation in all 8 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.

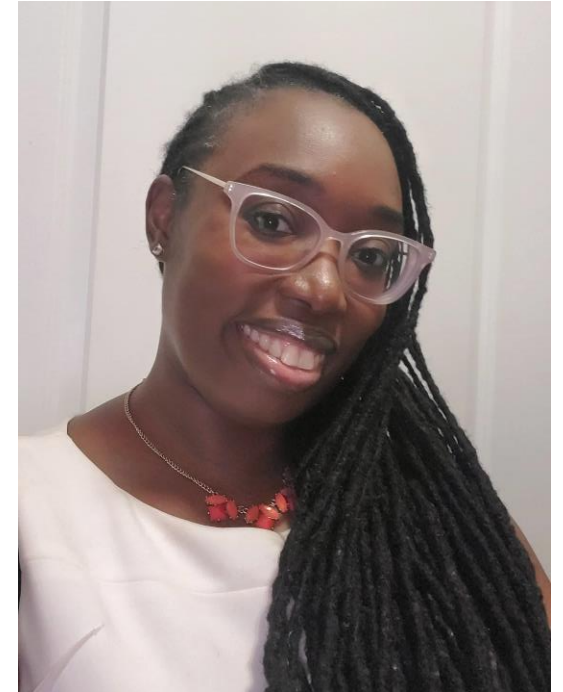
CoP Presenters and Facilitators



Presenter:
Maria Torres, PhD, MA
Stony Brook University



Facilitator:
Joe Hyde, LMHC, CAS
JBS International



Facilitator:
Andrea Coleman, MS
JBS International

Agenda for Today

Check-in & Attendance

Presentation: *Trauma & SUD*

Participant Q & A

Session Wrap-Up & Between Session Activity

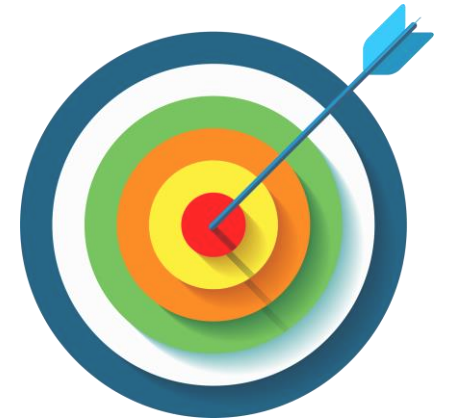


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Session Learning Objectives

By the end of this session, participants will be able to—

1. Discuss how experiencing traumatic events over the life course can impact an individual's health and well-being - particularly their substance use
2. Discuss the Trauma-Informed Care Pyramid and its implications for integrated care
3. Consider what Trauma-Informed Integrated Care could look like in your workplace
4. Access resources for deeper learning on these topic

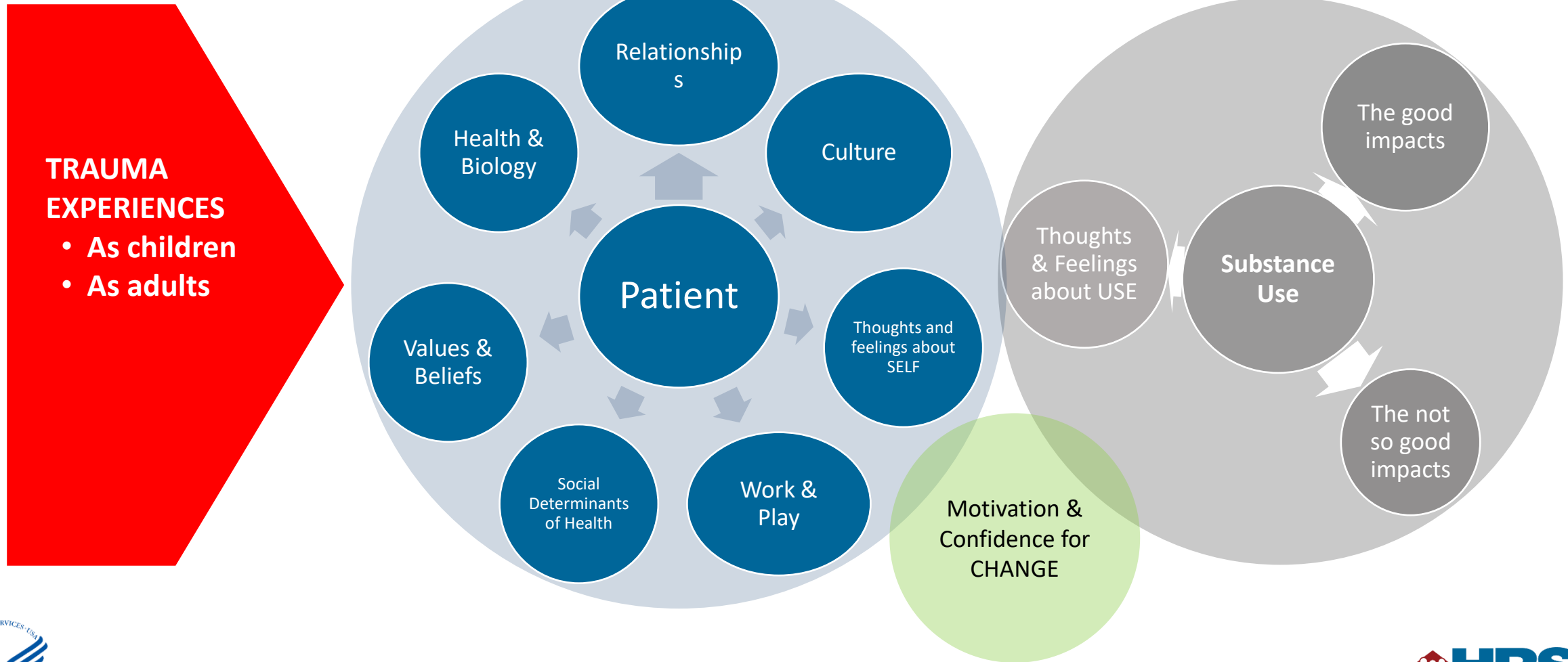


Source: iStock

Plan for this presentation

- Revisiting our contextual understanding of substance use
- Understanding trauma and it's impact
 - Lessons from the Adverse Childhood Experiences (ACEs) Studies
 - At the intersection of research, policy and practice
- Implications for practice:
 - Trauma-informed care
 - Voices from the field

Revisiting our contextual understanding of substance use



How Do We Define Trauma?

- Most everyone has been through a stressful event in their life. When the event, or series of events, causes a lot of stress, it is called a **traumatic event** ⁽¹⁾
- Traumatic events are marked by a sense of horror, helplessness, serious injury, or the threat of serious injury or death.
- People can have a wide range of responses to a traumatic event including physical, psychological or social responses.
 - The response can be as unique as the individual
 - Important for us to consider the when, where, what and other details of the event and how it is being experienced by the individual

1. Centers for Disease Control, Injury Prevention. "Coping with a Traumatic Event." <https://www.cdc.gov/masstrauma/factsheets/public/coping.pdf>



Trauma and Substance Use

- The majority of individuals accessing SUD treatment have trauma histories, many carrying a PTSD diagnosis ⁽²⁾
 - Historically, people with a co-occurring PTSD and SUD diagnosis had a harder time in treatment because care was compartmentalized and treatment was not addressing their trauma histories.
- The Adverse Childhood Experiences (ACEs) Study examined the relationship between 10 different trauma exposures and health outcomes ⁽³⁾

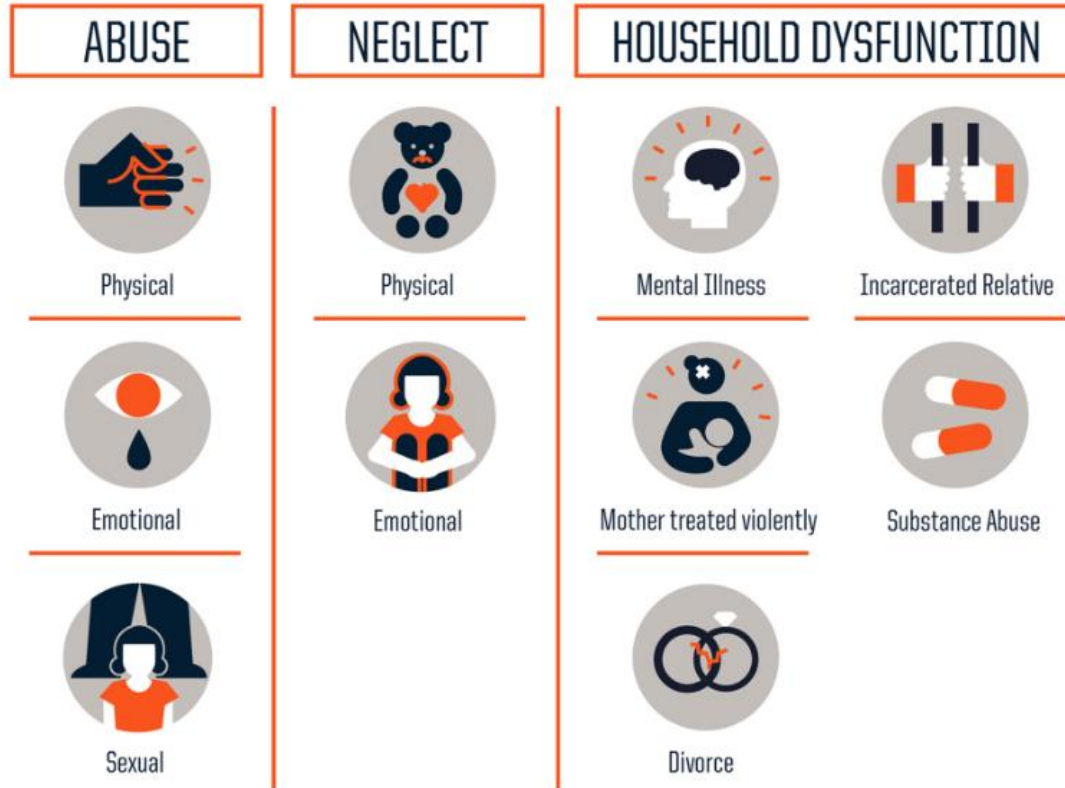
2. Brown, V. B., Harris, M., & Fallot, R. (2013). **Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment.** *Journal of Psychoactive Drugs*, 45(5), 386-393.

3. Hales, T. W., Green, S. A., Bissonette, S., Warden, A., Diebold, J., Koury, S. P., & Nochajski, T. H. (2019). **Trauma-informed care outcome study.** *Research on Social Work Practice*, 29(5), 529-539



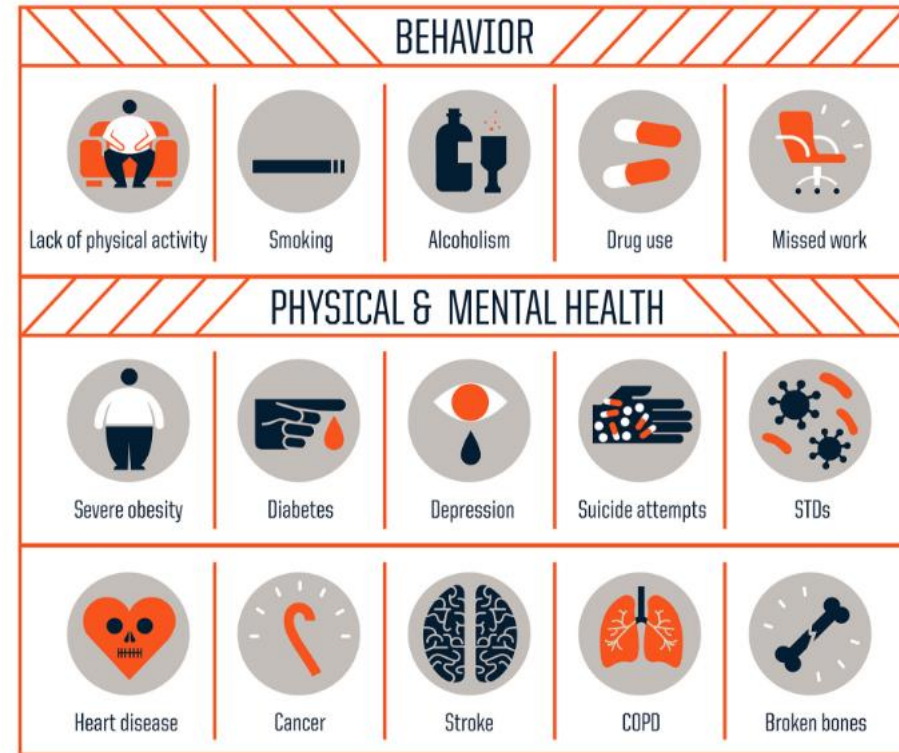
Adverse Childhood Experiences (ACEs)

Three Types of ACEs



ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.



Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation

Adverse Childhood Experiences (ACE)

ACES can have lasting effects on....



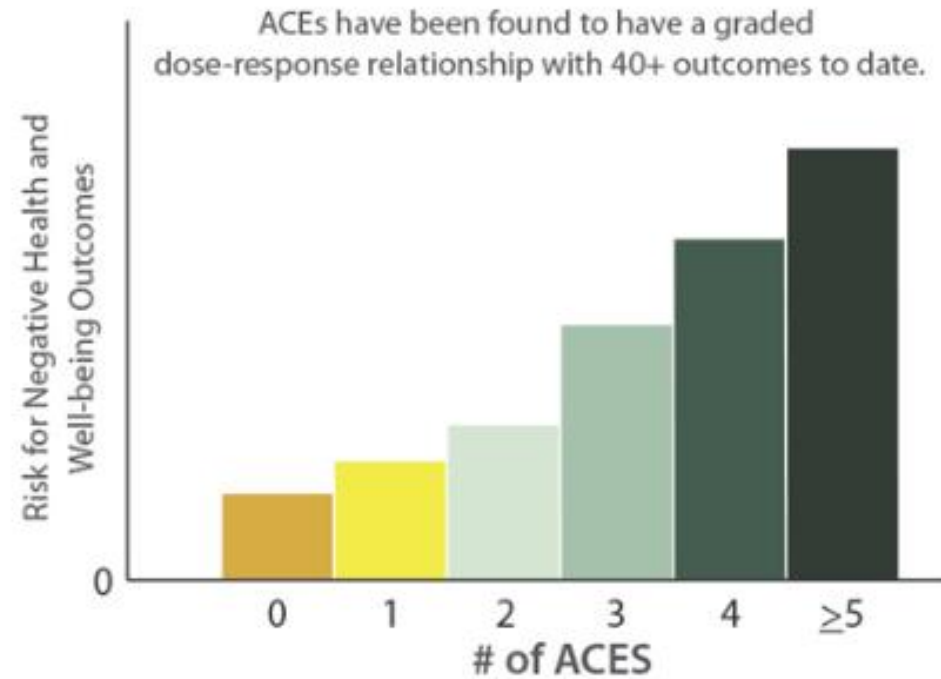
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome. (4)

4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (April 2021). Violence prevention: Adverse Childhood Experiences. <https://www.cdc.gov/violenceprevention/aces/index.html>

Adverse Childhood Experiences (ACEs)



[Brain Hero \(2:58\)](#)



[How Early Childhood Experiences Affect Lifelong Health and Learning \(5:10\)](#)



Center on the Developing Child
HARVARD UNIVERSITY



Vital Signs: Estimated Proportion of Adult Health Problems Attributable to ACES – 25 States, 2015-2017

TABLE 2. Association between adverse childhood experience score^{*,†} and health conditions, health risk behaviors, and socioeconomic challenges — Behavioral Risk Factor Surveillance System, 25 states,[§] 2015–2017

Outcome	Adverse childhood experience score		
	1	2–3	≥4
	Adjusted odds ratio (95% CI)		
Chronic condition			
Coronary heart disease	1.1 (1.0–1.3)	1.2 (1.1–1.4)	1.8 (1.6–2.1)
Stroke	1.1 (1.0–1.3)	1.3 (1.2–1.5)	2.1 (1.7–2.5)
Asthma	1.3 (1.2–1.4)	1.6 (1.4–1.7)	2.2 (2.0–2.4)
Chronic obstructive pulmonary disease	1.3 (1.1–1.4)	1.7 (1.5–1.9)	2.8 (2.5–3.1)
Cancer (excluding skin)	1.1 (1.0–1.1)	1.2 (1.1–1.3)	1.4 (1.2–1.6)
Kidney disease	1.2 (1.0–1.4)	1.3 (1.2–1.6)	1.7 (1.4–2.0)
Diabetes	1.0 (0.9–1.1)	1.1 (1.1–1.2)	1.4 (1.2–1.5)
Overweight or obesity [¶]	1.0 (0.9–1.1)	1.1 (1.0–1.2)	1.2 (1.1–1.3)
Mental health			
Depression	1.6 (1.5–1.7)	2.6 (2.4–2.8)	5.3 (4.9–5.7)
Health risk behavior			
Current smoker	1.4 (1.3–1.6)	1.9 (1.8–2.1)	3.1 (2.8–3.3)
Heavy drinker	1.3 (1.2–1.5)	1.6 (1.4–1.8)	1.8 (1.6–2.0)
Socioeconomic challenge			
Less than high school education	1.0 (0.9–1.1)	1.1 (1.0–1.2)	1.4 (1.3–1.6)
Unemployment	1.1 (0.9–1.3)	1.3 (1.2–1.5)	1.7 (1.5–2.0)
No health insurance	1.0 (0.9–1.1)	1.1 (1.0–1.2)	1.3 (1.2–1.5)

Abbreviation: CI = confidence interval.

* Based on the number of adverse childhood experience types reported.

† Referent group had zero adverse childhood experiences; all models were adjusted for sex, age group, and race/ethnicity.

§ States with state-added adverse childhood experience questions: Alaska, Kansas, Kentucky, Maryland, Ohio, South Carolina, and Texas (2015); Arizona, Arkansas, Georgia, Louisiana, Michigan, New York, Oklahoma, Pennsylvania, and Utah (2016); Connecticut, Illinois, Iowa, Nevada, Oregon, South Dakota, Tennessee, Virginia, and Wisconsin (2017).

¶ Overweight: body mass index ≥ 25 kg/m²; obesity: body mass index ≥ 30 kg/m². (5)

5. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. (November 2019) *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention – 25 States, 2015-2017*. <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6844e1-H.pdf>



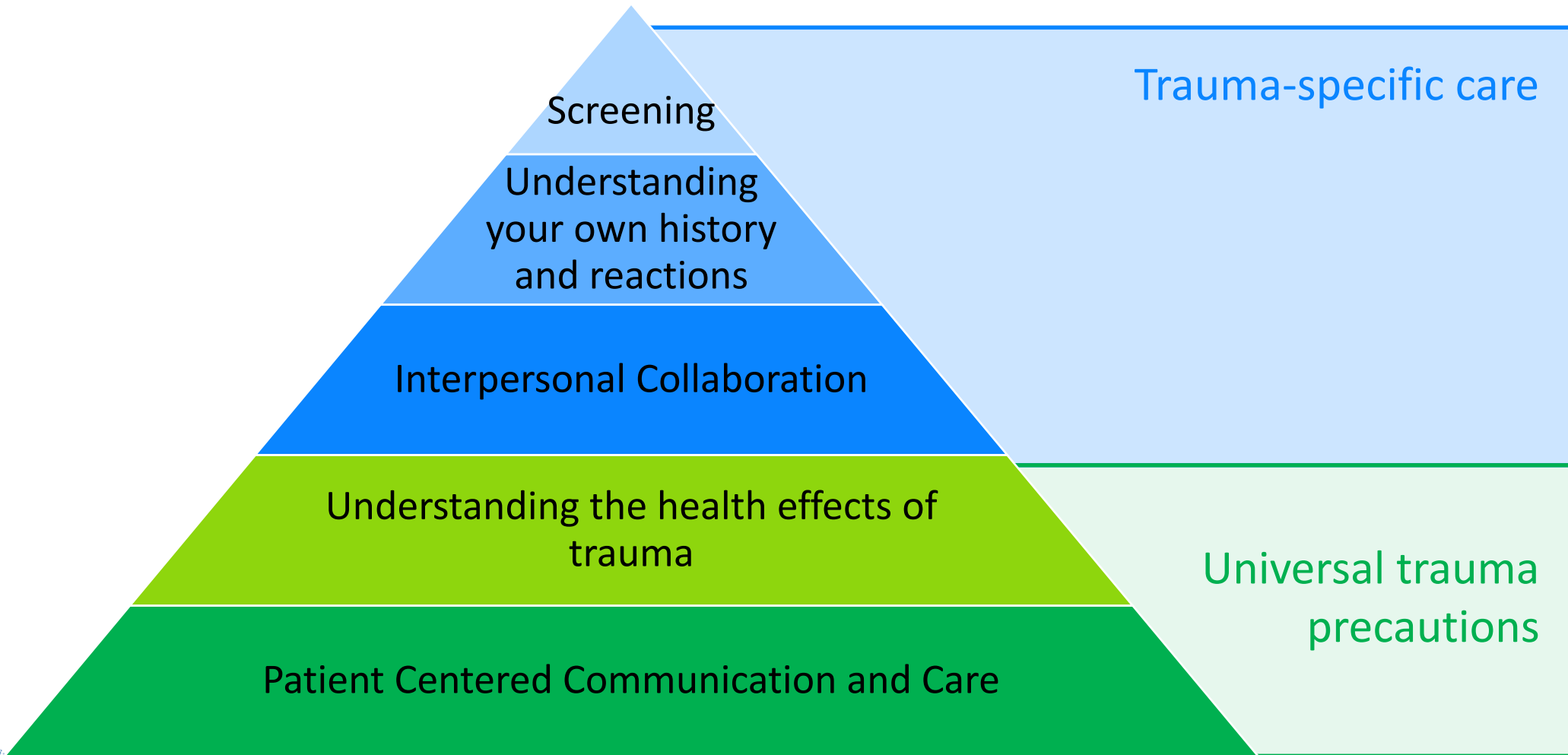
Trauma-informed Integrated Care for Children and Families

- Child trauma-informed integrated healthcare is the prevention, recognition, and response to trauma-related difficulties through collaboration of physical and mental health professionals with the child and family.
- This can be achieved by co-location of medical treatment, mental health care, and social services in health care settings; stream-lined communications between providers, and full partnerships regarding treatment decisions among providers, the child, and caregivers.
- Healthcare systems can infuse and sustain trauma awareness, knowledge, and skills in their organizational cultures, practices, and policies and use the best available science to facilitate and support the recovery and resilience of the child and family. (6)

6. National Child Traumatic Stress Network (NCTSN), 3/2021. "Trauma-informed integrated care for children and families in healthcare settings."
https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma_informed_integrated_care_for_children_and_families_in_healthcare_settings.pdf



Trauma-Informed Care Pyramid



(7)



7. Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). **Trauma informed care in medicine.** *Family & community health, 38(3)*, 216-226.



Patient Journey: Treatment and Recovery

- Addiction Policy Forum’s (APF) Patient Experiences Journey Map ⁽⁸⁾ was developed through the input of patients in treatment and recovery from substance use disorder (SUD). The map underscores the obstacles and positive points patients encounter across seven distinct phases, from treatment to finding long-term, stable recovery.
- The Addiction Policy Forum was named one of the winners of the National Institute on Drug Abuse “Mapping Patient Journeys in Drug Addiction Treatment Challenge”; funds from this prize were used to support the development of this report.
- The qualitative study included 60 Life Course History interviews of individuals in recovery from substance use disorders across 22 states and Canada.

8. Addiction Policy Forum (June 2022). “Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences” About the Report: <https://www.addictionpolicy.org/patient-journey-map>



Patient Journey Map Report: Content

Fig. 1. Phases of Patient Experience

Phase	Details
Onset and Progression	<ul style="list-style-type: none">• Age of onset, specific risk factors for the development of a SUD, as well as problems and health consequences of active addiction
Trigger Events	<ul style="list-style-type: none">• Events that contribute to the patient to assess their own symptoms and recognize the need for treatment or other support.
Finding Help	<ul style="list-style-type: none">• Patient conducts research and reaches out to identify resources, initial outreach to service provider
Care Begins	<ul style="list-style-type: none">• Connection to treatment or other services; assessment process if applicable
Treatment and Recovery	<ul style="list-style-type: none">• Services and resources accessed by the patient, both within the healthcare system and outside
Lifestyle Changes	<ul style="list-style-type: none">• Changes and modifications to daily life and routines to support and maintain recovery and promote long-term wellbeing
Ongoing Support	<ul style="list-style-type: none">• The supports and interventions that patients utilize for long-term recovery


(9)

9. Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences" About the Report: <https://www.addictionpolicy.org/patient-journey-map>




Age of Onset & Progression


Average Initiation of Substance Use is 14 years old

 The earliest age of first use reported was 5 years old; the latest was 19.


78% Report Family History of SUD

 85% report a family history of substance use disorders. Patients report an average of 2 previous generations of SUD history.


Polysubstance Use Prevalent

 Nearly 1 out of 4 respondents report a primary polysubstance use disorder while 98% report using multiple substances during active addiction, with an average of 6 different substances used.


Childhood Trauma Significant Risk Factor

 90% experienced adverse childhood events with an average ACEs score of 4.3, while 47% of patients reporting an ACEs score of 5 or higher. Over 83% experienced household dysfunction, 78% experienced abuse, and 55% suffered from neglect.


Hospitalization

 78% of patients were hospitalized due to their SUD, most commonly for injuries, infections, overdose, suicide attempt/self-harm, and car accidents.


Justice Involvement

 70% of patients report justice involvement. 63% experienced incarceration and 35% participated in a diversion program, such as drug court.





Overdose

 17% of patients have experienced an overdose.

Suicide

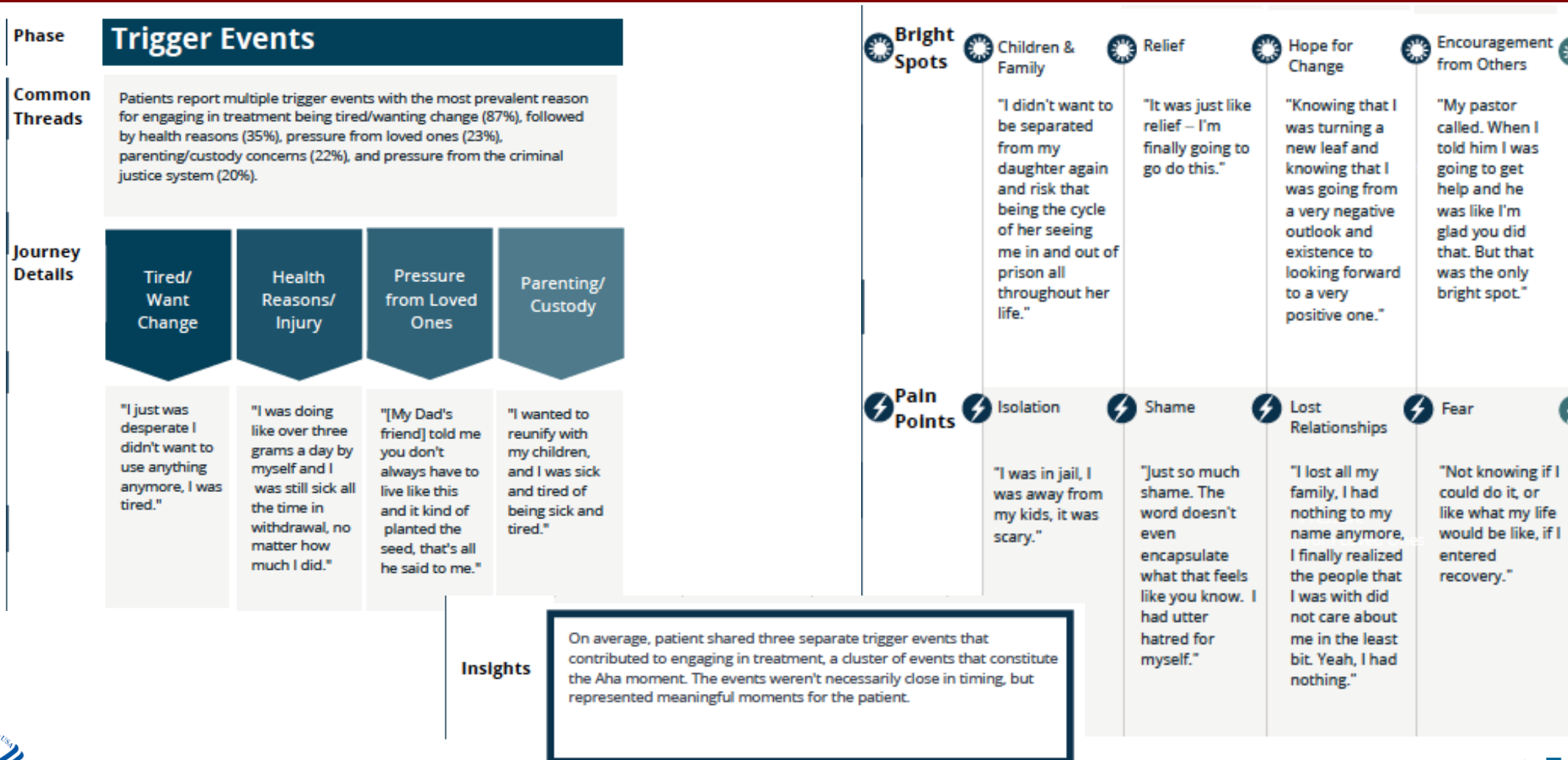
 23% of patients report suicide attempts or suicidal ideation.

Problems Caused by SUD

-  Damaged Relationships
-  Financial Problems
-  Personality Changed
-  Homelessness

Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences" About the Report: <https://www.addictionpolicy.org/patient-journey-map>

Trigger Events, Bright Spots, Pain Points



(10)



10. Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences" Onset and Progression: <https://www.addictionpolicy.org/patient-journey-map>



Getting Help

Getting Help

Poor treatment access was a common experience among participants who experienced systemic barriers to addiction care, including high levels of stigma (32%); the complexity of navigating the substance use disorders care system (25%); wait times (20%); the high costs of treatment (8%); red tape payer policies such as fail first and prior authorization (7%); and transportation difficulties (5%).

Looked for Treatment Directly

Talked to a Loved One/Friend

Looked for Support Group

Talked to Mental Health Professional

"I researched the methadone clinic and decided that that was probably what I needed to do."

"I reached out to my probation officer and said I need help and he put me into a residential treatment center."

"I went to a ton of meetings, I went to three meetings a day, or more, just completely immersed myself in the recovery community".

"I went to see the therapist and they put me in the hospital."

Friends/Family Recovery

"Well, my brother was in recovery, so I at least knew someone and didn't completely feel alone at that point."

Not Alone

"I was no longer alone, because I was in a group setting, so the loneliness dissipated."

Smooth Transition

"After the assessment I didn't have to wait a very long time. I think there was a sense of relief if that makes sense."

Finding a Community

"I started realizing that there's a lot of people in my community who are sober."

Waiting for Access

"The wait, the wait time is long. I was in withdrawal, so the desire to leave and go, you know get well, was really strong."

Withdrawal Symptoms

"It was very difficult, the withdrawing and not being able to use because I couldn't [take a] hit."

Not Finding Help

"So in my experience, I was not able to get help when I needed it or when I asked for it, begged for it."

Navigating Insurance

"I found it to be difficult navigating the insurance. And there wasn't a lot of choices, there wasn't enough beds."

The accessing help phase is often identified by patients as extremely painful, disorganized and difficult. Previous treatment and recovery experiences, along with recommendations from friends, family and a person's network frequently form the basis for the treatment pathway selected.

(11)



Treatment and Recovery

Treatment & Recovery

On average, patients utilized four different services for treatment and recovery support, not a single treatment or intervention. Services accessed were support groups (88%), counseling/mental health treatment (57%), intensive outpatient treatment programs (52%), followed by residential programs (37%), aftercare programs (30%), medications for addiction treatment (28%), sober living (22%), and faith-based programs (12%).

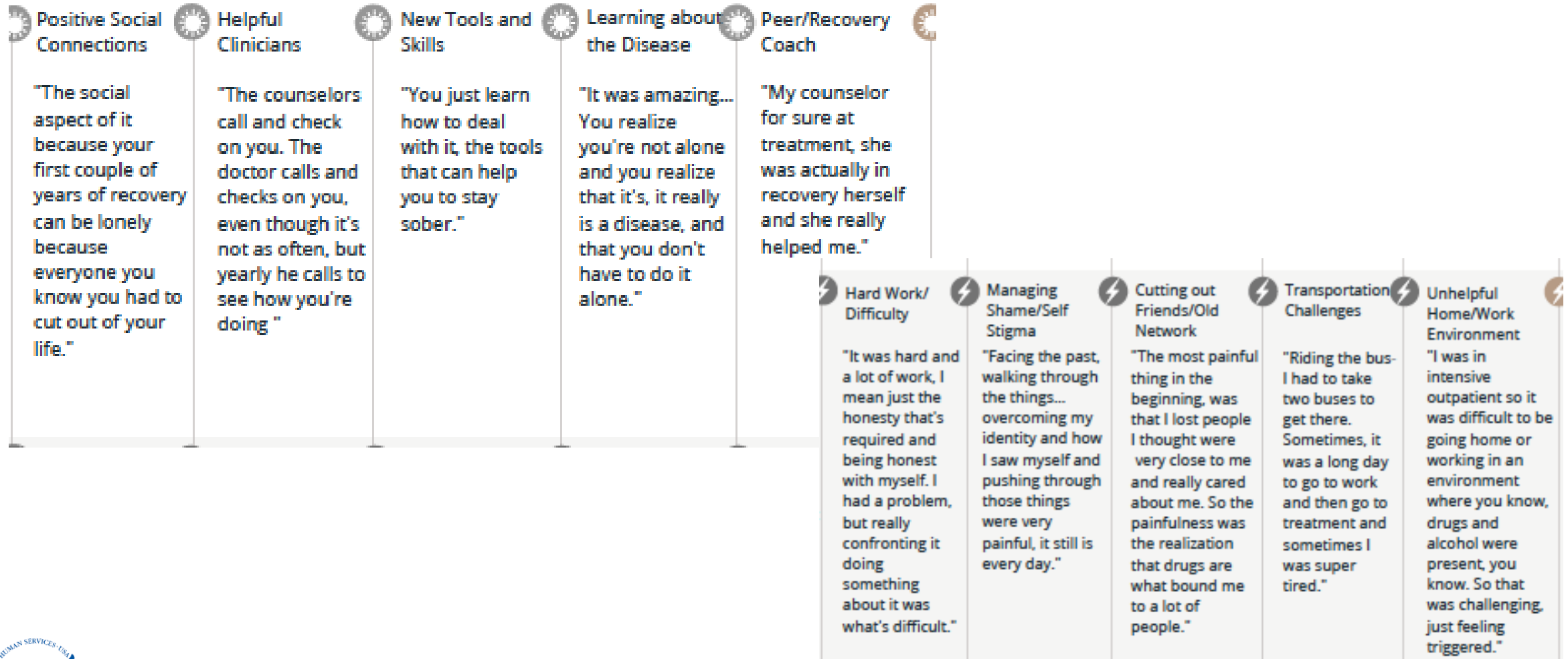


(12)

12. Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences"
Treatment and Recovery: <https://www.addictionpolicy.org/patient-journey-map>



Bright Spots, Hard Work, and Managing Shame



(13)



13. Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences"
 Treatment and Recovery: <https://www.addictionpolicy.org/patient-journey-map>



Treatment and Recovery: Processes, Not Events

Patients report that previous treatment episodes provided a foundation for treatment and recovery success. Rather than viewing previous episodes as failures, the skills and tools learned accumulated over time. Patient feedback also shows the need for layered interventions across three critical domains: 1) biological, or physical health, 2) psychological, and 3) social.

(14)



14. Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences"
Treatment and Recovery: <https://www.addictionpolicy.org/patient-journey-map>



Lifestyle Changes, Ongoing Support

Lifestyle Changes

Common lifestyle modifications include avoidance of high-risk people, places, and things (42%), changing friends (40%), becoming honest open minded and accountable (25%), self-care such as exercise, nutrition, and sleep (23%), and developing a consistent routine (13%).

Avoiding
Risky People,
Places, and
Things

New
Friends

Honesty
and
Accountability

Selfcare:
Exercise,
Nutrition,
Sleep

Routine/
Management
Plan

Patients share that the things encountered every day play a critical role in supporting or hampering recovery. Building a positive, supportive social network is a dominant feature of successful recovery, along with avoiding individuals, places and other triggers that present memory and physical cues to resuming substance use (i.e. using friends, bars, parties, concerts, boredom.) The exact constellation of triggers is unique to each patient.

Ongoing Support

On average patients utilize three services for ongoing support. The most common services were support groups (67%), family and friends (55%), volunteer and service work (38%), and mental health/counseling (22%).

Support
Groups

Volunteering &
Community
Service

Mental Health/
Counseling

Patients sustain ongoing support specific to their needs for years or even decades. Family/friends, service to others and support group attendance are the most significant components identified by patients.

(15)



15. Addiction Policy Forum (June 2022). "Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences"
Treatment and Recovery: <https://www.addictionpolicy.org/patient-journey-map>

Resources: Websites

- [Center for the Developing Child at Harvard University](#)
 - [Pediatrics page with a ton of resources including more details on ACEs Study](#)
- [Patient Journey Map: SUD Treatment and Recovery Experiences \(Addiction Policy Forum, June 2022\)](#)
- [The National Child Traumatic Stress Network \(NCTSN\) : Trauma-Informed Care](#)
- [NCTSN: Treatments and Practices](#) (includes info on *Skills for Psychological Recovery (SPR)*)
- [VA National Center for PTSD \(Trauma Informed care and SPR manual\)](#)



List of References

1. Centers for Disease Control, Injury Prevention. “Coping with a Traumatic Event.” <https://www.cdc.gov/masstrauma/factsheets/public/coping.pdf>
2. Brown, V. B., Harris, M., & Fallot, R. (2013). **Moving toward trauma-informed practice in addiction treatment: A collaborative model of agency assessment.** *Journal of Psychoactive Drugs*, 45(5), 386-393.
3. Hales, T. W., Green, S. A., Bissonette, S., Warden, A., Diebold, J., Koury, S. P., & Nochajski, T. H. (2019). **Trauma-informed care outcome study.** *Research on Social Work Practice*, 29(5), 529-539
4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (April 2021). Violence prevention: Adverse Childhood Experiences. <https://www.cdc.gov/violenceprevention/aces/index.html>
5. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report. (November 2019) *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention – 25 States, 2015-2017.* <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6844e1-H.pdf>
6. National Child Traumatic Stress Network (NCTSN), 3/2021. “Trauma-informed integrated care for children and families in healthcare settings.” [https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma informed integrated care for children and families in healthcare settings.pdf](https://www.nctsn.org/sites/default/files/resources/fact-sheet/trauma%20informed%20integrated%20care%20for%20children%20and%20families%20in%20healthcare%20settings.pdf)
7. Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). **Trauma informed care in medicine.** *Family & community health*, 38(3), 216-226.
- 8-13. Addiction Policy Forum (June 2022). “Patient Journey Map: Substance Use Disorder Treatment and Recovery Experiences” About the Report: <https://www.addictionpolicy.org/patient-journey-map>
14. Reeves, E. (2015). **A synthesis of the literature on trauma-informed care.** *Issues in mental health nursing*, 36(9), 698-709.



Thoughts and Questions



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Wrapping Up & Between Session Activity

Task #1: Please take a few minutes to reflect on the following questions:

- 1) What was the most important thing you learned today?
- 2) What questions still remain in your mind?



MS Clipart

Our next session topic is: ***Providing a Culturally Relevant Evidence-based Response to Substance Use***

Task #2: Throughout your day, notice the messages you get on TV, radio, movies, the internet, etc. about people that are like you and people that aren't like you.

- **Notice** how gender, race, ethnicity, ability, neurodiversity, sexual orientation, religion, etc. presented?
- **Consider** how these messages reinforce (or challenge) the stereotypes or biases about “others” that we all carry

Next Steps

- Remember, Office Hours immediately following the CoP and alternating Tuesdays at 2pm EDT.
- Coaching Calls—*please contact us to schedule a coaching call.*



Source: iStock by Getty Images

Virtual Office Hours



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Tuesdays (after each session)
3:30–4:30 p.m. EDT

Alternating Tuesdays (via Zoom)
2:00 – 3:00 p.m. EDT

Register for alternating sessions:

<https://us06web.zoom.us/meeting/register/tZlvdeiqpjMqHtdTzfFCMAjNKaCnZt9-eJ68>

Office Hours Benefits:

- ✓ Connect with colleagues from other health centers
- ✓ Discuss progress and/or challenges related to your team's action plan
- ✓ Get more information about the session topic

BPHC-BH TA Portal and T/TA Offerings

<https://bphc-ta.jbsinternational.com/>

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
 - One-on-One Coaching
 - E-Learning Webinars
 - Intensive TA for Practice Change
 - Join a Community of Practice (CoP)
 - SDoH Group Virtual TA Roundtable
 - Virtual Peer-Learning Office Hours

The screenshot shows the BPHC-BH TA Resource Portal website. The header includes the logo and text 'BPHC-BH TA Bureau of Primary Health Care Behavioral Health Technical Assistance', along with navigation links for 'Event Calendar', 'About Us', and 'Contact Us'. A secondary navigation bar contains 'Home', 'Technical Assistance Resources', 'Request Technical Assistance', and 'Learning Management System'. The main content area features a 'Welcome to the BPHC-BH TA Resource Portal!' section with a paragraph about the portal's purpose. To the right, there is a 'Learn About BH TA Options' section with a bulleted list of services: One-on-One Coaching, E-learning Webinars, Intensive TA for Practice Change, Join a Community of Practice (CoP), SDoH Group Virtual TA Roundtable, and Virtual Office Hours. Below that is an 'Upcoming Events' section listing two events: 'Depression & Suicidality Among Men' on July 15, 2022, and 'Uniform Data System Measures - How to Measure Them & How to Meet Them' on July 25, 2022. A 'Subscribe to the BH TA Bulletin' section is also present, with a link to 'Subscribe to the BH TA Bulletin'. The footer contains links for 'Website feedback', 'Exit Notification/Disclaimer Policy', and 'Sitemap'.



Upcoming TA Opportunities!

E-Learning Webinar

Depression and Suicidality Among Men

July 15, 2022 ♦ 1:00 – 2:30 pm EDT

Registration Link:

<https://us06web.zoom.us/meeting/register/tZMpcOmtpz4uHde9xaSkpnP5EmzY-cAQlyT0>

Registration links for webinars can also be found on the BH TA Portal.

Earn **1.5 CE** credit for attending these webinars.



BHTA Satisfaction Assessment



- We would love your feedback – please complete a satisfaction assessment.
 - <https://survey.alchemer.com/s3/6871352/Health-Center-Technical-Assistance-TA-Satisfaction-Assessment-CoP-4-Addressing-Substance-Misuse-and-Use-Disorder-in-a-Healthcare-Setting-Community-of-Practice>
- Remember! If you want to obtain CEs for your time today, you must complete a satisfaction assessment.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.





Thank You!

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Vision: Healthy Communities, Healthy People

