Our Story

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NORTHWESTERN COUNSELING AND SUPPORT SERVICES
Clinical Priorities

- High-risk patient care coordination
- Episode of care variation
  - Payment, Patient Experience
- Mental health and substance abuse
  - Assessment, Treatment & Referral
- Chronic disease management optimization
  - Diabetes, Hypertension, Cancer
- Prevention and wellness
  - Screening, Immunization

Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Provider availability</td>
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<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>Support systems</td>
<td></td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td>Community engagement</td>
<td></td>
<td></td>
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<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td>Discrimination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td>Stress</td>
<td>Quality of care</td>
<td></td>
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<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
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</tr>
</tbody>
</table>

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Organizational Chart

Governance

Unified Community Collaborative

Regional Clinical Performance Council

Accountable Care Organization / Clinical Priorities

Mental & Behavioral Health

Family Health & Wellness Partnership

Community Health Team

Transitions of Care

Information Technology

Resilient Communities Action Team (RCAT)

Quality / Informatics / Financial Support / Facilitation

Accountability
## Resilient Communities Action Team (RCAT)

**Membership**
- Vermont Department of Health
- Northwestern Counseling and Support Services
- Howard Center
- Northwestern Medical Center
- Franklin Northwest Supervisory Union
- Pediatrician
- OneCare Vermont
- Vermont Health Improvement Project
- Blueprint for Health
- Family Services
- Parent Child Center

**Priorities & Goals**
- Assessing Trauma informed care at an organizational level & across systems
  - Primary Care
  - Education
  - AHS and Community Partners
- Develop clinical recommendations and workflow for addressing ACES and advancing Trauma Informed Care within Primary Care and across disciplines

**Special Projects**
- Mapping the community
- Organizational Trauma Assessment
- 2019-2020 Learning Collaborative
- Judiciary project
- Bidirectional communication system with reporting template
- Trauma responsive and resilience focused newsletter capturing Social Determinants of Health
Adverse Childhood Experiences (ACEs)

- The CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being
- Conducted 1995-1997
- 17,000 participants
- Graded dose-response relationship across the life course
- ACES are common
  - Almost 2/3 of study participants reported at least 1 ACE
  - More than one in five reported 3 or more ACEs

https://www.cdc.gov/violenceprevention/acesstudy/index.html
Adverse childhood experiences (ACEs) affect 34.8 million children across socio-economic lines, putting them at higher risk for health, behavioral and learning problems.

Adverse Childhood Experiences
Traumatic events that can have negative, lasting effects on health and wellbeing

- Abuse
  - Emotional abuse
  - Physical abuse
  - Sexual abuse

- Household Challenges
  - Domestic violence
  - Substance abuse
  - Mental illness
  - Parental separation / divorce
  - Incarcerated parent

- Neglect
  - Emotional neglect
  - Physical neglect

People with 4+ ACEs can die 20 yrs earlier than those who have none

1/8 of the population have at least 1 ACE

67% of the population have more than 4 ACEs

"Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today"
Dr. Robert Reisch, former President of the American Academy of Pediatrics

Lifespan Impacts of ACEs

Brain Development
- Electrical
- Chemical
- Cellular

Adaptation
- Wired into Biology

Critical & Sensitive Developmental Periods
- Chronic Disease
- Psychiatric Disorders
- Impaired Cognition
- Work/School
- Attendance
- Behavior
- Performance
- Obesity
- Alcohol, Tobacco, Drugs
- Risks
- Sex
- Poverty
- Crime
- Intergenerational Transmission, Disparity

His score is 4
Without Intervention he is
4.7 times as likely to use DRUGS and
7.4 times as likely to be an ALCOHOLIC when he grows up

Source: Family Policy Council 2012
(Source: www.slideshare.net)

www.childhealthdata.org
http://www.wavetrust.org/our-work/campaigns/7030-campaign
https://www.centerforchildcounseling.org/fightingacesinitiative/
THE IMPACT OF CHILD MALTREATMENT AND OTHER CHILDHOOD TRAUMAS ON SOCIETY

LIFE EXPECTANCY
On average, people with six or more ACEs died nearly 20 years earlier than those no ACEs

ACEs: NONE

YEARS 80

ACEs: 6+

YEARS 60

ECONOMIC TOLL
The CDC estimates the lifetime costs associated with child maltreatment at $124 billion

PRODUCTIVITY LOSS $83.5 Billion
HEALTH CARE $25 Billion
SPECIAL EDUCATION $4.6 Billion
CHILD WELFARE $4.4 Billion
CRIMINAL JUSTICE $3.9 Billion

Above figures and description of ACE study adapted from CDC, 2013

LEARN MORE
Learn more about the ACE study through a wonderful infographic from the CDC available at http://vetoviolence.cdc.gov/child-maltreatment/phl/resource_center_infographic.html
TABLE 1. ACE STUDY FINDINGS

In the ACE Study, in comparison to those reporting no ACEs, individuals with 4+ ACEs had significantly greater odds of reporting:

- Ischemic heart disease: 2.2
- Any Cancer: 1.9
- Chronic Bronchitis or emphysema (COPD): 2.9
- Stroke: 2.4
- Diabetes: 1.6
- Ever attempted suicide: 12.2
- Severe obesity: 1.6
- Two or more weeks of depressed mood in the past year: 4.6
- Ever used illicit drugs: 4.7
- Ever injected drugs: 10.3
- Current smoker: 2.2
- Ever had a sexually transmitted disease: 2.5

Source: Felitti 1998

TABLE 2. ADMINISTRATION SCHEDULES

<table>
<thead>
<tr>
<th>CYW ACE-Q SCORE 0-3</th>
<th>CYW ACE-Q SCORE 1-3</th>
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</thead>
<tbody>
<tr>
<td><strong>REGISTRATION 1ST APPOINTMENT AT CLINIC</strong></td>
<td><strong>CYW ACE-Q TEEN SR</strong></td>
</tr>
<tr>
<td>9 MONTH WELL CHILD CHECK</td>
<td>CYW ACE-Q TEEN</td>
</tr>
<tr>
<td>24 MONTH WELL CHILD CHECK</td>
<td>YEARLY FOR AGES 3-12</td>
</tr>
<tr>
<td>YEARLY FOR AGES 13-19</td>
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</table>

Routine Screening

TABLE 3. RELEVANT SYMPTOMATOLOGY

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Description</th>
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<tbody>
<tr>
<td>Sleep disturbance</td>
<td>Poor control of chronic disease (e.g., asthma or diabetes)</td>
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<tr>
<td>Weight gain or loss</td>
<td>Restricted affect or numbing</td>
</tr>
<tr>
<td>Failure to thrive</td>
<td>High-risk behavior in adolescents</td>
</tr>
<tr>
<td>Enuresis, encopresis</td>
<td>Developmental regression</td>
</tr>
<tr>
<td>Constipation</td>
<td>Unexplained somatic complaints (e.g., absentmindedness)</td>
</tr>
<tr>
<td>Hair loss</td>
<td>Depression</td>
</tr>
<tr>
<td>Poor impulse control</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Frequent crying</td>
<td>Interpersonal conflict</td>
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</tbody>
</table>

TABLE 4. PROMISING INTERVENTIONS

Research indicates that the following interventions may mitigate dysregulation of the neuro-endocrine-immune network associated with exposure to ACEs:

- Regular Exercise
- Good Nutrition
- Sleep
- Mental Health
- Mindfulness Practices (e.g., meditation)
- Supportive Relationships

https://centerforyouthwellness.org/
American Academy of Pediatrics (AAP)

Children in Foster Care

- Often received only fragmentary and sporadic health care prior to entering foster care. Typically they enter foster care with a high prevalence of undiagnosed or under-treated chronic medical problems
- About 50% have chronic physical problems
- About 10% are medically fragile or complex
- Many have a history of prenatal (maternal) substance exposure and/or premature birth
- Approximately 35% of children and teens enter foster care with significant dental and oral health problems
- Mental and behavioral health is the largest unmet health need for children and teens in foster care
- Research shows that kindergarteners in foster care have half the vocabulary of their peers
- Nearly half of school-aged children and teens in foster care are involved in special education
- Of those that are involved in special education, half have significant behavior problems, which often lead to high rates of school suspensions and missed educational opportunities
- Many teens in foster care complete their high school education through obtaining a General Education Diploma

The AAP provides pediatricians and all medical home teams with the resources they need to modify practice operations to more effectively identify, treat, and refer children and youth who have been exposed to or victimized by violence

www.aap.org/fostercare
- It takes a combination of actions, sustained over time, to prevent risky behavior and promote wellness.

- Prevention strategies are most likely to succeed if they reach people in state, community, school, family, and individual environments.

- Vermont prevention efforts include evidence-based strategies and services across these environments.
A TRAUMA-INFORMED APPROACH

- Acknowledges the prevalence and impact of trauma and attempts to create a sense of safety for all participants
- Becoming trauma-informed requires re-examining *policies* and procedures that may result in participants feeling loss of control in specific situations
- *Training* staff to be welcoming and non-judgmental
- Modify *physical environments*
- Minimize perceived threats, avoid re-traumatization, and support recovery
- There is often little or no cost involved in implementing trauma-informed principles, policies, and practices

Components of Trauma-Informed Care

- Creating a Safe Environment
- Building Relationships and Connectedness
- Supporting and Teaching Emotional Regulation
Vermont Prevention Model

**Structures, Policies, Systems**
Local, state, federal policies and laws
economic and cultural influences, media

**Community**
Physical, social and cultural environment

**Organizations**
School, work, faith based organizations,
Rules, regulations, and policies

**Relationships**
Family, peers, social networks, associations

**Individual**
Knowledge, attitudes, beliefs

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**Essential Elements of a Trauma-Informed Justice System**

- Trauma-informed policies and procedures
- Trauma-informed cross system collaboration
- Prevention and management of secondary traumatic stress (STS)
- Trauma-informed programming and staff education
- Trauma-informed approaches to address disparities and diversity
- Trauma-informed partnering with individuals and families
- Identification and screening for trauma
- Clinical assessment and intervention

The National Child Traumatic Stress Network: [https://www.nctsn.org/print/971](https://www.nctsn.org/print/971)
Enabling women to recognize the impact of trauma in their lives, get support, and move ahead toward healing;

Helping women lead stable lives and restore relationships with children in the system;

Reducing recidivism and related costs, such as foster care; and

Enabling women who are incarcerated to reduce conflict with other inmates, as well as with prisoners and guards.
Each of these five intercept points gives communities an opportunity to offer trauma survivors involved with the criminal justice system a chance to reclaim healthy lives.
**INTERCEPT 1: Law Enforcement and Emergency Services**

**How To Do It:** Prearrest diversion programs require collaboration and planning involving behavioral health providers, emergency services, and law enforcement.

**Key elements include:**
- Involve all relevant stakeholders in planning a system that works for the community, including advocacy groups;
- Train officers, 911 dispatchers, and others on why the new system is being used and how to use it;
- Capture data to determine how well the system is meeting community goals.

**INTERCEPT 2: Arrest and Initial Hearing**

**How To Do It:** Post arrest diversion programs are designed cooperatively by courts and the behavioral health system.

**Key elements include:**
- Intake and evaluation staff are trauma-informed and understand trauma-specific treatment options.
- Behavioral health professionals should conduct screening and assessment and advise the court.
- Develop linkages to appropriate community services where women can receive treatment.
- Ensure access to trauma-informed peer support.
- Provide cross-disciplinary training for treatment providers and court officers.

**INTERCEPT 3: Jails and Prisons; Specialty Courts**

**How To Do It:** Communities can take a number of steps to address trauma among incarcerated women.

**For example:**
- Consider establishing a special docket court to review cases of women with behavioral health issues, including trauma;
- Train personnel who work in jails or prisons to understand trauma and avoid unnecessary retraumatization;
- Ensure that persons who provide therapeutic interventions are trained on best practices in trauma screening and treatment;
- Offer women opportunities to learn about the effects of trauma and choose alternative behaviors.
INTERCEPT 4: Discharge Planning: Reentry to Community from Jails or Prisons

Some elements of programs that are working well include the following:

- Develop release plans for women recovering from trauma that address any mental health and substance abuse issues, help her access benefits, and provide for safe housing;
- Design "inreach" programs in which representatives of community services meet with women prior to their release to explain their services and begin to coordinate care;
- Have a supportive peer meet the woman on release to help her become established in a new setting, ideally with a little shopping money to buy essentials;
- Ensure that records and information needed by providers are transferred with the woman's permission; and
- Provide for continued use of prescribed psychiatric medications (abrupt discontinuation of medication can contribute to relapse).

INTERCEPT 5: Parole or Probation

Communities have found the following to be helpful:

- Concentrate supervision in the critical weeks following release, adjusting strategies when needed;
- Establish policies and procedures that ensure the officers have the information they need about each woman's release plan and its rationale;
- Provide training for parole or probation officers to help them work effectively with trauma survivors, increasing the likelihood of compliance with terms of parole or probation;
- Ensure that these officers are aware of and connected with community resources that can help women recover from trauma, mental health issues, and substance abuse;
- Fund and reward community services that welcome and support ex-offenders;
- Consider developing officers who specialize in meeting the needs of persons with substance abuse and mental health issues; and
- Reduce case loads to allow more time for advocacy, relationship building with community service providers, and active supervision.
We all have a part to play!
Future Story...