Our Story

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Health Care Reform

Clinical Priorities

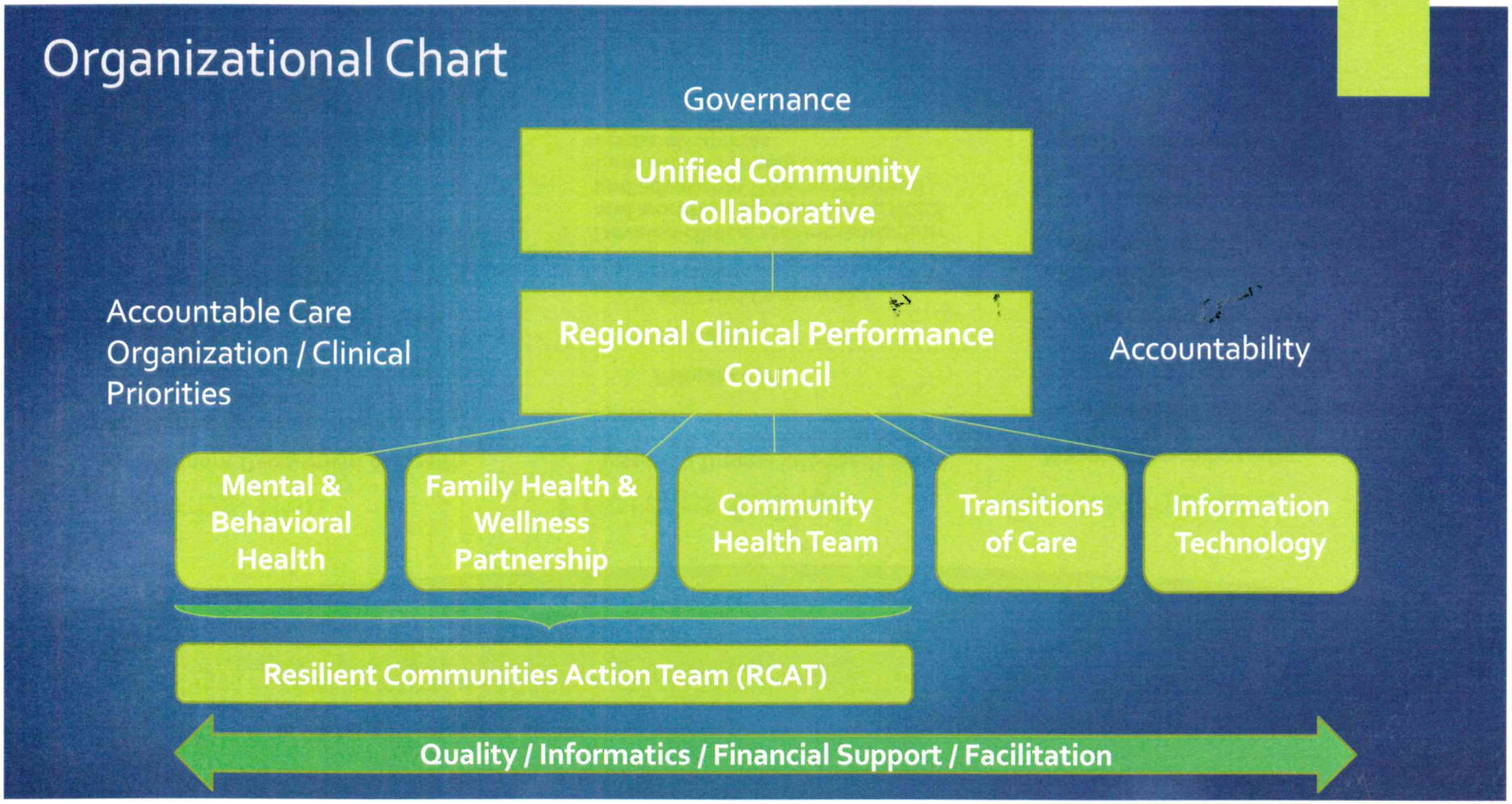
- **High-risk patient care coordination**
- **Episode of care variation**
  - Payment, Patient Experience
- **Mental health and substance abuse**
  - Assessment, Treatment & Referral
- **Chronic disease management optimization**
  - Diabetes, Hypertension, Cancer
- **Prevention and wellness**
  - Screening,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

- **Social Determinants of Health**

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

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

Organizational Chart



Resilient Communities Action Team (RCAT)

INTERDISCIPLINARY

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

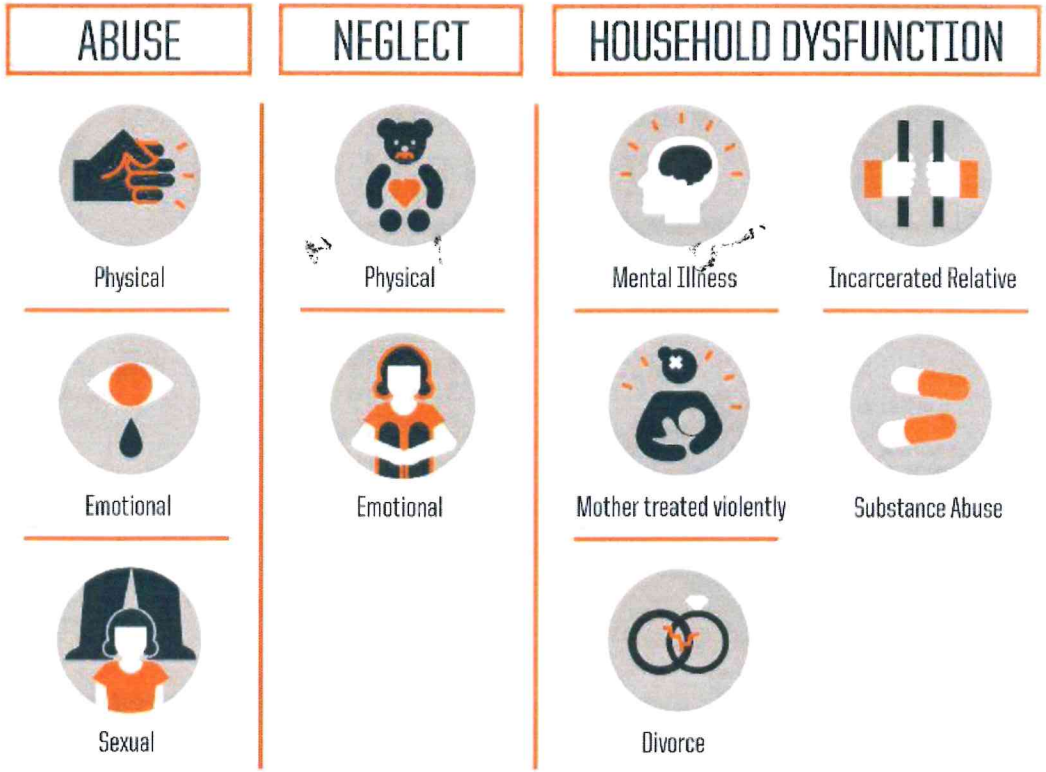
- Assessing Trauma informed care at an organizational level & across systems
  - Primary Care
  - Education
  - AHS and Community Partners
- Develop clinical recommendations and workflow for addressing ACES and advancing Trauma Informed Care within Primary Care and across disciplines

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/acestudy/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

People with 6+ ACEs can die

20 yrs

earlier than those who have none

1/8 of the population have more than 4 ACEs

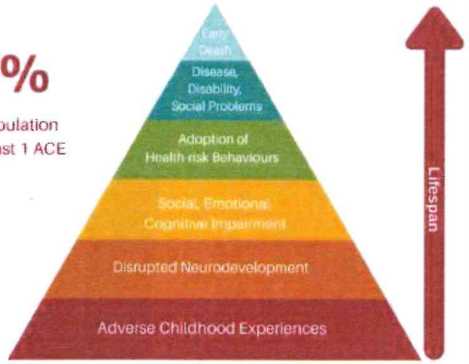
4 or more ACEs

- 3x the levels of lung disease and adult smoking
- 11x the level of intravenous drug abuse
- 14x the number of suicide attempts
- 4x as likely to have begun intercourse by age 15
- 4.5x more likely to develop depression
- 2x the level of liver disease

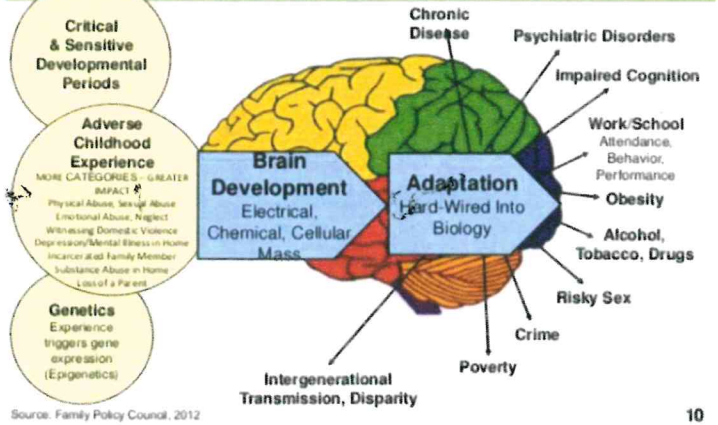
> Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today
>
> Dr. Robert Block, the former President of the American Academy of Pediatrics

67%

of the population have at least 1 ACE



Lifespan Impacts of ACEs



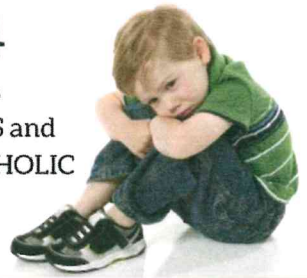
Source: Family Policy Council, 2012

10

(Source: www.slideshare.net)

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



www.childhealthdata.org

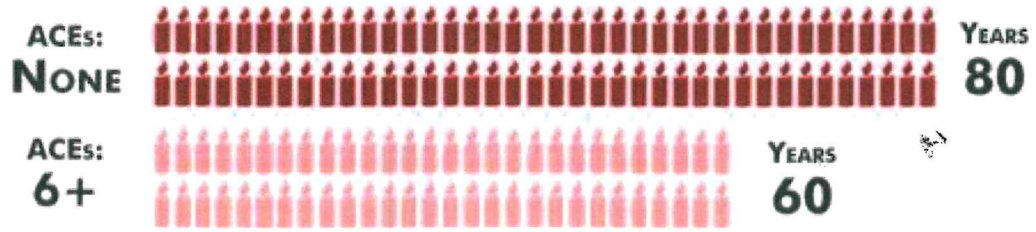
http://www.wavetrust.org/our-work/campaigns/7030-campaign

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

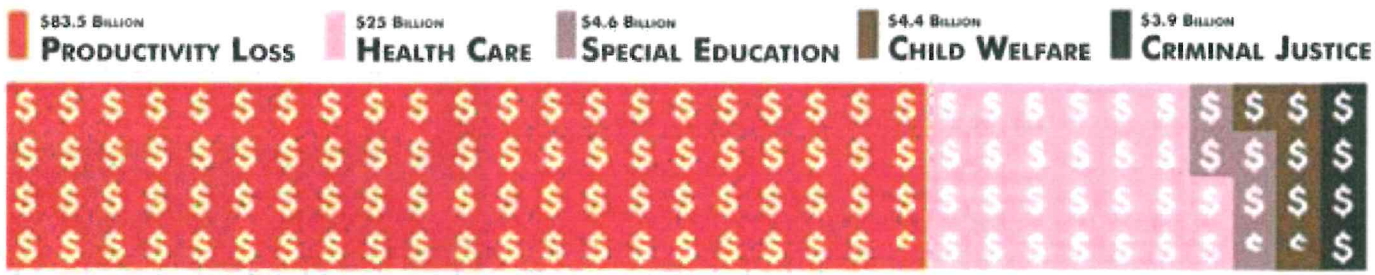


Learn More

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

Economic Toll

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



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

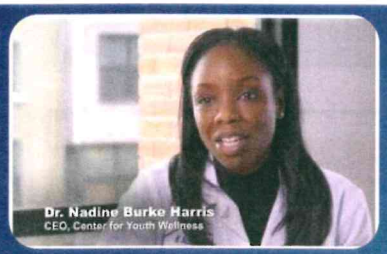


TABLE 1. ACE STUDY FINDINGS

In the ACE Study, in comparisonto 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)	3.9
Stroke	2.4
Diabetes	1.6
Ever attempted suicide	12.2
Severe obesisty	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 4. RELEVANT SYMPTOMATOLOGY

- Sleep disturbance
- Weight gain or loss
- Failure to thrive
- Enuresis, encopresis
- Constipation
- Hair loss
- Poor control of chronic disease *(such as asthma or diabetes)*
- Developmental regression
- School failure or absenteeism
- Aggression
- Poor impulse control
- Frequent crying
- Restricted affect or numbing
- High risk behavior in adolescents
- Unexplained somatic complaints *(such as HA or abdominal pain)*
- Depression
- Anxiety
- Interpersonal conflict

TABLE 2. ADMINISTRATION SCHEDULES

	CYW ACE-Q CHILD	CYW ACE-Q TEEN SR	CYW ACE-Q TEEN
REGISTRATION 1ST APPOINTMENT AT CLINIC	●	●	●
9 MONTH WELL CHILD CHECK	●		
24 MONTH WELL CHILD CHECK	●		
YEARLY FOR AGES 3-12	●		
YEARLY FOR AGES 13-19		●	●

Routine Screening

CYW ACE-Q SCORE 0-3
WITHOUT SYMPTOMATOLOGY
→ **ANTICIPATORY GUIDANCE**

CYW ACE-Q SCORE 1-3
WITH SYMPTOMATOLOGY OR ≥ 4 ACE SCORE
→ **REFER TO TREATMENT**

TABLE 6. 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

Center for Youth Wellness

health begins with hope

https://centerforyouthwellness.org/

American Academy of Pediatrics (AAP)

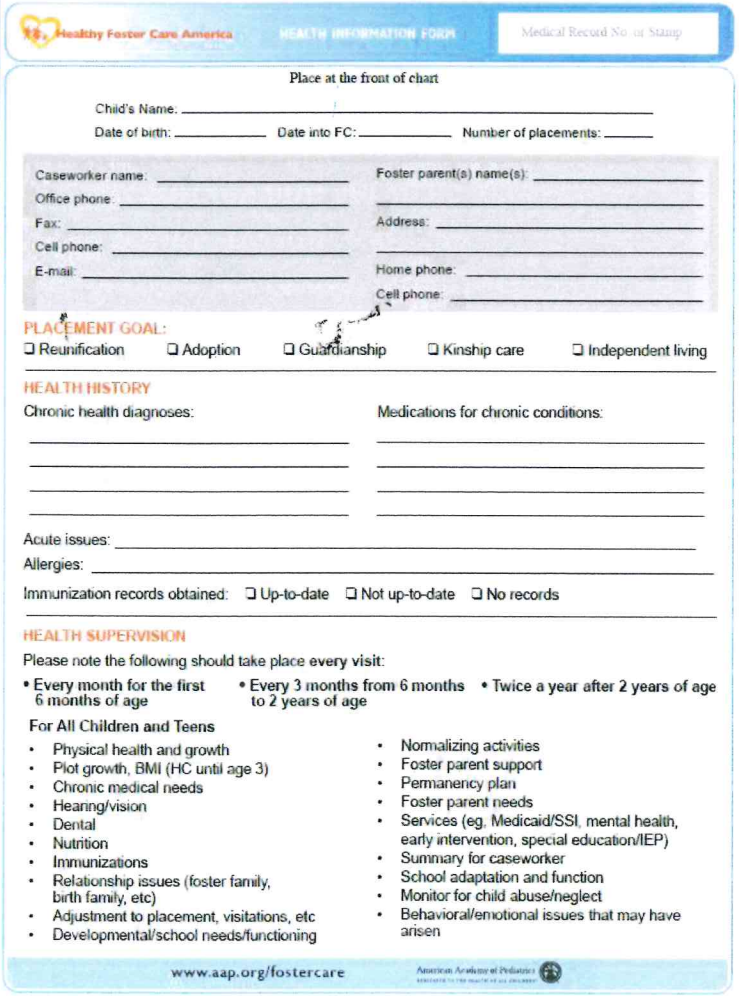
Children in Foster Care

- 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 kindergartners 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 RESILIENCE PROJECT
We can stop Toxic Stress.

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



Healthy Foster Care America — HEALTH INFORMATION FORM — Medical Record No. or Stamp

Place at the front of chart

Child's Name: _____

Date of birth: _____ Date into FC: _____ Number of placements: _____

Caseworker name: _____
Office phone: _____
Fax: _____
Cell phone: _____
E-mail: _____

Foster parent(s) name(s): _____
Address: _____
Home phone: _____
Cell phone: _____

PLACEMENT GOAL:
❑ Reunification ❑ Adoption ❑ Guardianship ❑ Kinship care ❑ Independent living

HEALTH HISTORY
Chronic health diagnoses:

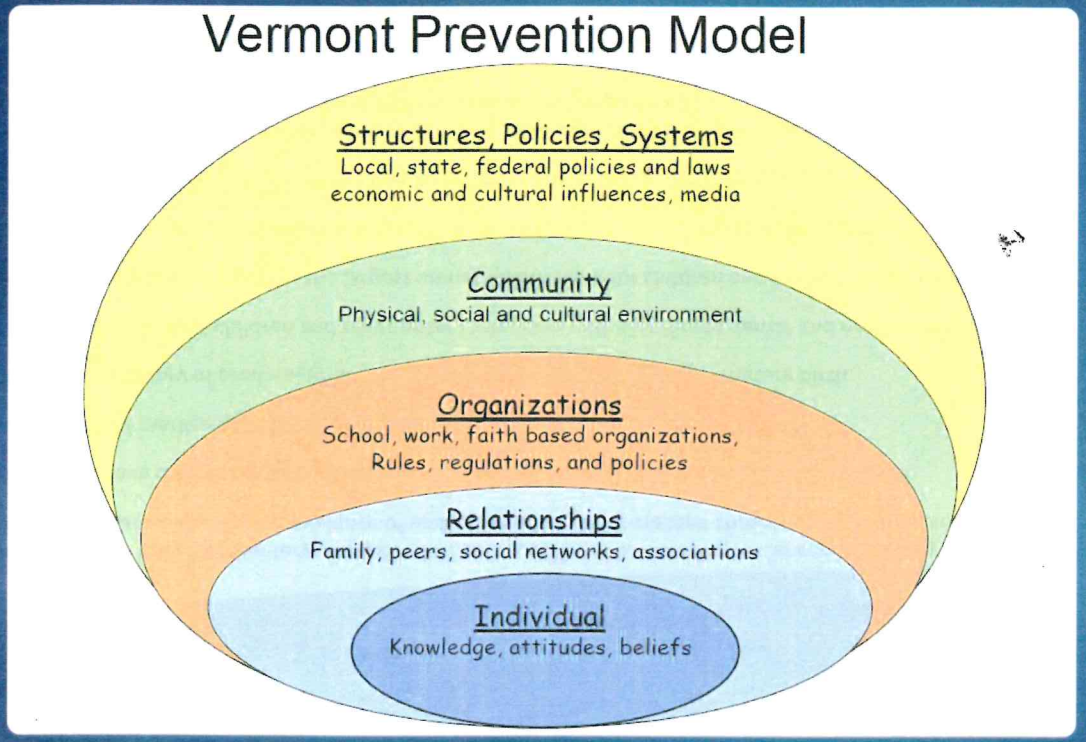
Medications for chronic conditions:

Acute issues: _____
Allergies: _____
Immunization records obtained: ❑ Up-to-date ❑ Not up-to-date ❑ No records

HEALTH SUPERVISION
Please note the following should take place every visit:
• Every month for the first 6 months of age • Every 3 months from 6 months to 2 years of age • Twice a year after 2 years of age

For All Children and Teens
- Physical health and growth
- Plot growth, BMI (HC until age 3)
- Chronic medical needs
- Hearing/vision
- Dental
- Nutrition
- Immunizations
- Relationship issues (foster family, birth family, etc)
- Adjustment to placement, visitations, etc
- Developmental/school needs/functioning
- Normalizing activities
- Foster parent support
- Permanency plan
- Foster parent needs
- Services (eg, Medicaid/SSI, mental health, early intervention, special education/IEP)
- Summary for caseworker
- School adaptation and function
- Monitor for child abuse/neglect
- Behavioral/emotional issues that may have arisen

www.aap.org/fostercare

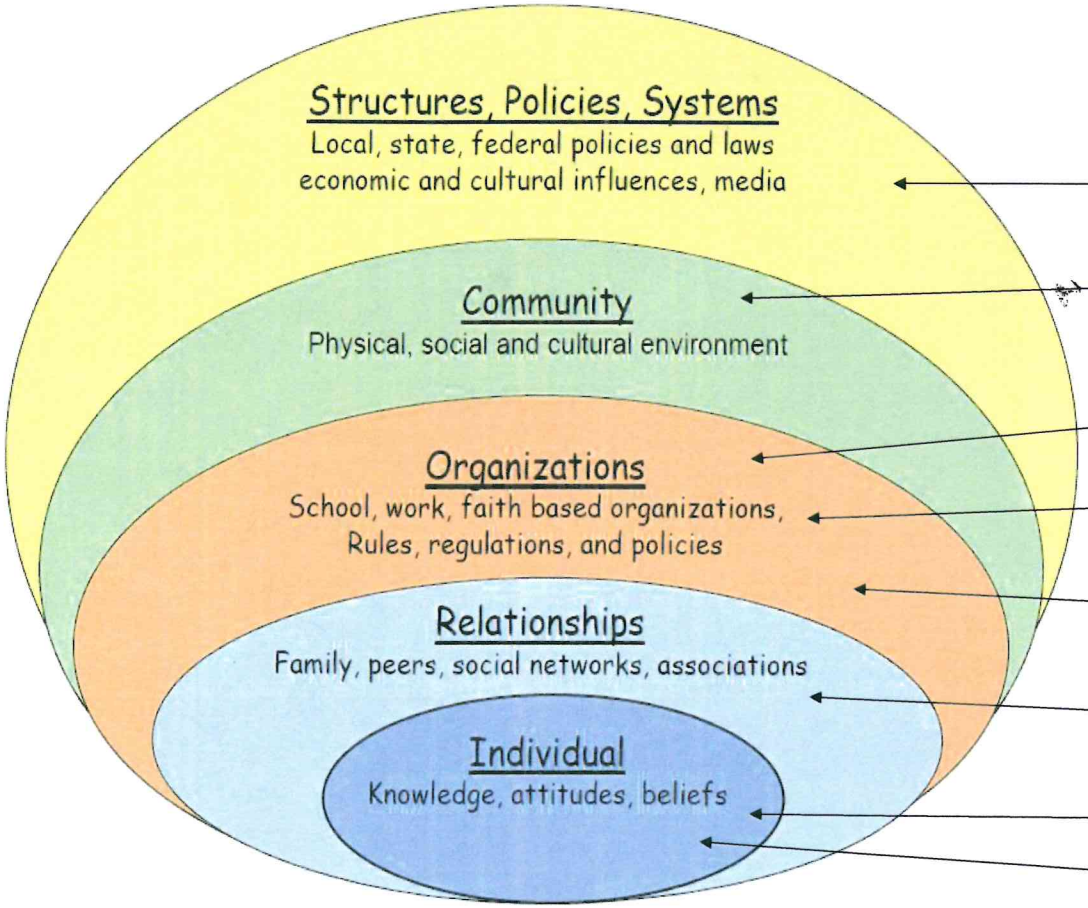


- It takes a combination of actions, sustained over time, to prevent risky behavior and promote wellness.
- Prevention strategies are most likely to succeed if they reach people in state, community, school, family, and individual environments.
- Vermont prevention efforts include evidence-based strategies 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**

Vermont Prevention Model



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/871

Sequential Intercept Model

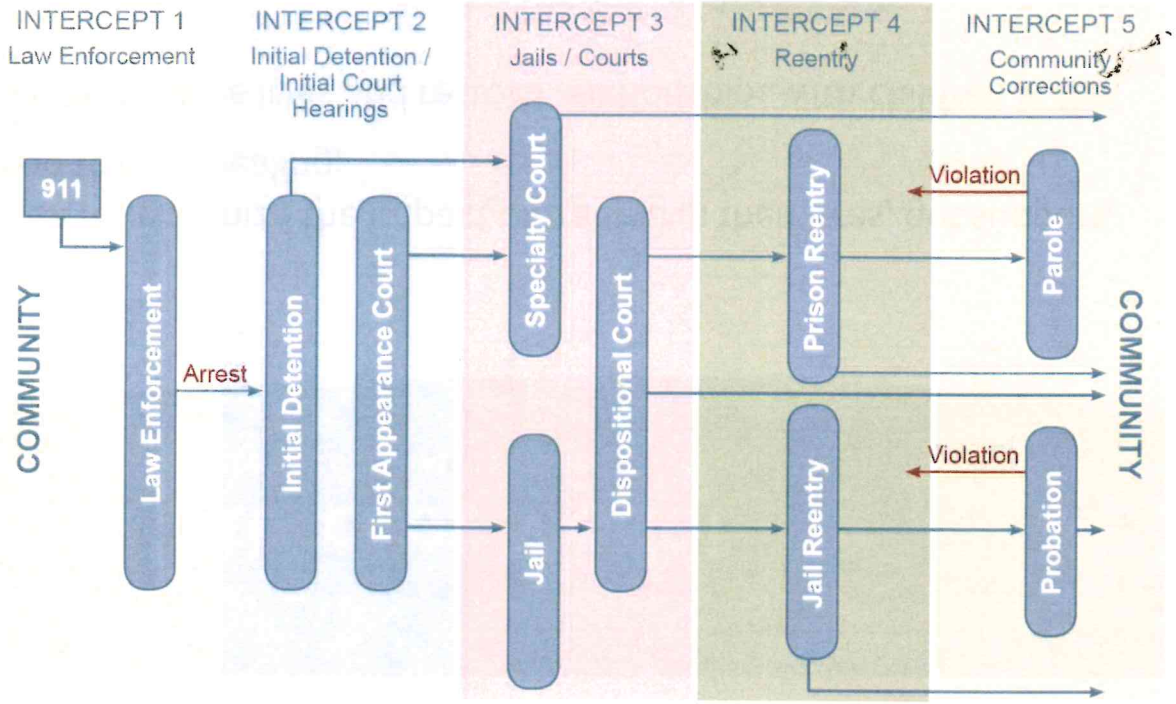
benefits women, the criminal justice system, and other service systems by,

- 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.

SAMHSA: Creating a Trauma-Informed Criminal Justice System for Women
https://www.nasmhpd.org/sites/default/files/Women%20in%20Corrections%20TIC%20SR(2).pdf

FIVE INTERCEPT POINTS: Openings for Change

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.

Preventing ACEs in future generations could reduce levels of:

Heroin/crack cocaine use (lifetime) **by 66%**

Incarceration (lifetime) **by 65%**

Violence perpetration (past year) **by 60%**

Violence victimisation (past year) **by 57%**

Cannabis use (lifetime) **by 42%**

Unintended teen pregnancy by 41%

High-risk drinking (current) **by 35%**

Early sex (before age 16) **by 31%**

Smoking tobacco or e-cigarettes (current) **by 24%**

Poor diet (current; <2 fruit & veg portions daily) **by 16%**

We all have a part to play!

Future Story...