

March 15, 2011

TO: MEMBERS OF THE HUMAN SERVICES COMMITTEE
FROM: DR. ALICE FORRESTER
CLIFFORD W. BEERS CHILD GUIDANCE CLINIC, NEW HAVEN, CT

PLEASE SUPPORT HOUSE BILL 6588 -

AN ACT CONCERNING DOMESTIC VIOLENCE AND CHILD TRAUMA

Our organization will soon be celebrating 100 years of providing professional and caring services to traumatized children and families in the Greater New Haven Area. Our work is very challenging and often very heart-wrenching, but we do it with pride and professionalism.

Our Clinic employs 85 full-time professionals, 41 of whom are members of the AFSCME Union. Our employees receive good health and retirement benefits. Most of our employees stay with us for their entire careers. We provide outpatient mental health care and counseling from: two offices located in New Haven; one office in Guilford and one office in West Haven. We also provide care and counseling at two school-based clinics and our professionals frequently visit families at home to provide in-home care and counseling.

We are currently providing care to 1900 children and family members to equal about 3200 community members in the Greater New Haven area. Our total annual budget is about \$7M: 46% comes from state funding; 26% Third Party Payors, 1% from federal funding; and 27% from the generous charitable contributions from members of the community. With a \$7M annual budget and 3,200 family and children as clients, the annual cost of care is about \$3,700 per client.

About 70% of the children who come to the Clifford Beers Clinic are victims of severe trauma and/or abuse. After 6 months of treatment and care with our professional support, we are very happy that about 50% of these children are generally not showing any continuing symptoms related to the trauma and abuse, and these children and their families can begin to live happier and more productive lives. Over time, most of our clients and their families start to feel better and overcome their horrible symptoms. We are very successful in our mission to help children and families!

From a cost-benefit perspective, The Clifford Beers Clinic is really helping families at an extremely low annual cost (about \$3,700 per person). This is compared to the cost of residential placement and care per person, which can be as high as about \$400,000 per child per year. Also, if a traumatized

child eventually gets tangled up in our prison system (which is the case more often than not if the child does not receive proper care and counseling), then the annual cost for prison is about \$56,000 per person.

We strongly support House Bill 5688, and we are particularly pleased that the important concept of trauma-informed care has been incorporated into Sections 1 and 2 of the bill, where it is provided that peace officers and family violence intervention professionals shall provide information to victims concerning trauma-informed care provided by licensed professional counselors.

For your review, we are including below discussion of the benefits of trauma-informed care that we discussed in December 2010 with the members of the Legislature's Domestic Violence Task Force:

The Life-time Health Effects of Adverse Childhood Experiences

Clifford Beers Clinic

1. **Statement of the Issue:** In order for adults to live truly health lives, a synergy between mental and physical health must exist. The current model dividing physical and mental health has failed to see the link between the two and how one affects the other. However, simply adding mental health to healthcare reform is not the answer. Primary care physicians must and should be screening for mental health issues or issues that make an individual at risk of mental health issues. These ideas are based on the research by Drs. Robert Anda and Vincent Felitti conducted in collaboration with Kaiser Permanente in San Diego and the CDC. It's the largest study of its kind (18,000 adults) and its findings clearly show a relationship between adverse childhood experiences (traumatic experiences) and organic disease (later in adult life). Understanding the link between trauma and disease means that if we are to save health care costs in the long term we will have to address mental health issues within primary care settings. Today, many children in our urban areas and suburban as well are exposed to multiple complex traumatic stressors (adverse childhood experiences) such as traumatic loss, domestic violence, sexual abuse and community violence. Research has shown that a childhood filled with exposure to more than three traumatic life experiences can have lifelong physical and behavioral health consequences. The effects of untreated traumatic exposure can result in cancer, heart disease, diabetes, obesity, lifelong mental health difficulties, incarceration, violence and early death. Traumatic stress can cause disruptions in children's ability to finish school and hold a job. It can interfere with peer relationships and cause a lifetime of health and social impairment. Connecticut needs to be a state that takes the effects of trauma and violence seriously and takes steps to ensure we have a

trauma-informed safety net of effective and accessible mental health care within its healthcare reform movement.

2. Immediate Action Areas

Integrate Trauma-Informed Care In the Healthcare Reform Process: (Costs integrated into the costs of Health Care Reform)

- * Integrate mental health and physical health work groups focusing on healthcare reform to ensure that both are considered.

- * Create opportunities to incorporate trauma-informed care within primary care setting, for example mandate that primary care physicians assess for trauma during physicals or regular office visits (including pediatric care).

- * Incorporate data collection (of mental health assessments) in any Health care reform initiatives in the State.

- * Create a data collection mandate to assess for trauma exposure in the Medicaid Electronic Health Record Meaningful Use initiative.

- * Data collection systems should be able to highlight at risk individuals for adult disease and incorporate this information into a client's patient-centered medical home

- * Create a mandate for youth and families with chronic traumatic stress to receive priority for the Health Care Homes Initiative on Health Care reform.

Integrate Trauma-Informed Care into all Health and Human Services (see costs listed below)

- * Support Learning Collaboratives throughout the state in evidence based treatments for treating trauma and violence for children and families in both primary care and mental health settings. (\$600,000 per year, per collaborative)

- * Increase Medicaid rates for providers offering trauma assessment and evidenced based trauma informed care in primary and mental health settings (Increased Medicaid Rates/State share)

- * Create a maternal health screening for mothers at high risk for trauma and create programs that incorporate trauma and violence prevention in home visiting programs (\$1,000,000 per year estimate)

- * Educate the child welfare, juvenile justice, police, emergency care providers and firefighters and court support staff on the effects of trauma and violence exposure and make available information on trauma informed resources available in the community (Integrate specialty training into current training dollars)

Train service providers in trauma-informed care: (Use current training dollars to by trauma-informed training)

- * Train healthcare providers on trauma informed care and how to conduct assessments.

- * Educate the child welfare, juvenile justice, police, emergency care providers and firefighters and court support staff on the effects of trauma and violence exposure and make available information on trauma informed resources available in the community (Integrate specialty training into current training dollars)

- * Create specialized trauma focused coursework for educators and mental health practitioners in trauma-informed care in all institutions of higher learning throughout the State.

- * All teachers and principals are trained on the effects of trauma and violence in children and how exposure effects behavior and health (including obesity)

- * Support school based mental health initiatives

- * Incorporate stress management techniques in life skills curriculum

Fiscal Impact: Obviously any healthcare model that focuses on holistic care and includes mental as well as physical health will save costs in the long term. We would expect to see a reduction in chronic disease among very vulnerable populations. The focus would be on preventative measures as opposed to managing chronic disease. This proposal would need an initial investment upfront in order to save costs later.

3. Long-term Needs/Vision: Connecticut is a Trauma-Informed State that includes public and private service providers, educators, and primary and mental health care professionals.

√ Implement Effective Trauma-Informed Interventions across the State: Strategies that promote prevention, early intervention, treatment

√ Strong Partnerships: Across service systems, partnerships and networks that facilitate knowledge exchange

√ Access to Tools and Training: Create a learning community that shares data, assessment and trainings across the state

√ Implement Trauma-Informed Policies that promotes these efforts

Challenges for Long Term Change: We run risks when we promote public policy based on simple linear associations, for example, chronic adverse childhood experiences equals a lifetime of health consequences. Rather, the perspective should be that there is a dynamic complexity to our lives and that trauma interventions work. Our focus on health through life course is not about our limits, but rather about opportunities.

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THANK YOU FOR SUPPORTING HOUSE BILL 6588.