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THE COMMUNITY RESILIENCE INITIATIVE

A Policy Brief for the City of New Haven in Support of a
Multi-Faceted, Trauma-Informed Collaborative System of
Care

1/25/2013

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Impact of Adverse Childhood Events

Compared to a person with an ACE score of zero, a person with an ACE score of 7 or more is:

30 times more likely to attempt suicide as an adult

51 times more likely to attempt suicide in childhood or adolescence

78% of IV drug use in women is attributable to adverse childhood experiences

55% of women with ACE scores of 7 or more reported becoming pregnant before age 18, compared with 15% of women with an ACE score of zero

Adverse childhood events underlie two-thirds of all alcoholism

Children who experience both neglect and physical or sexual abuse are 26 times more likely to become homeless than those who do not

Higher ACE scores result in significant rises in chronic health conditions and early death

I. Executive Summary

Over the last several years the evidence has been accumulating that shows early exposure to Adverse Childhood Experiences significantly increases their risk of mental health disorders. An Adverse Childhood Experience, or an “ACE,” is unlike an everyday aggravating occurrence akin to losing a soccer game or misplacing homework. Instead, an ACE event is a complex and stressful life event. Examples of ACEs include but are not limited to traumatic grief and loss, physical and sexual abuse, emotional abuse, chronic neglect, and domestic and community violence.

ACEs know no socioeconomic boundaries, and research shows that children who are exposed to more than three ACEs can develop a stress so toxic that it results in developmental delays, neurological damage and severe and chronic health issues (e.g., heart disease, diabetes, obesity). Additionally, children exposed to ACEs who are left untreated face greater risk of incarceration, violence, and early death, and they will likely struggle academically – if not altogether abandon school.

The social and financial cost of ignoring childhood trauma is enormous. Fortunately, the course can be corrected, and a child who is exposed to ACEs and who receives treatment may not only heal but indeed thrive.

To that end, the City of New Haven seeks to implement the Community Resilience Initiative with its impact to be assessed vis-à-vis results-based accountability. By creating the New Haven Trauma Coalition, which will be a trauma-informed collaborative system of care to treat ACEs that involves the entire Greater New Haven community, the City seeks to eradicate community violence, school failure, reduce incarceration rates, improve overall health and, in short, create a safer, healthier community for children and families.

II. Statement of the Issue

What role should the City of New Haven play in creating, promoting and implementing a Community Resilience Initiative that looks to create a trauma-informed collaborative system of care in an effort to create a safer, healthier and overall more vibrant community for children and families?

III. Background of the Problem

Ideally, upon discharge from the hospital a newborn is swaddled by a nurse, placed in a parent's loving arms, buckled securely into a car seat and taken home to a family committed to protecting and nurturing the new small being. As the child grows, the family honors its pledge to keep the child safe and works to create a supportive community for the child, inclusive of school, in which s/he will blossom.

Ideal worlds, though, are not necessarily the norm, and where they do exist they can be suddenly and inexplicably fractured. Regarding the latter, one need only hear the phrase "Sandy Hook Elementary" to be reminded that blight and trauma can invade the sweetest, safest childhood world. As to the former, the reader is referred to the seminal 2009 ACEs study which explored the impact of ACEs on mental health and well-being.¹ Conducted by Vincent J. Felitti, MD and Robert F. Anda, MD, MS, that study examined 17,000 middle-class Kaiser-Permanente Health Plan patients in the San Diego area (80% white/Hispanic, 10% black, and 10% Asian; 74% attended college; mean age 57) over 14 years to determine each individual's current state of health and well-being as against his/her ACEs exposure. The study's conclusions² include the following:

- The influence of childhood experience, including often-unrecognized traumatic events, is long-lasting.
- Most of our most intractable public health problems are the result of compensatory behaviors like smoking, overeating, and alcohol and drug use which provide immediate partial relief from the emotional problems caused by traumatic childhood experiences.
- The ACEs study provides a credible basis for a new paradigm of medical, public health, and social service practice that would start with comprehensive biopsychosocial evaluation of all patients at the outset of ongoing medical care.

The children and families of New Haven are not immune to ACEs exposure, and likely much of that exposure is going untreated. New Haven logically falls within the overall public mental health crisis of untreated ACEs, and the ACEs study suggests the crisis is contributing to many of the City's most pressing problems: crime, poverty, low academic achievement, addiction, mental health problems and poor health outcomes. These problems continue to be a social and financial drain on the community.

IV. New Haven's Interest in Addressing the Impact of ACEs on Mental Health and Well-Being

The cost to the City of New Haven when ACEs are not treated is quantifiable both socially and financially.

A. The Financial Cost

Every year millions of dollars are spent by the City of New Haven to address the inevitable consequences of ignoring childhood trauma, with hefty price tags ascribed particularly to health care and public safety. Although treatment of childhood trauma could stem the tide of these ever-increasing bills, treatment options – and particularly those which focus on prevention, awareness and screening – are not widely available. To the point, the State of Connecticut Office of the Healthcare Advocate recently reported

¹ Felitti, Vincent J., MD and Anda, Robert F., MD, MS, "The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders, and Sexual Behavior: Implications for Healthcare" (2009).

² Felitti-Anda, 15-16.

that Connecticut, including New Haven, lacks an overall vision for delivering mental health services to its residents. Commenting on the report, State Healthcare Advocate Victoria Veltri said she hoped the recent report would be "an immediate call to action on all our parts."³ She added, "All stakeholders need to be at the table to create the kind of healthcare delivery that creates awareness, offers prompt, affordable and quality treatment, addresses health disparities, breeds excellent outcomes and is cost effective."⁴ To reach the overarching goal, the report offers eight specific recommendations including one to enhance mental health prevention, awareness and screening programs.⁵ This type of screening is part of the long overdue implementation of a trauma-informed collaborative system of care to treat ACEs and thereby reduce the financial burden to the City caused by untreated childhood trauma.

A paper by Conrad (2006) presents a model in which the actual costs of child abuse and neglect, based on direct, indirect and opportunity costs of these type of cases. This model found that child abuse and neglect generates: 1) Direct costs (social services, health and mental health costs, community costs) of \$17,319 per year (1999 Dollars). Over 50 years - \$865,960. 2) Indirect costs (juvenile justice, criminal justice, special education) of \$40,143 per year. Over 50 years - \$2,007,150. 3) Opportunity costs (lifetime income lost, lifetime Federal and state tax payments lost) \$5,998,216. 4) Intensive trauma based psychotherapy, at \$275 (based on Clifford Beers Clinic intensive outpatient program charges per session, at 2 sessions per week for 10 years - \$286,000.⁶

Info on social welfare costs, etc...academic failure? costs by City of New Haven?

B. The Social Cost

Referring back to the ACEs study mentioned earlier, the data is alarming. To fully understand it, it must be viewed in terms of ACE scoring. For any and all exposure to one of ten traumatic events,⁷ a study participant received a point. A participant with an ACE score of three means s/he was exposed to three separate types of trauma regardless of whether the trauma was an ongoing vs. a one-time event. Among the multitude of findings that prove the negative impact of untreated ACEs on health and wellness, the study indicates that stress from ACEs can indeed reach toxic proportions that translate into significant behavioral and health problems. The study offered the following in support of the causal effect of ACEs:

- Male participants with exposure to six or more ACEs were 4,600% more likely to become injection drug users compared to those with an ACE score of 0.
- 58% of female participants with an ACE score of four or more reported a lifetime history of chronic depression, whereas less than 20% of female participants with an ACE score of zero reported the same.

³ Veltri, Victoria, JD, LLM, State of Connecticut Office of the Healthcare Advocate, "Findings & Recommendations: Access to Mental Health & Substance Use Services" (January 2, 2013)

⁴ State of Connecticut, Office of the Healthcare Advocate, "Office of the Healthcare Advocate Releases Report on Mental Health and Substance Use: Access to Prevention, Treatment and Coverage" [Press Release]. Retrieved from <http://www.ct.gov.oha/cwp/view.asp?Q=S16152&A=11>

⁵ Veltri, 61.

⁶ Conrad, C., "Measuring Costs of Child Abuse and Neglect: A Mathematic Model of Specific Cost Estimations," in the Journal of Health and Human Services Administration, Vol. 29, Num. 1, Summer 2006, pp 103-123.

⁷ The ten ACEs study traumatic events are as follows: (1) emotional abuse, (2) physical abuse, (3) contact sexual abuse, (4) mother treated violently, (5) drug user/alcoholic household member, (6) imprisoned household member, (7) depression/suicide/mental illness/psychiatric hospital admission of a household member, (8) not being raised by both biological parents, (9) physical neglect, and (10) emotional neglect.

- Using teen pregnancy and promiscuity as measures of sexual behavior, there was a proportionate relationship between these outcomes and the ACE score.
- With an ACE score of 0, only 7% of participants suffered from COPD (chronic obstructive pulmonary disease); that percentage increases a full ten percentage points to 17% with an ACE score of four or more.

Because the study is very recent, the full influence of ACEs on things like healthcare costs and life expectancy have yet to be fully realized; however, the data is expected to show significant impact on these and other longitudinal issues. In all events, the data indicates that ACEs are responsible for a litany of ills.

A recent article notes that while the general adolescent population is estimated to have a rate of 9% to 21% in occurrence of diagnosable psychiatric disorders, in the juvenile offender population the rate of mental health problems is disproportionately high and estimated to be as much as 50% to 70%.⁸ If the estimates of mental health problems among offenders are even close to accurate, the City of New Haven would benefit greatly by putting into place a Community Resilience Initiative aimed at reducing toxic stress and treating incidents of trauma. The net result? Where New Haven's overall (violent and property) crime rate is the highest in the state as well as far above the national average,⁹ addressing a likely cause of crime will yield a safer, better community.

Further exploring the tie between mental health and crime, and wrapping back into the high financial cost of leaving trauma untreated, a report from the Connecticut Office of Legislative Research is enlightening. The report details economic losses to society that spring from a life of crime. In addition to the significant cost for incarceration in a Connecticut correctional institute (\$44,165 annually for FY 2006), the report references alarming analyses that estimate "the total external costs of a life of crime [to] range from \$1.5 to \$1.8 million."¹⁰

In sum, the effect of leaving ACEs untreated is very real and very costly. It hurts individuals, families, communities, and the entirety of society. The City of New Haven is and must remain invested in creating real, plausible systems of care to correct the problem. The Community Resilience Initiative fits that bill.

V. To Address the High Cost of ACEs, the City of New Haven Should Build and Support the Community Resilience Initiative, a Multi-Faceted and Trauma-Informed Collaborative System of Care

In order to have a positive impact on toxic stress and promote a resilient environment, a multi-faceted and trauma-informed system must be designed.

A. What Is A Trauma-Informed System of Care?

A trauma-informed system of care recognizes the pervasiveness of toxic stress and trauma. It commits to identifying and addressing toxic stress and trauma as early as possible. It seeks to understand the connection between presenting symptoms and behaviors to the trauma history. In short, it is not about *what's wrong with you?* but instead asks *what happened to you?* Trauma-informed care uses

⁸ Schubert, Carol, MPH, Mulvey, Edward, PhD, and Alderfer, Amanda, "Serious Juvenile Offenders: Do Mental Health Problems Elevate Risk?" October 5, 2011. Retrieved from <http://www.reclaimingfutures.org/blog>.

⁹ In 2010, the New Haven violent crime rate was 295.25% above the national average and 466.99% above the Connecticut average. See "New Haven Crime Rate Report (Connecticut)," CityRating.com. Retrieved from <http://www.cityrating.com/crime-statistics/connecticut/new-haven.html>.

¹⁰ OLR Research Report, "Cost of Incarceration and Cost of a Career Criminal," February 13, 2008. Retrieved from <http://www.cga.ct.gov/2008/mt/2008-R-0099.htm>. The term "external costs" as used herein is defined as victim costs, lost quality of life, criminal justice costs, and offender productivity losses.

committed professionals who understand trauma to provide developmentally appropriate and family-focused services in multiple settings. In this way healing and growth are best achieved.

In Walla Walla, Washington, a public high school has revamped its disciplinary procedures to reflect an understanding of trauma, resulting in an 85% reduction in suspensions in the first year.

In Wisconsin, trauma informed approaches are being used to reduce the use of seclusion and restraint with children with disabilities in schools, residential treatment facilities, psychiatric hospitals, day treatment centers and other programs.

In Kansas City, Missouri, and Philadelphia, Pennsylvania, principles of trauma-informed care have been successfully introduced into preschool and daycare settings.

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In Connecticut and Florida, juvenile justice programs are implementing systematic screening for traumatic stress and are using the TARGET trauma model to teach self-regulation skills.

The Administration for Children and Families of the US Department of Health and Human Services is organizing many of its activities around the promotion of meaningful changes in the social and emotional well-being for children who have experienced maltreatment, trauma or violence.

B. What Objectives Will Be Met With A Trauma-Informed System of Care?

For New Haven, the goal is to address the financial and social costs to the City. In order to do so, the trauma-informed system of care will set three specific goals:

Promoting Safety: Increasing school and community safety will lead to educational environments that foster attendance, learning, safety, and appropriate behavior.

Reducing Violence: In identifying a potential-offender population as soon as possible and providing same with appropriate services, levels of juvenile violence and addiction can be reduced.

Creating Strong Families: By providing basic needs, addressing parental mental health, and creating an 'intentional community' for the family, families will be strengthened and the overall community will benefit.

VI. Specific Recommendations to the City of New Haven for Building and Supporting the Community Resilience Initiative, a Multi-Faceted and Trauma-Informed System of Care

Creating a multi-faceted, trauma-informed system of care to treat ACEs exposure is no small order, and some argue the issue is too sweeping to address. Concededly, there is no silver bullet, but there are real and affordable ways to implement the system of care described. This trauma-informed system will be built on promising practices already being delivered throughout the City of New Haven. The projected impact of this project will be drawn from the collective agreement of all involved to construct a unified vision of a safe and

resilient New Haven. The direction of the system of care will be guided by those who presently lead local, trauma-informed initiatives so that objectives will be focused and aligned. The goal of the *Community Resilience Initiative* is to create a significant reduction of exposure to ACEs which will, in turn, lead to a reduction of social and financial costs to the City, including reducing child mental health issues, academic failure, and the prevalence of juvenile justice offenses.

In order to support the trauma-informed system, a collaborative leadership team will be created and comprised of senior leaders from the following initiatives, programs or departments:

- | | |
|---|--------------------------------------|
| -- City of New Haven Board of Education | -- The Foundation for Arts in Trauma |
| -- New Haven Police Department | -- New Haven MOMS Partnership |
| -- Yale University | -- New Haven Community-based |
| -- Department of Children and Families | Violence Prevention Collaborative |
| -- United Way of Greater New Haven | -- Clifford Beers Clinic |

The leadership team will be co-chaired by the New Haven MOMS Partnership and Boost!¹¹ The Community Resilience Initiative will also receive assistance from members of the National Child Traumatic Stress Network.

The need for such seasoned leadership and multi-party collaboration is based on the vast scope of the problem; however, portals of attack can be condensed down to four – schools, media, providers, and the community-at-large.

A. Schools: New Haven Public Schools provide a unique, nearly ideal venue through which ACEs can be addressed. The following nine specific recommendations are offered to kick off the school-based tangent of the Community Resilience Initiative:

- Every child, every year, will be screened for ACEs and behavioral health problems, much like they are screened for immunization, vision, or reading. The screening results will be properly reviewed, and appropriate referrals will be made to school social workers/psychologists and/or school based health clinics and/or outside agencies. If a child reports actual abuse or neglect, the principal and staff will meet with the child; if abuse is confirmed, appropriate reports and referrals will be made including to DCF, Yale Center for Children Exposed to Violence, the Post Traumatic Stress Center, and Clifford Beers Clinic.
- Family members will also be invited to screen for stress, and resources will be made available at school and in the community for parents to manage and address their own stress and ACEs exposure. The New Haven MOMS Partnership will support school referrals and will also provide mental health and basic needs assistance to the community.
- Boost! will continue to expand its work partnering community providers with schools. School administrators will continue to have access to the Foundation for Arts and Trauma through Boost! This partnership has spawned a program called ALIVE (Animating Learning by Integrating and Validating Experience) which focuses on early intervention and prevention by reducing chronic stress in children K-12. Currently in nine schools, Boost! will ultimately be in all New Haven schools.

¹¹ Boost! is an effort by New Haven Public Schools to increase focus and accountability around the provision of quality wraparound supports and services within the schools. A key element of the New Haven School Change Initiative, Boost! complements improvements in schools by “wrapping around” the school day with supports and services that have been shown to contribute to academic success. Through a partnership with the City of New Haven and United Way of Greater New Haven, Boost! brokers connections between schools, community-based providers and public agencies to support children’s overall development and assists schools in using data to make deliberate decisions about the services, programs and interventions they chose to utilize to support their students. Boost! provides a systemic framework that enables school communities to understand the impact of services on student learning and to invest resources in a way that maximizes impact on student success. Boost! is currently in 11 NHPS schools and will be expanding to an additional 5-10 schools each year.

- In addition to PBIS¹² and de-escalation trainings, all school personnel will be trained in trauma and its effects in the classroom. All staff and personnel will be trained in trauma-informed practices, and all discipline policies will be designed with trauma-informed care.
- In addition to the ALIVE program, Cognitive Behavioral Intervention for Trauma in School (CBITS) will be available for students in grades 5-12. CBITS is a school-based, group and individual intervention. It is designed to reduce symptoms of post-traumatic stress disorder (PTSD), depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters.
- Therapeutic mentoring programs, also supported by Boost!, will be developed in each school for children who are more susceptible to low self-esteem or who have no positive supports/role models in their lives.
- Training for school administration, staff and school nurses will be provided to heighten ACEs awareness.
- Every school in New Haven will have a school based health clinic, with trauma-informed health and mental health personnel offering services.
- New Haven schools will partner with the Community-based Violence Collaborative which is dedicated to changing cultural norms that sustain violence and make high-risk youth aware of the risks and costs of involvement in violence. A large stakeholder group – faith-based organizations, criminal justice departments, law enforcement, community groups and street outreach teams – will be engaged and mobilized to provide activities that are healthy alternatives to violence and gang involvement. This group will be focused and coordinate the City's violence prevention efforts.

B. Providers/Families: Training key providers in trauma-informed care will allow these providers to participate in the effort to address the toxic stress caused by ACEs:

- Workers within the child- and family-serving systems will be trained to screen for and address ACEs. Such workers will include hospital nurses and doctors, social workers, basic needs providers, youth-serving agencies, and any other group that works with children and families.
- Pediatricians will be trained in trauma-informed care and urged to discuss toxic stress at well baby visits.
- In-home services will be expanded for families with young children (0-5), in particular Child FIRST.¹³
- Literature will be developed to educate new mothers about toxic stress; a pamphlet will be given to new mothers at the hospital and/or at subsequent pediatric visits.

C. Community-At-Large: Critical to the success of the Community Resilience Initiative will be involving the population that the system of care is designed to serve. This will be done by initiating intervention at all levels (prevention, secondary prevention, early intervention and direct trauma-informed services):

- Media campaign. A city-wide public health campaign will be designed to educate the public about ACEs and the lifelong impact of and health problems caused by toxic stress, with information about how to get help. This media campaign would encompass PSAs and

¹² PBIS, or Positive Behavioral Interventions and Supports, has been established by the Office of Special Education Programs, US Department of Education, to give schools capacity-building information and technical assistance for identifying, adapting, and sustaining effective school-wide disciplinary practices.

¹³ Child FIRST is an early intervention program operated by Clifford Beers Clinic that provides home-based comprehensive care to young children (0-5) and their families. Child FIRST focuses on parent-child and relationship-based treatment and seeks to connect the family to a well-integrated system of supports.

incorporate a social media strategy targeted at specific demographics (e.g., Tweets geared toward adolescents vs. adults, a Facebook page routinely updated with ways to identify trauma and where help can be found, etc.).

- Community-wide information sessions will be held to educate the public on mental health awareness and the lifelong impact of ACEs. This campaign would have the added benefits of removing a long-lingering stigma around mental illness and encouraging those who need treatment to seek it. The curriculum will be designed for presentation in community-based settings, e.g., faith-based settings, parent-school meetings, libraries, etc.
- MOMS hubs will operate at 12 sites within the community. MOMS (Mental Health Outreach for Mothers) is a program that aims to provide pregnant and parenting women living in New Haven with the highest possible standard of mental health and well-being.
- Additional support will be given to the Child Development-Community Policing (CD-CP) Program in New Haven. CD-CP is a unique partnership of mental health and law enforcement professionals that provides collaborative responses to children and families exposed to community violence. It is worth noting that the CD-CP model has been replicated in numerous communities around the country and abroad. In 1999, having worked closely with the US Department of Justice, the Trauma Section at the Yale Child Study Center was designated by the White House and Department of Justice as the National Center for Children Exposed to Violence.
- The Domestic Violence Home Visit Intervention (DVHVI) will be grown. DVHVI is a specialized intervention component of CD-CP in which community-based patrol officers with specialized training in domestic violence are paired with clinical partners to conduct home visits to assess the victim's safety and the safety of her children. Where appropriate, these teams initiate contact with law enforcement and support services.

D. Results Based Accountability

This project will include a full evaluation and tracking impact of this New Haven Trauma Coalition and the Family Resilience Initiative will track the positive population impact, including a reduction of the costs of interventions will save

With a problem as complex as addressing ACEs exposure and toxic stress, a mere one-two punch cannot adequately deliver a knockout blow; however, striking at the crisis from multiple angles and with multiple methods as outlined above will help the City of New Haven ease the financial and social burdens of leaving ACEs untreated. Using results-based accountability, the impact of the Community Resilience Initiative will be tracked to ensure its effectiveness.

VII. Conclusion

As mentioned at the outset, denying the mental health problems that stem from ACEs is no longer plausible. To do so will only continue to deplete the City of New Haven of its financial resources as well as weaken its overall social fabric; however, by implementing the Community Resilience Initiative – a multi-faceted, trauma-informed system of care – the effects of toxic stress caused by untreated ACEs will be greatly lessened and the City of New Haven will become a healthier, safer and overall enhanced community.