

RESILIENCE TRANSFORMATION PARTNERS

ADDISON COUNTY REVISIONING PROJECT

A VERMONT CULTURAL CHANGE INITIATIVE

“It is easier to build strong children than to repair broken men” Frederick Douglass

GREEN MOUNTAIN CARE BOARD

March 20, 2019

MOTIVATION for CHANGE



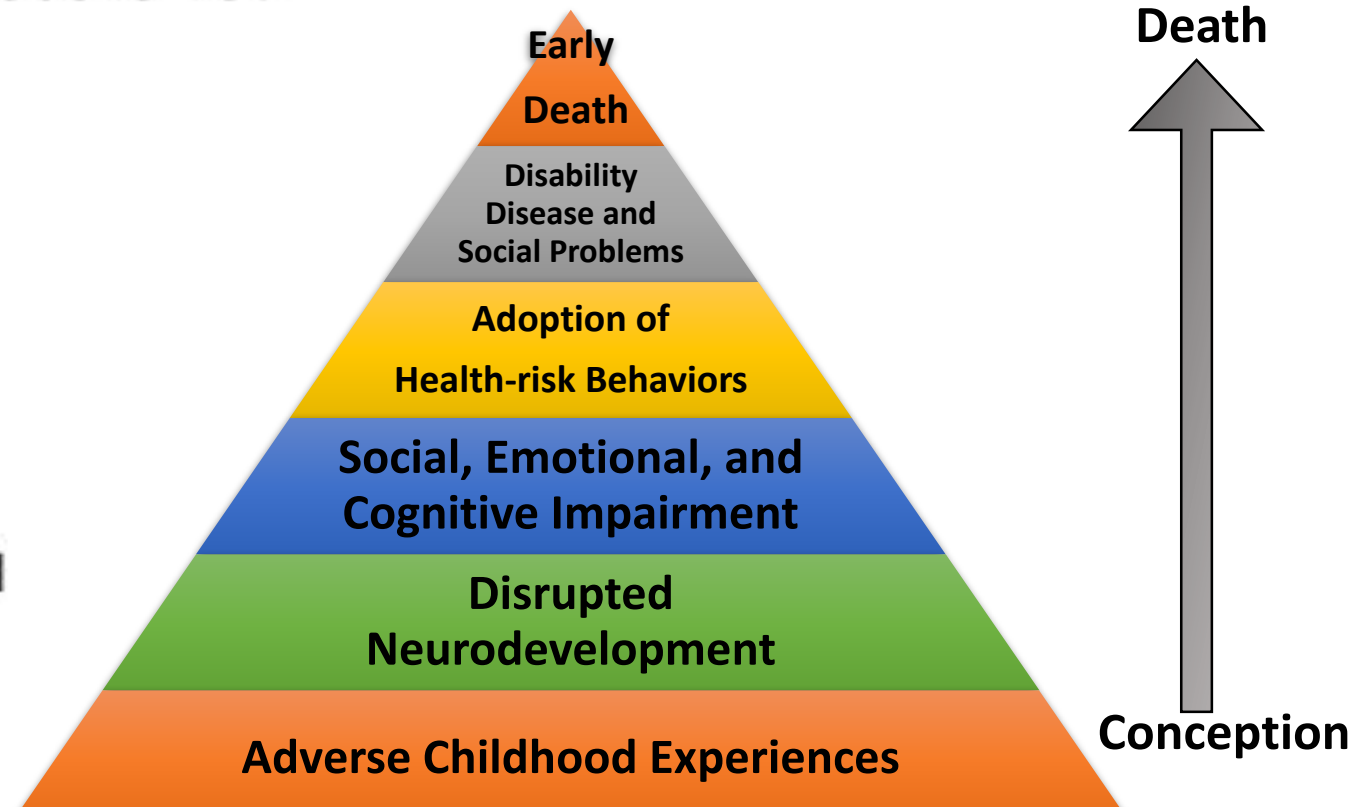


The Often *Hidden* Driver:

Adverse Childhood Events

ACE Score = 1 point each for positive responses to 10 questions inquiring about exposure to:

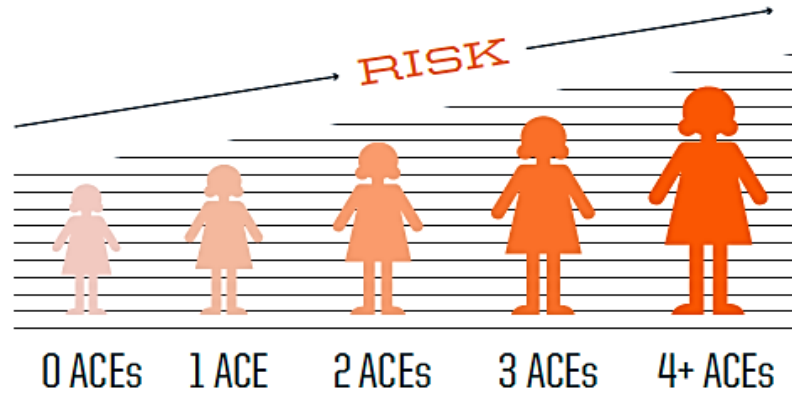
- **Physical abuse**
- **Emotional abuse**
- **Sexual abuse**
- **Physical neglect**
- **Emotional neglect**
- **Divorce/separation**
- **Domestic violence in the home**
- **Parent that used drugs or alcohol**
- **Parent that was incarcerated**
- **Parent that was mentally ill**



From: www.cestudy.org

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Through the Lifespan

As the number of ACEs increases, so does the risk for negative health outcomes



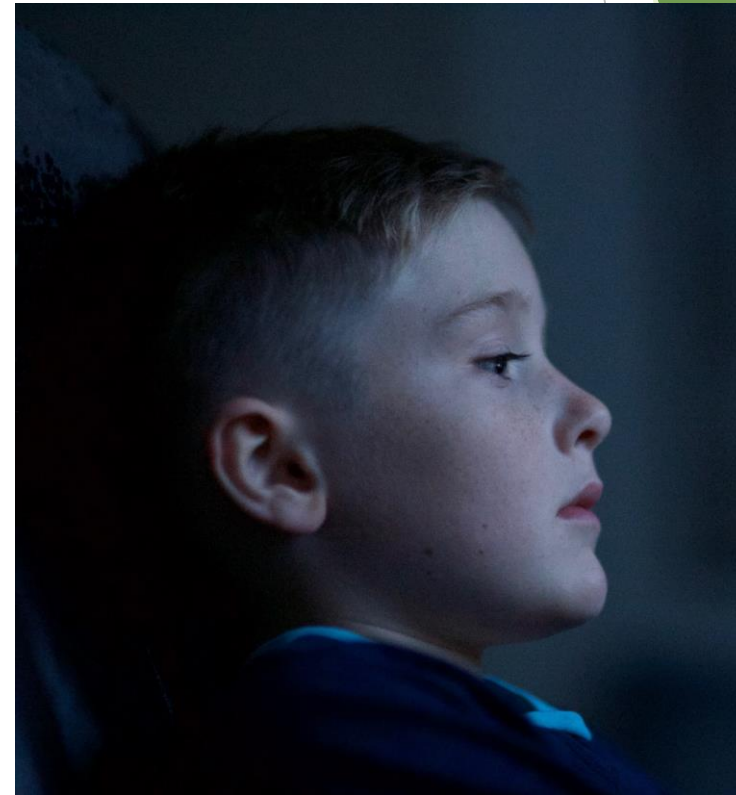
Possible Risk Outcomes:

BEHAVIOR

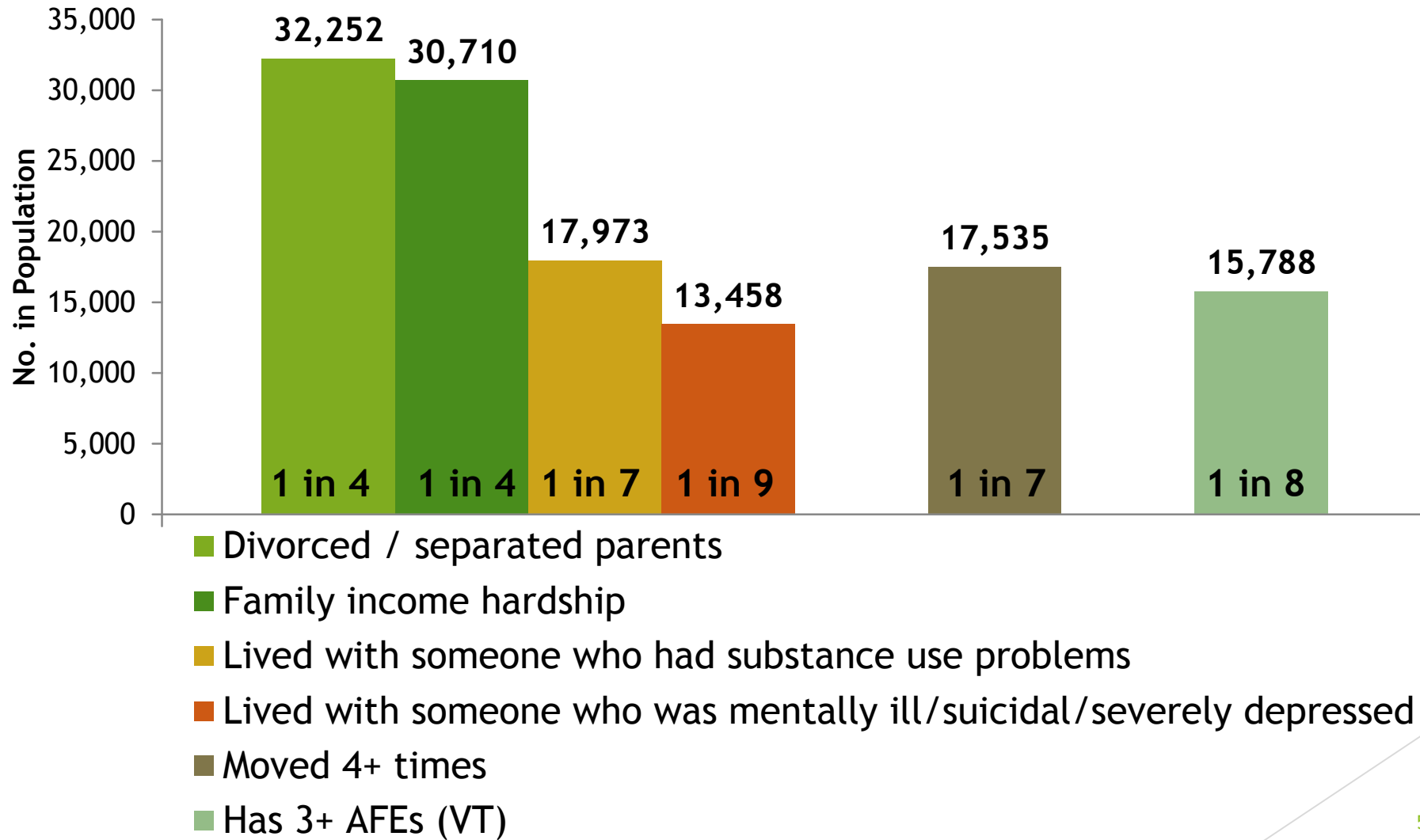
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work

PHYSICAL & MENTAL HEALTH

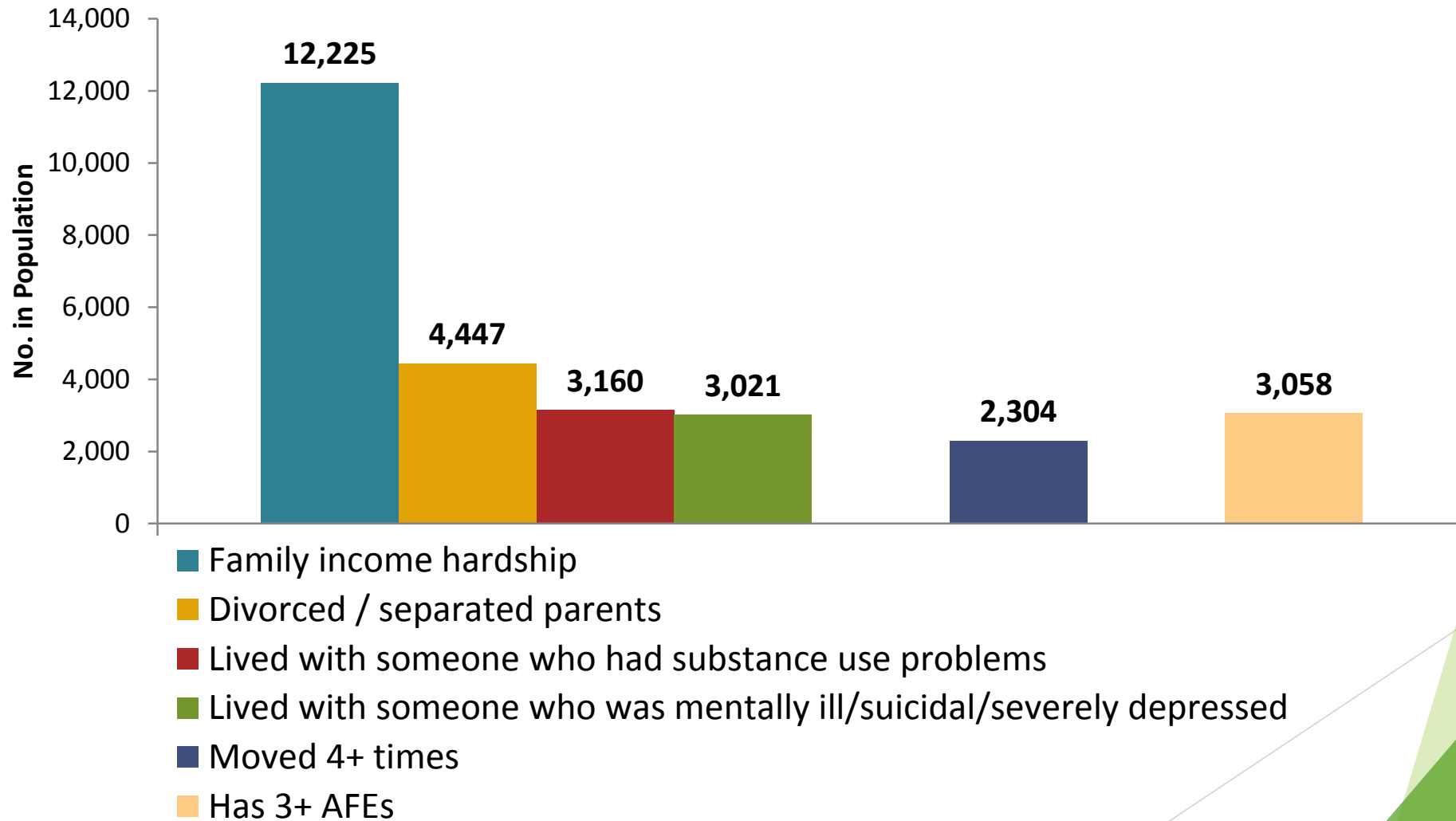
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones



Burden of Most Prevalent ACEs among Vermont Children / Youth, <1-17 years

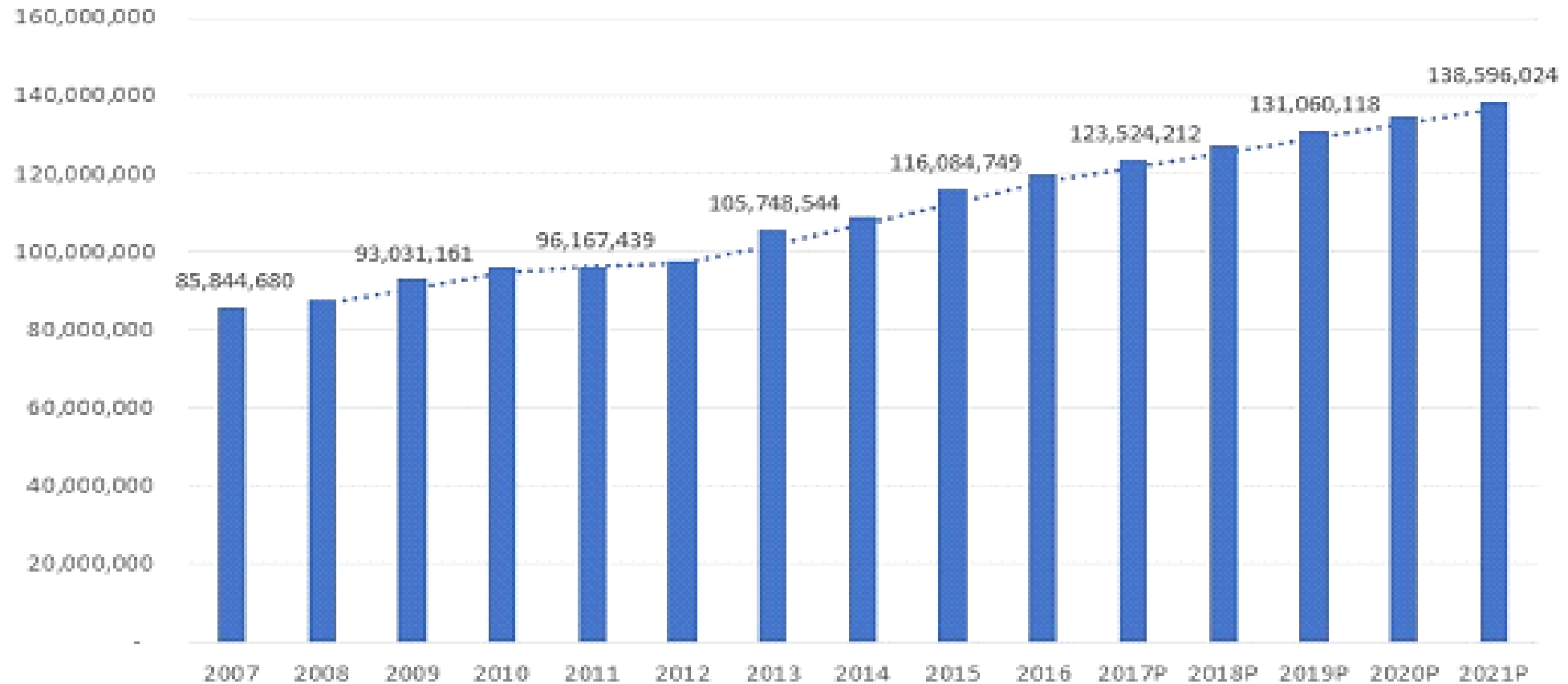


Burden of Most Prevalent ACEs among Vermont Children / Youth, <6 years



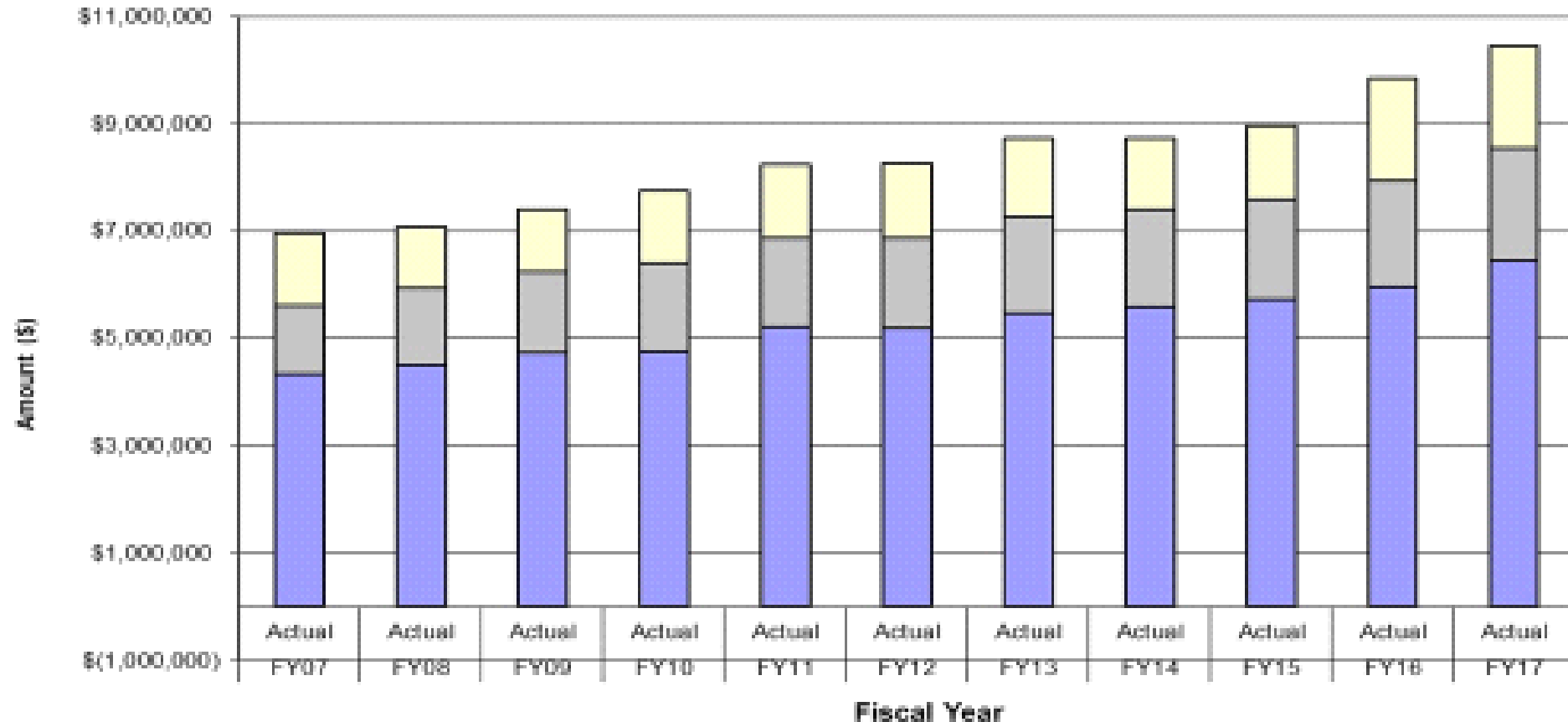
APPENDIX 4 - DMH CHILDREN'S EXPENSE

ALL DA'S CHILDREN'S EXPENSES
FY 2007 -16 WITH PROJECTIONS TO 2021



APPENDIX 5 – S.B. SCHOOLDISTRICT

Special Education Costs 2007 - 2017



■ Labor Salaries & SS ■ Employee Benefits ■ Operating Expense

TOXIC STRESS measured by ACEs FACT SHEET

- ▶ Toxic stress represents the most vexing ubiquitous **public health crisis** we have ever faced
- ▶ **15,788 Vermont children** suffer from chronic toxic stress as measured by 3+ ACEs
- ▶ **1 of 5** children suffer from toxic stress. Each classroom has potentially 5 dysregulated children
- ▶ In 2017 Vermont spent an **estimated \$411K on care for children suffering** from chronic toxic stress or \$25,700 per child with \$12,000 or 46% on education
- ▶ Long term impact of toxic stress on the health of Vermonters is estimated at **\$363M**
- ▶ In 2017 it was estimated that children with toxic stress visited Vermont hospital emergency rooms 79K times costing in excess of **\$126M in 2016**
- ▶ This is the **20th anniversary** of the Kaiser/CDC Study quantifying the impact of ACEs. There has been **no** substantial bold effort at **effecting systemic** change to counter this learning
- ▶ Vermont public sector leadership, both Administrative and Legislative, are seeking **proactive action** toward mitigation of this currently overwhelming challenge/crisis



ACEs IMPACT on VERMONT ECONOMY

FY 2017

	TOTAL COSTS	ACEs EFFECT COST
SPECIAL EDUCATION COMPUTED	\$ 628,533,793	\$ 188,560,138
OPIOID ADDICTION BUDGETED	\$ 115,000,000	\$ 34,500,000
MENTAL HEALTH DIRECT TREATMENT COSTS	\$ 123,524,252	\$ 98,819,402
CHILD WELFARE - FAMILY SERVICES	\$ 297,863,550	\$ 89,359,065
SUBTOTAL of KNOWN VERMONT COSTS	\$ 1,164,921,595	\$ 411,238,605
CRIMINAL JUSTICE - National estimates		\$ 136,008,428
LONG TERM HEALTH - National estimates		\$ 364,369,991
TOTAL ACEs EFFECTED COSTS		\$ 911,617,023
LOST PRODUCTIVITY - National estimates		\$ 1,315,012,675
TOTAL POTENTIAL ACEs ECONOMIC IMPACT		\$ 2,226,629,698

The first things we need to do...are

- ▶ Organize our thinking and move beyond the traditional outcome domains and silos around which we have traditionally organized our work.
- ▶ Establish outcomes and indicators that cut across these traditional domains.
- ▶ And construct a prevention oriented outcomes approach.

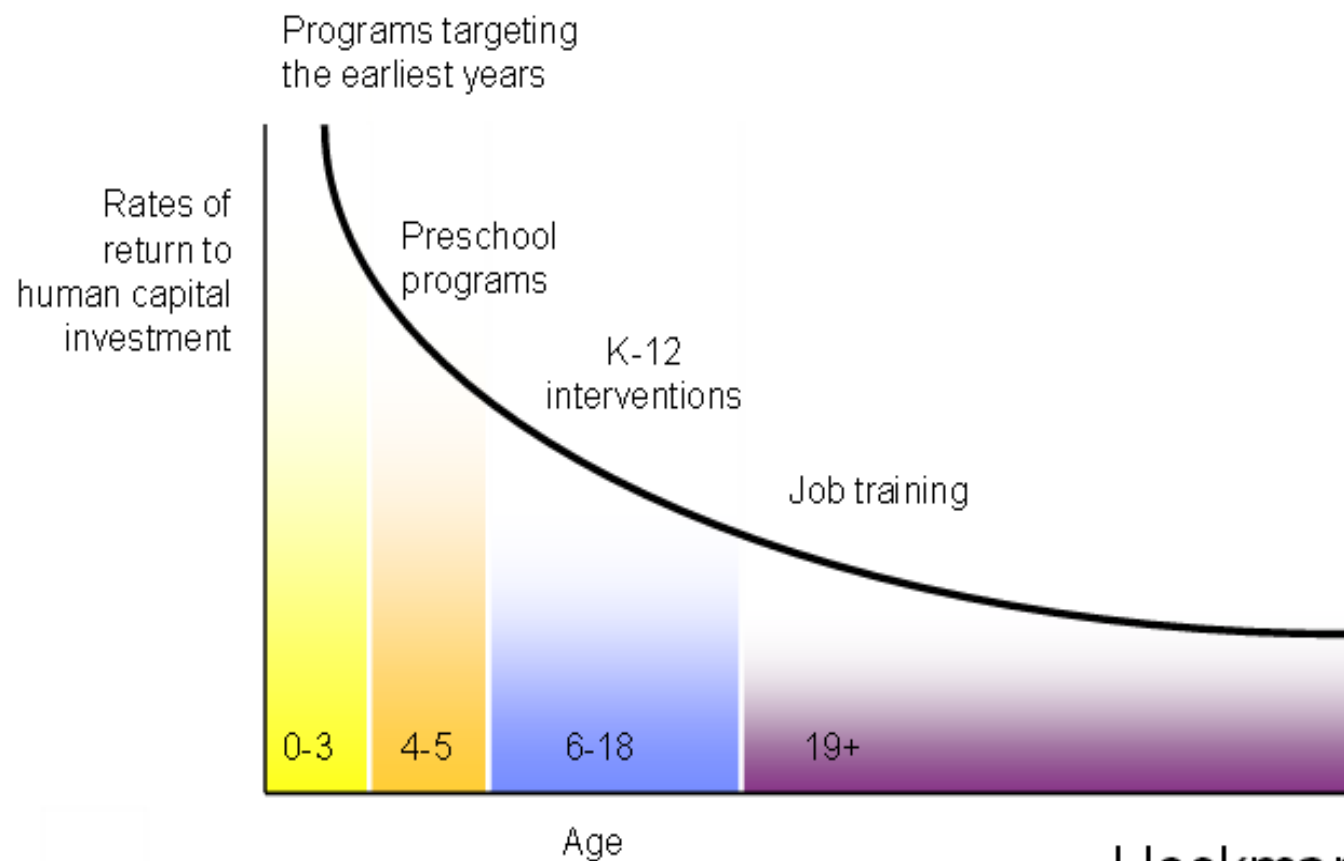


Con Hogan University of Maryland 2005

PRESENT PROGRAMMATIC APPROACHES to TOXIC STRESS INTERVENTION

Intervention Programming	Age									
	Pre-birth	0 to 6 months	0 TO 2	2 to 3	3 to 4	4 TO 5	5 to 10	10 to 13	13 to 17	
Health System	Health Improvement – Illness Prevention- Sickness Treatment									
STATE of VERMONT	WIC									
STATE of VERMONT	ESD									
PRIVATE SECTOR		DULCE								
PRIVATE SECTOR			CPP							
STATE of VERMONT			NFP							
STATE of VERMONT	MECSH									
STATE of VERMONT	PCP									
STATE of VERMONT			PAT							
STATE of VERMONT			HEAD START							
STATE of VERMONT	IFS									
STATE of VERMONT	CIS									
PRIVATE & EDUCATION					EEE					
PRIVATE SECTOR	ECE									
PRIVATE & EDUCATION					PreK					
EDUCATION							EST			
EDUCATION							SSWS			
EDUCATION								MTSS		
STATE of VERMONT	RBI									
STATE of VERMONT							VFCHP			
STATE of VERMONT						VFBA				

Preventive Intervention is More Efficient and Produces Higher Returns than Later Remediation



Heckman, J. (2007)

ULTIMATE PROJECT OBJECTIVE

“Triple Aim”

IHI/Berwick/Seltzer-Rees

Improved health of a population

Enhanced experience of care

Reduced per capita costs



FOUNDATIONAL APPROACH

Proactive Systemic Integration

Health System

Behavioral Health System

Educational System

Human Service Support System

Criminal Justice System

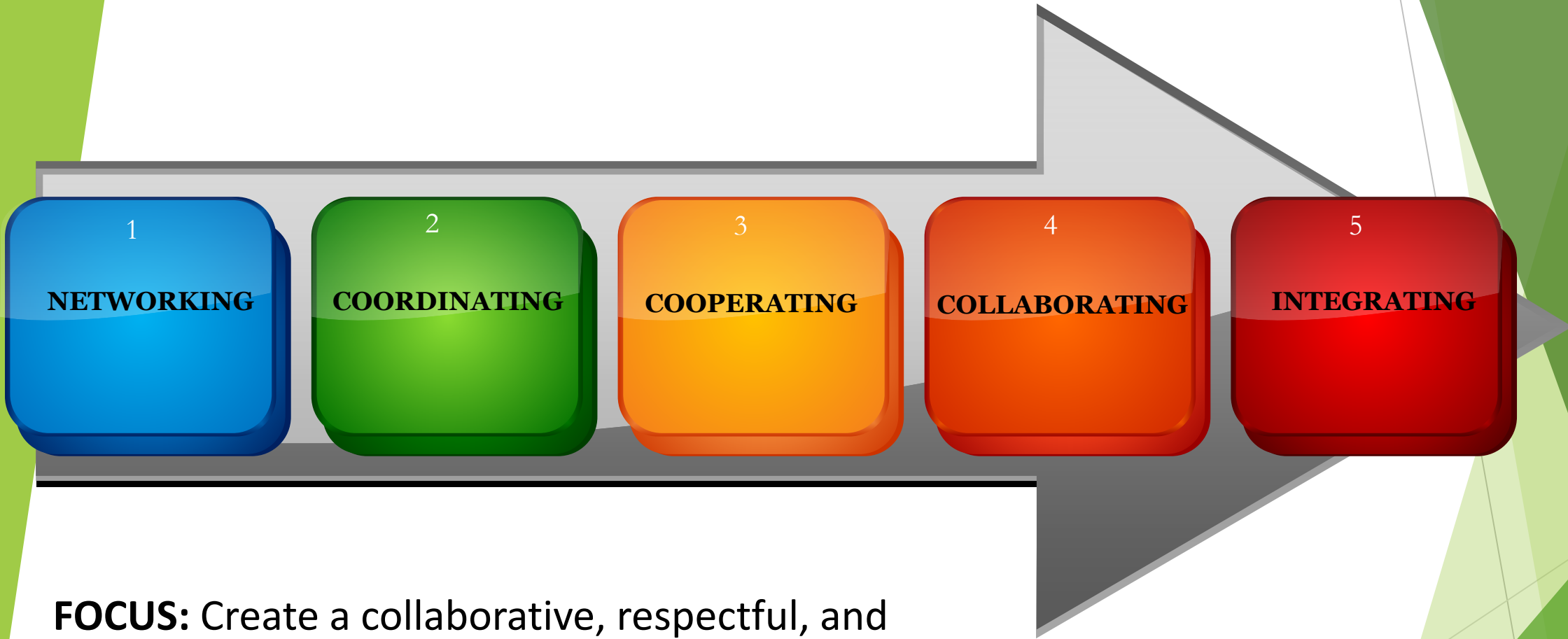


PROJECT CONSTRUCT

- ▶ **Controlled observational cohort study**
- ▶ **Utilize empirical data to create econometric analysis required to demonstrate finite family, clinical, and economic benefits**
- ▶ **Demonstration model that incorporates integrated services, trauma informed practices and multisystem collaboration**



CONTINUUM within a CONTINUUM



FOCUS: Create a collaborative, respectful, and inclusive partnership with community providers toward a shared goal of service integration.

CONTINUUM FORMATION GUIDING PRINCIPLES

- ▶ **Public/private partnership**
- ▶ **Codify and evaluate a blended funding structure for children, youth and family services**
- ▶ **Consistent with *System of Care Values****
- ▶ **Single responsible continuum of care organization**
- ▶ **Accountable joint funding authority**
- ▶ **Reduction in present interventional reactive service demand**
- ▶ **Redirection of special education, mental health, child welfare, and criminal justice expenditures**
- ▶ **Accelerated restructuring of home-based family support, early child care, and family learning.**

Ken Epstein, Ph.D. UCSF

*A system of care is: A spectrum of effective community-based services and supports for children, youth and young adults with or at risk for mental health and related challenges and their families that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs in order to help them function better at home, in school, in the community, and throughout life

CONTINUUM ATTRIBUTES

- ▶ **Collectively defined care and services**
- ▶ **Proactive versus Reactive**
- ▶ **County-wide**
- ▶ **All inclusive: pre-birth to age 25**
- ▶ **Data-driven: clinical and financial**
- ▶ **Trauma informed**
- ▶ **High-functionality**
- ▶ **Fully integrated**
- ▶ **Risk-bearing**
- ▶ **Four age clusters: pre-birth to zero; zero to 3; 4 to 17; 18 to 25**

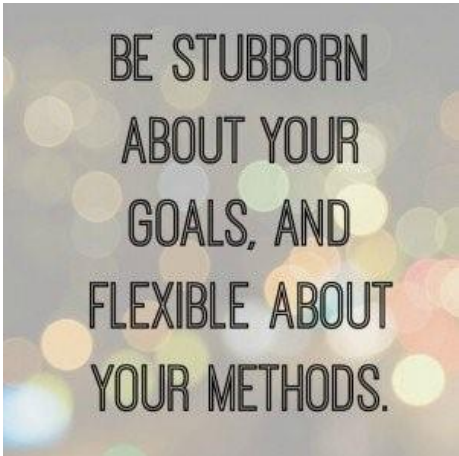


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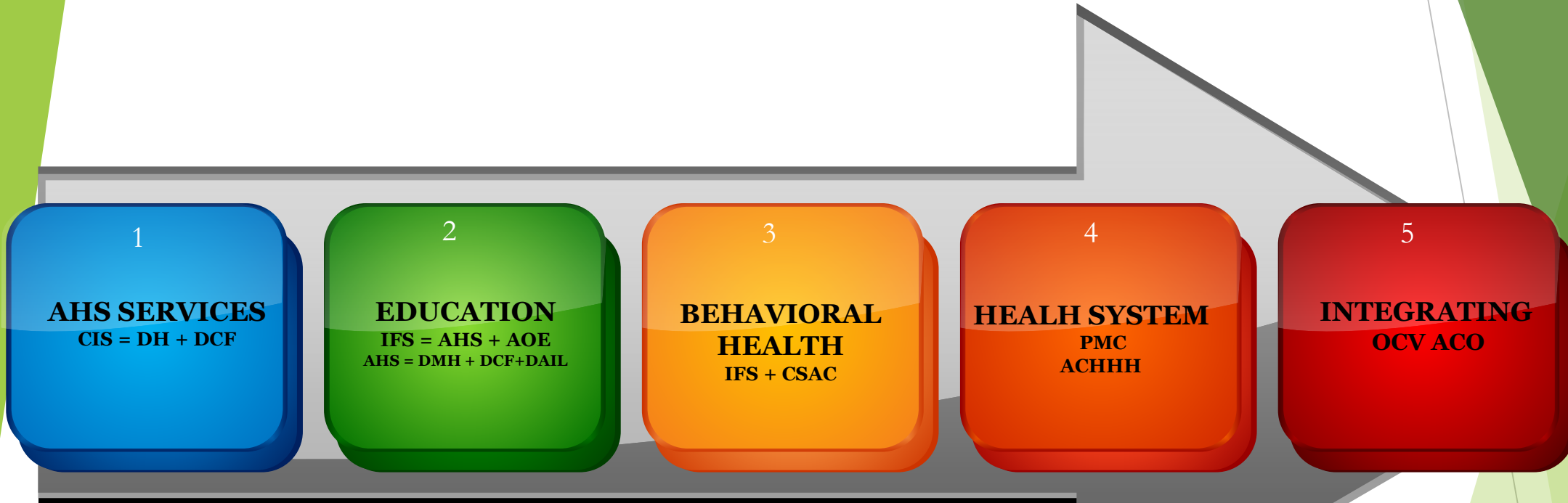
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RTP ENVISIONED 21st CENTURY CONTINUUM of CARE and SERVICES

SECTOR	PRE-BIRTH to AGE ZERO	ZERO to 3	4 TO 18	18 to 25
APPROACH	COMPREHENSIVE IN-HOME FAMILY SUPPORT	FIVE STAR CHILD CARE on STEROIDS	BLENDED EDUCATION and SUPPORT	TARGETED HEALING SERVICES
TIMELINE	PRE-NATAL to FIVE STAR	FIVE STAR to PRE-K	PRE-K to GRADUATION	POST GRADUATION
INTEGRATED HAND-OFF	Home Visiting to Five Star Child Care	Five Star Child Care to School System	School System to next Level of Development	Discharged healed or age 26
CONTINUUM CLIENTS	All families experiencing Pregnancy and Child Birth	All families needing Child Care option	All children and families	All identified with unhealed toxic stress
	WIC DULCE NFP MECSH Durham Connect	WIC DULCE NFP MECSH Durham Connect IFS CIS ESD CCP PAT HEAD START LUND RBI ECE	Head Start EEE Pre-K RBI NFI LUND Baird EFT SSWS Brattleboro Retreat VFCHP VFBA ESS MTSS	DMH DCF Designated Agencies Brattleboro Retreat



INTEGRATIONS within an INTEGRATION



FOCUS: Create a collaborative, respectful, and inclusive partnership with community providers toward a shared goal of service integration.

PROJECT FINANCING

- ▶ **Initial seed financing of \$45K asked of OCV**
- ▶ **Investible project development financing of \$350K asked of Vermont**
- ▶ **Implementation financing will be asked of national funding sources**
 - Robert Wood Johnson Foundation
 - Harrris Foundation
 - Turrell Foundation
 - Praed Foundation
 - SAMSHA
 - CMMI



PROJECT LEADERSHIP

- ▶ **Project Oversight:** RTP Board of Advisors and Executive Committee
- ▶ **Administrative Agent:** NFI Vermont
- ▶ **Principle Investigators:** Kenneth Epstein, PhD and Thomas Rees, MBA
- ▶ **Data Development:** FTI Center for Healthcare Economics and Policy
- ▶ **Data Sharing System:** Child and Adolescent Needs and Strengths (CANS)

PROJECT RESULTS

- ▶ **Measured improvement in the health of Addison County residents**
- ▶ **Measured improvement in family satisfaction with care and service experience**
- ▶ **Measured reduced per capita expenditures to include defined rate of return**



§9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

(17) For preventing and addressing the impacts of adverse childhood experiences and other traumas, the ACO provides connections to existing community services and incentives, such as developing quality-outcome measurements for use by primary care providers working with children and families, developing partnerships between nurses and families, providing opportunities for home visits and other community services, and including parent-child centers, designated agencies, and the Department of Health local officers as participating providers in the ACO.

