

Partner Meeting June 21, 2019, from 9:00 to 11:00 am Hypertherm, 71 Heater Road, Lebanon

Meeting Notes

Introductions & Information Sharing (see list of attendees on last page):

- Alice welcomes special guest Yvonne **Goldsberry**, President of the NH Endowment for Health, visiting the Upper Valley as part of a tour of New Hampshire's regions and activities relating to EFH priorities. She is accompanied by **Pat Button**, an Upper Valley resident and member of the EFH Advisory Board.
- **Regie Cooper** let people know that she is very involved in suicide prevention advocacy and asks that people let her know if they need funding support for suicide prevention work; Qualidigm also offers septsis training resources and other online training
- **Dana Michalovic** noted that many parents of the children we discuss in the contect of family strengthening come to the Good Neighbor Health Clinic; there may be opportunities to partner with them

Director's Update:

Alice provided brief update on the following:

- Planning for the Fall Legislative Event
- Summer meals planning

PHC Presentations and Work Session:

Tackling Child Abuse & Neglect in the Upper Valley: Understanding the Issues, Testing New Approaches & Moving Towards Prevention

Panelists:

- Sara Kobylenski, MSW, ACSW, Consultant to the Couch Family Foundation
- Nancy Bloomfield, The Family Place, Norwich, VT
- Kay Jankowski, Ph.D., Assistant Professor of Psychiatry, Geisel School of Medicine at Dartmouth, Dartmouth Trauma Interventions Research Center

Sara Kobylenski launched the panel discussion by sharing her "layers of learning" as she works to help the Couch Family Foundation develop its focus on family strengthening:

- For the work we want to do, all children are available through 1) homes, 2) child care settings, and 3) pediatric offices. About 90 to 94% of all children attend regular well-child visits.
- This provides opportunities to identify families that are doing well, families that need some supports, and those needing real help.
- In recent Community Health Needs Assessments"
 - Child abuse and neglect appeared as a Top 10 concern in nearly all our surrounding hospital service areas. Consensus is a desire for "strong families."
 - Mt. Ascutney Hospital, where child abuse was in the top 4, has named this priority by what they want to see happen family strengthening; there is also a group in WRJ (Paul Dragon and VT DHS) who see it this way.
 - Using the 5 factor definition provided by the Center for Social Policy:
 - Parental resilience
 - Social connections
 - Knowledge of parenting and child development
 - Concrete supports in times of need

- Social and emotional development of children
- How do we create positive child abuse and neglect outcomes? Using multi-tiered approaches to determine who needs more. Early entry points are crucial.
- Couch Family Foundation is eager to help organizations and groups to the work they can't do otherwise and are looking to invest.

Nancy Bloomfield described The Family Place, which is located along the Norwich/Wilder town line and a designated parent-child center by the State of Vermont. The serve about 1,400 families from the perinatal period to age 6 primarily. They are interested in providing as many supports to New Hampshire families as they can. They have a staff of about 40 people. Services include:

- Healthy starts
- Helping families in times of vulnerability
- Using the Center for the Developing Child's work on early brain development and the effects of toxic stress. Babies and young children need to develop good brain architecture. Nancy referenced the Heckman graph, which demonstrates the value of early investment in children (https://heckmanequation.org/resource/the-heckman-curve/).

Last fall, they began a collaboration with CHAD and TLC Family Resource Center to place family support workers in Molly's Place at CHAD and inside the clinic walls. These staff do outreach as part of family visits to CHAD to help address some of the factors affecting families. This program helps clinicians focus on health.

They are also working to implement the DULCE model at Mt. Ascutney Hospital and Health Center. This model includes family support embedded in every pediatric visit and a legal partner to help as needed.

Kay Jankowski provided an overview of initiatives at the Dartmouth Trauma Interventions Research Center (DTIRC), whose primary areas of focus are:

- 1) Creating trauma-informed organizations and systems including child welfare, juvenile justice, family courts, mental health agencies, pediatric care settings, etc.
- 2) Training, dissemination and evaluation of evidence based treatment practices for children, youth and families experiencing trauma
- 3) Designing and evaluating demonstration projects for children and families at-risk for experiencing trauma and adversity including exposure to parental substance misuse

Their Partners for Change Project (2012 to 2019) has involved DTIRC, NH DCYF, and the mental health provider community. The project has increased access to evidence-based mental health treatments for trauma through training of District Office staff, screenings and assessments, collaboration with mental health treatment providers, and case management.

The New Hampshire Adoption Preparation and Preservation Project (2013-2019) sought to improve the outcome of adoptions for children in the DCYF system with intensive training, screening for families, home visits, and evidence-based interventions.

They are providing training and consultation to mental health care providers relative to childhood trauma:

- Trauma-Focused Cognitive Behavioral Therapy (ages 5-18 years) = 400+ providers
- Child Parent Psychotherapy (ages 0-6, dyadic with caregivers) = 150+ providers
- Helping the Noncompliant Child (ages 2-8, dyadic with caregivers) = 100+ providers

Trust Based Relational Intervention is a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children. It addresses physical, attachment and behavioral needs of highly traumatized children.

Erin Barnett is running the Upstream Upper Valley Project, which is aimed at increasing early childhood mental health and trauma awareness among community health and service providers.

- Trained 113 personnel and providers between January April 2019
- Organized participants into ~20 consultation groups, and aim to provide 4 on-site group consultations per group beginning May 2019

Notes left at end of meeting:

- Why not have trauma training through mentorship groups?
- Supports for families should be open to all families no matter the income level.
- Train/talk to EMS personnel about many subjects together (e.g., trauma, dementia, falls prevention) about how to address the issues and resources available to help.

Next Meeting:

Friday, August 16, 9:00 to 11:00 am Hypertherm, 71 Heater Road, Lebanon Meeting Attendees (June 21, 2019) Jacqui Baker, DHMC Nancy Bloomfield, The Family Place Bill Boyle Pat Button, UVCNP & Endowment for Health Advisory Board Stacey Chiocchio, Hypertherm Regina-Anne Cooper, QIO Qualidigm Medicare Greg Crowley, DHMC Mike Cryans, NH Executive Council Alice Ely, PHC Rudy Fedrizzi, VDOH -- WRJ Kristina Fjeld-Sparks, Dartmpouth College Yvonne Goldsberry, Endowment for Health Lynne Goodwin, City of Lebanon Denise Gariepy, Good Beginnings Faye Grearson, Twin Pines Housing Kathy Hemenway, VT DCF Kathy Janisse, Hartford-Cornerstone Community Center Lani Janisse, Hartford Priase Chapel Outreach Kay Jankowski, DHMC Steve Kelly, Better Life Partners Deb Kerwin, Potter's Place Sara Kobylenski, Couch Family Foundation Lindsey LaFond, New London Hospital Angie LeDuc, DHMC/All Together Katie Lenhoff, Norris Cotton Cancer Center Peter Mason, IDN Dana Michalovic, Good Neighbor Health Clinic Jeana Newbern, Lake Sunapee VNA Peggy O'Neil, WISE Carol Sarazin, DHMC Claire Thomas, PHC Fellow Elena Van Zandt, HALO Educational Services Havah Walther, Start Change, Special Needs Alliance Angela Zhang, Listen