NEK prosper!

CALEDONIA + SOUTHERN ESSEX

Accountable Health Community

Working together to ensure the vitality and well-being of Caledonia and Southern Essex Counties so that we're all financially secure, mentally healthy, physically healthy, well-housed and well-nourished.

Mentally Healthy Collaborative Action Network

Results Statement

Working together to ensure that everyone in Caledonia and So. Essex Counties is Mentally Healthy by 2020.

Mentally healthy is "a state of well-being in which every individual realizes her or his own potential, can cope with the normal stresses of life, can work productively and fruitfully, is able to make a contribution to her or his community, feels okay reaching out for help when times get tough, and knows where and how to reach out for help."

Population Focus

Universal Population: Residents in Caledonia and Southern Essex = 34,300

Targeted Population: Youth in Caledonia and Southern Essex (Grades 6-12) = 3,000
Targeted Sub-Population: Youth (Grades 6-12) in St. Johnsbury and Lyndon schools = 1,500

Targeted Population: Adults 18+ in Caledonia and Southern Essex = 20,600
Targeted Sub-Population: Adults with 4+ ACEs in Caledonia and Southern Essex = 4,000

Targeted Population: Employed Adults in Caledonia and Essex = 9,220
Targeted Sub-Population: Employees of CAHC Leadership Organizations = 1,700

Universal Population (Strategy 1)

Residents in Caledonia and Southern Essex = 34,300

Population Focus (Strategy 2)

Whole Population: Youth in Caledonia and Southern Essex (Grades 6-12) = 3,000

Targeted Population: Youth (Grades 6-12) in St. Johnsbury and Lyndon schools = 1,500

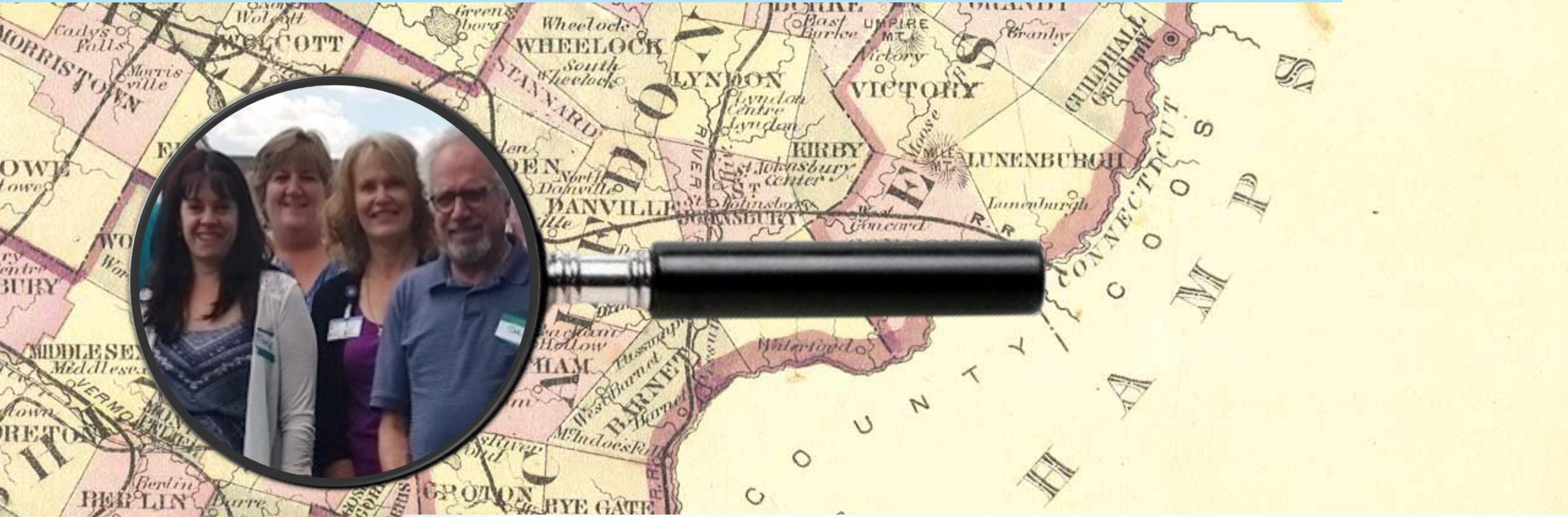
Population Focus (Strategy 3)

Whole Population: Adults 18+ in Caledonia and Southern Essex = 20,600

Targeted Population: Adults with 4+ ACEs in Caledonia and Southern Essex = 4,000

Population Focus (Strategy 4)

Whole Population: Employed Adults in Caledonia and Essex = 9,220



Targeted Population: Employees of NEK Prosper! Leadership Organizations = 1,700

What We Know About Mental Health in the NEK

Youth depression and suicide – Vermont's rates of suicide, calculated as the number of deaths by suicide per 100,000 people, are higher than the national averages. Vermont rates of suicide are also higher than the rates of neighboring states and the New England Region. The overall rate for the past 10 years has been increasing. We have had several recent student/youth suicides in Caledonia County. The Youth Risk Behavior Survey data points to worrying trends around depression and suicide at both the high school and middle school ages. ACEs have a strong, graded relationship to suicide attempts during childhood/adolescence and adulthood. An ACE score of 7 or more increased the risk of suicide attempts 51-fold among children/adolescents and 30-fold among adults (Dube et al, 2001). Nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% of suicide attempts during childhood/adolescence were attributed to ACEs.

Adverse Childhood Experiences (ACEs) – 30% of Vermont's adult population has 3+ ACEs with divorce/separation of parent, parent who was a problem drinker/alcoholic, a parent with mental illness/suicide/severe depression and verbal abuse by a parent being the most common ACEs reported. The most recent ACEs survey data in VT collected in 2011 estimates that 4,000 adults in the St. Johnsbury Health District area (which includes Southern Essex County) have 4+ ACEs (18% of the population). We can guess this number is only rising due to the psychosocial burden of many of our s as well as data about the rate of children in DCF custody.

Adult Mental Health Measures

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Behavioral Risk Factor Surveillance System	Time Period	Actual Value	Target Value	Current Trend
Average number of mentally unhealthy days reported in past 30 days (Caledonia)	2016 2015 2014 2006-2012	4.0 3.4 3.5 3.6	3.0 3.0 3.0 2.9	↗
Average number of number of mentally unhealthy days reported in past 30 days (Essex)	2016 2015 2014 2006-2012	4.3 3.8 3.9 4.3	3.0 3.0 3.0 2.9	↗
% of adults with poor mental health/frequent mental distress (14 or more poor mental health days in last month (Caledonia))	2016 2015 2014	12% 10% 10%	9% 9% 9%	↗
% of adults with poor mental health/frequent mental distress (14 or more poor mental health days in last month (Essex))	2016 2015 2014	13% 12% 12%	9% 9% 9%	↗
% of adults with four or more Adverse Childhood Experiences (Caledonia & Southern Essex)	2011	18%	10%	?

High School Mental Health Measures (Caledonia)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	Time Period	Actual Value	Target Value	Current Trend
% of students who purposefully hurt themselves without wanting to die, past 12 months	2017 2015 2013 2011	14% 17% 16% 12%		↘
% of students who felt sad or hopeless for two weeks in a row, past 12 months	2017 2015 2013 2011	24% 24% 23% 20%		→
% of students who made a suicide plan, past 12 months	2017 2015 2013 2011	11% 12% 9% 8%		↘
% of students who attempted suicide, past 12 months	2017 2015 2013 2011	6% 6% 6% 4%	0%	→

High School Mental Health Measures (Cal Central SU)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**Target Value**	**Current Trend**
% of students who purposefully hurt themselves without wanting to die, past 12 months	2017 2015 2011	11% 11% 16%		→
% of students who felt sad or hopeless for two weeks in a row, past 12 months	2017 2015 2011	16% 26% 17%		↘
% of students who made a suicide plan, past 12 months	2017 2015 2011	8% 9% 15%		↘
% of students who attempted suicide, past 12 months	2017 2015 2011	6% 6% Too few	0%	→
% of students who attempted suicide that resulted in an injury, poisoning, or overdose that required medical treatment, past 12 months	2015	Too few	0%	?

High School Mental Health Measures (Essex-Cal SU)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**Target Value**	**Current Trend**
% of students who purposefully hurt themselves without wanting to die, past 12 months	2015 2011	Too few 34%		?
% of students who felt sad or hopeless for two weeks in a row, past 12 months	2015 2011	Too few 35%		?
% of students who made a suicide plan, past 12 months	2015 2011	Too few 21%		?
% of students who attempted suicide, past 12 months	2015 2011	Too few Too few	0%	?
% of students who attempted suicide that resulted in an injury, poisoning, or overdose that required medical treatment, past 12 months	2015	Too few	0%	?

Middle School Mental Health Measures (Caledonia)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	Time Period	Actual Value	Target Value	Current Trend
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2017 2015 2013	20% 26% 22%		↘
% of students who ever seriously thought about suicide	2017 2015 2013 2011	20% 22% 21% 24%		↘
% of students who ever made a suicide plan	2017 2015 2013 2011	13% 17% 14% 14%		↘
% of students who ever attempted suicide	2017 2015 2013 2011	7% 10% 7% 6%	0%	↘

Middle School Mental Health Measures (Cal Central SU)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**Target Value**	**Current Trend**
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2017 2015	19% 20%		↘
% of students who ever seriously thought about suicide	2017 2015 2011	22% 16% 22%		↗
% of students who ever made a suicide plan	2017 2015 2011	8% 15% 11%		↘
% of students who ever attempted suicide	2017 2015 2011	Too few 8% 6%	0%	?

Middle School Mental Health Measures (Essex-Cal SU)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**Target Value**	**Current Trend**
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2017 2015	19% 21%		↘
% of students who ever seriously thought about suicide	2017 2015 2011	24% 20% 12%		↗
% of students who ever made a suicide plan	2017 2015 2011	16% 14% 10%		↗
% of students who ever attempted suicide	2017 2015 2011	5% 8% Too few	0%	↘

Middle School Mental Health Measures (Cal North SU)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**Target Value**	**Current Trend**
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2017 2015	18% 25%		↘
% of students who ever seriously thought about suicide	2017 2015	16% 22%		↘
% of students who ever made a suicide plan	2017 2015	12% 17%		↘
% of students who ever attempted suicide	2017 2015	4% 11%	0%	↘

Middle School Mental Health Measures (St. J SU)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**VT Average Value**	**Current Trend**
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2017	**27%**	VT = 19%	
% of students who ever seriously thought about suicide	2017	**27%**	VT = 18%	
% of students who ever made a suicide plan	2017	**21%**	VT = 12%	
% of students who ever attempted suicide	2017	**16%**	VT = 6%	

High School Mental Health Measures (Essex)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	Time Period	Actual Value	Target Value	Current Trend
% of students who purposefully hurt themselves without wanting to die, past 12 months	2017 2015 2013 2011	20% 14% 18% 15%		
% of students who felt sad or hopeless for two weeks in a row, past 12 months	2017 2015 2013 2011	28% 24% 24% 24%		
% of students who made a suicide plan, past 12 months	2017 2015 2013 2011	9% 9% 10% 10%		
% of students who attempted suicide, past 12 months	2017 2015 2013 2011	Too few 5% Too few 6%	0%	?

Middle School Mental Health Measures (Essex)

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From Youth Risk Behavior Survey	**Time Period**	**Actual Value**	**Target Value**	**Current Trend**
% of students who felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, past 12 months	2017 2015 2013	22% 27% 22%		↘
% of students who ever seriously thought about suicide	2017 2015 2013 2011	25% 21% 17% 16%		↗
% of students who ever made a suicide plan	2017 2015 2013 2011	18% 16% 14% Too few		↗
% of students who ever attempted suicide	2017 2015 2013 2011	6% 8% 6% Too few	0%	↘

Child Abuse/Neglect Measure

Outcome: Everyone in Caledonia & Southern Essex Counties is Mentally Healthy by 2020

Indicator: From the Department of Children and Families (DCF)	Time Period	Actual Value	Target Value	Current Trend
Children in DCF Custody (under the age of 9) – Caledonia and Southern Essex Region	2016 2014 2012	18.0 (per 1,000) 11.55 (per 1,000) 6.77 (per 1,000)	6.0 (per 1,000)	

Story behind the curve: It is important to ensure parents and caregivers have the necessary skills and supports to raise their children in caring communities and stable home environments. Sometimes, though, children face unsafe situations, including abuse and neglect. Supportive, nurturing relationships can help mitigate the impact of adverse childhood experiences like child abuse and neglect. Brain science and ACEs research inform prevention practice by targeting supports and services that promote healthy relationships.

Partners: AHS, VT Department of Health, Maternal Child Health/Nurse-Family Partnership, Building Bright Futures, VT Foodbank, Umbrella, CIS, BAART, Promise Communities, Schools, NEKCA/Headstart, Catamount Arts, Faith partners, Women's Wellness, Community Connections, Help Me Grow/VT 2-1-1, Building Flourishing Communities, VT Guardian Ad Litem, Prevent Child Abuse VT

What Works: Support for pregnant women and parents or guardians in recovery, fun family activities rich in resources that promote social connectedness, parent education and supports related to child milestones, social-emotional development and nutrition; access to healthy food and quality nutrition, transition activities for families with young children entering Pre-K and Kindergarten, home visiting

Factor Analysis

Negative Factors

- Negative media
- Fear of being labeled weak or crazy for seeking help
- Lack of broadband access limits access to telehealth and online resources
- Underfunded and administratively burdened mental health system
- Stigma and myths about mental health and suicide
- Lack of awareness of available supports and services
- Isolation and social disconnection
- Poverty
- Lack of access to outpatient/preventative mental health
- Adverse Childhood Experiences
- Technology replacing in-person interaction and disrupting sleep
- Alcoholism and opioid misuse

Positive Factors

- Focus on mental health, suicide prevention and ACEs at the State level
- Pockets of engaged and vocal youth
- Wide range of arts and cultural opportunities
- Increasing rates of depression screening in local primary care practices
- GSA's like Outright Vermont and VT Pride Center moving into area
- Increase in Youth Mental Health First Aid, Umatter and QPR trainer capacity and classes
- Active suicide prevention, SEL, bullying and mental health curriculum in some schools and agencies
- Local groups thinking, talking and acting on information
- Good acute and emergency mental health services
- Partnerships between agencies and organizations
- Healthy physical environment/recreational opportunities

What We Know About What Works

Evidence shows that when teens have **positive expectations for treatment,** they can be cooperative partners and get better. And **school-based programs are proving successful in decreasing mental health stigma and increasing treatment-seeking behavior.**

One of the ways that communities can begin to prevent suicide is to understand adverse childhood experiences — what they are and how to prevent them. A recent commentary in the *American Journal of Preventive Medicine* suggests that the prevention of ACEs is "a compelling area that provides unfulfilled promise for expanding and strengthening upstream suicide prevention."

In communities where schools, the medical community, public health, law enforcement, juvenile justice, mental health, social services and business **have developed a common language to work together, prevent ACEs, build resilience and community capacity**, including helping out troubled families and changing systems and institutions so that they don't further traumatize already traumatized children, teens and adults – incredible outcomes have resulted.

Positive social connection and relationship – Research shows that the single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive and competent parent, caregiver, or other adult. "Social support is the most powerful protection against becoming overwhelmed by stress and trauma. The critical issue is reciprocity: being truly heard and seen by the people around us, feeling that we are held in someone else's mind and heart." -Van der Kolk, 2014, *The Body Keeps the Score*

Trauma informed organizational and clinical practices – Research has shown that exposure to trauma increases an individual's lifelong risk for serious health issues. We have not yet widely adopted trauma-informed organizational or clinical practices though adopting a trauma-informed approach to care may improve patient engagement, enhance outcomes, and reduce avoidable care and excess costs for both the health care and social service sectors.

Strategies

Overall approach is to follow the bright spots and leverage the work and cross-sector relationships already in place to build positive social connections, engage in shared learning and conversations that matter, expand leadership, and to do so in a safe, inclusive, and experience-informed manner.

Regional Mental Health Campaign: training, events and media to reduce stigma and myths around mental health and suicide and increase positive messaging about belonging and seeking help-and where to get help.

Umatter Youth and Young Adults Program to engage young people in promoting wellness in their school communities, fostering their own protective factors, developing critical life skills for resiliency, and creating community action plans to spread this work to the wider school community and community at large.

Building Flourishing Communities a transformational process model for improving intergenerational health by building community capacity and disseminating NEAR (Neuroscience, Epigenetics, Adverse Childhood Experiences and Resilience) science.

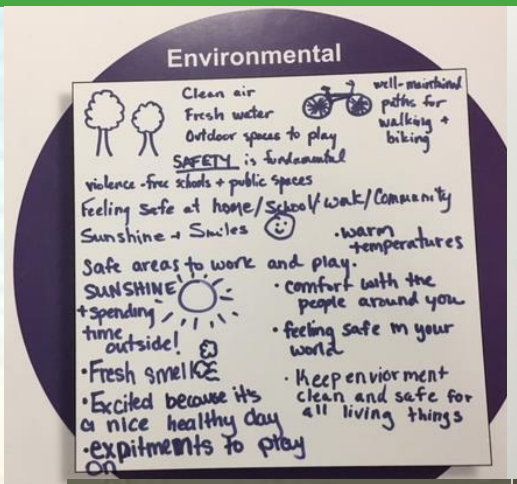
Healing Accountable Health Community/Organizational Wellness trauma-informed systems and organizational level framework modeled after the San Francisco DPH Trauma-Informed Systems Initiative.

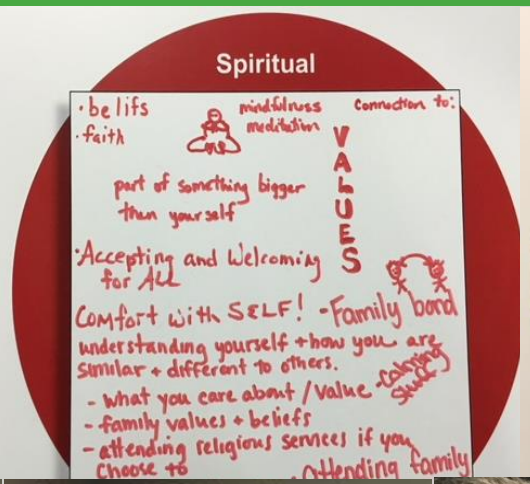
PositiveBalance

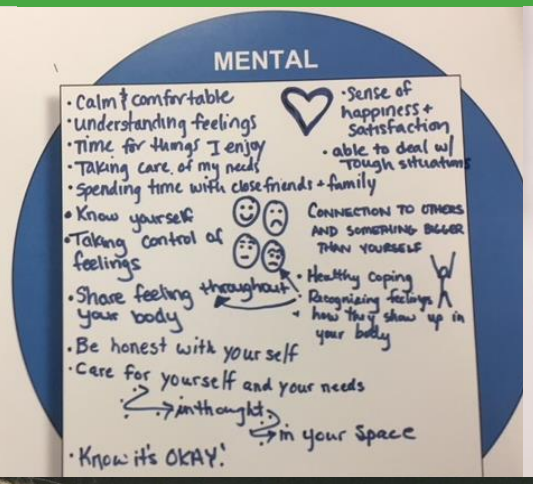
Creating Community Resilience for All

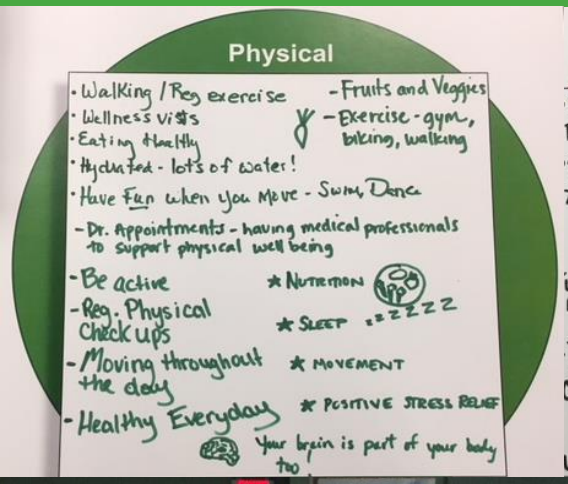
Strategy In Action – Mental Health Campaign/Suicide Prevention

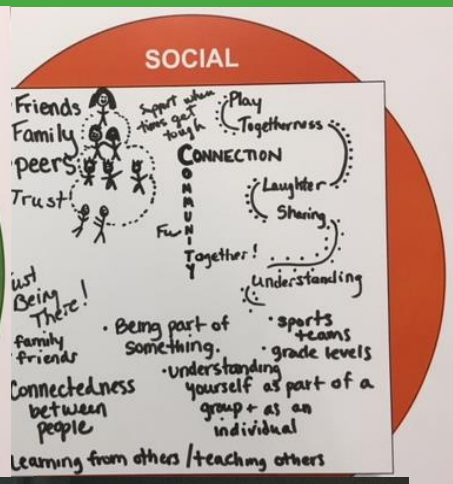
Strategy In Action – Umatter YYA



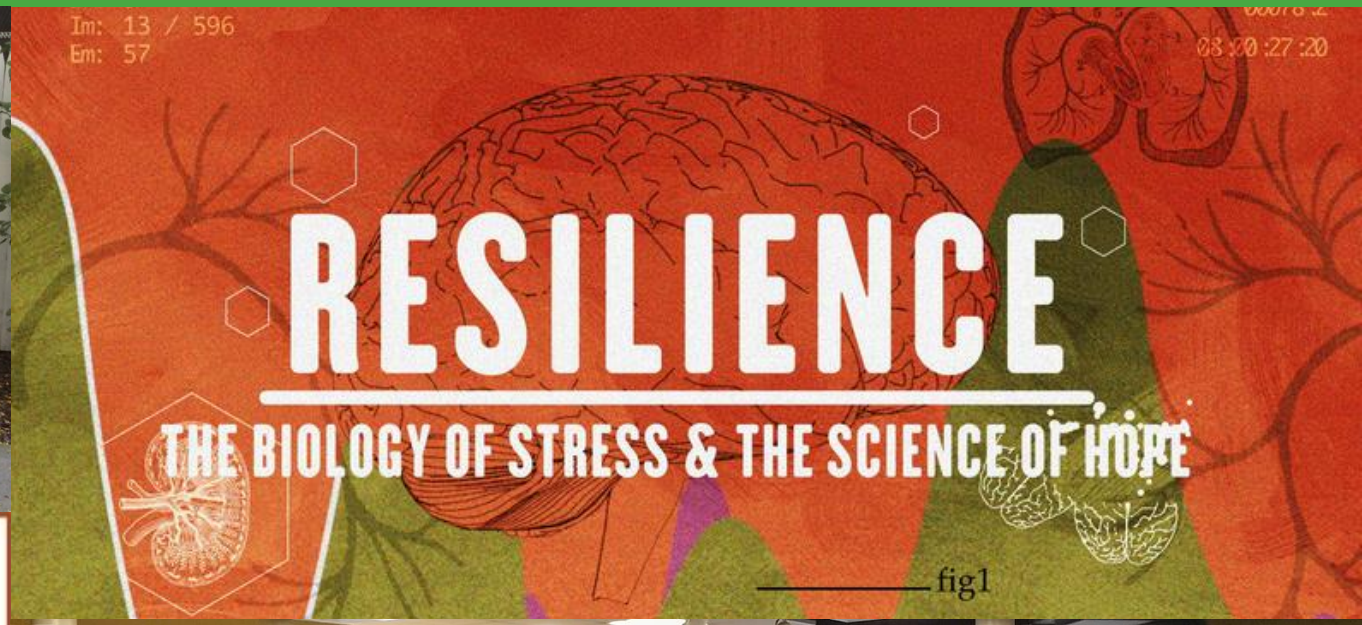








Strategy In Action – Building Flourishing Communities



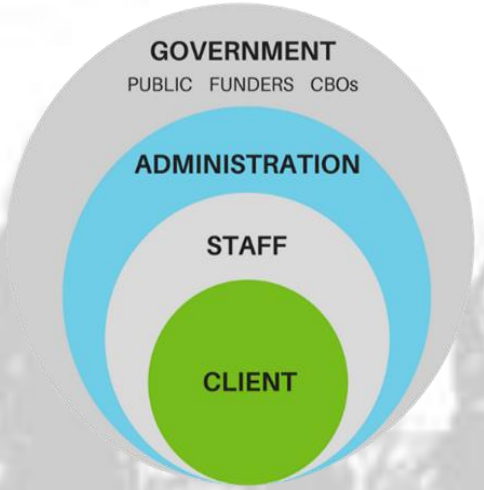
ACE Interface

Understanding

N. E. A. R.

Neuroscience
Epigenetics
Adverse Childhood Experiences
Resilience

Strategy In Action – Healing Accountable Health Community



TRAUMA-ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED

- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION

- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership