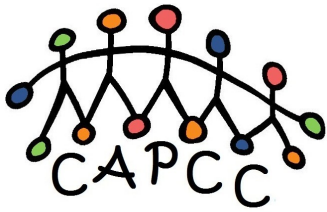


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An Ounce of Prevention

Child Abuse Prevention Coordinating Council of Humboldt County

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Spring into Action for Child Well Being

The Child Abuse Prevention Coordinating Council has chosen to focus on educating the community and informing ourselves about the role substance use plays in child abuse for the next couple of years. To that end, many of our activities will revolve around that topic. It has been a busy Spring so far. We would like to catch you up on the activities we have undertaken and offer a few resources to use with clients, families, coworkers or yourself. We held a large conference in March on Substance Use and Trauma in Families. In April, Child Abuse Prevention Month, we presented a proclamation to the Board, appreciated members of the community for their work in prevention efforts and raised the Children's Memorial Flag in honor of those children who did not survive abuse.



These events were put on by a very small group of board and community members. In order to bring you awareness activities like these in the future we will be focusing our efforts on increasing both general membership in CAPCC and membership on the board. Please consider joining us to create a safer community for our children and fill out a membership application, a short process and completely free. It is available on our website: www.capcchumboldt.org.



7th Annual Child Abuse Prevention Conference Review

On Wednesday March 22, CAPCC held the 7th Annual Child Abuse Prevention conference at the Humboldt County Office of Education Conference Center. Through a grant from the Office of Child Abuse Prevention and generous contributions from our sponsors we expanded to 250 registrants this year. The focus of the conference was *Substance Use and Trauma in Families, Understanding, Strategies, and Hope* with a full day of speakers addressing the topic from multiple perspectives. The keynote speaker was Sue Grenfell, Alcohol and Other Drug (AOD) Administrator and Senior Program Manager for AOD outpatient programs, including the Healthy Moms Program.

Drawing from the classic *Moby Dick*, Ms. Grenfell found metaphors for Trauma Informed Care in the story of the battle of wills between Captain Ahab and the great white sperm whale. She started her presentation right off with an application of trauma informed strategies. She included the following strategies in a handout:



TRAUMA-INFORMED CARE MEANS:

- Ask permission
- Value the relationship
- Offer choices
- Explain and describe the purpose to the meeting, activity, etc.
- Own your mistakes (and work to prevent them in the future)
- Be aware of your own emotional reactions
- Be consistent
- Be predictable
- Be able to provide education on effects of trauma (neurological, social, biological, and psychological)
- Be knowledgeable about the signs and symptoms related to trauma, including historical trauma
- Be knowledgeable about the recovery process
- Promote empowerment
- Put effort into engagement
- Work to support the individual's goals
- Listen well
- Value humility and curiosity
- Focus on strengths and progress
- Be sensitive to verbal and nonverbal cues
- Provide an environment that supports safety and empowerment
- Trust the recovery process
- Actively work on self-care
- Use story and metaphor
- Be culturally aware, informed and humble
- Utilize concepts of values, meaning, and purpose

Ms. Grenfell then helped participants to understand the challenges that people who struggle with trauma and addiction go through and the difference between just a bad experience and a traumatic one.

Ms. Grenfell emphasized the importance of understanding trauma so as to avoid minimizing people's experiences. Providers can help the people they work with understand what is happening and offer hope for recovery. They can also practice self care to avoid vicarious trauma for themselves. To this end she led participants through a deep breathing (belly out) exercise, stating, "A deep, relaxed breath is the body's way of telling the brain that the current situation is safe."

To increase understanding of trauma, Ms. Grenfell walked through the "Three Part Brain," emphasizing the role of the prefrontal cortex as a regulator of emotions, empathy, and reasoning. She shed light on Developmental Trauma Disorder, as articulated by Bessel A. van der Kolk, MD. She explained that a diagnosis of Post Traumatic Stress Disorder "misses the importance of the unique harm of relational trauma," which is what most child maltreatment is. People suffering from Developmental Trauma Disorder may have:

- Difficulty with affect regulation
- Intense preoccupation with loved ones
- Persistent negative sense of self
- Difficulty with reciprocal social behaviors
- Impaired attention-related skills
- Mis-reading of safety and danger cues
- Impaired capacity for self-protection

Ms. Grenfell finished her keynote by making the connection between trauma and substance use as a coping strategy. People can get caught in a cycle as substance use may precede more trauma due to impaired judgment and risk taking. She harked back to the story of Moby Dick, in which the captain lost his reason



in pursuit of the whale. Ishmael, who is the narrator of the story, was the only survivor on the doomed ship. People trying to help cannot reason with addiction. Again, her advice was to help people to understand their own experiences of trauma and how it affects the brain, and to help them find effective treatment.

Her final words of wisdom: "Don't go down with the ship."



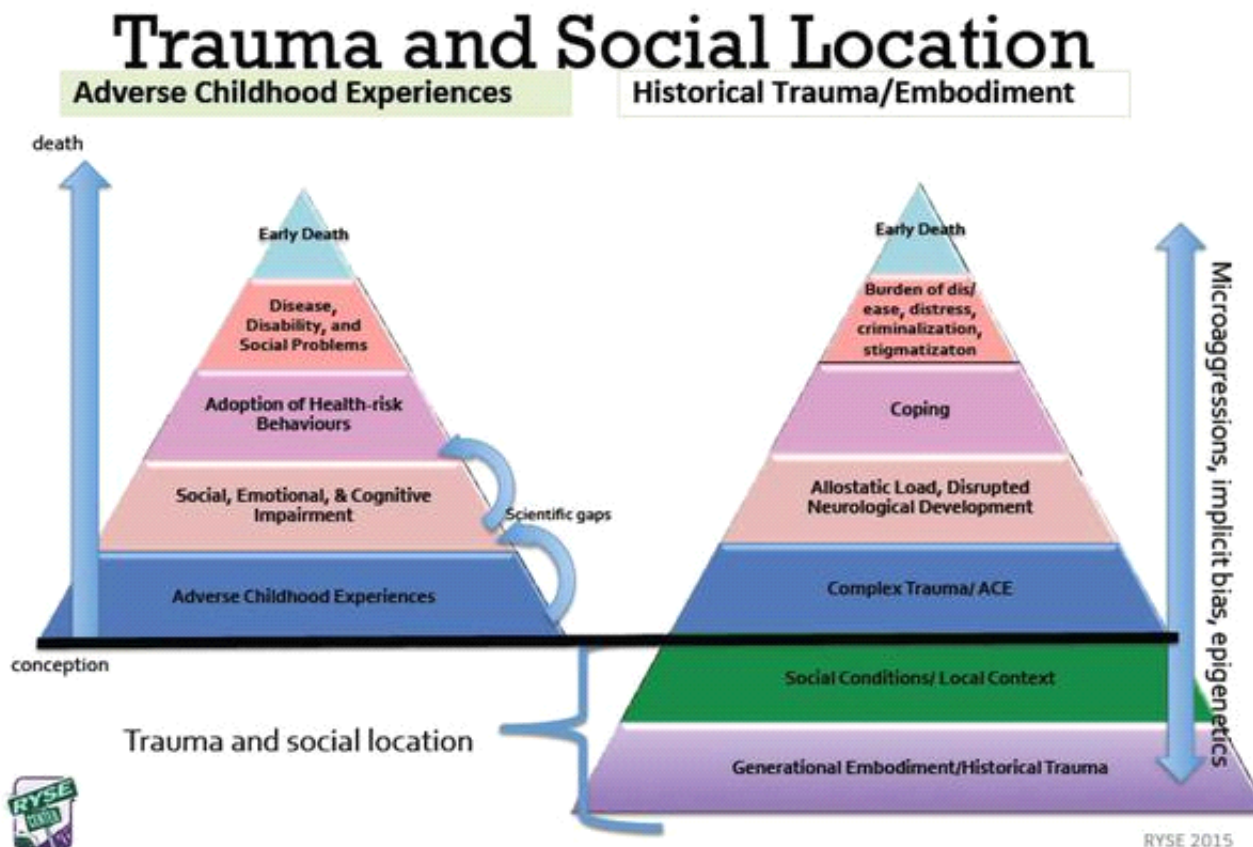


Stop Treating Solutions like Problems—An ACE’s Informed Approach to Substance Abuse

“We treat people’s solutions as problems.” Vincent Felitti MD, eminent author of the original ACE’s (Adverse Childhood Experiences) study, often makes this point when discussing how we focus on eliminating people’s desperate means of coping, without recognizing their adaptive functions. When addressing substance abuse (the most common method of tolerating overwhelming fear and pain) do we commit the same error of attempting to control the “solution” while largely ignoring the underlying core problems associated with traumatic exposures? For many people with struggling with addictions, substance abuse represents survival.

The linkage between ACE’s and trauma and substance abuse disorders (SUD’s) is compelling. In his paper, Origins of Addiction, Felitti reports that people who experience 4 or more ACE’s are 500% more likely to abuse alcohol. People who report five ACE’s or more are 7 to 10 times more likely to report illicit drug abuse. A jaw-dropping data point indicates that individuals who survive 6 or more ACE’s are 46 times more likely to be IV drug abusers than people who report no ACE’s. Trauma truly is the “gateway drug” to addictions.

Kanwarpal Dhaliwal and the youth at RYSE (Richmond Youth Services) have amplified the





ACE's pyramid to include the toxic impacts of social conditions and local contexts such as poverty, racism and historical trauma. This expanded view helps us recognize that it's not just what has happened to you, but what environmental stressors and social conditions you inhabit. As attention has turned to the "opioid crisis", it would seem to be no coincidence that the communities most affected are beset by high rates of unemployment, poverty, and social isolation. In contrast to the reductive medical model, the ACE's/trauma informed approach encompasses neighborhoods as much as neurons and zip codes more than genetic codes.

Some substance abuse programs and mental health agencies have begun integrating the ACE's questionnaire into their initial assessments. What might be the potential impacts of incorporating enhanced ACE's informed perspectives into treatment?

- Asking about childhood maltreatment, listening and offering empathy represents a significant intervention in itself. Simple, straightforward human compassion for human suffering and distress can be healing.
- Inviting people who abuse substances to be "compassionately curious" about themselves

and to connect the dots between their unseen wounds and their attempts to cope with overwhelming distress can provide relief and self-understanding. (This is often a long-term, life-time process.)

- Instilling hope for a better future is an essential ingredient for recovery. "What can be hurt can be healed", seems to illuminate this pathway much more than "you have an incurable, life-long brain disease."

- Empowering people to take responsibility for owning their own stories and writing (and rewriting) new chapters. Talk of genetic predispositions and chemical imbalances can engender passivity and resignation.
- Supporting meaning making and setting the stage for post-traumatic growth.
- Emphasizing the central need for social supports and human connection. In his enlightening TED talk - Johann Hari asks this challenging question; "what if the opposite of addiction is not sobriety, but the opposite of addiction is connection? A key aspect of reducing substance abuse is how well we can help people develop their social networks.
- Reminding us all that unless we also vigorously address issues such as social justice, poverty and racism – our progress will be limited.



Available through ACEs Connection Blog

<http://www.acesconnection.com/blog/stop-treating-solutions-like-problems-an-ace-s-informed-approach-to-substance-abuse-treatment>



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April is Child Abuse Awareness Month and our local CAPCC participated in three different events in recognition

The Board Proclamation

To start off the month the Board of Supervisors issued a proclamation in honor of Child Abuse Prevention month at their April 4th meeting. This month and throughout the year, we encourage all individuals and organizations to play a role in making Humboldt a better place for children and families.



CAPCC Awards Luncheon

The Child Abuse Prevention Coordinating Council of Humboldt County held its annual awards luncheon on April 14th at Humboldt Area Foundation. This years recipients were Beth Heavilin, Roger Golec, Anna Kanouse-Tempelaere and Aimee Dube. Beth Heavilin was honored for her work with playgroups, co-coordinating the 0-8 mental health collaborative and putting on trainings for the early childhood community. Roger and Anna were honored for their work with foster and homeless youth and making sure they get the services they need. Aimee was honored for the work she has done with the homeless and foster youth of Fortuna. Everyone of the recipients was described as going above and beyond in their work with children.



The Annual Flag Raising

The Annual Children's Memorial Flag Ceremony was held on Friday, April 28th, 9 a.m. at the Eureka Teen Center. This ceremony is meant to bring attention to the issue of child abuse and neglect and to remember children who have died as a result of it. This event is held annually on the last Friday in April to cap off Child Abuse Prevention Awareness month. Many thanks to our presenters Dore Haws, Monica Rose, Beth Heavilin, Meg Walkley, Lynn Kerman, our musical performer Tamara Jenkinson, and to our flag raisers and performers from Spare Change of Planned Parenthood NorCal. Members of the community, law enforcement, and dignitaries were there to remember the children lost to child abuse.

Partnership Health Plan and the Regional Drug Medi-Cal Model

In August of 2015, California received federal approval to test a new type of organized health care delivery system for substance use treatment of individuals covered by Medi-Cal. California counties were given the option of developing a treatment system, of which ten counties have asked Partnership HealthPlan of California (PHC) to develop a Regional Drug Medi-Cal Model to serve their residents.

Partnership HealthPlan of California (PHC) is a non-profit community based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality, comprehensive, cost-effective health care. Currently, PHC services include the full range of physical health care as well as mental health services for those with mild to moderate needs in 10 counties.



The proposed Regional Drug Medi-Cal Model will be in Del Norte, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Solano and Trinity Counties. Its services will include:

Outpatient treatment (licensed professional or certified counselor, provide nine hours per week for adults)

Intensive outpatient treatment for individuals with greater treatment needs (licensed professional or certified counselor, structured programming, 9 to 19 hours per week for adults)



Detoxification services (withdrawal management)

Residential treatment (One American Society of Addiction Management (ASAM) level, Department of Health Care Services licensed facility, certified staff)

Medically assisted treatment (methadone, buprenorphine, disulfiram, naloxone)

These expanded services will be available to all Medi-Cal recipients who meet medical necessity criteria as determined by the ASAM scale. Some areas of focus for the Regional Drug Medi-Cal Model will be:

24/7 access line for screening and placement

Emphasis on coordination of care

Cross-discipline training in ASAM

Increased integration with mental health and physical health services

Better access to appropriate levels of care



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The Child Abuse Prevention Coordinating Council of Humboldt County is a broad-based non profit advocacy organization that works to eliminate child abuse and neglect in our community through (1) striving to assure coordinated services and policies for the prevention, intervention and treatment of child abuse among agencies and organizations, (2) actively promoting and supporting high-quality programs that successfully reduce child abuse and neglect and (3) increasing public awareness of resources to help prevent child abuse and decrease family stress.

Check out our website:

<http://www.capcchumboldt.org/>

or on Facebook: <http://www.facebook.com/CAPCCHumboldt>

Partnership Health Plan and the Regional Drug Medi-Cal Model

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Partnership HealthPlan currently has a robust Care Coordination department to meet members' needs and preferences while delivering high-quality, high-value health care through the following programs: General and Complex Case Management, Care Transitions, Home Visiting Nurse Practitioner Program, Growing Together Perinatal Program, and Intensive Outpatient Case Management.

The Regional Drug Medi-Cal Model is designed to provide better coordination between physical, mental health and substance use disorder services. Partnership HealthPlan seeks to improve the overall care of its members by working with counties to integrate substance use services to better treat the whole person. PHC is dedicated to the implementation and



success of the Regional Drug Medi-Cal Model and has committed to identifying the savings that may result from this plan, and reinvesting those savings back into the delivery system. PHC has already begun to invest in the Regional Drug Medi-Cal Model by offering \$2 million in available grant funding for those seeking to serve in the model.

PHC provides quality health care to over 560,000 lives. Beginning in Solano County in 1994, PHC now provides services to 14 Northern California counties - Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo. Partnership HealthPlan, helping members and communities we serve be healthy.

Upcoming Mandated Reporter Trainings

Local Training: <http://www2.humboldt.edu/extended/special/mandated.html>

Online Training: <http://mandatedreporter.ca.com/training/generaltraining.htm>