



Behavioral Health Provider Coalition
of Cape Cod and the Islands

**The 5th Annual Behavioral
Health Summit**
**The Social Determinants of Behavioral Health:
Awareness, Understanding, and Action**

Friday October 6, 2017

Hyannis Resort and Conference Center
35 Scudder Avenue
Hyannis, MA 02601

The mission of the Behavioral Health Provider Coalition and the Islands is to facilitate opportunities for networking, communication and sharing knowledge to support an integrated and cohesive system of care to promote wellness in the communities of Cape Cod and the Islands.

*The Behavioral Health Provider Coalition of Cape Cod and the Islands, a project of
The Cape Cod Foundation*



October 6, 2017

Dear Friends and Colleagues!

Welcome to our **FIFTH ANNUAL BEHAVIORAL HEALTH SUMMIT!**

On October 4th, 2013, a small group of behavioral health providers and consumers representing agencies, organized the first behavioral health summit on Cape Cod and the Islands to a sold out crowd. The outcome our summit was the creation of the Behavioral Health Provider Coalition of Cape Cod and the Islands (BHPCCCI). The Coalition's primary purpose is to facilitate opportunities for networking, communication, and sharing knowledge between health care providers in order to support and integrated and cohesive system of behavioral healthcare for residents of Cape Cod and the Islands.

The BHPCCCI is proud to highlight these opportunities at **our 5th Annual Behavioral Health Summit – Building Bridges to Recovery, Friday, October 6th** at the **Hyannis Resort and Conference Center**. This year's Summit showcases **“Social Determinants of Behavioral Health: Awareness, Understanding and Action.”** Presenters at this year's Summit include healthcare leaders, local experts, elected officials, human service agencies and peer advocates. As always, our Summit strives to inspire, inform, and provide opportunities to learn about programs that care for our community's most vulnerable individuals. In this way, the Cape's community of providers can support and participate in better ways of providing services in our community.

Please join us in welcoming our presenters! We thank you for your participation as our community moves forward to improve the quality of care on Cape Cod and the Islands. Please consider becoming a member of our Coalition and visit our website at www.bhpccapecod.org

Respectfully,

Dan Gray and Diane Ofria

Co-Chairs, Behavioral Health Provider Coalition of Cape Cod and the Islands

The Behavioral Health provider Coalition of Cape Cod and the Islands would like to thank the following organizations for their continued support and commitment to ensuring our Summit is a success:



Cape Cod Five Cents Savings Bank Charitable Foundation



Cape Cod Healthcare



Duffy Health Center



Gosnold on Cape Cod



Vinfen Cape Cod



Behavioral Health Provider Coalition
of Cape Cod and the Islands

KEYNOTE SPEAKER

**SOCIAL DETERMINANTS OF BEHAVIORAL HEALTH:
CHALLENGES AND OPPORTUNITIES FOR PHYSICAL AND
MENTAL HEALTH**

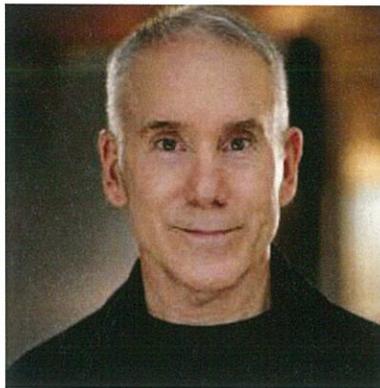


Dr. Kumara Sidhartha completed medical school training at the Government Mohan Kumaramangalam Medical College in Salem, India. After moving to the U.S., he completed his residency training in Internal Medicine at Lincoln Medical and Mental Health Center – affiliated with Cornell University, New York. He is a graduate of the Master of Public Health (MPH) in Nutrition program at the School of Public Health and Department of Nutrition at the University of Massachusetts, Amherst, MA (USA). Dr. Sidhartha also serves as the Medical Director for Emerald Physicians. He is certified in Plant-Based Nutrition by eCornell University and Colin Campbell Foundation in New York, and board-certified by the American Board of Internal Medicine.



Behavioral Health Provider Coalition
of Cape Cod and the Islands

**A PEACEFUL WARRIOR'S APPROACH TO
BEHAVIORAL HEALTH**



Dan Millman is a former world champion athlete, university coach, martial arts instructor, and college professor.

After an intensive, twenty-year spiritual quest, Dan's teaching found its form as the **Peaceful Warrior's Way**, expressed fully in his books and lectures. His work continues to evolve over time, to meet the needs of a changing world.

Dan's seventeen **books**, including *Way of the Peaceful Warrior*, have inspired and informed millions of readers in 29 languages worldwide. The feature film, "**Peaceful Warrior**," starring Nick Nolte, was adapted from Dan's first book, based upon incidents from his life.

Much of Dan's time is devoted to writing and speaking. His keynotes, seminars, and workshops span the generations to influence men and women from all walks of life, including leaders in the fields of health, psychology, education, business, politics, sports, entertainment, and the arts.

Dan and his wife Joy live in Brooklyn, NY. They have three grown daughters and four grandchildren.



Behavioral Health Provider Coalition *of Cape Cod and the Islands*

EXCELLENCE IN BEHAVIORAL HEALTH SERVICE AWARD

This award is designed to recognize the hard work and dedication of direct care and/or support-level workers in behavioral health organizations that serve the communities on Cape Cod and the Islands. Today we honor the work of Sergeant Jennifer Ellis and Officer Jason Sturgis who have made outstanding contributions and positively impacted the Cape and Islands Community.



Sergeant Jennifer Ellis



Officer Jason Sturgis

Sergeant Ellis and Officer Sturgis have taken a leadership role in creating a comprehensive systematic approach to increasing the quality of life for their community by utilizing educational models that put policing efforts in the forefront of today's times. These endeavors continue to bridge the gap between communities and police, ultimately enhancing public safety for all through cooperation, collaboration and trust building.



Behavioral Health Provider Coalition
of Cape Cod and the Islands

SENATOR JULIAN CYR



Julian Cyr serves in the Massachusetts Senate representing Cape Cod, Martha's Vineyard, and Nantucket. Elected to the State Senate on November 8, 2016, Julian is the youngest senator in the 40-member body. He is Chair of the Joint Committee on Community Development and Small Business, Vice Chair of the Joint Committee on Elder Affairs, Vice Chair of the Joint Committee on Tourism, Arts, and Cultural Development, and serves on committees with oversight of public health, housing, municipalities and regional government, environment and agriculture, and social welfare.

Julian got an early start in public advocacy at 16 years old, organizing a student-led effort at town meetings in Brewster, Eastham, Orleans, and Wellfleet to fully fund quality education in local public schools. Later, Julian led grassroots organizing on the Cape & Islands for Governor Deval Patrick's and President Barack Obama's successful re-election campaigns. He interned at the White House, contributing to green jobs policy and energy efficiency in the Obama Administration at the Council on Environmental Quality. He also worked for the William J. Clinton Foundation's Clinton Global Initiative. He worked as a harm-reduction counselor at the AIDS Support Group of Cape Cod and served on the board of directors of Health Imperatives from 2014-2017, a nonprofit health and human services agency that provides services to thousands of families and individuals in Southeastern Massachusetts.

Julian's parents were the longtime proprietors of Adrian's Restaurant, a beloved Truro destination for 28 years. He worked in the restaurant for 14 seasons growing up, where he washed dishes, cooked behind the line, waited tables, and managed staff.

Summit Schedule – Friday, October 6th

Registration | 8:00 - 8:30 AM

Welcome and Introductions | 8:30 - 9:00 AM

BEHAVIORAL HEALTH PROVIDER COALITION | – *A Look at the Last Five Years*

Dan Gray and Diane Ofria, NP – Co-chairs, Behavioral Health Provider Coalition of Cape Cod and the Islands

Our Sponsors –Introductions: Dan Gray

Michael K. Lauf, President and Chief Executive Officer, CAPE COD HEALTHCARE; Rober Talerman, First Executive Vice President, CAPE COD FIVE FOUNDATION; Patricia Cawley, Director of Case Management and Integrated Services, DUFFY HEALTH CENTER; Richard Curcuru, President and Chief Executive Officer, GOSNOLD ON CAPECOD

Opening Keynote | 9:00 – 10:00 AM

Kumara Sidhartha MD MPH - Medical Director, Emerald Physicians; Chair, Wellness Advisory Board
Social Determinants of Health: Challenges & Opportunities for Physical and Mental Health Care

Excellence in Behavioral Health Service Award | 10:15 – 10:30 AM

Presented by Senator Julian Cyr

Morning Breakout Sessions | 10:45 - 12:15 PM

- **Housing & Homelessness** (This section will repeat in the afternoon) MODERATOR: Dan Gray;
PANEL: Paula Schnepf, Coordinator of the Cape and Islands Regional Network on Homelessness; Gene Carey, Program Director Homeless Outreach Team, Vinfen; Alisa Galazzi, Chief Executive Officer, HAC on Cape Cod; Dr. Wesley Klein, Medical Director Duffy Health Center.
- **Food Access & Nutrition** (This section will repeat in the afternoon) MODERATOR: Diane Ofria
PANEL: Kumara Sidhartha, MD, MPH Medical Director, Emerald Physicians; Nutritionist, Nicole Cormier RD, LDN, Nutritionist.
- **Community Responses to Violence**, MODERATOR: Lisa Guyon
PANEL: Abigail Foley, Supervisor and Clinician, Independence House, Inc.; Mary E. Munsell, Founder/Executive Director, Dance in the Rain Peer to Peer Mental Health Center; Abigail Foley, MSW, Independence House; Charlene S. Poliquin, LICSW, Falmouth Emergency Department and Barnstable Police Department; Jacob Stapeldon, Community Education/Outreach Coordinator, Children's Cove.

Lunch | 12:15-1:15 PM

Afternoon Breakout Sessions | 1:15 - 2:45 PM

- **Housing & Homelessness** (This is a repeated session) MODERATOR: Dan Gray;
PANEL: Paula Schnepf, Coordinator of the Cape and Islands Regional Network on Homelessness; Gene Carey, Program Director Homeless Outreach Team, Vinfen; ; Alisa Galazzi, Chief Executive Officer, HAC on Cape Cod; Dr. Wesley Klein, Medical Director Duffy Health Center.
- **Food Access & Nutrition** (This is a repeated session)) MODERATOR: Patricia Durgin
PANEL: Kumara Sidhartha, MD, MPH Medical Director, Emerald Physicians; Nicole Cormier RD, LDN, Nutritionist.
- **Understanding Child Sexual Abuse as a Public Health Problem**
PRESENTATION: Rachel Berggren, Family Support Worker, Cape Cod Neighborhood Coalition; Chris Morin, Director of Prevention/Education/Outreach, Independence House.

Closing Speaker | 3:00 – 4:00 PM

Dan Millman, Author

A Peaceful Warriors's Approach To Behavioral Health.

Closing Remarks | 4:00 PM Dan Gray – Co-Chair, Behavioral Health Provider Coalition of Cape Cod and the Islands

Schedule subject to change.

Social Determinants of Health

Challenges & Opportunities for Physical and Mental Health Care

KUMARA SIDHARTHA MD, MPH
MEDICAL DIRECTOR
EMERALD PHYSICIAN SERVICES, MEMBER CAPE COD HEALTHCARE

I have no financial conflict of interest to report in relation to this presentation

Outline

- Definition
- Healthcare context
- Challenges
- Opportunities
- Case studies

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."

- World Health Organization

The JAMA Network
From: Vital Directions for Health and Health Care Priorities From a National Academy of Medicine Initiative
JAMA. 2017;317(14):1461-1470. doi:10.1001/jama.2017.1064

The figure shows that being poor in the US decreases lifespan by 15 years

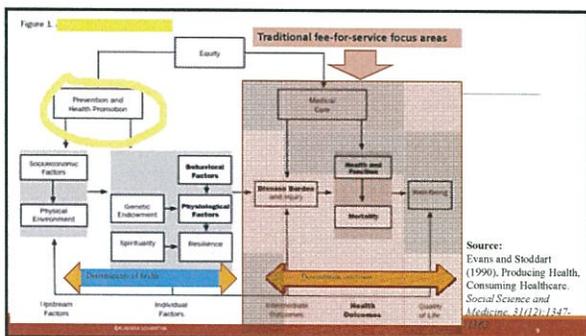
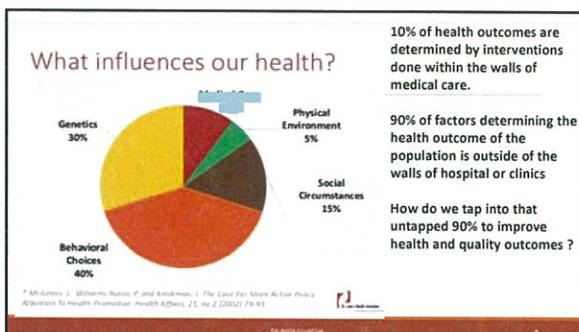
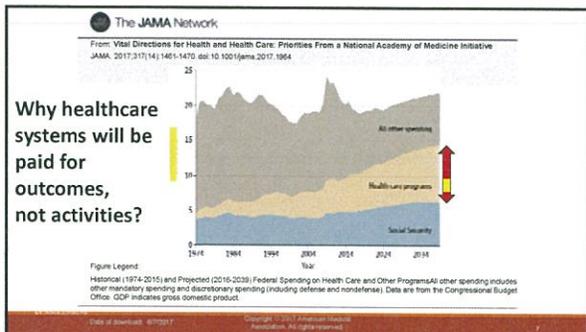
In a high quality healthcare system, patient outcomes improve equally among all income categories (Equitable care)

Race- and Ethnicity-Adjusted Life Expectancy for 40-Year-Olds by Household Income Percentile, 2001-2014: higher income is associated with longer life expectancy across the income distribution. The vertical height of each bar depicts the 95% confidence interval. The difference between expected age at death in the top and bottom income percentiles is 10.1 years (95% CI, 8.9-10.3 years) for women and 14.8 years (95% CI, 14.4-14.9 years) for men. To control for differences in life expectancies across racial and ethnic groups, race and ethnicity adjustments were calculated using data from the National Longitudinal Mortality Survey and estimates were reweighted so that each income percentile bin has the same fraction of black, Hispanic, and Asian adults. Reported

The JAMA Network
From: Vital Directions for Health and Health Care Priorities From a National Academy of Medicine Initiative
JAMA. 2017;317(14):1461-1470. doi:10.1001/jama.2017.1064

Figure:
Among the OECD countries, United States spends the most for healthcare (yellow bars), least for social services (green bars) and performs poorly with regard to health outcomes.

Figure Legend
Health Care and Social Service Spending Across Countries in the Organisation for Economic Co-operation and Development (OECD) Compared with other high-income countries, the United States spends a greater proportion of health care and social service expenditures on health care services. For every \$1 spent on health care, about \$2 is spent on social services by countries in the OECD overall but only about \$0.50 is spent on social services by the United States. GDP indicates gross domestic product. Data are from OECD countries, n = 30) from 1985 to 2005 according to the 2006 release of the OECD Health Data 2006 Statistics and Indicators and OECD Social Expenditure Database. Adapted from Bradley and Taylor.



- ### Top 5 social determinants of health for Barnstable County
- Food security
 - Housing
 - Social connectedness
 - Transportation
 - Violence



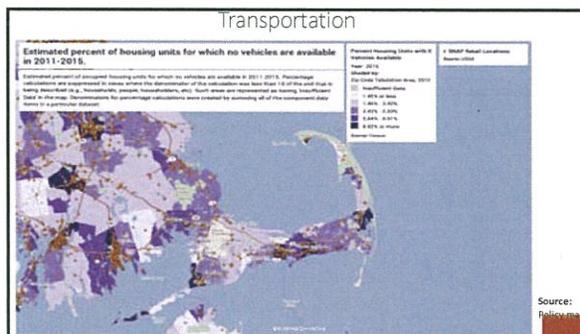
Housing

Point in Time data from January 2017
(Barnstable County Human Services data)

Number of families in shelter: 69 ↓
 Number of persons homeless: 324 ↑
 Number of children in sheltered families: 100 ↑

20 – 25% of the homeless have severe mental illness

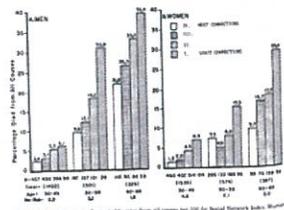
Source: National Coalition for the Homeless



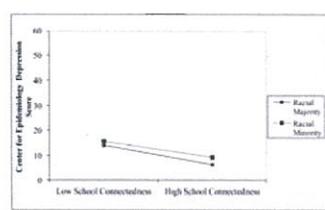
Source: Policy map

Social connectedness

Sense of loneliness is correlated with higher morbidity and mortality than cigarette smoking



Source: Social Networks, Host resistance and Mortality: A nine-year follow up study of Alameda County residents. Am J of Epid, 1979; 110:204



Social connected in school and adolescent rate of depression

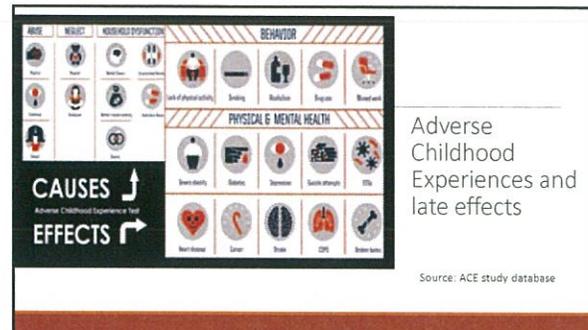
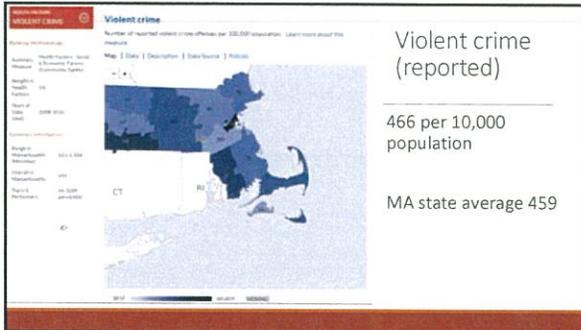
National Longitudinal Study of Adolescent Health

11,852 adolescent
132 schools

Social connectedness measured using 5-point scale of 5 items:

- "I feel close to people at this school,"
- "I feel like I am part of this school,"
- "Students at your school are prejudiced,"
- "I am happy to be at this school,"
- "I feel safe in my school."

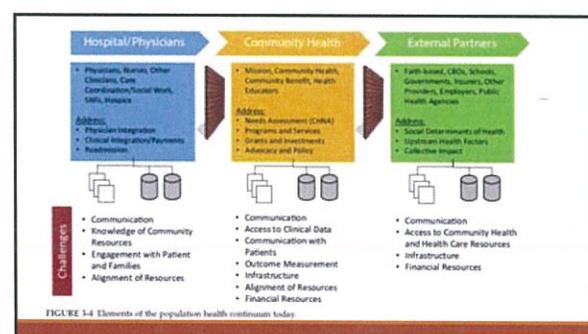
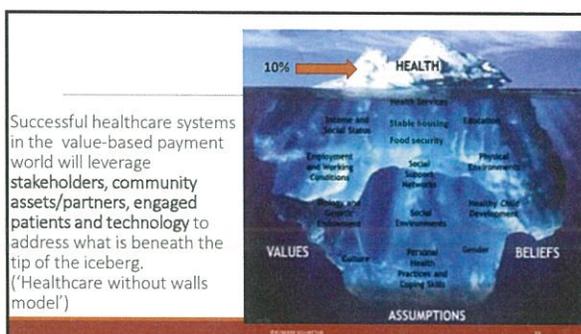
Figure 1. The Relationship between School Connectedness and EB3 Depression Scale Scores by Race

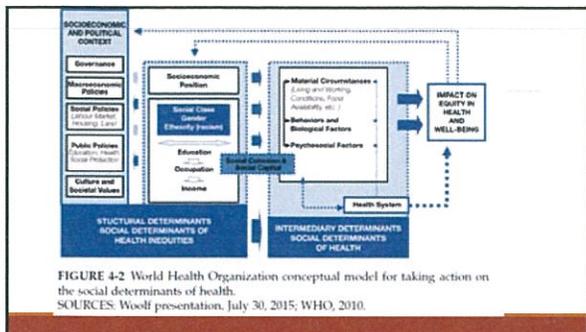


How do social determinants of health impact health?
Example: Patient with diabetes

Process	Outcome
Did the patient have A1C measured x.2 / year	Did the A1C improve?
What is keeping the patient from getting tested?	What is keeping the patient from improving A1C?
Barriers to engage with healthcare system: ? Health insurance/ Access to care ? Transportation ? Education/Language ? Health literacy Possible interventions: Better physician-patient communication Cultural and linguistic competence Home blood draw Geographic location of labs, convenient hours of operation	Barriers to wellness and medication compliance: ? Access to healthy food ? Competence in self-care, ? Built environment ? Health literacy/Financial barriers to medications Possible interventions: Self-care management coaching/ meal prep skills Phone Apps for physical activity or stress management ("7 minute workout" "Pacifica") Medically tailored meals or fix for access to food

Challenges





Opportunities

Program Partners

Food insecurity: Healthcare intervention
FLAVORX Fruit and Vegetable Rx program

FLAVORx: Single-blind Randomized Controlled Trial Results: Clinical outcomes

	Baseline	Final	Sparkline
Systolic BP	126.0	122.3	
Diastolic BP	79.1	79.1	
Waist Circumference (in)	38.1	37.9	
Blood Glucose	90.7	88.6	
Total Cholesterol	208.2	206.8	
HDL	63.9	61.7	
LDL	115.5	116.5	
Triglycerides	143.4	142.7	
BMI	28.1	28.0	

Community Service: Food as Medicine for Diabetes

This study is ongoing, but not recruiting participants.

Location: Emerald Physicians, Central Hospital

Lead: NCT02428138
 First Posted: April 29, 2015
 Last Update Posted: August 29, 2017

The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [Disclaimers](#) for details.

Information provided by (Responsible Party):
 Emerald Physicians, Emerald Health Institute

Full Text View | Tabular View | No Study Results Posted | Discussion | How to Read a Study Record

Purpose
 Food insecurity (defined as difficulty accessing food owing to cost) affects 1 in 8 diabetes patients. To address this, the investigators are conducting a pilot randomized controlled trial of medically tailored food delivery (MTFD). The pilot study has two specific aims:
 Aim 1: To determine the effect of receiving MTFD on dietary quality for food insecure diabetes patients with hyperglycemia. Aim 2: To determine the feasibility and acceptability of the program as a medical intervention and define the program as needed for testing at larger studies.

TABLE 1: SUMMARY OF HOUSING INTERVENTIONS

INTERVENTION	TARGET GROUP—PLACE	AUTHOR, YEAR	SUMMARIZED OUTCOMES
1 Housing First	People experiencing chronic homelessness—Seattle and Boston	Larimer, 2009; MHSA, 2014	\$29,388 per person per year in net savings, and \$8,949 per person per year in net savings, respectively
2 Special Homeless Initiative (PH)	Adults with serious mental illness—Boston	Levine, 2007	93% reduction in hospital costs, resulting in \$18 million reduction in health care costs annually
3 10th Decile Project	High-need homeless—Los Angeles	Burns, 2013	72% reduction in total health care costs; positive rate of return as every \$1 invested in housing and support was estimated to reduce public and hospital costs by \$2 the following year and \$6 in subsequent years
4 My First Place	Foster care recipients—California	First Place for Youth, 2012	Better health outcomes, \$44,000 per person per year in net savings*

Source: Leveraging Social Determinants of Health: What works? - CBBS June 2015

AT THE INTERSECTION OF HEALTH, HEALTH CARE, AND POLICY

HealthAffairs

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Formerly Homeless People Had Lower Overall Health Care Expenditures After Moving Into Supportive Housing

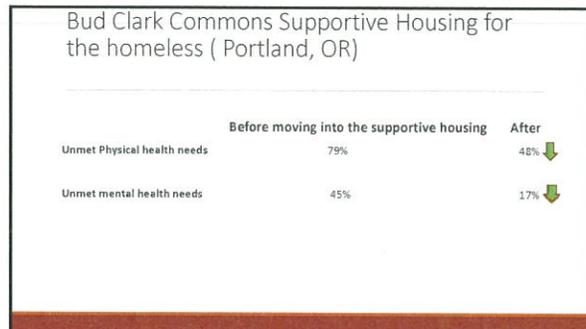
Bill J. Wright^{1,*}, Kerri B. Vattaman², Hsun-Fang Li³, Natalie Royal⁴ and Jennifer K. Matson⁵

BUD CLARK COMMONS SUPPORTIVE HOUSING INITIATIVE, PORTLAND OR

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This Article
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190717 January 2016 vol. 35 no. 1

Abstract
Figures Only
Full Text
PDF



Barnstable County: Future healthcare and social determinants of health

Challenges:

- Integrating systems and services within the healthcare system
- Communication and integrated technology within the healthcare system
- Collaboration with multi-sector partners in the community (external to the healthcare system)
- Culture of health (in the healthcare systems and in the larger community)

Opportunities:

- Healthcare reform shifting the focus to upstream factors that determine health
- Technology
- Community assets on Cape Cod
- Strong physician-patient relationships
- Patient-centered healthcare policies and protocols

Questions?



FLAVOR_x

FEED YOUR BODY HEALTH





OBJECTIVES

PLANT-BASED PROTEINS *plants*

KNOW YOUR FOOD *knowledge*

RELATIONSHIP WITH FOOD *mindful*

CONNECT YOUR FOOD TO HEALTH *physical*

PLANT-BASED PROTEINS *fiber*

PORTIONS 1/2 CUP SERVING

lentils, chickpeas, beans, tempeh, tofu

1/4 CUP SERVING

nuts (almonds, walnuts, pecans, brazil, cashews)

seeds (sunflower, pumpkin)

3 TABLESPOONS SERVING

hemp seeds, chia seeds

ALL SOURCED OF PROTEIN ABOVE HELP INCREASE FIBER



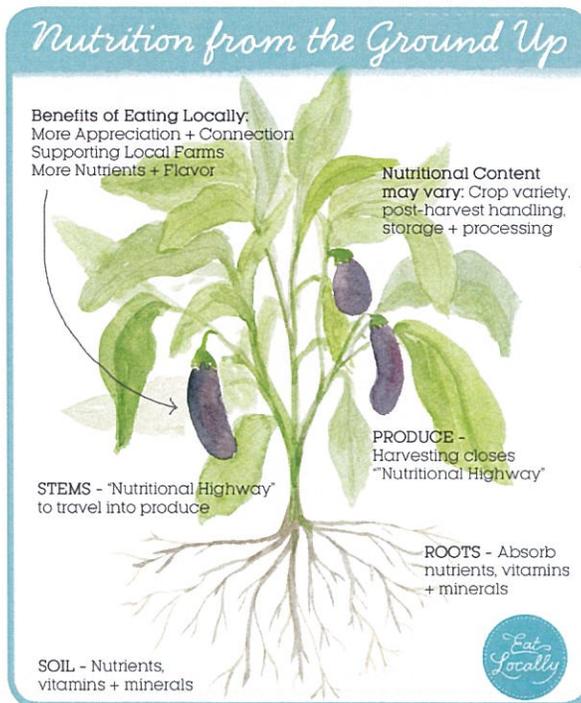
FLAVOR_x

KNOW YOUR FOOD *knowledge*

NUTRIENTS **SOIL & ROOTS** *minerals absorbed by roots*
nitrogen, phosphorus, potassium, calcium & magnesium

STEMS & LEAVES *“nutritional highway”*
5 times more nutrient concentration

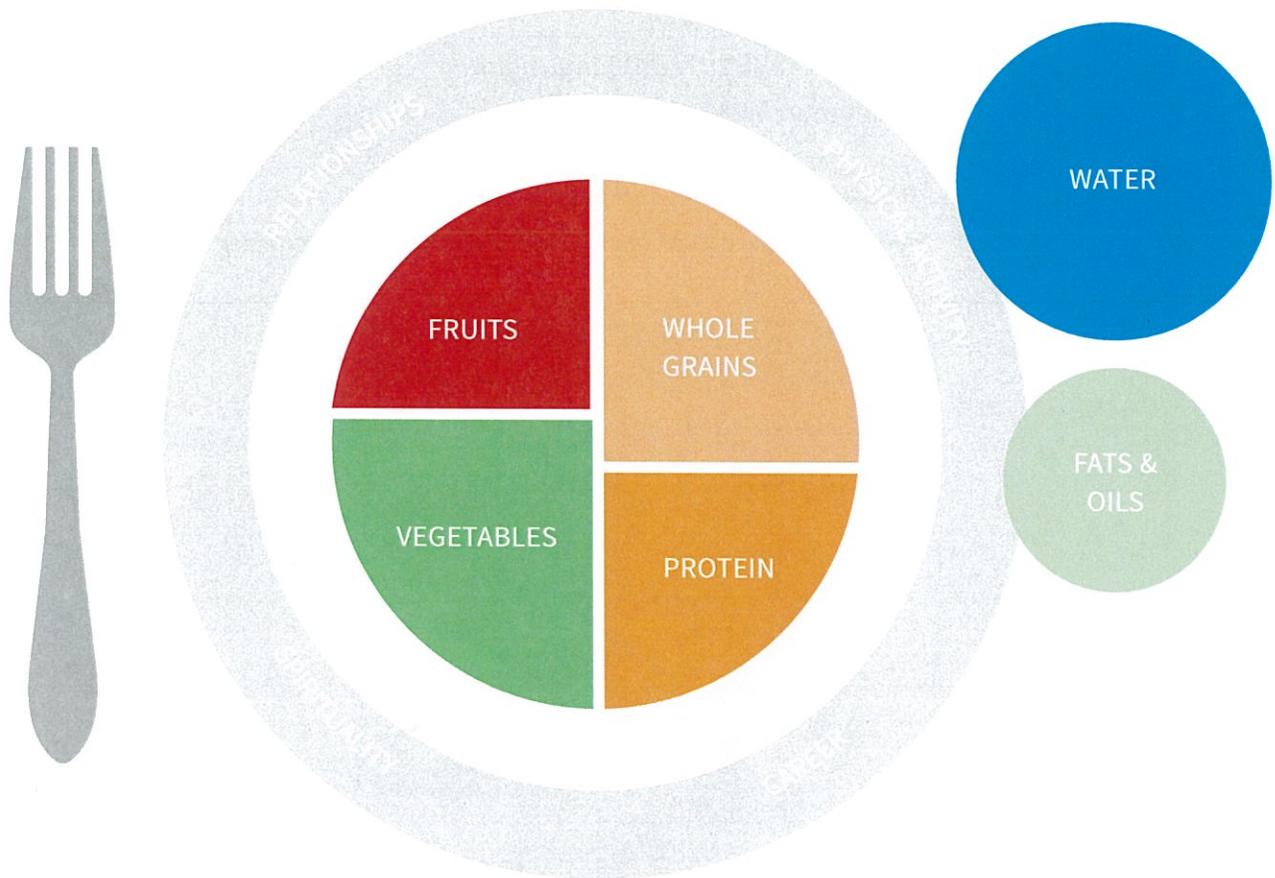
PRODUCE *nutrient content varies*
crop variety, post-harvest handling, storage & processing





FLAVOR_x

INTEGRATIVE NUTRITION PLATE





FLAVOR_x



RELATIONSHIP WITH FOOD *mindful*

DO YOU ENJOY EATING IN SEASON

NUTRITION · SUSTAINABLE · EDUCATION · ENVIRONMENT = APPRECIATION FOR FOOD

- HERBS**
Chives
Cilantro
Dill
Marjoram
Mint
Thyme
Sage
Parsley
Oregano
- FRUITS**
Strawberries
- VEGETABLES**
Asparagus
Peas
Beets
Broccoli
Cabbage
Cauliflower
Fiddleheads
Mushrooms
Radishes
Rhubarb
Scallions
Turnips
- GREENS**
Mizuna
Mustard
Sorrel
Turnip
Lettuce
Parsnip
Arugula
Beet
Bok Choi
Chard
Collard
Cress
Dandelion
Kale
Tat Soi
Pea Shoots
Spinach
Sprouts
Spring Garlic

SPRING {Year's First Fruits}

- VEGETABLES**
Beets
Broccoli
Cabbage
Carrots
Cauliflower
Celery
Cucumbers
Eggplants
Endive
Fennel
Garlic
Green Beans
Kohlrabi
Lettuce
Mushrooms
Okra
Onions
Peppers
Potatoes
- FRUITS**
Sprouts
Radicchio
Scallions
Summer Squash
Corn
Tomatoes
Chard
Kale
- HERBS**
Basil
Cilantro
Dill
Marjoram
Tarragon
Parsley
Rosemary
Savory
Mint
- FRUITS**
Apricots
Blueberries
Cherries
Plums
Raspberries
Elderberries
Blackberries
Melons
Peaches
Nectarines
Currants

SUMMER {Peak Season}

- FRUITS**
Apples
Grapes
Pears
Cranberries
- HERBS**
Parsley
- VEGETABLES**
Brussel Sprouts
Beets
Broccoli
Cabbage
Cauliflower
Mushrooms
Radishes
Scallions
Turnips
Horseradish
Potatoes
Sweet Potatoes
Winter Squash
Pumpkins
Rutabaga
- GREENS**
Daikon
Fennel
Garlic
Onions
Leeks
Carrots
Kohlrabi
- GREENS**
Arugula
Beet
Kale
Bok Choi
Chard
Collard
Mizuna
Tat Soi
Mustard
Turnip

FALL {Harvest Season}

- VEGETABLES**
Carrots
Celeriac
Beets
Broccoli
Cabbage
Mushrooms
Potatoes
Daikon
Garlic
Horseradish
Jerusalem Artichoke
Kohlrabi
Leeks
Onions
Rutabagas
Sweet Potatoes
Turnips
Winter Squash
- FRUITS**
Apples
Pears
- GREENS**
Kale
Sprouts
Shallots
Pea Greens
- HERBS**
Dried Herbs

WINTER {Storage Crops}

RESOURCES FOR EATING SEASONALLY

FIND FARMS · FARMER' MARKETS · CSAs
www.buyfreshbuylocalcapecod.org
www.SEMAPonline.org

VISIT FOOD BLOG
www.NutritionFromtheGroundUp.com

DOWNLOAD APPS
Harvest to Hand · Dirty Dozen · ShopNoGMO
Seafood Watch



RELATIONSHIP WITH FOOD *mindful* ACTIVITY

WHAT DOES THAT SMELL LIKE? HOW DOES THAT MAKE YOU FEEL?

DARK CHOCOLATE (WHERE DOES IT COME FROM?)

NOTICING TASTE, SMELL, OBSERVING IT BEING DIGESTED, TRAVELING THROUGH YOUR ENTIRE DIGESTIVE SYSTEM TO YOUR CELLS TO NOURISH.

Connect with each ingredient in your meal. *Observe* it in its whole form, *feel* it, *smell* it, *taste* it and most importantly, connect to it.

Thank the sun, the earth, the soil, visualize your garden, a farm, the farmer, the plants, rain falling, seeds coming out of the ground and the energy that's your food. A lot of hard work has gone into your meal.





FLAVOR_x



CONNECT YOUR FOOD TO YOUR HEALTH *physical* METABOLISM

FOODS BREAKDOWN INTO BLOOD SUGAR

PANCREAS RELEASES INSULIN

INSULIN BRINGS BS TO CELLS FOR ENERGY

Connected to DIGESTION · ENERGY · IMMUNITY · PREVENTION

HUNGER & ENERGY

BALANCE YOUR BLOOD SUGARS

Eat a meal or snack every 3-4 hours

Choose a PROTEIN & FIBER at each meal

Add greens to your plate

Use a variety of proteins, including plants

(we don't digest all proteins the same)

PROTEIN & FIBER

BREAKFAST *Protein & Fiber (Whole Grain & Fruit)*

SNACK *Fiber (Fruit)*

LUNCH *Protein & Fiber (Vegetables & Whole Grain)*

SNACK *Protein & Fiber*

DINNER *Protein & Fiber (Vegetables & Whole Grains)*



PANTRY PRACTICE

PROTEINS

GRAINS

HEALTHY ADDITIONS

TAKE AN INVENTORY

Creating a sustainable life



FLAVOR_x

CONNECT YOUR FOOD TO YOUR HEALTH *physical*
BREAKFAST

PROTEIN, WHOLE GRAIN & FRUIT OR VEGETABLE

Breakfast

PROTEIN	WHOLE GRAIN	FRUIT	VEGETABLE
Almonds/Walnuts/Cashews/Pecans	Oats	Apple	Broccoli
Brazil Nuts	Quinoa	Banana	Mushrooms
Sunflower Seeds/Pumpkin Seeds	Buckwheat	Orange	Cucumber
Beans	Polenta	Blueberries	Tomato
Hemp Seeds	Sweet Potato/Potato	Pear	Zucchini
Nut Butter	Tortilla	Peaches	Squash
Tempeh	English Muffin/Toast	Melon	Onions
Tofu	Waffles	Cranberries	Koblrabi
Hummus	Toast	Blackberries	Greens

**Greens (Spinach, Kale, Arugula, Collards, Chard)*



FLAVOR_x

CONNECT YOUR FOOD TO YOUR HEALTH *physical*

LUNCH

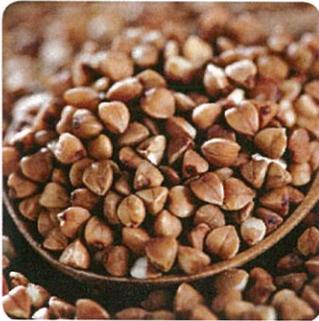
PROTEIN, VEGETABLE, FRUIT & GRAIN (OPTIONAL)

Lunch

PROTEIN	GRAIN	FRUIT	VEGETABLE
Beans	Wheat Berries	Grapes	Carrots
Chickpeas	Brown Rice	Orange	Cucumber
Nuts	Spelt	Banana	Peppers
Seeds	Farro	Blueberries	Beets
Tempeh	Polenta	Pear	Mushrooms
Tofu	Barley	Cherries	Zucchini
Nut Butter	Quinoa	Apple	Sweet Potato
Bean Burger	Bread	Pineapple	Broccoli
Lentil Patty	Tortilla	Plum	Greens
Hummus	Pasta	Melon	Sugar Snap Peas



FLAVOR_x



CONNECT YOUR FOOD TO YOUR HEALTH *physical* GRAINS

GRAIN PORTIONS SHOULD BE 1/2 CUP, COOKED

GRAINS
Quinoa
Brown Rice
Farro
Spelt
Buckwheat
Millet
Oats
Amaranth
Barley
Bulgur
Kamut
Popcorn
Flaxseed
Polenta

Tahini Dip

Ingredients

1/2 cup tahini
1/4 cup lemon juice (fresh, if possible)
1 clove garlic, crushed
2-4 tablespoons nutritional yeast
1/2 teaspoon honey
1/2 teaspoon salt
1/4 – 1 teaspoon cumin
1/4 cup water (or to desired consistency)

Instructions

- 1 Stir together tahini, lemon juice, garlic, cumin, nutritional yeast, and salt with a fork. Mixture will become very thick.
- 2 Add about 3 tablespoons of the water and whip together with fork until mixture is very smooth and dressing becomes thick. Add more water if needed to achieve desired consistency.

Nicole Cormier, RD, LDN
www.DeliciousLivingNutrition.com

vinfen
transforming lives together



Vinfen's Cape
Homeless Outreach
and Engagement Team



www.vinfen.org

MISSION AND PHILOSOPHY

To provide person-centered services including innovative engagement, education, resources and referrals to the Cape's homeless population, with a focus on people with psychiatric disabilities.

To provide services that will give people served a bridge back to their communities.



www.vinfen.org

Evolution of the Program

1988 –Advent of Vinfen Homeless Outreach Services on Cape Cod

- Community Ties (CSU)
- Specials Program
- Host Supported Housing

1994 - Homeless Outreach/Supported Housing

2007 - PACT /HOT



www.vinfen.org

Staffing

Full time Team Leader CADC, LMHC
Full time Outreach Worker
Full time Peer Recovery Specialist
Full time Outreach Clinician CADC,LMHC

www.vinfen.org

Persons Served/Referral System

- The program is funded through the Department of Mental Health specifically to engage homeless individuals /families over 18 years of age that have been service resistant
- Open (not just DMH clients) referral system:
St. Joseph 's House , other community service providers, police, emergency departments, the faith based community, medical providers, the courts, psychiatric units, and concerned citizens

www.vinfen.org

Geographic Location

Office is located in Hyannis at 1019 Iyannough Road (Route 132)

The team provides services to homeless people in *all Cape Cod towns.*

www.vinfen.org

Mobile Outreach Van

Staff in van rotate around 3 different locations:

- Tues/Thursday - Mid Cape
- Wednesday - Upper Cape
- Friday - Lower Cape

Van is stocked with engagement supplies

- Hygiene kits, blankets, socks, snacks
- Benefits and Housing applications
- HOET intake forms

www.vlnfen.org

Key Tasks of the Team

- Encounter
- Engagement
- Determine Eligibility
- Assess Needs
- Develop Service Action Plan
- Support/Assist Client to meet their goals
- Community Collaboration and Integration

www.vlnfen.org

Encounter/Assess

HOET Staff visit locations to find people in need:

- known homeless campsites
- local shelters
- local soup kitchens
- police stations
- emergency rooms

HOET Staff assess person's needs and make appropriate referrals

- mental health, substance use, medical
- housing and/or
- financial services

www.vlnfen.org

Engagement

HOET staff engages Cape Cod's homeless people using various strategies:

- Motivational interviewing techniques (reflective listening, being non-judgmental)
- Providing needed items (hygiene supplies, snacks, blankets, information, education)
- The Coffee House – Low Threshold Engagement established April 2013
- 10,000 visitors, over 600 unique individuals

www.vinfen.org

Support

- Often help person:
 - Provide encouragement to pursue life goals
 - access clothing, food and shelter
 - attend medical/dental and therapy appointments
 - attend AA/NA or other recovery/addiction services
 - address legal issues
- Provide help to complete applications for benefits and entitlements
 - EAEDC, SSA, MassHealth, and housing
 - reconnect with family

www.vinfen.org

Community Collaboration

The HOET Team works directly with:

- Business Improvement District
- Barnstable Police Department
- Faith Based Communities
- M25 (Mathew:25 Whatever you did for the least ...)
- Housing Authorities
- Medical and Mental Health Providers
- Saint Joseph's
- DMH/Bay Cove/Community Crisis Stabilization Unit/ED
- Pier Recovery Center
- Community Crisis Intervention Team (CCIT)

www.vinfen.org

Networking/Meetings

(It takes a village)

- Barnstable County Corrections Reentry Taskforce
- Behavioral Health Provider Coalition
- Community Crisis Intervention Team
- Outreach Committee
- Continuum of Care
- Boots on the Ground
- Champ House Advisory Group
- M25 Board of Directors
- St. Vincent DePaul Society
- Homeless Not Helpless
- Duffy Health Center

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Panel's Focus Today

- Identifying The Cycle of Homelessness
- Discuss the impact of Mental and Physical Health on Housing
- Examine the Efforts to coordinate services and how to access those options
- Review the Duffy Health Care center treatment for Hepatitis C and the Outcomes
- Future Opportunities to Work Collaboratively to access Housing Options

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Predeterminants

We have a recidivistic cycle of homelessness
Living conditions exasperate mental health and substance abuse

Chronic Homelessness associated with **severe** symptoms of substance abuse ,schizophrenia and personality disorder

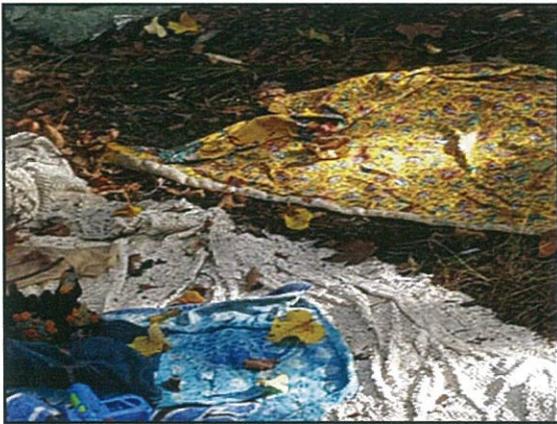
Can't afford housing ,burned bridges, criminal activity, Lost Hope

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Vision

- Provide Transitional Housing That Will Address Mental Health and Addiction in a Long Term Treatment Program
- Implement Mental Health Court

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Hospital Grade Port- a -Potty



www.vinfn.org

This is not Camping

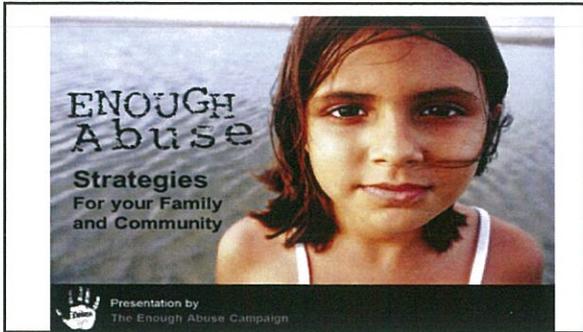


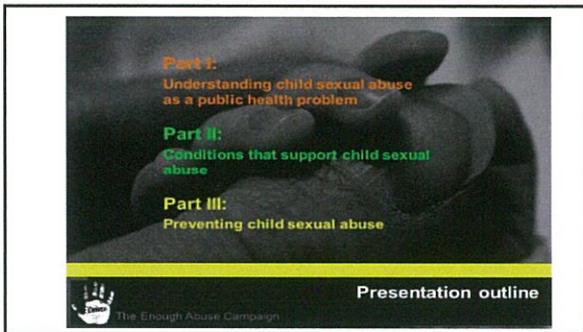
www.vlnfen.org

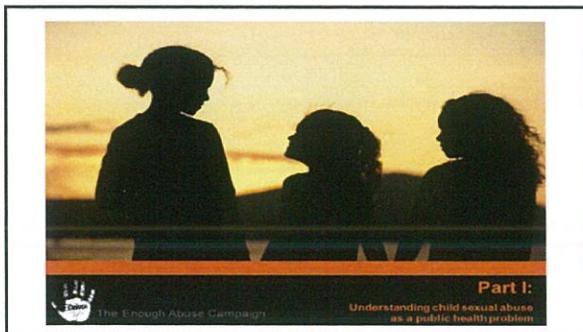
Coffee House(Café)



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"Adverse childhood experiences (including child sexual abuse) determine the likelihood of the ten most common causes of death in the United States."

PHOTO: J. HALL, MD; ROBERT F. AYRES, MD

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign



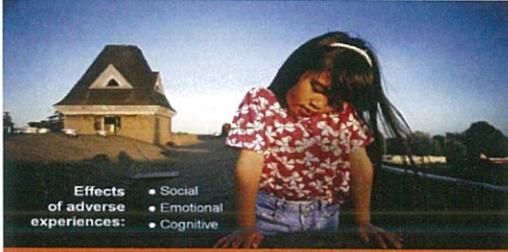
Adverse childhood experiences:

- Abuse** - physical, psychological, and/or sexual
- Neglect** - emotional, physical
- Household dysfunction** - alcohol/substance abuse, mental illness, violence, suicidal and/or imprisoned household member

Adverse Childhood Experiences (ACE) Study - continued

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign



Effects of adverse experiences:

- Social
- Emotional
- Cognitive

Adverse Childhood Experiences (ACE) Study - continued

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign



High risk behaviors:

- Smoking
- Severe obesity
- Physical inactivity
- Depression
- Suicide attempt
- Alcoholism
- Illicit drug use
- Injected drug use
- 50+ sexual partners
- History of STD

Adverse Childhood Experiences (ACE) Study *continued*

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign



Disease and disabilities:

- Cancer
- Heart Disease
- Stroke
- Emphysema
- Chronic Bronchitis
- Diabetes

Adverse Childhood Experiences (ACE) Study *continued*

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign

The influence of adverse childhood experiences throughout life
Finkelhor & Browne, The Adverse Childhood Experiences Study (ACE)



Adverse Childhood Experiences (ACE) Study *continued*

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign

Conclusion:

High risk behaviors are coping strategies.

Costs related to ACEs:

- Staggering health/ mental health care;
- Reduced productivity in workforce;
- Foster care, homelessness;
- Law enforcement and court costs.



Adverse Childhood Experiences (ACE) Study

Part I:
Understanding child sexual abuse as a public health problem

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Definition of child sexual abuse

Any sexual activity between an adult and child or adolescent is abusive and illegal. It is an exploitation of power and usually of trust. Sexual activity between two children of significantly unequal power or development can also be abusive. Sexual abuse includes both touching and non-touching acts.



Definition of child sexual abuse

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign

Touching behaviors can include:

- Deliberate contact with a child or teen's genitals, buttocks or chest/breasts;
- Penetration of the child or teen's mouth, anus, or vagina with an object or body part;
- Making a child or teen touch another person's anus, penis, or vagina, and;
- Coercing a child or teen to touch him/herself, the offender or another child.

Definition of Child Sexual Abuse - continued

Part I:
Understanding child sexual abuse as a public health problem

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Trauma from child sexual abuse is most highly correlated with:

- > younger age of abuse
- > frequency of abuse
- > if penetration occurred
- > if the abuse was violent

True or False?

Trauma and child sexual abuse

Part I:
Understanding child sexual abuse as a public health problem

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Common strategies to prevent child sexual abuse

1. Identification & treatment of victims
2. Identification of abusers:
Prosecution, treatment, monitoring
3. Child Victimization risk reduction

Common strategies to prevent child sexual abuse

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign

Continuum of prevention

Preventing perpetration ← → Preventing re-victimization

Continuum of prevention

Part I:
Understanding child sexual abuse as a public health problem

The Enough Abuse Campaign

Preventing perpetration

- 1.) Preventing people from victimizing children *today*, and
- 2.) Preventing children from developing sexually abusive behaviors *in the future*.



Preventing child abuse

The Enough Abuse Campaign

Part I:
Understanding child sexual abuse as a public health problem

Conditions that support abuse

Social Messages
promoted by society

Secrecy
caused by tactics of those who abuse and some institutions

Silence
of families and communities



Conditions that support abuse

The Enough Abuse Campaign

Part II:
Conditions that support child sexual abuse

Social messages

- Children should obey adults.
- Family problems should be kept within the family.
- Sex and violence go together.



Social Messages

The Enough Abuse Campaign

Part II:
Conditions that support child sexual abuse

Social messages (cont.)

- Children and teens lie and manipulate.
- Girls/women are victims.
- Boys/men are not victims.



Social messages (continued)

Part II:
Conditions that support child sexual abuse

The Enough Abuse Campaign

Social messages (cont.)

- Girls/women are seductive, sexual objects.
- Boys/men always want sex.
- Sexually abused children will abuse others.



Social messages (continued)

Part II:
Conditions that support child sexual abuse

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Secrecy

- Child may be dependent on abuser for physical and emotional needs.
- Child may have no way of knowing that abuse is wrong.
- Extra attention may feel good.
- Sexual contact may feel good.

Secrecy

Part II:
Conditions that support child sexual abuse

The Enough Abuse Campaign

Secrecy (cont.)

- Fear of being blamed
- Fear of social stigma
- "Grooming" of child, family, and community:
Builds trust
Provides cover



- Threatening the child:
Nobody will believe you
Abuser will be sent to jail
Violence to child, family or pets

Secrecy - continued

Part II:
Conditions that support child sexual abuse

The Enough Abuse Campaign

Silence

False sense of security
"This couldn't happen to my kids."

Discomfort speaking about sexual abuse or sexuality in general
"I don't have to bring it up because my kids tell me everything."



Silence

Part II:
Conditions that support child sexual abuse

The Enough Abuse Campaign

Silence (cont.)

- Lack of knowledge about how to prevent abuse or respond to it in helpful ways
"I wouldn't even know where to begin."
- Fear of opening Pandora's Box
"What would I do if it really did happen?"



Silence - continued

Part II:
Conditions that support child sexual abuse

The Enough Abuse Campaign

Consequences of social messages, secrecy & silence:

- Adults are not adequately protecting children from people who might abuse them.
- Adults and children are not communicating about a major safety risk.
- Adults and communities have not been mobilized for prevention.



Consequences of social messages, secrecy & silence

Part II:
Conditions that support child sexual abuse

The Enough Abuse Campaign

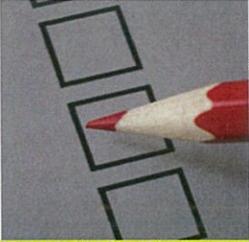


Part III:
Preventing child sexual abuse

The Enough Abuse Campaign

Action steps to prevent child sexual abuse

1. Educate
2. Communicate
3. Advocate



Action steps to prevent child sexual abuse

Part III:
Preventing child sexual abuse

The Enough Abuse Campaign



Educate ourselves about how to recognize behavior signs that suggest someone might pose a risk to children.

Educate

Part III: Educate
Preventing child sexual abuse

The Enough Abuse Campaign

Behavior signs

Common strategies of sexual abusers:

- Deceive and manipulate
- Groom child, family and community
- May target children who appear more vulnerable

Behavior signs

Part III: Educate
Preventing child sexual abuse

The Enough Abuse Campaign

Behavior signs

Do you know an adult who:

- Doesn't appear to have adult friends and prefers to spend most of his/her free time interacting with children and teenagers;
- Finds ways to be alone with a child or teen when adults are not likely to interrupt, e.g. taking the child for a car ride, arranging a special trip, frequently offering to baby-sit, etc.

Stop It Now!

Behavior signs

Part III: Educate
Preventing child sexual abuse

The Enough Abuse Campaign



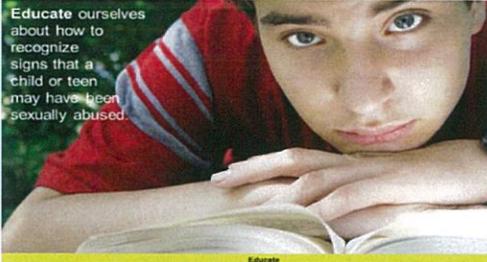
Reduce the opportunity for sexual abuse

- ✓ Increase supervision.
- ✓ Eliminate situations involving one child or teen and one adult.
- ✓ Be quietly vigilant without being anxious or conveying fear to your child or teen.

Reduce Opportunity

Part III: Educate
Preventing child sexual abuse

The Enough Abuse Campaign

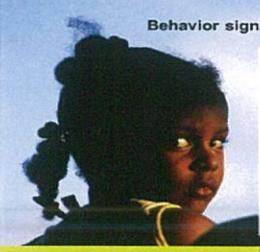


Educate ourselves about how to recognize signs that a child or teen may have been sexually abused.

Educate

Part III: Educate
Preventing child sexual abuse

The Enough Abuse Campaign



Behavior signs of possible sexual abuse

- Unwilling or afraid to be left in the care of a particular person or to play with a particular child
- Change in the child's behavior when a particular person is present
- Discomfort or reluctance to give details about time spent with another adult or child

Behavior signs of possible sexual abuse

Part III: Educate
Preventing child sexual abuse

The Enough Abuse Campaign

Behavior signs of possible sexual abuse

- Use of new words to describe genitalia or sexual behavior
- Using toys or dolls to act out sexual scenarios
- Chronic masturbation
- Involving other children in sexual activity
- Abuse of alcohol or drugs
- Promiscuity
- Self-harming behaviors



Behavior signs of possible sexual abuse

Part III: Educate
Preventing child sexual abuse

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Part III: Communicate
Preventing child sexual abuse

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Communicate with adults
when there are concerns about their sexual behavior.

Communicate with adults

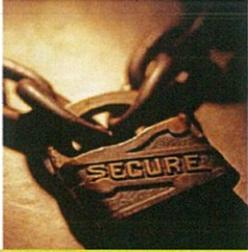
Part III: Communicate
Preventing child sexual abuse

The Enough Abuse Campaign

Establish safety

- Do not ignore what you have witnessed
- Remain calm
- Avoid shaming the child/children

URSEC



45 Establish safety

Part III: Communicate
to prevent child sexual abuse

The Enough Abuse Campaign

Abuse Prevention Tips

- Begin talking to child about privacy and personal space at age 3
- Only allow those you trust to provide genital and bathing care for your child
- Encourage children's independence in personal self care
- Discourage co-bathing with siblings and adults once your child begins elementary school. Supervise bathing before this time

Abuse Prevention Tips

- Introduce "OK and "Not OK" touch
- Teach children and teens to respect adults' and siblings' privacy
- Teach teens to practice equality and respect in their relationships
- Develop a safety plan with your teen in case he/she needs to get out of a risky situation
- Encourage teen to stay sober to reduce sexual risks

Talking to your Child

- All body parts have names and can be talked about respectfully
- Grown ups and older children have no business playing with a child's private body parts
- It is important not to cross another child's body boundaries and touch their private body parts
- You are a special person and deserve to be treated with love

Model communication & foster empathy

- Label behavior
- Label your feelings (upset, uncomfortable, disappointed, embarrassed)
- Point out how behavior affects other bystanders
- Encourage behavior change based on its impact on others



URSEC

46

Model communication & foster empathy



The Enough Abuse Campaign

Part III: Communicate
to prevent child sexual abuse

If you are concerned about the sexual behavior of an adult:

1. Trust your instincts. Write down what you have observed.
2. Reach out – you don't have to handle this on your own! Call your local child protective services office for advice.
3. Immediately report any suspected abuse to child protective services or police.
4. www.enoughabuse.org for resources to share with family and/or concerning adult.

If you are concerned about the sexual behavior of an adult



The Enough Abuse Campaign

Part III: Communicate
Preventing child sexual abuse

Advocate



Advocate

 **Part III: Advocate**
The Enough Abuse Campaign
Preventing child sexual abuse

Advocate for:

- Prompt intervention when you suspect a child is being abused, and
- Professional help when you are concerned about the sexual behaviors of others around children.



Advocate

 **Part III: Advocate**
The Enough Abuse Campaign
Preventing child sexual abuse

If you suspect abuse

1. Report **right away** to the appropriate agency.
Does everyone know: What is a 51A?
2. For abuse in the family, in school or by a caretaker, call the MA Department of Children & Families at **1-800-732-5200**.
3. For abuse by others, contact your local police department.



If you suspect abuse

 **Part III Advocate:**
The Enough Abuse Campaign
Preventing child sexual abuse



If a child or teen discloses to you:

- ✓ Stay calm.
- ✓ Be supportive.

✓ Tell the child or teen:
*"I believe you. You are not to blame.
You were brave to tell. I will do my best to protect you."*

If a child or teen discloses

Part III: Advocate
Preventing child sexual abuse

The Enough Abuse Campaign



✓ Ask open-ended questions, e.g. *"It's important that I know what you know. Tell me what happened."*

✓ Don't ask them to repeat multiple times what they have said.

✓ Call Child Protective Services or police who will arrange for the child to be interviewed by a skilled professional interviewer.

If a child or teen discloses

Part III: Advocate
Preventing child sexual abuse

The Enough Abuse Campaign

If a child or teen discloses to you:



- Plan for safety so the child or teen won't be vulnerable to the abuser's actions.
- Notify other adults of the situation as necessary.
- Get support for yourself.

Handling disclosures

Part III: Advocate
Preventing child sexual abuse

The Enough Abuse Campaign

Resources

- Links to resources can be found at www.enoughabuse.org
- Handouts with resource information are available.



ENOUGH
LEAD AGAIN. ABUSE AGAIN.



The Enough Abuse Campaign

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transforming lives together

The Behavioral Health Provider Coalition of Cape Cod and the Islands Fund, a project of The Cape Cod Foundation.