



Health
Commissioner
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July 11, 2019

Re: Written Testimony to the House Oversight and Reform Committee

Charles A. Patterson, R.S., MBA

Health Commissioner

Good Morning, Mr. Chairman and Members of the Committee:

How does Trauma effect our local community? Our community is a traditional rustbelt city which relied on low skilled, higher wage jobs for many years. As the low skilled job wages did not keep pace and became a thing of the past, and the economy also turned due hard times, many found themselves on unemployment and never went “back” to work. Generational poverty is multi-generations old with generational trauma going hand in hand.

The effects of childhood trauma are felt across the community by those of all socioeconomic levels. The “effects” are seen and felt in daycares, classrooms, playgrounds and sporting activities across the area. As the “effects” draw more of our attention, less time is spent on educating our children about the 3 “R’s”.

As we have been reviewing drug-related deaths in our community since 2015, it is not surprising that we have reviewed the death of a woman, and now have reviewed the death of her son. These are the first-hand effects of trauma in our community. Our juvenile and adult courts are overflowing and much of the problems are related to mental illnesses, anxiety and depression.

What are we doing about Trauma locally? We practice Trauma-Informed Care where our local budgets allow. The Clark County Community has established a Trauma Steering Committee and a strategic plan is in place for our community to address this growing issue. School personnel are not only being trained in Trauma Informed Care, but pathways have been established for rapid response referrals, so students quickly get the needed expert attention necessary to prevent crisis.

Public health is now recognizing the effects of trauma on our children and adults. Our home visiting programs collect the ACE score of the parents to better inform the individualized life plans for the family.

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Our Community Health Improvement Plan now focuses on mental health needs, the substance abuse epidemic and many chronic illnesses affected by mental health.

We are using evidenced-based best practices for prevention and treatment of trauma. We have been focused on the PAX Good Behavior Game that teaches our children self-control and self-regulation and the Botvin Life Skills curriculum to keep our junior high and high schoolers away from illegal drugs and underage drinking. Drugs, underage smoking and drinking are “easy” fixes for students who are trying to “lose” themselves in an attempt to separate from their trauma.

How can the Federal Government help us locally? Provide more evidenced based research to allow the locals to “implement” with fidelity and not study the problem. We do not have the capacity to perform the research and evaluation functions, but we do find some seed money to implement the programming locally. If evidenced based programming were consistent across the country, children affected by constant relocation would be more likely to receive similar resilience training anywhere they are.

Drive workforce development in the mental health and substance abuse fields. We cannot fill vacant positions in psychiatry, psychology and counseling. Just as we need more family physicians in our medically underserved area, we also need the mental health professionals even more. At the same time our numbers of patients in both fields are on the increase, the shortage makes it even more difficult to recruit to our area making it a vicious cycle for our socio-economic conditions.

Cause Trauma Informed Care to be infused in the curricula at medical schools and schools of nursing nationwide. Requiring our new medical professionals (and current professionals as well) to better understand their patients and the root causes of their chronic illnesses can help the provider better diagnose and treat those ailments- everybody wins.