

**Adverse Childhood Experiences Working Group  
10/23/2017**

**Introduction:**

- We received three questions from the committee in preparation for this testimony. The committee wanted to know:
  1. The status of trauma informed training in AHS
  2. More information on the Public Health Policy Plan
  3. What would be helpful to support the work of AHS
- I am going to talk about the status of our training. Kathy will speak to our AHS Public Health Policy Plan which is a comprehensive top to bottom approach.
- I will then address what we need going forward.

**Question 1: Provide the status of trauma informed training in AHS**

- We have revised and updated AHS Policy on the AHS Trauma Informed System.
- This policy was done in partnership with the Child and Family Trauma Workgroup.
- The purpose of this policy is to foster a human service system that employs and practices trauma-informed principles in relation to staff and the people we serve.
- Our policy recognizes that everyone -- including staff and our partners -- may have experienced trauma
- Our policy realizes that it is possible to traumatize or re-traumatize individuals through insensitive systems or interactions
- This policy applies to all AHS departments, offices and designees.
- We also ask that AHS and its departments include trauma-informed principles in all grants and contracts.
- In this policy we commit to providing staff with a working knowledge of trauma, its effects on individuals (including themselves) and families.

- We have much work to do to develop adequate training. What we need is a comprehensive training plan for all staff. In 2006, The Agency hired a trauma coordinator to do trainings. However, that position was eliminated in 2009 and for eight years we have not had a coordinator who had the direct responsibility and could devote the time to training

Trainings We Currently Have:

- *Our Office of Economic Opportunity* worked with each of the shelters in the State using a trauma informed toolkit from the National Center on Family Homelessness. This toolkit also had a trauma informed organizational self-assessment. OEO also brought in trainers to work with the shelters.
- *The Building Flourishing Communities* provided a working summit for over 300 people which was followed by a train the trainers' initiative so that local communities will soon be able to build and strengthen their communities by preventing ACES, strengthening families and ensuring children and youth thrive.
- *Child Welfare and Training Partnership* between UVM and DCF's Family Services Provides training and professional development for DCF staff and contractors as well as for foster, kinship and adoptive parents. In addition, the partnership supports faculty research related to the overall mission of the two projects. Funding for this partnership is provided through Title IV-E of the Social Security Act and the University of Vermont and through separate grants and contracts. Specifically, the Partnership offers:
  - Educational preparation and traineeship support at the BSW and MSW levels
  - In-service staff training and development for child welfare and interdisciplinary personnel
  - Planning, coordination, delivery, & evaluation of training and educational materials and activities
  - Technical assistance for program design, implementation, development, evaluation, research & policy formulation
  - Collaboration & coalition assistance building for culturally-sensitive, community-centered child and family practice
  - Training/Workshops/Institutes Policy development
  - Academic and training curriculum development

- Cross training with other UVM Departments, colleges, universities and training institutes and Vermont agencies and government departments

#### Trainings We Hope to Have:

- *The Child Family and Trauma Work Group* is planning to catalog free online training resources that can be used by AHS staff and partners
- *AHS Learning Management System – Introduction to Trauma and Resiliency*

#### Additional Supports Related to Training

- *The Film Resilience* – AHS is organizing screens and discussions of this film to raise awareness of trauma and the hope of resilience. This film delves into the science of Adverse Childhood Experiences (ACEs) and a new movement to treat and prevent toxic stress
- *The Promise Community Initiative* supports communities (with at least one elementary school) to work across sectors – including health, education, human services and community planning. The support provided includes technical assistance from Promise Community team, financial support, and information. These collaborations will do ‘whatever it takes’ to improve the educational and developmental outcomes for children in their communities.
- *The Strengthening Families Program* is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills
- *EAP* – for counseling and guidance

#### **Question 2: Does AHS have a more detailed plan to look at ACE's as a public health concern and to be addressed as comprehensively as tobacco?**

- See Presentation on the AHS Public Health Pyramid

#### **Question 3: Moving forward what would be helpful to support the work of AHS?**

1. Support Public Health Bottom to Top Approach – We would like support for the Building Flourishing Communities Initiative which is a community based approach that promotes local solutions and helps to build social capital for people who have experienced trauma.
2. Support further research and continual improvement. This is not an exhaustive list we provided today. It is important to further study and identify effective organizational and community change strategies along with the capacity to support those strategies.
3. Help us identify outcomes for resiliency. What does success look like to you? To Vermont?
4. Provide capacity for our work - Trauma Coordinator