Testimony before the ACEs Legislative Working Group 10-12-2017

Hello and thank you for your attention to this important topic of trauma and toxic stress. My name is Laurel Omland. I am the Assistant Director of the Child, Adolescent & Family Unit at the Vermont Department of Mental Health.

I know you have heard from many others about the impacts of adverse child and family experiences in Vermonters lives. You've also likely heard ideas about where and how to focus our resources to reduce exposure and mitigate the impact of exposures for children, adults and families.

I am here today to share information with you about an existing public/private workgroup that has been focusing on child trauma following the legislative focus on psychological trauma in the 1999-2000 session. Cara Capparelli, was unable to join me today. Together we are the co-facilitators of the Child and Family Trauma Workgroup which was formed in 2004. I think it's important to be aware of the history of focus on psychological trauma and trauma-informed care in Vermont. I've summarized this in the timeline in front of you. (HANDOUTs – Timeline & Summary page)

In 2000, the Governor's Commission on Psychological Trauma was developed due to the growing recognition that many people obtaining AHS services have multiple or complex experiences of trauma in their history and that this has significant implications on how to provide services. The Commission presented findings and recommendations to the legislature in November 2000.

Based on those recommendations, AHS created an internal Trauma Cluster in March 2001 with representatives from all AHS Departments, as well as the National Trauma Center of the White River Veteran's Administration.

The Child Trauma Workgroup was formed as a separate committee by the AHS Trauma Cluster in response to the recognition that the issues related to children who have experienced complex trauma were significantly unique and warranted specific focus.

In 2006, in recognition of the prevalence of trauma victims, AHS hired a Trauma Coordinator to ensure that state funded services are sensitive and responsive to the special needs of persons who have survived traumatic events.

The Child & Family Trauma Workgroup, as it was renamed in 2013, currently functions with collaborative public/ private membership from a variety of State departments/agencies and community entities. I've also provided the current membership list of people who communicate via email, attend meetings, and are part of the steering committee. (HANDOUT – membership list)

This is a broad reaching group with membership from each of the AHS departments, community prevention providers, mental health, education, early childhood, child protection, and UVMMC.

There are a broad range of activities that we have done:

- This is the workgroup that identified the need for evidence-informed approaches to addressing child & family trauma. We worked together on the successful submission of a SAMHSA grant, awarded to DMH to join the National Child Traumatic Stress Network (NCTSN).

Through this grant, we brought the **Attachment, Regulation & Competency Framework**, known as ARC, which comes out of **Dr. Bessel van der Kolk's Trauma Center at JRI** in Massachusetts.

We were an early adopter of this evidence-based model in community mental health. We are currently working hard to sustain this model within the community mental health centers who have seen tremendous turnover.

- We also organized the two large conferences on ACEs in 2013 and Building Flourishing Communities in 2015. And we are supporting the BFC Master Trainer series to train community members to offer educational opportunities in the NEAR sciences in their own communities (Neuroscience, Epigenetics, ACEs and Resilience).
- We have met with the AHS Secretaries to discuss the AHS Trauma Informed policy and its implementation across agency services and to update the policy.

We have sustained our Child & Family Trauma Workgroup with the commitment of the people in a broad range of positions and areas of focus with no additional resources, who come together monthly to sharing resources, ideas & knowledge; to organize around projects; and challenging each other's thinking.

This is valuable so that each entity is not functioning in an echo-chamber, recreating the wheel or duplicating efforts & resources.

Many of the people who have come to testify before this committee have had a connection to this Child & Family Trauma Workgroup.

This is a place where innovative evidence-informed practice and informational materials and plans for dissemination are discussed. It serves as a sounding-board for such development, connections are made that might not otherwise occur for more effective implementation. We always welcome new membership.

Again, the examples of the complex trauma treatment model of ARC, spreading information about ACEs and disseminating the Building Flourishing Communities framework show our commitment to this effort which must have cross-sector actions. We've been around for a long time. We have been very effective with minimal resources other than a commitment from our respective leadership to dedicate our time towards this effort.

My motivation for being here is to inform you that there's a long-standing and vital group and we'd like to work with you around ideas that you have to address adverse child & family experiences in Vermont.