Voices for Vermont's Children

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Testimony to House Human Services on S.261
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"The solution to adult problems tomorrow depends in large measure upon how our children grow up today." Margaret Mead

Voices for Vermont's Children applauds the legislature's attention to trauma and the need to mitigate its impact. We are even more enthusiastic about the concept of including resources for prevention work. We realize that S.261 is focused on coordinating services. We understand that there has been an identified gap in services coordination, yet simply listing best practices or encouraging coordination without additional resources - particularly in social services (housing, nutrition, poverty alleviation, and home visiting) and education - is not enough to significantly reduce the prevalence of children experiencing toxic stress.

Specific recommendations on S.261

Starting with the title, we would like to see efforts to mitigate against trauma be paired with prevention efforts.

Section 1 - Statement of purpose:

1) Replace "upstream" with prevention (a more descriptive term for intended goal)

2) Instead of "…*better coordination is necessary to ensure that gaps in services are addressed and redundancies do not occur*", we prefer "…*better coordination is necessary to identify gaps in services and streamline supports*." We do not believe a coordinator can ensure that gaps in services are addressed unless there is a robust, well-resourced spectrum of services statewide.

3) Instead of *"…more substantial downstream services, including services for opioid addiction and other substance use disorders*.", we prefer "*…more substantial intervention and treatment services."* We agree that a desired outcome would include less substance use disorders, as well as preventing homelessness, treating mental illness, and reducing instances of abuse and neglect. Without naming them all, we suggest keeping this broad.

Section 2 - Definitions: No comment.

Section 3 - Expansion of Support Services in Pediatric Primary Care: We agree with previous testimony that additional services are needed to support home visiting programs and services.

Section 4 - Children of Incarcerated Parents: We agree that there is a great deal that could be done to support children of incarcerated parents. Much guidance can be found in the Act 168 report. It would be worth revisiting those recommendations.

Section 5 - Director of Prevention and Health Improvement: We are concerned about creating a position without dedicated funding.

Section 6 – Coordinated Response to Childhood Trauma with Judicial Branch: We agree with previous testimony by Paul Dragon opposing this section and recommending the addition of a judge to the Child and Family Trauma Workgroup.

Section 7 – Trauma-Informed Training for Child Care Providers: We support this section.

Section 8 – Child Care and Community-Based Family Support System: We oppose this section as it duplicates the work of the Blue-Ribbon Commission for Affordable Child Care.

Section 9 - System Evaluation: We agree with evaluating the work of AHS. We would suggest an outside evaluation, which could monitor the extent to which the system is trauma informed, and report more broadly on whether policy and

practice are aligned. Voices is in support of an office of child advocate, which could provide independent oversight.

Section 10 - Bright Futures Guidelines: We support this section.

Section 11 - Blueprint for Health; Strategic Plan: We recommend replacing "*…(1) The primary care provider should serve a central role in the coordination of medical care and social services and shall be compensated appropriately for this effort;. (2) Use of information technology should be maximized;(3) local Local service providers should be used and supported, whenever possible;".* with *"(1) The primary care provider should serve a central role in the coordination of medical care and make connections to social services, and shall be compensated appropriately for this effort; (2) Local service providers should be used and supported, and compensated appropriately; (3) Use of information technology should be maximized;"* Rationale - to emphasize that the provision of social services ought to be carried out by existing community providers rather than recreating systems.

Section 12 - Oversight of Accountable Care Organizations: At the end of this section there is a list of entities for the ACO to connect with. While we realize that the list wasn't intended to be exhaustive, we suggest including social determinants of health such as housing, and access to nutritious food.

Section 13 - School Nurses: health-related barriers to learning: While we support the inclusion of school nurses in the team of professionals addressing trauma, we are not certain how this would be implemented. We suggest a broader representation of professionals in this section as we are broadening the definition of health (for example: homelessness coordinators, homes-school coordinators, etc). We are unclear how nurses would identify which barriers are the result of toxic stress. Once barriers are identified, what would the nurses do? Are there enough nurses to address the barriers in a meaningful way?

Section 14 - Evidence-Based Education and Advertising Fund: No comment (not our area of expertise).

Section 15 - Wellness Program; Advisory Council on Wellness and Comprehensive Health: We have the same questions that others raised. Is this proposing to add question(s) to the YRBS or create a new survey?

Section 16 & 17 - AOE language: No comment.

Section 18 - Committees and Councils: We agree with previous testimony that the Agency of Administration perform this review as AHS does not have oversight of all these committees and councils.

Additional Reflections & Recommendations

We are also concerned that the proposed legislation doesn't clearly identify that youth experience trauma/toxic stress and should have a path to support - many of the specific measures in this bill address birth and early childhood. While we acknowledge the importance of the early years, we know that trauma is not limited to those years. There should be continued support to prevent trauma and sustained services and support throughout childhood and adolescence.

We are aware that AHS has been asked to report "*a plan that specially addresses the integration of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood experiences."* . When thinking of family-focused prevention, there are concrete steps that the legislature can take that have been shown to prevent/reduce toxic stress:

- Improving family economic security:
    - Increase Reach Up cash assistance
    - Increase the minimum wage
    - Paid Family and Medical Leave
    - Make quality child care affordable and accessible to all

- Investing in community infrastructure,
    - Fund schools appropriately, recognizing the increased role they play in the provision of supports to children
    - Fund afterschool and summer educational and nutrition programs

- Supporting families at the critical moment of childbirth/family formation
    - Medicaid eligibility for doula birth attendance services (research around moms with mental health issues, substance use disorders, etc., WCMH Doula Project) - bill H.70 on the wall in House Health Care
    - Paid Family and Medical Leave

In addition, the federal Families First Prevention Services Act will create the opportunity to restructure our service delivery options to better support families who have contact with the child protection system. As Vermont moves to implement Families First, we have an opportunity to align funding streams with approaches that we know to be effective by:

- Investing in prevention for children at risk of foster care (12 months of mental health and substance use prevention services, in home parent skill based programs);
- Ensuring that children in foster care are placed in the least restrictive, most family-like setting (as of 10/2018 Vermont can receive federal reimbursement for a child in foster care who is placed with a parent in a licensed residential family-based facility for substance use treatment for up to 12 months. There is no income eligibility test, the child's case plan has to recommend treatment treatment must be trauma informed, treatment facility must provide parenting skills trainings, education, and individual and family counseling);
- Supporting kinship caregivers and providing other targeted investments to keep kids safe with families (children returning home will now have 15 months of family reunification services available to them);
- Supporting youth transitioning from foster care (current Vermont statistics).

We suggest that the legislature ask AHS to report their implementation of Families First and to be encouraged to utilize all available funding for preventative services.