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Rutland Mental Health Services  
April 4, 2018

## **Linking ACES Efforts with Existing Service Networks while Increasing Capacity**

### **What are We Doing?**

I am a program manager for Early Childhood Mental Health Services at Rutland Mental Health in Rutland. I have been in the child mental health field for 30 years, 25 at RMHS. My team of 12 serves children birth to six and their families, on a range from “prevention” kids all the way up to wrap around services for children at risk of removal from the home and/or expulsion from early care settings.

In this role I have been working with ACES and trauma and supporting 12 staff to help families with ACES and trauma for many years. RMHS is connected with a network of Children’s Integrated Services professionals serving the age group of birth to six. The *existing* system of care for young children and families already provides many of the services suggested by Vermont ACES research (Family Support, ECFMH, Nursing—MESCH and NFP).

**An example of a child we serve:** *4 year old expelled from child care due to behavior, domestic violence survivors, mom is in recovery and has anxiety. We provide ECMH consultation to the child care, helping them understand trauma and positive behavior support. We support getting mom into treatment. We provide home visits and parent training, such as PCIT to help mom with her relationship with the child, and to manage the behavior. This turns the curve so that the child has fewer adverse events to deal with; Mom has replaced yelling and hitting with specific positive parenting skills. With her anxiety under control, she can respond in a healthier manner to her child.*

The existing system of care with CIS already involves Community Health Team social workers and linkages with primary care. They (CHT and primary care) have a robust referral system to the CIS providers in Rutland County. RMHS, the designated agency has assisted in mentoring, informal leadership and training with Children’s Integrated Services. Many Early Childhood providers at RMHS have 10-20 years’ experience.

ECFMH providers also provide consultation and training to child care providers and registered homes on these topics and many more.

I have seen a significant change in the number of serious problems families are facing in the last 10 years. Families are overwhelmed with housing, substance abuse, financial, time management and parenting. Causes of the increased dysfunction are: substance abuse, no low-skill jobs, shrinkage of housing stock

### **How Can the Legislature Help?**

In community mental health and CIS, funding is always insufficient to meet the needs for services in the community. Waiting lists are a reality. Full funding for children’s mental health services, adult mental health outpatient care, and all CIS services is a priority.



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Evidenced based treatments work to treat the effects of ACES and trauma, AND they are very expensive for agencies. Five to ten thousand dollars per clinician is the typical cost for an evidence based treatment (for training and credentialing.) AHS funding could be targeted to bringing training to practitioners in evidence based treatment for trauma. Evidence Based models work but training and reaching credentialing for these models is very expensive. PCIT, CPP, TF-CBT, ARC all work and have great outcomes. Average cost to train **one provider** is \$5000.00

It is important to remember, as the state moves toward focus on evidence based models and outcomes: Relationships matter the most and are evidence based according to ACES research. There is no curriculum, training or model that will take the place of *relationships*. The legislature can be cautious to understand that therapeutic and supportive relationships cannot always be measured, but are critical.

Bills should include measures that, through public/media education and through health care systems, a concerted effort is made to de-stigmatize mental health concerns and put these on par with physical/medical issues. Eliminate the shame related to treatment of anxiety, depression, etc. Normalize parental uncertainty about their children. All parents have questions. Children can be quite challenging. Parents with mental health issues need to feel ok seeking help for themselves and children.

Provide general parent support home visiting after age 6, without the need for a mental health or disability diagnosis. The Family Support component of Children's Integrated Services (under Child Development Division) should be expanded to fund home visiting for general parenting and life skills support for parents of school age children, not end at age 6. This would be a great expansion for Parent Child Centers.

ACES outreach in medical homes and clinics *should link families directly to existing resource systems*. Community Health Teams already gather this information and participate on teams. If this creates a groundswell of new requests for services in the existing support systems (mental health, nursing home visitors, family support) then *increase funding for these existing services*. There are networks already serving the populations. Community Mental Health is an important resource for treating the effects of ACES in young children. Parent Child Centers and Nurses are already in the affected homes but all are woefully underfunded.

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### Facts about Early Childhood and Family Mental Health (ECFMH)

- Early Childhood and Family Mental Health (ECFMH) is a specialty service that focuses on young children's social/emotional domain and the behavioral and relational aspects of a child and his/her family. ECFMH practitioners are most often master's-level clinicians in the fields of social work, psychology, or mental health counseling. Many are licensed practitioners. By providing mental health treatment early in the family's lifespan, **more significant and costly problems are prevented down the road.**
- Practitioners **work with children and families in their homes**, in child care settings, or in the office (if the family prefers). They provide clinical assessment, diagnosis and evaluation, and play-based child and family therapy.
- ECFMH providers are connected to a larger early childhood system of care that includes Children's Integrated Services, Building Bright Futures, Help Me Grow, child care programs, preschools and medical homes.
- ECFMH Practitioners provide **consultation and training** to the child care system.
- Practitioners **treat complex family situations** and children with emotional disturbance, trauma and attachment problems. Many ECFMH clinicians have received additional evidence based training in Child Parent Psychotherapy (CPP), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Helping the Noncompliant Child, and the ARC Model (Attachment, Regulation, and Competency).
- ECFMH clinicians are experts in helping **resolve child and family trauma** as well as **teach functional social/emotional skills** that are vital to school readiness. In Vermont, we value social services that are **high quality, evidence-based, cost effective, and preventative**. We know we need to target resources early to reduce the risk of ACES. ECFMH clinicians play a unique and essential role in this work.