

Testimony to House Human Services Committee on S. 261

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Vermont Early Childhood Advocacy Alliance

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As Alliance members continue to examine this bill, some of the reactions have coalesced around one response – while the efforts to “mitigate trauma and toxic stress during childhood by strengthening child and family resilience” are critical, there are more effective strategies the state could pursue than those in this bill.

It is true that Vermont’s family support services would benefit from better coordination. Many providers report that in their opinion any need for increased coordination, however, is due to families’ lack of awareness and difficulty navigating the services, not because of redundancy.

The primary issue in strengthening child and family resilience is the pronounced under-resourcing of the current upstream services that are cost effective and either evidence-based or evidence-informed. Coordination will not solve challenges from under-funding.

Consistent with the Alliance’s support for funding for existing programs before initiating new programs, we are skeptical about the creation of a new Director of Prevention and Health Improvement [Sec. 5], and funding such a position by repurposing existing expenditures and resources, including the potential reassignment of existing positions.

Instead of imposing new mandates, the legislature could seek increased revenue to fund:

- Existing coordination positions, such as AHS Field Service Directors, BBF Regional Coordinators, CIS Coordinators, and Help Me Grow Child Development Specialists
- Existing strengthening families programs, such as Parent Child Centers through their Master Grants, CIS Evidence Based and Informed Home Visiting, quality early care and education, and Early MTSS and MTSS

Many other specific initiatives proposed in the bill are either currently underway or could be addressed through professional development and outreach.

Increasing referrals for children of incarcerated parents [Sec. 4] to existing programs within each child’s community that address childhood trauma, toxic stress, and resilience building are an issue of professional development, not legislation.

The Northern Lights Program at CCV is already working to promote access to trauma-informed training for child care providers [Sec. 7], and could be supported in their efforts to do even more.

The Department of Health and Building Bright Futures are already conducting outreach and education of the Bright Futures Guidelines [Sec. 10] as a bridge between clinical and community providers in a shared goal to promote healthy child and family development, as a resource for screening for the social determinants of health, and as a foundation for the Building Flourishing Communities initiative.