

S-261 Testimony to Committee on Human Services 4-11-18
Tricia Long, LCMHC, Director, Resilience Beyond Incarceration

In Vermont we have **over 6,000 kids each year**—and 2,000 children at any point in time—who are impacted by parental incarceration. These kids are our “invisible orphans of justice”. They **experience ACEs at a much higher rate than other kids** (3.7 versus 0.7). There are problems before the incarceration occurs and then additional problems introduced as a result of the incarceration.

Without targeted interventions and much needed support, we are inadvertently engaging in the punishment of these children who must weather a raging storm of repercussions, from the psychological and emotional trauma of separation to an increased risk of living in poverty, experiencing violence, school failure, mental illness, substance abuse, delinquency, and eventual incarceration themselves.

They are: 2 to 3 times more likely to suffer depression and other serious mental health problems; twice as likely to have learning disabilities; 3 times more likely to drop out of school, 3 times more likely to have delinquent behavior; and **3 times more likely to become incarcerated**. (Schafner, 2013; Eddy & Poehlmann, 2010)

We can affect that trajectory! S-261 is a bill that acknowledges the power we have to shape things differently. NEAR science is a science of hope. I am grateful for all of your work on this bill, and for your efforts to assure that every Vermont citizen will have access to information about trauma, toxic stress, ACEs/AFEs and Resilience. We all deserve to know the most powerful determinants of our own and our children’s health. This bill can help assure that both the problems and the solutions won’t just be held by professionals in the health care sector, but rather held by all sectors, and all citizens.

For nearly 15 years, at RBI, we’ve been working together with our families to mitigate the traumatic impacts of parental incarceration. We are specialists who support healthy child development and family well-being through all stages of the criminal justice process from arrest, through incarceration and reentry. We provide intensive support which includes **clinical home visiting** and **comprehensive case management** services to families in Lamoille Valley, and we offer **training and consultation** to community partners throughout VT. Our **health-focused, multi-generational approach** reduces ACEs, strengthens families, and builds resilience, resulting in both **immediate and long-term cost savings**.

Our families:

Incarceration serves as an indicator of other co-occurring risks and vulnerabilities that make our families particularly fragile. Our parents typically have **experienced 8 to 10 ACE’s** in their own childhoods. All have criminal justice involvement. Most also have: a long history of substance addiction; serious and untreated mental illness; violence in relationships; at least one child under age three; and DCF involvement.

Our program:

RBI's **evidence-informed** methods align closely with: **Strengthening Families**; Nurse-Family Partnership; Parents-As-Teachers; Vermont Family Based Approach. Sharing many similarities, we incorporate the same **key features to promote parental resilience, develop parenting skills, and foster family health and well-being**. We also provide direct support with **criminal justice involvement, addiction treatment, housing, financial stability, education, employment, and transportation**. Our program is voluntary, and we have the flexibility to address the needs that our families identify for themselves, thus **building an alliance around shared goals**. Going beyond service navigation and referral, we work to assure successful engagement by fostering trust, and creating bridges for our families to access the services and programs that they otherwise would not access. We are **clinical home visitors**, who also **build community connections** by accompanying our families to appointments, meetings, and activities.

Last year, we served 26 families: 94 individuals, including 20 pre-school children; 35 school-aged children; and 39 parents/guardians, often 3 generations.

Outcome Measures: our participants have shown:

- **only a 6% conviction rate later in life**, compared to similar cohorts with conviction rates ranging from **24% to 61%**.
- **a high-school drop-out rate of 20%**, significantly **lower than would be expected**.
- on the *Self-Sufficiency Matrix*: an **average overall gain of 44% across domains**. including: physical health (70%) mental health (63%), substance use (30%), safety in relationships (47%), housing (58%), transportation (48%), criminal justice (51%), financial stability (60%), parenting skills (23%), education (37%), community connections (49%), and social support system (64%).

Following are examples of the trauma-responsive practices and strategies we are using to reduce trauma, ACEs, toxic stress, promote protective factors, and build resilience in children and families:

1. **"NEAR" home visits with parents, grandparents, and kinship care providers; helping them to identify and understand trauma and toxic stress, ACEs/AFEs and build their own resilience, while becoming strong advocates for their children.**
2. **Supporting parents to engage successfully with medical providers, substance abuse and mental health treatment by offering both hope AND concrete supports: first gaining their trust, and sharing insight into trauma, toxic stress, ACEs and resilience, while also providing the resources they need to be successful in recovery.**
3. **Consulting with children's teachers and school teams to help them understand a child's trauma-related behaviors, and to develop strategies and practices to better meet their needs while responding differently to behaviors in the school setting.**
4. **Offering trainings and consultation for medical and mental health care providers regarding trauma, toxic stress and ACEs, and how to support patients' successful engagement.**

5. **Providing training for early childhood educators/day care staff about ACEs; especially parental incarceration, and how to mitigate trauma and build resilience with the children in their care.**
6. **Offering weekly children's groups for children of incarcerated parents, for example "Friday Club" for 8-10 year old girls; and caregivers' parenting support groups.**
7. **Working with corrections, law enforcement, probation officers, attorneys and judges to reduce traumatic impacts on children throughout their justice system involvement.**

Cost data:

Incarceration cost at CRCF is about \$222/day, \$81,000 per year; at men's facilities a little less \$162/day, \$59,000 per year.

High school dropout cost to society over lifetime is estimated at \$292,000 (over 80% of the incarcerated population are high school drop-outs).

RBI cost per participant is \$6/day or \$2,400 per year.