

S-90 Testimony to Committee on Health and Welfare 3/17/17  
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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 **2 to 3 times more likely to become incarcerated**. (Schafler, 2013; Eddy & Poehlmann, 2010)

We can affect that trajectory! S-90 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 the ACEs and Resilience data. We all deserve to know the most powerful determinants of our own and our children’s health. Wisely crafted, 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. Working together, we can –as Laura Porter says—invent our own wise solutions.”

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 County, 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 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**.

**Following are some examples of the trauma-responsive practices and strategies we are using to reduce ACEs, 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 ACEs and build their own resilience, while becoming strong advocates for their children.**
2. **Supporting parents to engage successfully with substance and mental health treatment by offering both hope AND concrete supports: first gaining their trust, and sharing insight into 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. **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.**
5. **Offering weekly children's groups for children of incarcerated parents, for example "Friday Club" for 8-10 year old girls.**
6. **Working with law enforcement, and probation officers, to reduce traumatic impacts on children at the time of their parent's arrest.**