January 11, 2018
Building Flourishing Communities
AHS Trauma-Informed Policy implementation

For the record, my name is Kathy Hentcy. I am the director of Mental Health and Health Care Integration for the Department of Mental Health.

Thank you for the opportunity to testify today. I want to thank this committee, and Sen. Lyons in particular, for your focus on this issue that effects so many Vermonters in what are often very challenging ways.

I am going to tell you a bit about the Agency of Human Service's promising population approach to preventing trauma and building resilience, which is called Building Flourishing Communities.

Second, with the appropriate focus in S. 261 on AHS becoming a trauma-informed agency, I want to tell you about the new trauma-informed policy that was approved last fall.

Building Flourishing Communities

As I believe everyone on this committee is aware, research from many disciplines, including neuroscience, epigenetics, sociology and the developmental fields – paints a picture of human development that shows that we are all greatly affected by the environment in which we grow up and live. In other words, the old "nature vs. nurture" debate has been settled – our development – and our later well-being – is strongly influenced by the **social context** in which we grow and live.

Because of this, we are very happy that S. 261, is intended to prevent and mitigate the negative effects of childhood trauma and toxic stress through evidence-based or evidence-informed early intervention public health programs. This approach is critical, since we cannot treat our way out of the prevalence rates we have for ACEs and all of the associated behavioral and chronic physical diseases that are essentially founded in ACEs or greatly influenced by a history of early childhood adversity.

What does early adversity look like in Vermont? First, it is very common.

14%, or 1 out of 7 Vermonters have four or more ACEs. %30 percent have three or more.

13% of children, or 1 of 8, between 1 and 17 years of age have 3 or more Adverse Family Experiences

Those data points, of course, are only the tip of the trauma ice-berg, as I think everyone on this committee is well aware. There are many more data points available on ACEs and AFEs, all of which paint a pretty bleak picture and can be discouraging.

And in fact, to change the trajectory of this complex issue, we need to take the long view and work at a population level for culture change.

The good news is that we have already begun implementing a very promising population level model in Vermont.

Called Building Flourishing Communities, it is a state-wide, public-health, community-based approach to prevention of early childhood adversity, to building resilience and achieving flourishing.

The centerpiece of the BFC initiative is a science-based training program for 26 Master Trainers who are spreading the information that explains why unmitigated childhood adversity can be so devastating and why we see the risky behaviors and poor health outcomes it often leads to.

The Master Trainers will also receive training in facilitating dialogue, identifying cultural values and instituting and sustaining culture change. The model develops a common language and an organizing structure that helps communities better use the very effective tools we have, such as the Strengthening Families Framework. The core of the model is about expanding leadership at the local level with a strong sentiment that parallels the mental health community's principle "nothing about us without us," to ensure that groups that are often not represented, such as those in poverty and members of minorities, are at the table.

When I submitted my testimony, I included a whitepaper describing the model we are implementing with Building Flourishing Communities. In that paper, in addition to impressive data on the improvements they've seen in many health and social issues, they report on the changes in expenditures they have documented as well.

The model was implemented across a population of 1.2 million, with a budget of $3.4 million/year, on average. When spending on services was examined, Washington state documented over a four-year period:

$27.9 million per year avoided caseload costs in child welfare, juvenile justice and public medical costs associated with births to teen mothers.

$120 million per year conservative estimate of avoided costs due to the progressive nature of adversity over the life course – lost tax revenue, public services use, etc.

They demonstrated a 35/1 cost/benefit ratio – for every dollar spent, $35 dollars were saved.

Here in Vermont, we launched Building Flourishing Communities last August with a grant from Vermont's Promise Communities – part of the programs that grew out of the federal Early Learning Challenge Grant Vermont received in 2013. Since the August training, the Master Trainers have given more than 60 community presentations on the neuroscience,

epigenetics, ACE study and resilience science to rotary groups, at high schools, in churches, homeless shelters, designated agencies, in Community College of Vermont classes and for staff, in hospitals, and for a range of early childhood audiences.

Communities are anxious for the information the Master Trainers are bringing, and are asking for more. At an event at Hazen Union High School in Hardwick on November 7th one participant wrote on their evaluation:

"This needs to be in all communities, so it can reach as many as possible!"

And at an early childhood center in the NEK Oct 20th:

"More education on this topic should be required for the general public."

In St. Albans, at the state office building on Nov. 17th:

"This was excellent information. I would love a follow-up or extended presentation on specific strategies on how to change our practices."

One comment, from the Hazen Union event, captures what we are about:

"Communities need more strategies to help people become more resilient and overcome their ACEs."

I'm happy to answer any questions you may have about BFC, but I would also like to tell you about the -

AHS Trauma-Informed Services Policy

A subcommittee of the Child & Family Trauma Workgroup re-wrote the policy, and the Secretary signed it this past fall. I have included it with my testimony. Very briefly, the purpose of the policy is to foster a human services system that employs and practices trauma-informed principles in relation to staff and the individuals and families its serves.

The policy is important for many reasons, but briefly, studies show that untreated trauma and "vicarious trauma" or the kinds of stressors that DCF case workers, for example, experience, working with families who may be relinquishing a child, has very high personal and professional costs, with high rates of absenteeism, presenteeism (the staff person is at work but not productive) and overall illness and poor employee performance.

The policy stipulates that all staff receive training on the potential effects and impact of trauma on the self, other individuals, families and communities. They will receive training on the core competencies of a trauma-informed approach, and cultural and gender sensitivity, including racism and economic diversity.

Supervisors will receive training on how to provide trauma-informed supervision to minimize the risk of compassion fatigue or vicarious traumatization among staff.

The next major piece of work is underway. We are creating a timeline of next steps, including identifying free, on-line training resources. We hope to have a formal launch of the policy with accompanying training, this summer, and to follow-up with support for department-level activities aimed at changing culture.

I look forward to keeping you informed about our progress implementing the policy and BFC.