



Building Bright Futures

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Building Bright Futures Testimony Senate Health & Welfare Sarah Squirrell, Executive Director, MS

Thank you very much for inviting me to speak with you today regarding addressing trauma and adverse childhood experiences in Vermont. My name is Sarah Squirrell and I am the Executive Director for Building Bright Futures (BBF). Building Bright Futures is Vermont's statewide public/private partnership and designated early childhood advisory council to the governor and legislature. We recognize the the role that high quality early care and learning programs both public and private play in the lives of children and families, particularly those facing adverse experiences and in promoting positive relationships, experiences and well-being for Vermont's children.

The future of Vermont is bright, and it rests with our youngest citizens, our children, who are the future leaders, parents, citizens and workforce. In turn, the well-being of our children is the responsibility of all of us, and we all benefit when we get it right. Current brain and social sciences have shed light on the impact of childhood adversity, risks, and toxic and negative factors impacting healthy child development. Young children learn about the world through their social interactions and relationships, primarily with their families and other caregivers.¹ Children's sense of, "who they are, what they can become, and how and why they are important to other people," depend upon the quality and stability of their relationships with others.² These relationships and the stability of their environment set the stage for children's social, emotional and cognitive development. This highlights why Adverse Childhood Experiences (ACEs) have such a profound impact. We know that many of our Vermont children experience adverse experiences during childhood. Adverse experiences fall into three categories: family/household challenges (e.g., substance abuse, mental illness, separation/divorce), neglect, and abuse.³

The more adverse experiences in childhood the greater likelihood of health and development problems including developmental delays, heart disease, diabetes, substance abuse, and depression. The first five years of child's life have the most pronounced impact upon a person's health. Children are setting long term health trajectories in the earliest years. Fortunately, research has shown that nurturing relationships "with caring adults as

¹ Centers for Disease Control and Prevention. (2016). *Essentials for Childhood Framework: Steps to Create Safe, Stable, Nurturing Relationships and Environments for All Children*. Retrieved from <http://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>.

² National Scientific Council on the Developing Child. (2014). *Young Children Develop in an Environment of Relationships: Working Paper #1*. Retrieved from <http://developingchild.harvard.edu/resources/wp1/>.

³ American Psychological Association. (n.d.). Parents and Caregivers are Essential to Children's Healthy Development. Retrieved from <http://www.apa.org/pi/families/resources/parents-caregivers.aspx>.

Building Bright Futures statewide network:

Addison Building Bright Futures, **Bennington** Building Bright Futures, **Caledonia and Southern Essex** Building Bright Futures, **Central Vermont** Building Bright Futures, **Chittenden** Building Bright Futures, **Franklin Grand Isle** Building Bright Futures, **Lamoille Valley** Building Bright Futures, **Northern Windsor and Orange** Building Bright Futures, **Orleans and Northern Essex** Building Bright Futures, **Rutland** Building Bright Futures, **Southeast Vermont** Building Bright Futures and **Springfield Area** Building Bright Futures

early in life as possible can prevent or reverse the damaging effects of toxic stress response,"⁴ meaning at least one supportive, caring relationship is critical.

The parents, and guardians who care for Vermont's children, like parents and guardians across the country, rely upon a wide variety of supports. When those supports are strong, parents are most effective in promoting their children's health and development. When life is particularly demanding or social supports are weak, parents are more prone to stress and depression; which can interfere with nurturing interactions with their children. For these reasons, two-generation strategies, those that address the well-being of both parents and children,⁵ as well as access to high quality early care and learning settings, are critical to mediating the effects of trauma and impact of ACES, building resilience in children, and achieving the outcomes we are hoping for that are essential to the social and economic vitality of our state.

The bottom line is that to increase resilience and decrease ACES, we need to invest earlier. Quality early childhood education from birth to age five, coupled with parent supports and coaching, such as home visitation programs for parents, has proven to be effective and warrant more investment. Nobel Laureate James Heckman has shown that quality programs for ages 0-5 produce a significant return on investment based on increased school and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures.⁶

Consideration 1 – How Vermont Approaches Trauma and ACE's

Vermont's approach to addressing trauma and ACE's will be most successful and effective if we implement comprehensive multi-tiered approaches. The complexity of addressing ACE's in Vermont requires us to have bi-focal vision. We need to attend to the immediate needs of children and families, provide treatment, early intervention, and prevention, as well as taking a long range whole population and multi-generational approach.

Advances in neuroscience provide a more complete picture of early childhood development, and the critical nature of investing in science-aligned interventions that support positive parenting practices and multi-generational approaches that build the essential social, emotional, and executive functioning skills in children. As this committee knows, the rapid brain development of children ages zero to five means that early childhood is a critical time in a child's life. The American Academy of Pediatrics recognizes the toxic stress caused by Adverse Childhood Experiences (ACES) as significantly tied to long term adult physical and mental health outcomes. Based on the scientific connection between ACES and long term population health, they suggest that early childhood policy

⁴ Center on the Developing Child at Harvard University. (n.d.). *Key Concepts, Toxic Stress*. Retrieved from <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>.

⁵ The Annie E. Casey Foundation. (2014). *Kids Count: 2014 Data Book, State Trends in Child Well-Being (25th Ed.)*. Retrieved from <http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf>

⁶ Heckman, James J. "Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy." *The Heckman Equation*, www.heckmanequation.org.

and programs should better reflect what medical professionals understand about brain development.⁷ Further, the recently released 4th edition of the Bright Futures guidelines emphasizes the importance of proactively promoting positive experiences and health among children and families⁸

It is also important to set a strengths-based frame to addressing trauma and ACE's. Resilience is a key construct and we need to focus on identifying strengths and collecting information on assets. While ACEs are important, an exclusive focus on adverse experiences risks labeling children and their families, and it neglects to turn attention toward the possibility for flourishing even in the face of adversity and the promotion of the positive experiences that children need. Four broad categories of positive childhood experiences that encourage health, functioning, and quality of life outcomes have been identified: nurturing and supportive relationships; safe, stable, protective, and equitable environments in which to develop, play, and learn; constructive social engagement and connectedness; and social and emotional competencies.⁹ The implications for a better understanding of the factors that allow children and families to thrive are potentially game-changing.

Consideration 2 – Addressing trauma and ACE's in early care and learning settings

Fortunately, Vermont's early care and learning system has worked to implement two-generation programs, that build supports for children and families, and increase provider knowledge and skills related to addressing the effects of adverse experiences, particularly through Vermont's work related to Strengthening Families. The Strengthening Families Protective Factors Framework is a research-informed approach for supporting families and children's development. The framework includes strategies and tools for building resilience in families, preventing issues of abuse and leveraging parenting skills to best meet children's developmental needs.¹⁰ In Vermont, this framework is integrated into the early care and learning system in a variety of ways, including a grant program through the Child Development Division that supports providers who adopt the framework as their primary prevention strategy, along with other qualifications.

Several of Vermont's Parent Child Centers are also involved in the coordination of Strengthening Families work in early care and learning programs. The continued implementation of these two-generational, strengths-based approach is a critical component of how we address ACE's in Vermont.

⁷ American Academy of Pediatrics, Technical Report: The Lifelong Effects of Early Childhood Adversity and Toxic Stress, 2012

⁸ Child and Adolescent Health Measurement Initiative. (2016). *Summary proceedings: HOPE and the Science of Thriving Summit to build the field of positive health and nurturance*. Retrieved from <http://childhealthdata.org/docs/default-source/MCH-MRN/cahmi-positive-health-and-nurturance-summit-proceedings---10-18-16-full.pdf?sfvrsn=2>

⁹ Sege, R., Bethell, C., Linkenbach, J., Jones, J., Klika, B. & Pecora, P.J. (2017). *Balancing adverse childhood experiences with HOPE: New insights into the role of positive experience on child and family development*. Boston: The Medical Foundation. Accessed at www.cssp.org

¹⁰ <https://www.cssp.org/young-children-their-families/strengtheningfamilies/about>

In testimony from Laurin Kasehagen, data and information was shared related to a pyramid model of approaches to addressing ACE's that identified those with the largest opportunity for impact. One of the foundational identified approaches is "changing the context to make individual's environments healthy" highlighting early care and learning settings as an opportunity for the largest impact. We also know that more than 70% of Vermont children under age 6 have all available parents in the labor force, meaning these children are likely to need some form of child care while a parent is at work.

Therefore, we have an opportunity to ensure that our early care and learning settings create environments that support resilience and protective factors and have staff and leadership that are trained to support the positive social, emotional and behavioral development of children. Access to a safe, nurturing environments with caring adults can prevent or reverse the damaging effects of toxic stress response. Brain science also indicates that this is a critical time where the basic architecture of the growing child's brain is established and patterns of behavior are likely to be reinforced or changed depending on the environment of the child.

The Agency of Education has implement Early Multi-Tiered Systems of Support. Early MTSS is a pyramid model, tiered framework of evidence-based practices (EBP) developed by two national, federally funded research and training centers: the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention (TACSEI). This tiered framework of universal promotion, prevention and intervention is the model for delivering a comprehensive range of evidence based practices, strategies and resources to families and early childhood practitioners with the goal of improving early learning, social and emotional well-being and competence for Vermont's young children birth thru age 8. Early MTSS also aligns the extensive research, materials and practices developed by the Center for Early Literacy Learning to support early learning. Early childhood programs use this framework to create nurturing and responsive relationships in high quality, supportive environments for all children. The Early MTSS framework also provides additional social and emotional supports, and intensive interventions, for children who are struggling socially and/or emotionally. Supporting the scale up of Early MTSS at the state, regional and local level is a critical strategy to addressing the impact of ACE's in Vermont.¹¹

Vermont's early care and learning providers play a critical role in providing stable, nurturing care for children facing adverse experiences and help to educate parents and families on how to build and strengthen protective factors. Now putting this knowledge to work in policies, practices, and systems is critical.

¹¹ http://ectacenter.org/~pdfs/topics/inclusion/VT_EC_MTSS_One_Pager_SPDG_and_RTT-ELC.pdf

Consideration 3 – Trauma and the Substance Use & Opiate Crisis

Substance and opiate misuse impacts the entire family system and puts children's health and safety at risk. Infants with mothers who used drugs or alcohol during pregnancy are more likely to have a range of physical, behavioral and cognitive problems¹. Substance abuse can also result in ineffective or inconsistent parenting, leading to children's basic needs—such as adequate nutrition, supervision, and nurturing—going unmet. These families often experience a number of other problems—such as mental illness, domestic violence, unemployment, and housing instability—that also affect parenting and contribute to high levels of stress.²

There is evidence of a strong correlation between opioid addiction and traumatic experiences, particularly early childhood adversity. Adverse Childhood Experiences fall into three categories: family/household challenges (e.g., substance abuse, mental illness, separation/divorce), neglect, and abuse.³ The CDC's Adverse Childhood Experiences Study has demonstrated a strong relationship between adverse childhood experiences and a variety of negative health outcomes including smoking, alcohol use, and harmful drug use.⁴

Research indicates that the most effective way to prevent and treat opioid addiction is to begin by understanding its origin in adverse childhood experiences.⁵ Individuals who reported five or more ACEs were three times more likely to misuse prescription pain medication and 5 times more likely to engage in injection drug use.⁶ So we see that parental opiate abuse both contributes to ACEs in young children, and ACEs contribute to the likelihood of substance abuse later in life.

Parental substance abuse is recognized as a risk factor for child maltreatment and child welfare involvement.⁷ The opiate crisis in Vermont has placed increased strain on Vermont's child welfare system. The rate of Vermont children under age nine entering into DCF custody more than doubled between 2012 and 2016. Despite the efforts and energy that Vermont has invested in the substance use and opiate crisis there remains a gap in coordination and increased challenges in our current service delivery system.

The BBF Substance Use Task Force has delivered a report that outlines key recommendations to address the Substance Use & Opiate Epidemic. The report can be accessed here:

<http://buildingbrightfutures.org/substance-use-and-opiate-task-force/>

Consideration 4 – Systems Integration, Coordination & Implementation

Vermont is well positioned to take a whole state systems level approach to addressing trauma and ACE's. Our early care, health, mental health and education system is broad arena with many stakeholder's rich with expertise, talent and ideas. Using a collective impact framework will allow us to leverage our core system strengths and work together in an integrated and coordinated way with a shared vision for how Vermont addresses trauma and ACE's. Given the astonishing complexity of trauma and ACE's in Vermont we must recognize that no single approach or group will solve this, our communities, and service delivery system must come together and work collectively on behalf of children and families in Vermont.

Building Bright Futures under its legislative authority as charged by Act 104 is well positioned to develop in a public/private partnership a comprehensive plan for how our 0-8 system will address ACEs to ensure alignment of activities, shared measurement practices/accountability and the effective use of resources, avoiding duplication and building on what we have already grown. In addition to supporting strong implementation strategies to ensure that what we are doing is sustained for a useful period of time and at a scale to sufficiently impact the complex social problems related to trauma and ACEs.

Given the complexity and gravity of this issue the Building Bright Futures Early Childhood State Advisory Council has taken up this topic and is establishing a BBF Early Childhood Resilience Task Force that will analyze national and Vermont data, assess and map the trauma and ACEs work in Vermont, and develop a report that will outline actionable systems, practice and policy recommendations with a focus on the 0-8 early childhood system. We look forward to delivering this report in the Summer of 2018.