

**TO:** Advisory Council on Child Poverty and Strengthening Families

FROM: Auburn Watersong, Director of Trauma Prevention and Resilience Development

**DATE:** May 15, 2020

**RE:** In response to 5(a) of 2019 Council Recommendations to support and monitor the implementation of the Agency of Human Services' Childhood Trauma Response Plan developed pursuant to Act 43 (2017) and Act 204 (2018).

INTENDED ACTION	PROGRESS to DATE
ACT 204 in Bold Childhood Adversity; Response Plan, Jan 2019 in Italics  NOTE: Response Plan submitted prior to hiring of Director of Trauma Prevention and Resilience Development	Director hired in February 2019.
1. ACT 204: It is the purpose of this act to ensure a consistent family support system by enhancing opportunities to build resilience among families throughout the State that are experiencing the causes or symptoms of childhood adversity. While significant efforts to provide preventative services are already well under way in many parts of the State, better coordination is necessary to ensure that gaps in services are addressed and redundancies do not occur.	<ul> <li>Underway via Vermont Resilience Messaging Project – a collaboration with the NEPHTC, VDH, Help Me Grow, and AHS – public health approach which includes:</li> <li>Creation of an integrated statewide system to foster resilience in its citizens and communities.</li> <li>Inventory of resiliency projects, campaigns and programs across the state.</li> <li>Development of common understanding and shared focus on the development of resilient children, families, citizens and communities across Vermont. Key stakeholder involvement, shared interest and cooperation.</li> <li>Future implementation of shared messaging and focus across state agencies and community partners</li> </ul>



 Provide advice and support to the Secretary of Human Services and facilitate communication and coordination among the Agency's departments with regard to childhood adversity, toxic stress, and the promotion of resilience building

Coordination of Services withing the Agency:

Action: The Director of Trauma Prevention and Resilience Development will establish an interdepartmental team within the Agency tasked with evaluating the existing inventory of Agency programs that address trauma and childhood adversity. This group should establish no more than three priority areas annually for interdepartmental action. The Director of Trauma Prevention and Resilience Development will be responsible for informing the priorities with feedback from stakeholders, to include the Vermont Child and Family Trauma Workgroup. In collaboration with the Director of Performance Improvement, the three priority areas for interdepartmental action should be informed by the results-based accountability framework.

Director offers advice and support AHS Secretary: provides expertise as needed when concerns arise.

Formed <u>AHS Interdepartmental Trauma and Resilience</u> <u>Team (ITRT)</u> The purpose of the ITRT is to strengthen and improve agency-wide trauma prevention and resilience development through cross-department coordination.

Includes at least 2 staff people from every department (DCF includes more given various divisions)

Meets monthly

## Prioritized:

- Forming and focus: see attached AHS
   Interdepartmental Trauma and Resilience Team
   Charter
- Introduction to Trauma and Resilience Training
- Trauma informed assessment tool and process development (delayed during COVID)
- Best practice information exchange (enhanced during COVID)
- Workforce wellness

Regular consultation and TA on trauma and resilience with AHS department, division, and field district office leadership.



3. Collaborate with both community and State partners, including the Agency of Education and the Judiciary, to build consistency between trauma-informed systems that address medical and social service needs and serve as a conduit between providers and the public;

Plan for Coordination of Services with AOE

Action: Acknowledging the long-standing and multifaceted collaborations between the two agencies, the Director of Trauma Prevention and Resilience Development should establish an annual process for AOE and AHS to review their intersecting work relative to childhood adversity and trauma and to identify strategic priorities for the following year.

Plan for Coordination of Services with Judiciary

Action: Monitor any new investments resulting from the CHINS Reform Workgroup, particularly those that improve the capacity for coordination with Judiciary.

4. Provide support for and dissemination of educational materials pertaining to childhood adversity, toxic stress, and the promotion of resilience building, including to postsecondary institutions within Vermont's State College System and the University of Vermont and State Agricultural College;

Director has met with Secretary French to offer guidance as needed; Director met with VPA, shares resources with VPA and VSA.

Director is a member of:

- The Act 264 State Interagency Council (AOE rep Alicia Hanrahan)
- The Building Bright Futures State Advisory Council (AOE rep Kate Rogers, Chris Case) and
- The Child and Family Trauma Workgroup (AOE rep -Nancy Hellen)
- \*Youth Services Advisory Council includes Pride Vt and Vt Afterschool and others.

All tables include AOE and AHS collaborative involvement and include opportunities to address trauma prevention and resilience development.

Director attends the CHINS reform working group and maintains contact with Cmsr Schatz, Dep Cmsr Johnson on planning and implementation of workgroup recommendations.

<u>Introductory training online, available to public (see below).</u>

Director developing relationships with UVM faculty via DOC research partnerships, VDH public health initiatives, and DMH collaborations.



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5.	Coordinate with partners inside and outside State government, including the Child and Family Trauma Work Group	Director's daily task – connecting and coordinating resources across state government and community partner agencies.  Director has provided consultation/training to child care providers, BBF regional councils, head start programs, community interdisciplinary tables.  Director works with AHS with DHR leadership re: workforce supports, training, and materials.  Director is a member of Child and Family Workgroup Steering Committee; involved in numerous interdisciplinary tables (see above) in addition to Youth Services Advisory Committee.
6.	Evaluate the statewide system, including the work of the Agency and the Agency's grantees and community contractors, that addresses resilience and traumaprevention;	ITRT leading development of a trauma assessment tool and process (referenced above) for AHS and partners' use.
7.	Evaluate, in collaboration with the Department for Children and Families and providers addressing childhood adversity prevention and resilience building services, strategies for linking pediatric primary care with the parent-child center network and other social services;	Director works in close partnership with the Cmsr of VDH, the Director of Maternal and Child Health to developed systems connecting pediatricians and medical practitioners to community partners (i.e. work closely on DULCE which includes the PCCs, surveyed pediatricians on trauma screening, promulgate best practice messaging regarding developmental screening, childhood adversity, and protective factors).  NOTE: see ACT 52 (2018) report submitted to SHW and HHS committees regarding this work.



8. Coordinate the training of all Agency employees on childhood adversity, toxic stress, resilience building, and the Agency's Trauma-Informed System of Care policy and post training opportunities for child care providers, afterschool program providers, educators, and health care providers on the Agency's website

Improving and Engaging in the Systemic Prevention of Trauma

Action:

a.) Trauma-informed Trainings

The Director of Trauma Prevention and Resilience Development, working in collaboration with the DCF, should establish a process to evaluate trauma-informed trainings and determine additional audiences and opportunities for engaging community providers in the systematic prevention of trauma.

b.) Building Flourishing Communities

Along with the Child and Family Trauma
Workgroup, the Director of Trauma
Prevention and Resilience Development
should partner with the Building Flourishing
Communities steering committee and offer
expert advice on implementation of BFC's 5year strategic plan

Created Online <u>Introduction to Trauma and Resilience</u> <u>Training (referenced above):</u>

TOTAL – 963 people have taken this training.
58 SOV employees of partners outside of AHS
675 Registrations in AHS of which 541 are
complete
364 views on YouTube

Director works with Agency leadership to ensure trauma/resilience <u>resources are available on AHS and AHS Department websites</u> (enhanced during COVID).

Director has provided <u>vicarious trauma training</u> to strengthening families child care grantees.

Director partnered with DCF Economic Services on two day in-service focused on trauma and resilience.

Director <u>developed training and meeting guidance AHS staff and SOV employees</u>. Director partners with AHS Training Coordinator and DHR/CAPS trainers to ensure trainings are trauma informed and meet AHS Trauma Policy guidelines.

ITRT has begun development of <u>trauma informed</u> <u>assessment tool and process</u>, referenced above – to be available to all departments and divisions for the evaluation of service delivery in accordance with the AHS Trauma Informed System of Care Policy (see attached).

AHS Reach Up leadership and Director partnered with national consultant in the co-creation of what will be a nationally available toolkit entitled: "Building a Trauma Informed TANF Program: an Evaluative Toolkit" produced as part of a Peer TA initiative funded by the Office of Family Assistance, Administration for Children and Families, in the U.S. Department of Health and Human Services. In final draft, release date TBD.

Director is a member of the <u>Building Flourishing</u> <u>Communities (BFC) Steering Committee</u>, advised BFC strategic plan, and works closely with recently hired BFC Coordinator (contract with Vermont Afterschool) to ensure best practice resources and training is available to BFC facilitators.



9. Case Detection and Care of Individuals Affected by Childhood Adversity

Action: In coordination with interdepartmental leaders on trauma prevention and resilience development, the Director of Trauma Prevention and Resilience Development should assess each Department's use of evidence-informed trauma screening protocols and assist Departments with establishing or updating protocols as necessary. Trauma assessment tool and process development underway (pre-COVID) – referenced above. Development included ITRT, consultation with UVM.

Director works with Dep. Cmsr Christine Johnson as needed.

10. Ensuring that the Agency's policies related to children, families, and communities build resilience

Action: To increase the number of Agency programs and grants that meet
Strengthening Families or other criteria for promoting resilience, the Agency will incorporate criteria for promoting resilience as a standard component of an application for funding or program support. In collaboration with the Director of Performance Improvement, an application for grant funds should make clear that the results-based accountability framework will be used to evaluate program success.

<u>Developed a Trauma-Informed Policy screening tool and process for use across AHS</u> – currently in use for all AHS level policy development and revision.

Work closely with Director of Performance Improvement. (ITRT member, developing agency learning collaborative focused on trauma/resilience development in district offices).