Report to
The Vermont Legislature

Childhood Adversity; Response Plan

In Accordance with Act 43. Sec.4A and Act 204 Sec. 4
An Act Relating to Building Resilience for Individuals Experiencing Adverse Childhood Experiences

Submitted to: House Committee on Health Care
House Committee on Human Services
Senate Committee on Health and Welfare

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VERMONT
AGENCY OF HUMAN SERVICES

Contents

Statutory Charge:

On or before January 15, 2019, the Agency of Human Services shall present to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare, in response to the work completed by the Adverse Childhood Experiences Working Group established pursuant to Sec. 3 of this act, a plan that specially addresses the integration of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by childhood adversity. The plan shall address the coordination of services throughout and among the Agency, the Agency of Education, and the Judiciary and shall propose mechanisms for: (1) improving and engaging community providers in the systematic prevention of trauma; (2) case detection and care of individuals affected by childhood adversity; and (3) ensuring that the Agency's policies related to children, families, and communities build resilience; (4) ensuring that the Agency and grants to the Agency's community partners related to children and families are evaluated using results-based accountability methodology; and (5) providing an estimate of the resources necessary to implement the response plan, including any possible reallocations.

Background

Act 204 of 2018, an act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience, created the Director of Trauma Prevention and Resilience Development in the Secretary's Office of the Agency of Human Services. At the time of this writing, the successful applicant will begin work in February 2019 and will have responsibility for leading and evolving this Childhood Adversity Response Plan. Thus, this report provides context and suggestions for a response plan but expects the Director of Trauma Prevention and Resilience Development to shape the plan collaboratively with Agency staff and the stakeholders with whom the Director is responsible for engaging.

Nearly every program of the Agency of Human Services has a role to play along the continuum of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by childhood adversity. AHS has long recognized the impact of trauma and toxic stress and is continually developing its trauma-informed system of care. The Director of Trauma Prevention and Resilience Development is ideally situated to help the Agency's programs work in concert to address childhood adversity across the continuum, while strengthening and emphasizing a public health approach for preventing adversity where possible and bolstering resilience. Together with the Director of Health Care Reform, the Director of Trauma Prevention and Resilience Development can promote trauma and childhood adversity prevention and detection as activities that span public health and health care settings.

Plan for Coordination of Services within the Agency

As reported in the Agency's August 15, 2017 submission to the legislature on the topic of Building Resilience for Individuals Experiencing Adverse Childhood Experiences, the Agency of Human Services has the broadest reach in State Government and its direct services and benefits serve nearly half of all Vermonters. Furthermore, the Department of Health within the Agency is charged with providing public health activities for all Vermonters. In addition to the Department of Health, the Agency includes the Department of Aging and Independent Living, the Department of Children and Families, the Department of Corrections, the Department of Mental Health, and the Department of Vermont Health Access.

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.

Plan for Coordination of Services with Agency of Education (AOE)

As reported in AHS' August 2017 report to the Legislature on this topic, AHS and AOE have a rich history of coordinating efforts to address childhood adversity and trauma and to build resilience. The two Agencies intersect at the state administrative level and at the individual school district and departmental levels. Existing legislation guides coordination of services between AOE and AHS: Act 1, Act 46, Act 166 and Act 264. AHS and AOE share responsibility and resources through Local Interagency Teams, training, and developing trauma-informed toolkits. Appendix A of this report includes the complete inventory from 2017 of the programs and services that cross the two Agencies.

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

The CHINS (Children in Need of Care and Supervision) Reform Workgroup is comprised of leadership from the Judiciary, the Office of the Defender General, the State's Attorneys and Sheriffs Association and the Department for Children and Families in AHS. Since August 29th, 2018 the group has convened nine times to discuss strategic reforms to the CHINS system. CHINS is itself complex, as are the needs of the children and families who are engaged in this system. The CHINS Reform Workgroup provided recommendations to the Legislature, some still under development, that consider the needs of vulnerable families to help them avoid CHINS system involvement; provide supports to help families achieve resolution; and improve the system.

The reommendations from the CHINS Reform Workgroup are detailed in Appendix B of this report. The CHINS Reform Workgroup should be considered a key mechanism for coordination with the Judiciary and the other stakeholders.

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

Improving and Engaging Community Providers in the Systematic Prevention of Trauma

As reported in the November 1,2018 status report to the legislature regarding the Childhood Adversity Response Plan, The Department of Children and Families (DCF) conducted a total of 211 trauma-informed trainings for child care providers between September 1, 2017 and September 1, 2018. In addition, many coaching sessions have been offered through the DCF and its partners. These trainings support and educate community providers in recognizing trauma and building resilience. Appendix C of this report provides the list and description of trainings.

AHS has also implemented community-based trauma and resiliency training and work through its Building Flourishing Community Initiative. This work is done in partnership with the Child and Family Trauma Workgroup, which is comprised of AHS staff from each department and many community partners that advise AHS's trauma and resilience work.

Building Flourishing Communities is a framework for spreading information about how to help children grow up with strong, addiction-resistant brains, the ability to build meaningful relationships, focus on their work and remain calm under stress. The Building Flourishing Communities initiative relies on a network of volunteers based in the 12 AHS service districts. These volunteers facilitate discussions in all regions of Vermont to increase awareness about how early, overwhelming and/or threatening events can lead to later poor health and well-being. The Master Trainers are generating interest and excitement about the potential for change through conversation based in the NEAR sciences:

- Neuroscience– early brain development and adaptations to experience
- Epigenetics– how our environment influences gene expression
- ACEs study – makes the connections to later outcomes clear
- Resilience – shows that even those who have been deeply affected by adversity can become more resilient and flourish, and those with resilience withstand life's challenges better

To date, the Master Trainers have conducted more than 70 community presentations in a broad range of venues. Once the trainers have created broad general knowledge and understanding across the state, they will then assist local leaders to determine next steps. Experience shows that when community members have an opportunity to lead, local projects are more likely to focus on narrowing the gaps between those with the greatest challenges and those with more advantages. This approach reduces early, overwhelming events, increases resilience and leads to flourishing.

Appendix D of this report includes the list of Master Trainers and members of the Building Flourishing Communities Steering Committee.

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 5-year strategic plan.

Case Detection and Care of Individuals Affected by Childhood Adversity

In 2017, the AHS Secretary signed the updated AHS Trauma-Informed System of Care Policy. The policy takes a "Universal Precautions" approach. *"Universal precautions" is a term used in medical settings to describe the need to assume all individuals seeking services may have been exposed to negative conditions. In trauma informed care, universal precautions means assuming that all individuals presenting for services may have experienced trauma and may have symptoms from this exposure that are not immediately obvious. Some individuals may not be comfortable to disclose or able to recall their trauma. The high prevalence of trauma exposure in the general population and especially those served by AHS dictates that a universal precautions approach be used.*

The policy also states that AHS' Departments shall establish their own evidence-informed trauma screening protocols appropriate to the service setting. The policy defines Trauma screening as the following:

Screening is used for the early identification of individuals at potentially high risk for a specific condition or disorder; can indicate a need for further evaluation or preliminary intervention; and is generally brief and narrow in scope. Trauma screens can be either functional or event based. Functional screens focus on the impact on an individual's functioning as a result of the traumatic event. Event based tools screen for specific experiences and types of traumatic exposure. Screening may be administered by clinicians, support staff with appropriate training, an electronic device (such as a computer), or self-administered.

Action: In coordination with inter-departmental 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.

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

To ensure that the Agency's policies related to children, families, and communities build resilience, the Agency must be unified in its identification of those policies and programs that promote resilience; as is always the case, the evidence-base supporting approaches to building resilience is ever-widening and evolving. Today, the Strengthening Families Protective Factors Framework can serve as a guidepost for determining whether the agencies policies and programs are promoting resilience. The Strengthening Families protective factors are attributes and conditions that help to keep all families strong and on a pathway of healthy development and well-being[1]. In its 2017 inventory of its programs and grants, the Agency identified 83 programs (30%) that meet three of the five Strengthening Families criteria, demonstrating that many AHS programs promote 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.

Resources Necessary to Implement Response Plan

The initial Childhood Adversity Response Plan relies heavily on the Director of Trauma Prevention and Resilience Development to coordinate within and among agencies in state government and community stakeholders; this is a new position in the Secretary's Office of the Agency of Human Services and resources have been fully allocated to support by repurposing an existing position.

[1] Harper-Browne, Charyln. *The Strengthening Families Approach and Protective Factors Framework: Branching Out and Reaching Deeper*. September, 2014.

Appendix A: Agency of Human Services and Agency of Education Programs and Initiatives to Address Trauma, Resilience and Promote Protective Factors

State Interagency Team – Act 264

Per 33 VSA § 4302**:** A State-level team of Agency of Human Services and Agency of Education staff and community partners coordinate and provide services for children and adolescents who are eligible for special education and working with another state entity (DMH, DCF or DAIL). This team reports to the Commissioners of each agency and makes recommendations to the Secretaries and Local Interagency Teams (LIT)12. If a Local Interagency Team is unable to resolve the difficulties of implementing a child's Coordinated Service Plan, it may refer the situation to the State Interagency Team (SIT) for additional technical assistance. The State Interagency Team is composed of similar representatives from state level offices and family representatives. The SIT suggests solutions for individual situations and develops solutions to challenges that occur across the system of care. SIT also may make recommendations regarding fiscal policy or programmatic changes at the local, regional or state level necessary to enhance the state system of care for children, adolescents and families.

Coordinated Service Plan – Act 264

Children and adolescents who are eligible for Special Education and who need services from multiple agencies are entitled to a Coordinated Service Plan, although there is no guarantee the local education agency has the capacity and/or funding to provide services. The plan is a written addendum to each individual agency plan; it states a goal and outcomes which help measure progress toward the goal, as well as the services and supports to achieve it. A subgroup of the State Interagency Team and other experts is currently working to update the Coordinated Services Plan process through a survey and other forums for feedback.

Act 166 Implementation Team

Act 166 provides for universal access to publicly funded pre-kindergarten education. All public and private prekindergarten education programs, including Head Start and public-school operated programs, must meet specific requirements to operate a PreK program in Vermont. AOE, in collaboration with AHS, created rules to guide Act 166 implementation.

Building Bright Futures Statewide Council's Early Childhood Interagency Coordinating Team

A collaborative effort between AOE and DCF's CDD to ensure the development and implementation of a statewide system of early intervention services for families and their infants and toddlers with special needs.

Vermont Interagency Coordinating Council

A statewide council of families, professionals including local education agencies and AOE, and other early intervention providers advise and assist in the early childhood intervention system statewide.

The Individuals with Disabilities Education Act (IDEA) Part C

IDEA, Part C provides for early intervention services for infants and toddlers with disabilities and their families through an interagency agreement between AOE and AHS.

Interagency Agreement (IA)

The IA is required by US Department of Education Office of Special Education Programs (OSEP), and must meet certain requirements of the Individuals with Disabilities Education Act (IDEA) to retain federal funding. Any changes to the agreement must be approved by OSEP.

The Agencies are renewing and updating the 2005 Interagency Agreement (IA) within these guidelines, and exploring changes to Act 264 to better align with current needs and expectations. The shift will move us toward a systemic response, versus a specific diagnostic category or special education definition.

Success beyond Six

Vermont has been actively developing its partnerships between mental health, education, and students and their families under the Success Beyond Six fiscal mechanism since its official start in December 1992. Today there are mental health clinicians in 200 schools across Vermont.

Success Beyond Six is driven by local needs and the desire to help students with an emotional disturbance succeed in school. Children have needs that often require a team of professionals and families to work as a cohesive unit to achieve the best education and social emotional outcomes for children.

Positive Behavioral Intervention and Supports

In addition, AHS partners with AOE and its providers to implement Positive Behavioral Interventions and Support (PBIS) across the State. DMH's Child, Family & Adolescent Unit has partnered on this work since the PBIS work began. Part of the program allows for bundled billing, which means that the 200 school-based clinicians can engage in preventative aspects of PBIS and still be reimbursed by Medicaid.

PBIS is "a systems approach to establishing the social, culture and behavioral supports needed for all children in a school to achieve both social and academic success. Many schools are working in the introductory "tiers" of the program, and many have a desire to move toward implementing the highest level. Next steps are to ensure that all schools are aware of the PBIS partnership opportunity with their local Designated Agency, and that PBIS is fully coordinating with Success Beyond Six.

Multi-Tiered System of Supports

A multi-tiered system of supports is a comprehensive, evidence-based and systemic approach to teaching and learning, which unifies general and special education in a deliberate, intentional, ongoing collaboration designed to meet academic and non-academic needs, and improve learning for all students through increasingly differentiated and intensified assessment, instruction and intervention provided by qualified professionals with appropriate expertise. AHS and AOE have a robust partnership at the pre-Kindergarten level implementing MTSS. All public schools are required to have a multi-tiered system of support (Education Title 16, Ch. 99. Section 2902, 2015). Please see the companion Act 43 report from AOE that provides more information about implementation of MTSS in schools.

Vermont Department of Health Whole School, Whole Community, Whole Child (WSCC)Team

The Health Department (VDH) facilitates a WSCC Team with representatives from each of the department's divisions that engage schools, in addition to partners from other state agencies and organizations, such as the Agency of Education and Agency of Agriculture, Food, and Markets. The team meets once a month to discuss opportunities to align program efforts and messaging, support schools in implementing the WSCC model across local education agencies in Vermont, and to promote health in all policies. In addition, VDH collaborates with a number of AOE staff including the Child Nutrition Program, Health and Physical Education content staff person, the Adolescent Health Program Manager, the Education Programs Coordinator for Tobacco Use Prevention, and others to support school health and wellness and staff professional development needs, while aligning messaging and attempting to break down silos of activity. Following a competitive bid process, VDH has awarded $8,000 each to two Local Education Agencies to implement WSCC in the 2017-2018 academic school year.

School Health Services / School Nurses

The Division of Maternal and Child Health supports Vermont's school health services by directing the School Nurse Advisory Committee which includes an educator from the Agency of Education. The Committee maintains the Standards of Practice: School Health Services Manual upon which all other VDH school nurse supports are built, such as School Nurse Leadership and workforce development and systematic Essential School Health Services. MCH works with school nurses to facilitate access for all students to insurance, a

medical, dental, and mental health homes, and for these services to be used according to best practice recommendations (i.e. annual well-care visits according to AAP's Bright Futures Guidelines).
Immunization Services Technical assistance from Immunization program staff, and Office of Local Health Immunization Designees and School Liaisons to support assessment and reporting of school immunization regulation compliance.

Injury Prevention
Information about pedestrian safety, child passenger safety, teen driver safety - distracted driver presentations, emergency medical services for children and preventing teen suicide.

Tobacco Use Prevention
The Agency of Education has a Comprehensive School-Based Tobacco Use Prevention Program that provides grants to 19 Supervisory Unions to implement six strategies for prevention and intervention of tobacco use. The Health Department supports the Community Engagement Strategy which includes Vermont Kids Against Tobacco (VKAT) and Our Voices Exposed (OVX). The Vermont Department of Health collaborates with its partner on the Youth Tobacco Prevention Summit, the State House Rally, CounterBalance Campaign and Photovoice Project. For the past two years, the youth have been involved in the mass media campaign CounterBalance to educate the community and peers about the dangers of flavored tobacco products. The Agency of Education and the Vermont Department of Health collaborate through an MOU from July 1, 2017 through June 30, 2018, for the amount of $14,250 to support the Community Engagement Strategy.

Sexual Violence Prevention
The Vermont Health Department is part of the Sexual Violence Prevention Task Force, which provides resources to schools. The leadership is primarily Agency of Education and Department of Children and Families staff.

Sexual Education Stakeholders work group
The Sexual Education Stakeholders work group meets quarterly, coordinated by Agency of Education. Representatives from such partners as the Health Department, Primary Care, Planned Parenthood, Health Educators, etc. to discuss sexual health education in schools and community organizations.

Society of Health and Physical Educators of VT (SHAPE)
The Vermont Department of Health partners with SHAPE to offer professional development opportunities for school health and physical educators.

School Nutrition Association (SNA) of VT
Vermont Department of Health partners with SNA VT to offer professional development opportunities for school food service staff.

Vermont Agency of Agriculture and VT Food Education Every Day (VT FEED).
Coordinates technical assistance for schools in wellness policy development and integration of Farm to School.

School Wellness Policy Mini Grants
Collaborate with statewide partners, organizations and schools to support youth, schools, and parents in creating opportunities to be healthy and learn lifelong healthy habits through physical activity and nutrition programs and policies. The Vermont Department of Health (VDH) is providing a three-year grant opportunity to thirteen Local Education Agencies (LEA) across Vermont during the 2015-2018 academic school years. Each LEA has been funded in the amount of $4,000 over the course of three years. The grant supports schools in the development and implementation of school wellness policies aimed at increasing physical activity and nutrition environments. The grant also involves technical assistance from the Health Promotion and Disease Prevention,

Physical activity and Nutrition staff and Office of Local Health School Liaisons.

School Based Substance Abuse Services Grants

The goal of this grant is substance abuse prevention among youth to decrease likelihood of substance abuse dependence in adulthood. Office of Local Health School Liaisons (public health nurses) and Prevention Consultants provide technical assistance as needed. Competitive RFP in FY 16 with option to renew each year for two additional years. Twenty supervisory unions receive $40,000 each.

Electronic Health Records and Annual Well-Care Visits Grant

Grant provided to one Local Education Agency (LEA) to support the purchase of an electronic health record for all schools in the LEA, and then work on strategies to decrease non-response rates to adolescent responses to well-care visit information on annual health intake forms, as reported on annual Vermont School Nurse Report due January 1 each year. Includes efforts to promote the importance of, and increase general awareness about, annual well-care visits with youth and families. Grant is for $17,000. Grant period is May 1, 2017 – June 30, 2018.

Asthma Program

Support schools' asthma resource related needs. Promote use and provide copies of Asthma Action Plans (care plans for students with asthma) to ensure asthma is well managed, and students are not missing school for preventable reasons. Promote the American Lung Association's Open Airways for Schools program (and connect schools with small $200 stipend for participants).

Oral Health Tooth Tutor Program

This program helps to ensure that every child has access to preventive, restorative and continuous care. Schools choose to participate in the Tooth Tutor Program. A dental professional helps the school nurse update dental information in each child's school health file and connects or re-connects families who have not accessed dental care in the previous year with a local source of care. The Tooth Tutor also presents dental health education in the classroom, giving all students the opportunity to learn more about oral health.

Envision Program

Help schools anticipate, identify and address environmental health hazards in schools. School walkthroughs and general technical assistance available (mold, pests, IAQ, drinking water quality, green cleaning, etc.).

Radon Program

Screen Vermont Schools for radon and help reduce radon exposure and increase awareness in school communities. Technical assistance available for screening, result interpretation, further testing/mitigation recommendations by Public health industrial Hygienist and certified RN measurement specialist. Some funds available to support mitigation (variable).

Youth Risk Behavior Survey

Every other year, since 1993, the Health Department and the Agency of Education sponsor the Vermont Youth Risk Behavior Survey (YRBS). The YRBS was developed by the Centers for Disease Control and Prevention in 1990 to monitor priority health risk behaviors that contribute to the leading causes of death, disease, injury and social problems among youth. These behaviors, often established during childhood and early adolescence, include: behaviors that contribute to unintentional injuries and violence, physical activity, nutrition, weight status, tobacco use, alcohol and other drug use, and sexual behaviors.

The survey is part of a larger effort to help communities increase the resiliency of young people by reducing high risk behaviors and promoting healthy behaviors. Vermont collects student responses every two years from nearly every high school and middle school in the state.

Other AHS/VDH Resources

- State School Nurse Consultant: The Vermont State School Nurse Consultant provides consultative support to school nurses. This work is done in coordination with the Health Department's Maternal and Child Health Director and the Office of Local Health School Liaisons in each of the 12 local health offices around the state.
- Office of Local Health School Liaisons: School Liaisons are public health nurses in each of the 12 Offices of Local Health that work with schools and school nurses on efforts including but not limited to, school health, school nursing and school health services, promotion of best practice preventive health services recommendations as outlined in AAP's, Bright Futures, promote insurance, and medical and dental (and mental health) home establishment and access, and coordinate with multiple community partners including healthcare providers and many others to work on school health and wellness initiatives, provide technical assistance for several Division of Maternal and Child Health or Health Department topics, and are often a conduit for information or resources available to schools (and community partners).
- Office of Local Health Prevention Consultants: Regional Substance Abuse Prevention Consultants work with community groups, schools, human service agencies, hospitals, law enforcement, parents, youth and others to strengthen the community's health and decrease substance abuse. They offer five essential services: Community Organizing; Program Planning & Consultation; Presentations & Training; Community Grants Information & Guidance; information & Referral.
- Substance Use Prevention: Programs and services that help communities become as healthy and involved as they can be are a key part of alcohol and drug use prevention in Vermont. Bringing communities together is a job for many people from all walks of life, including law enforcement, the news media, parents, students, community coalitions, and health care providers. Alcohol and drug prevention programs help support communities to grow in wellness and health.

Pre-Employment Transition Services (Pre-ETS) and VocRehab

There were major changes in Vocational Rehabilitation (VR) services for students with disabilities due to the reauthorization of the Workforce Innovation and Opportunity Act (WIOA) in 2014. The new federal law (Pre-ETS) includes a substantial mandate to serve high school students, ages 14 – 22, who have a disability, and are on an IEP or are 504 eligible. There are 5 required activities that VR provides in collaboration with schools and community partners: job exploration counseling; work-based learning experiences; counseling on opportunities for training and post-secondary education; workplace readiness training; instruction in self-advocacy. VR Transition Counselors work directly with the high schools across the state in partnership with VABIR Youth Employment Specialists, Vermont Family Network, and the Vermont Center for Independent Living to provide these vocational services for youth with disabilities.

Appendix B: Recommendations from the CHINS Reform Workgroup

The legislature appropriated $1,250,000 in FY19 and $2,500,000 in FY20. In light of the fact that it is unlikely any of the initiatives could actually start before July 1, 2019, the group's suggestion is that we preliminarily make recommendations for the combined total of $3,750,000. Here are some rough, preliminary numbers to start the discussion of how to allocate funds.

1. Sustained Evidence-based Home-visiting Model: * Total cost still being considered by the group

Comparison Study - $25,000-$50,000**:** Home-visiting is a prevention strategy that is evidence-based for promoting safe, healthy parenting and increased safety for children in the home. Specifically, it can strengthen protective factors for families such as resilience, social connections, concrete support, social competence of children, and knowledge of parenting. When combined with a family support specialist in pediatric/family medical practice, it can promote a strong connection to a medical home and provide a conduit for community partners to surround families with supportive relationships.

In order for the group to propose a specific home-visiting model to be piloted, and if successful, scaled to state-wide application, it would first like to retain a consultant to evaluate existing models through the lens of what would work well for Vermont given the available service array and mostly rural demographic. A review of programs that are currently offered in Vermont, and those that are offered in other states to determine their efficacy and transferability to Vermont will position the committee to recommend a pilot. Specifically, the committee will issue an RFP to seek a contractor who:

- Is well-versed in home-visitation models;
- Can make recommendations that capitalizes and maximizes existing infrastructure and professional development investments, and specifically looks at what is happening in Vermont to see if it is working to not duplicate existing efforts;
- Can be objective;
- Has a foundational understanding of the Vermont social service landscape, including the existing home visiting infrastructure;
- Understands child welfare and why Vermont is looking to scale home-visiting as a prevention strategy;
- Can knowledgably recommend an approach to implement a pilot, evaluate it and scale it state-wide; and
- Can turn this around in a relatively short time-frame, ideally by mid-December.

Pilot: Once the comparison study is complete, the group will agree to a model based on the recommendation of the consultant and will pilot it in multiple districts or region.

2. Judicial Master (and associated staff) - $400,000:

A judicial master could relieve significant pressures on family court by providing timely proceedings that are related to the CHINS process but do not require a judge. A two-district judicial master pilot could encourage parents to follow case plans/remain engaged in treatment and would weigh in on any non-evidentiary proceedings including but not limited to:

- Parent-child contact;

- Status conferences;

- Screening cases for mediation or restorative processes such as Family Group Conferencing; and

- Preliminary hearings.

The CHINS Reform Group agrees that the Judicial Master concept could be a helpful and valuable approach to CHINS Reform. The details of this proposal are still being considered and discussed by the group and there is particular interest in how this connects and supports the Alternative Dispute Resolution initiative described in the section below.

3. Alternative Dispute Resolution - $400,000

Research shows that parents who are engaged with their own planning are far more likely to successfully be reunited with their children. Mediation is an option that builds on parents' intrinsic motivation and allows for all parties and their attorneys to be at the table working collaboratively to solve problems outside the formal, adversarial process. Jurisdictions which have engaged in effective child protection mediation over many years have shown a significant increase in family reunification outcomes.

Additionally, restorative justice approaches such as Family Group Conferencing have also proved to achieve positive outcomes for children and their parents in the child welfare context in the United Kingdom, New Zealand and other locations.

In Arizona, California, Nova Scotia, New Zealand, England and other places, child welfare cases can be resolved or mostly resolved without court time. By offering mediation as early in the process as conceivably possible, a neutral mediator could assist the parties in reaching agreement on many aspects of a family's case.

Child protection mediators require specific training beyond the work that family court mediators already perform in Vermont. We could offer alternative dispute resolution both pre-petition and post-petition (including referrals from the judicial master). This initiative could first be offered as a pilot in two counties and could be jointly planned with the Justice for Children Task Force. The National Council of Juvenile and Family Court Judges is a resource for this initiative.

4. Peer Navigators – $900,000

The Child Welfare system is complicated, challenging and can be a traumatic experience for parents. Support that focuses on assisting parents with navigating the system would help address this and could contribute to parents achieving resolution sooner. Building on the intrinsic motivation as referenced in the mediation proposal, peer navigation also takes advantage of supporting parents' motivation that falls completely outside of court. Parents who themselves have been engaged in family court, would support parents going through the process. A peer navigator initiative could be layered onto the work of an existing set of organizations such as the recovery centers. The $900,000 proposal is based on implementing 12 peer navigator positions in recovery centers at approximately $65,000 per position and having a full-time coordinator ($100,000).

There are a number of successful models that have been implemented in Washington State (which works with parents with substance abuse issues), Contra Costa County California, and Iowa. The Capacity Building Center is not only a resource for their evaluation and review of existing models, they also have a toolkit that includes training and certification for parents and the general implementation of this program.

5. Evaluation of proposals 1-4 above - $250,000

Each of the proposals described above: home-visiting, judicial master, mediation and peer navigators should be periodically assessed and evaluated for child welfare outcomes.

6. Review of the existing CHINS system- $125,000

The purpose of this report is to respond to 2018 Special Session Act 11 Section C.106, sections (c) and (d). As such, this workgroup is to: "*review and propose change to the systems by which CHINS cases are processed and adjudicated."* Specifically, Act 11 directs the workgroup to "*evaluate successful models used in other countries, states or cities. The proposal shall incorporate innovative approaches to holistic reform and strategies to reduce the need for court intervention."* An evaluation of the existing system could provide guidance for additional ways to achieve better outcomes in child welfare.

Moreover, an evaluation of the system could help the group make recommendations that achieve procedural justice - where parties have their voices heard, are able to engage in a transparent process, are treated respectfully and where entities and individuals with authority are trustworthy - leads to better outcomes in family court. Studies have shown that permanency is achieved on a shorter time frame when parents and children feel that they have a voice. On the other hand, lack of trust and familiarity with the child welfare system are cited as potential barriers for engagement.

Vermont's CHINS Reform efforts should work towards the goal of procedural justice. This would result in better case plans by DCF, a responsive and transparent judiciary, strong representation of parents and responsive advocacy for children.

An evaluation of the CHINS court process would support the overall efforts of this group - achieving better outcomes for all would result in a significant improvement to the system.

7. Listening Tour; Stakeholder Feedback Sessions - $50,000

In light of the increasing pressure and challenges on family court and the impact of the opioid crisis – it's worthwhile to hear from community members, service providers and people who've engaged in the family court. We propose to do this in five to six communities over a period of six months with a hired facilitator.

Each location would include two meetings:

- An open forum for community members

- Community service providers

This could be done in conjunction with the Justice for Children's Task Force.

8. Project Manager- $115,000

With the complexity of CHINS reforms, the recommendations of this report combined with the timeline formulated by H.16 will require skilled coordination from the Court Administrator's Office. A Project Coordinator to help ensure the implementation of these reforms will be essential for the success of these recommendations and ultimately the children and families of Vermont. We propose that the project coordinator work out of the Court Administrator's Office and that the CHINS Reform Work Group members act as advisors for this position

Appendix C: Report from the Vermont Department for Children and Families Child Development Division on Trauma-Informed Trainings

A total of **211 trauma-informed trainings** were provided to child care providers between September 1, 2017 and September 1, 2018. In addition, many coaching sessions have been offered through DCF's Child Development Division and its partners. Specific attendance numbers are not available at this time.

Training Opportunities provided:

A) Basic Specialized Care (BSC) training (61 trainings offered):

Specialized Child Care (SCC) provides vulnerable children and high-risk families with quality child care and specific supports that help meet their needs, strengthen their families, and promote their children's development. SCC offers an array of services and supports to families and children with identified specialized child care needs including trauma. Specialized Child Care providers have made a commitment to providing the best quality care to vulnerable children placed in their programs and agree to continuous professional development targeting social and emotional development of children to enhance and improve children's skills in a safe and supportive child care environment.

Below is the link to more information on Specialized Child Care:
http://dcf.vermont.gov/childcare/providers/specialized

BSC training is a six-hour class available to all child care providers and is a requirement to becoming a Specialized Child Care program. Funding for the BSC training comes through the federal Child Care and Development Block Grant. This class was offered numerous times this past year either as a stand-alone course, or as part of another training for child care professionals:

- BSC Training was offered 33 times across the state and available to all child care providers between September 1, 2017 and September 1, 2018.
- This training is included as part of the "Fundamentals for Early Childhood Professionals" which is a 45-hour training for new child care providers. Fundamentals was offered 26 times this past year.
- BSC training is also included as part of the Essentials for Afterschool Professionals training, which was offered twice this year. (Link for more information: https://northernlightscdc.org/training/state-wide-curricula/basic-specialized-care/)

B) Trainings in the State's Bright Futures Information System (BFIS) related to trauma (22 in total):

State partners, with a variety of community-based organizations, offer trainings to child care providers. Some of these partners are funded by the Child Development Division through Child Care and Development Block Grant funding, Strengthening Families funding, or by participant fees. These partners include child care provider support groups such as Parent Child Centers and Starting Points groups. In the last year, 22 trainings were offered by our partners and included in the BFIS Course Calendar for child care providers to access. All of these trainings count towards annual Specialized Care training requirements for child care providers who have completed the BSC training and are noted by the Advanced Specialized Care (ASC)

designation. A copy of the topics, dates of trainings, sponsors and locations of trainings is included with this report.

C) Professional development through Vermont Afterschool (93 trainings plus coaching and family outreach sessions):

Vermont Afterschool has been expanding the scope of professional development for afterschool providers and youth development workers in social and emotional learning (SEL), and trauma-informed care through the following training and coaching opportunities:

Training opportunities included:

- A pilot to implement SEL growth strategies among children, staff, and families for 16 afterschool programs (204 staff) around the state. There were 14 two-hour staff trainings offered, impacting 1,571 children. This pilot brought an evidence-based social-emotional curriculum to afterschool sites from 2017-2018.
- Vermont Afterschool included a full-day learning strand on social-emotional learning and trauma-informed practices at our annual statewide afterschool conference in both 2017 and 2018. Approximately 25-30 people participate in the full-day strand on social emotional learning each year.
- In the 2017, Vermont Afterschool provided 64 trauma-informed trainings around the state available through our calendar to child care providers. They coordinated regional trainings and collaboration opportunities connecting out-of-school programs with community partners including medical and mental health providers, community justice centers, and social service agencies.

Coaching opportunities included in the 2017-18 school year:

- Vermont Afterschool trained 125 staff members through 14 staff-wide trainings, provided 63 follow-up mental health consultations, and monthly coaching sessions around the state. These trainings and one-on-one coaching sessions increases frontline staff competence in on-site therapeutic behavior management.
- Vermont Afterschool hosted 8 family outreach events; 192 people attended these family programs and events focused on social-emotional learning and adverse childhood experiences.
- Two monthly Communities of Practice were facilitated for leadership-level staff to increase staff knowledge and skill in addressing toxic stress among the youth and families they serve in Chittenden, Windsor, and Orange counties (14 programs, and 565 children).

Funding sources for Vermont Afterschool trainings have been through the Early Learning Challenge Grant the Child Care and Development Block Grant, the Vermont Agency of Education, Northfield Savings Bank, participant fees and conference sponsor donations.

D) Children's Integrated Services Institute (1 training):

Children's Integrated Services (CIS) provides an array of supports to young children and their families, including coordination and supports for Specialized Child Care. The Annual CIS Institute is the primary in-service training delivered by the State. While child care providers are not the specific target audience, attendees include programs that provide child care services, and those who work closely with child care providers to offer supports for children with complex needs in their care. The May 2018 CIS Institute

focused on how to effectively work with families with complex needs and histories of trauma by exploring the impacts of trauma and adverse childhood experiences on families intergenerationally. Additional follow up trainings began in September 2018 and included Community of Practice calls, in-person instruction, and case consultation.

E) Rock Solid Foundations training (34 trainings plus individual coaching):

Teaching social-emotional competencies in early childhood settings is essential for all children and is a core element in building trauma-informed settings in early childhood programs. Rock Solid Foundations is a professional development training created for child care providers that incorporates a modified version of the Pyramid Model and strategies and resources from the Center on the Social and Emotional Foundations of Early Learning (CSEFEL). The six-hour Rock Solid Foundations training focuses on building positive relationships, creating supportive environments, and infusing positive social-emotional teaching strategies. Rock Solid Foundations teaches child care providers how to intentionally build social-emotional competencies into their program curriculum. In the reporting period January 1, 2018 through June 3, 2018, 200 providers completed this six-hour training. During this period, child care providers in all 12 Agency of Human Service regions have completed 1 or 2 training sessions. Those providers who completed the six-hour training also had an opportunity for an on-site mentor to support them as they implemented the training materials. There were 40 individuals who took advantage of mentoring support; 23 are continuing to access this support.

Appendix D: List of Building Flourishing Communities Master Trainers and Steering Committee

Building Flourishing Communities Master Trainers, by Agency of Human Services District

District	*Master Trainer*	*Contact information*
Barre	Daniela Caserta, Family Center of Washington County	danielac@fcwcvt.org 802-262-3292
	David Sanguinetti, retired, former CPA w/National Life	davesangvt@outlook.com 802-249-2871
	Priscilla White, DCF, Child Victim Treatment Director, Co-Chair, VT Center Prev & Treatment Sexual Abuse	priscilla.white@vermont.gov 802-760-8574
	Kelly Young, Academic Coordinator, Community College of Vermont	kelly.young@ccv.edu 802-828-0131
Bennington	Katie Aiken, Respite Services Manager, United Counseling Services	Kaiken@ucsvt.org 802-442-5491
	Lavonne Freeman	Lavonne2@outlook.com 518-390-7629
Brattleboro	Tracy Binet-Perrin, Counselor, Green Street School	tbperrin@wsesu.org 802-254-3737
	Amy Goldberg, Department for Children & Families, Economic Services Division	amy.goldberg@vermont.gov 802-490-0918
Burlington	Kelly Ahrens, Burlington Community Justice Center	kahrens@burlingtonvt.gov 802-865-7169
Hartford	Abby Tassel, WISE (domestic violence services)	abbytassel@gmail.com 802-291-2991
Middlebury	Jody Brakeley, MD (pediatrician)	drjodybrakeley@gmail.com 802-989-7332
Morrisville	Tricia Long, Director, Resilience Beyond Incarceration, Lamoille Restorative Center	tlong@lrcvt.org 802-793-7687
Newport	Michelle Maitri-Mudita, Childrens' Integrated Services Coordinator, Northeast Kingdom Learning Services	michelle.maitri-mudita@neklsvt.org 802-334-2735
	Colleen Moore de Ortiz, Public Health Nurse, Department of Health	colleen.mooredeortiz@vermont.gov 802-334-4384
Rutland	Caprice Hover, Exec. Director, United Way of Rutland County	caprice@uwrutlandcounty.org 802-773-7477
	Chris Hultquist, Exec. Director, The Mentor Connector	chris@mentorconnector.com 802-775-3434 ext. 2
St. Albans	Mary Pickener, Substance Abuse Prevention Consultant, Department of Health	mary.pickener@vermont.gov 802-524-7918
	Samantha Thomas, Integration Project Manager, Northwestern Counseling and Support Services	sthomas@ncssinc.org 802-393-6584
St. Johnsbury	Martha Braithwaite, Community Organizer, Center for an Agricultural Economy	marthabraithwaite@gmail.com 802-323-6763
	Kari White, Director of Quality Initiatives, Northern Counties Health Care	kariw@nchcvt.org 802-748-9405 ext. 1517

Springfield	Lindsy Mack, Health Care & Rehabilitation Services/Springfield Medical Care Systems	lmack@springfieldmed.org 802-886-8998
	Matt Wolf, Young Adult Coordinator, Vermont Federation of Families for Children's Mental Health	mwolf@vffcmh.org 802-595-5159

Building Flourishing Community Steering Committee members

Pam Bailey	Director of Operations, Green Mountain United Way
Paul Dragon	Director of Field Services, AHS Secretary's Office
Kathy Hentcy	Director, Mental Health & Health Care Integration, Department of Mental Health
Tricia Long*	Director, Resilience Beyond Incarceration, Lamoille Restorative Center
Bill McMains	Retired
Chuck Myers	Executive Director, Northeastern Family Institute
Priscilla White*	Director, Child Victim Treatment, Dept Children & Families, Family Services Division
Sarah Squirrell	Commissioner, Department of Mental Health
Dave Soucy	Director, PGA Foundation

*Also a Master Trainer