



Prevention Strategies Committee Early Childhood Panel



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Panel Themes

- Impact of Substance and Opiate Use on children and families
- Opportunities to promote protective factors and resilience
- How to set the stage for early prevention



Panelists

- **Reeva Murphy**, Deputy Commissioner, Dept. for Children and Families, Child Development Division
- **Breena Holmes**, Maternal and Child Health Director, Vermont Department of Health, AHS
 - **Amy Fowler**, Deputy Secretary, Agency of Education
- **Laurel Omland**, Director Child, Adolescent & Family Unit, Department of Mental Health, AHS
- **Cheryl Huntley**, Operations Director, Children, Youth and Family Services and Addiction Recovery Services, Counseling Services of Addison County



Reeva Murphy

Deputy Commissioner, Dept. for Children and Families, Child Development Division



Prevention =

**Strong
foundations for
human
development
and relationships**

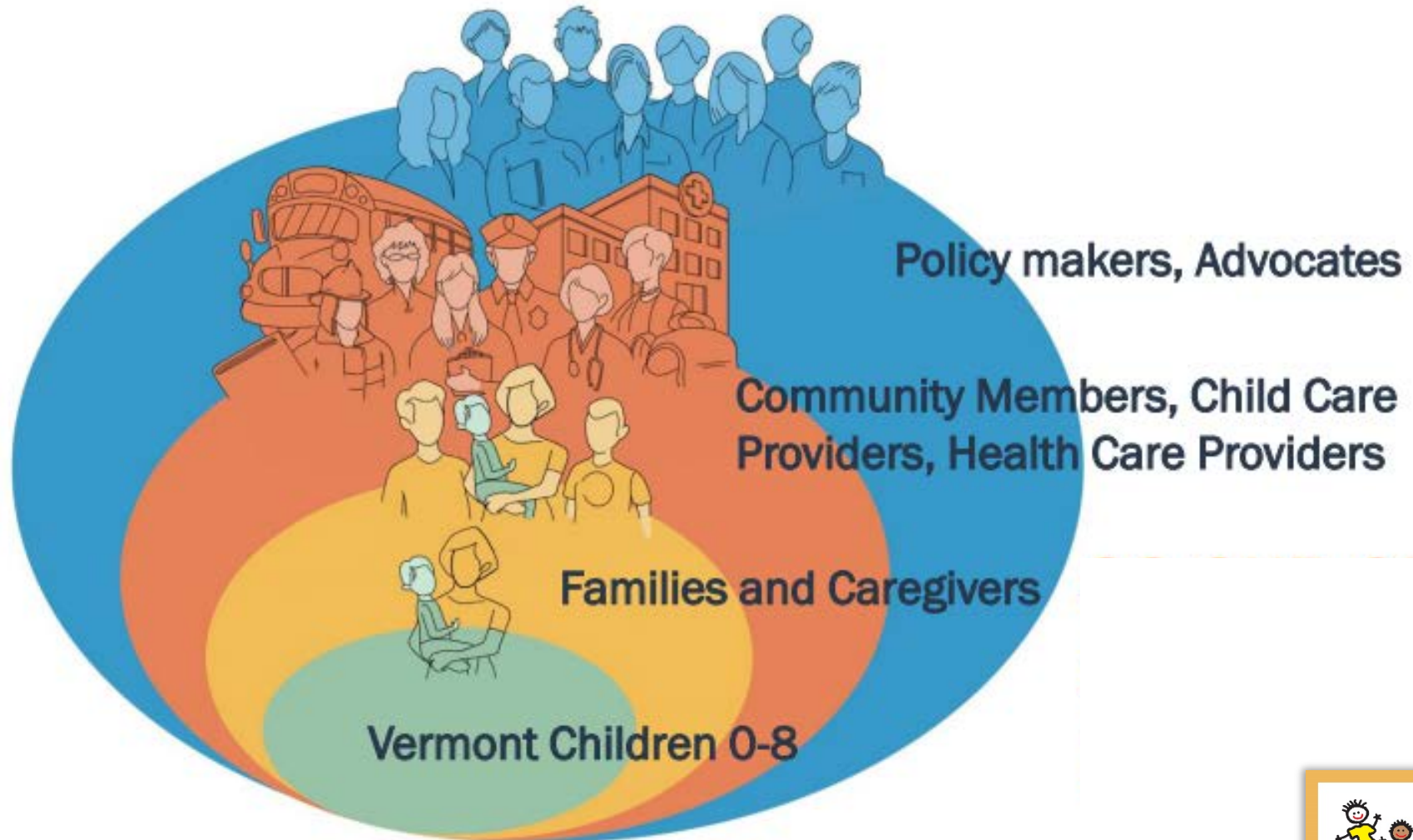


First 1000 Days of Life

- **Sets the trajectory for the next 100 years**
- **80% of the human brain develops by the age of three**



VT CHILDREN LIVE IN COMMUNITY

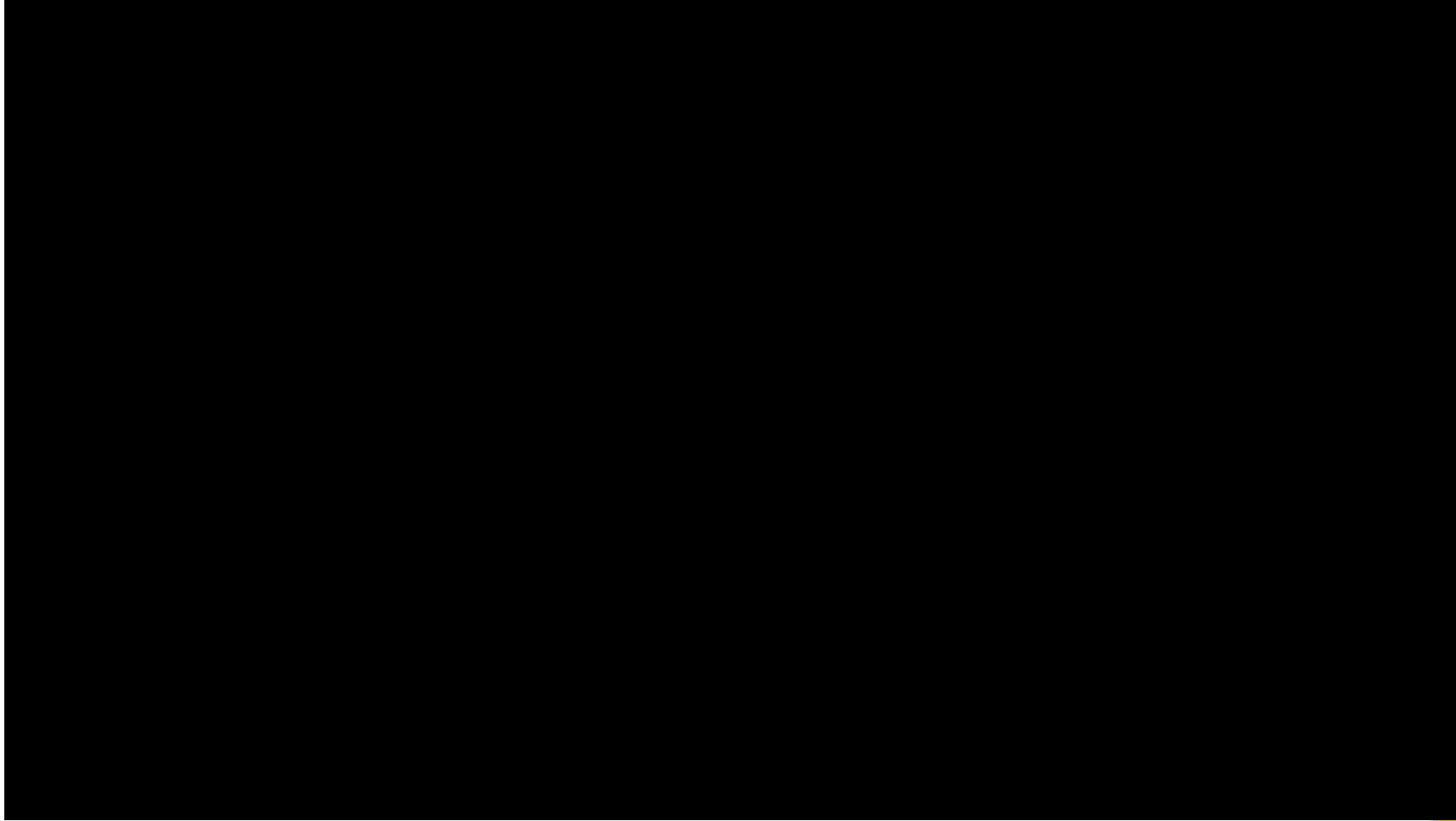


Substance Use Disorder Shakes the Foundations

- Children of parents with substance use disorders are almost 3 times more likely to be physically or sexually assaulted and more than 4 times more likely to be neglected by their parents compared to children of parent who are not abusing substances (centeronaddiction.org).
- The relationship between parental substance use and subsequent substance problems in their children has been documented extensively (ncbi.nlm.nih.gov).



The Long Term Impacts of Toxic Stress



Strengthening Families Framework – A Foundation to Build On

1. Parental resilience
2. Social connections
3. Knowledge of child development
4. Concrete support in times of need
5. Children's social and emotional development



Vermont's Early Childhood Framework and Action Plan

- Every Vermont child
- A health start
- Families and communities lead
- High quality opportunities
- Invest now for a better future
- Evidence and accountability
- An innovative and connected system

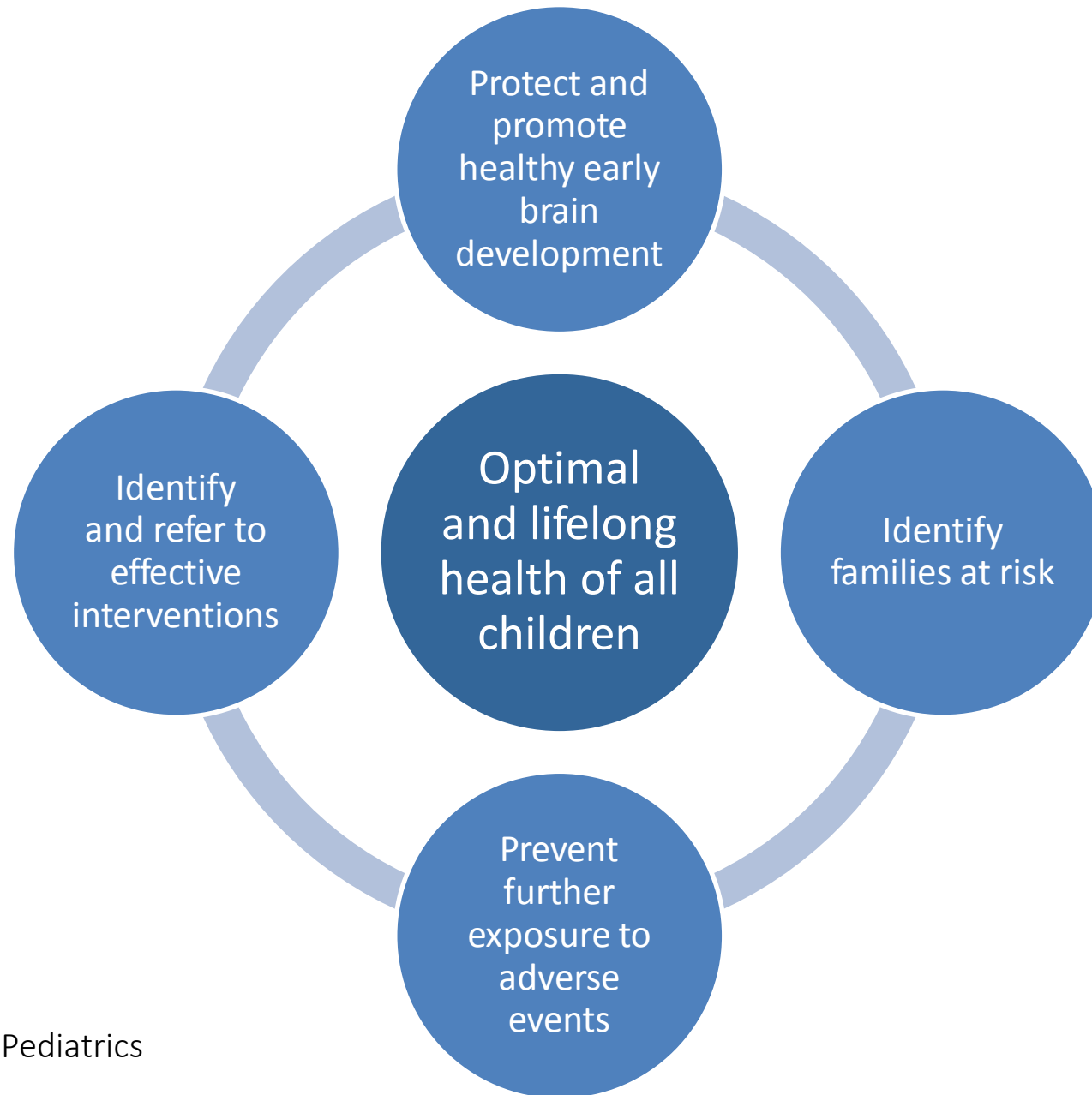


Breena Holmes

Maternal and Child Health Director, Vermont
Department of Health, AHS



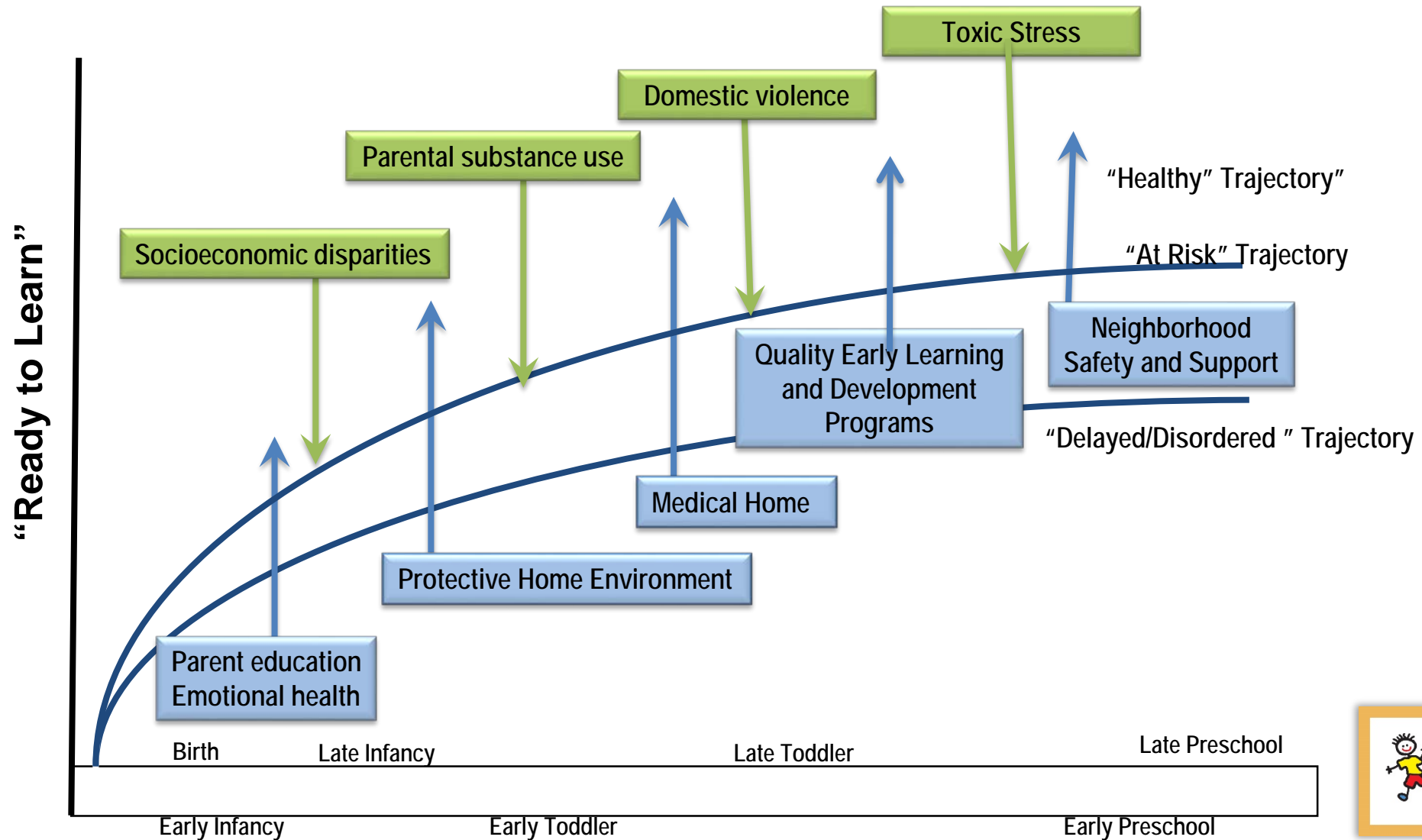
The Goal



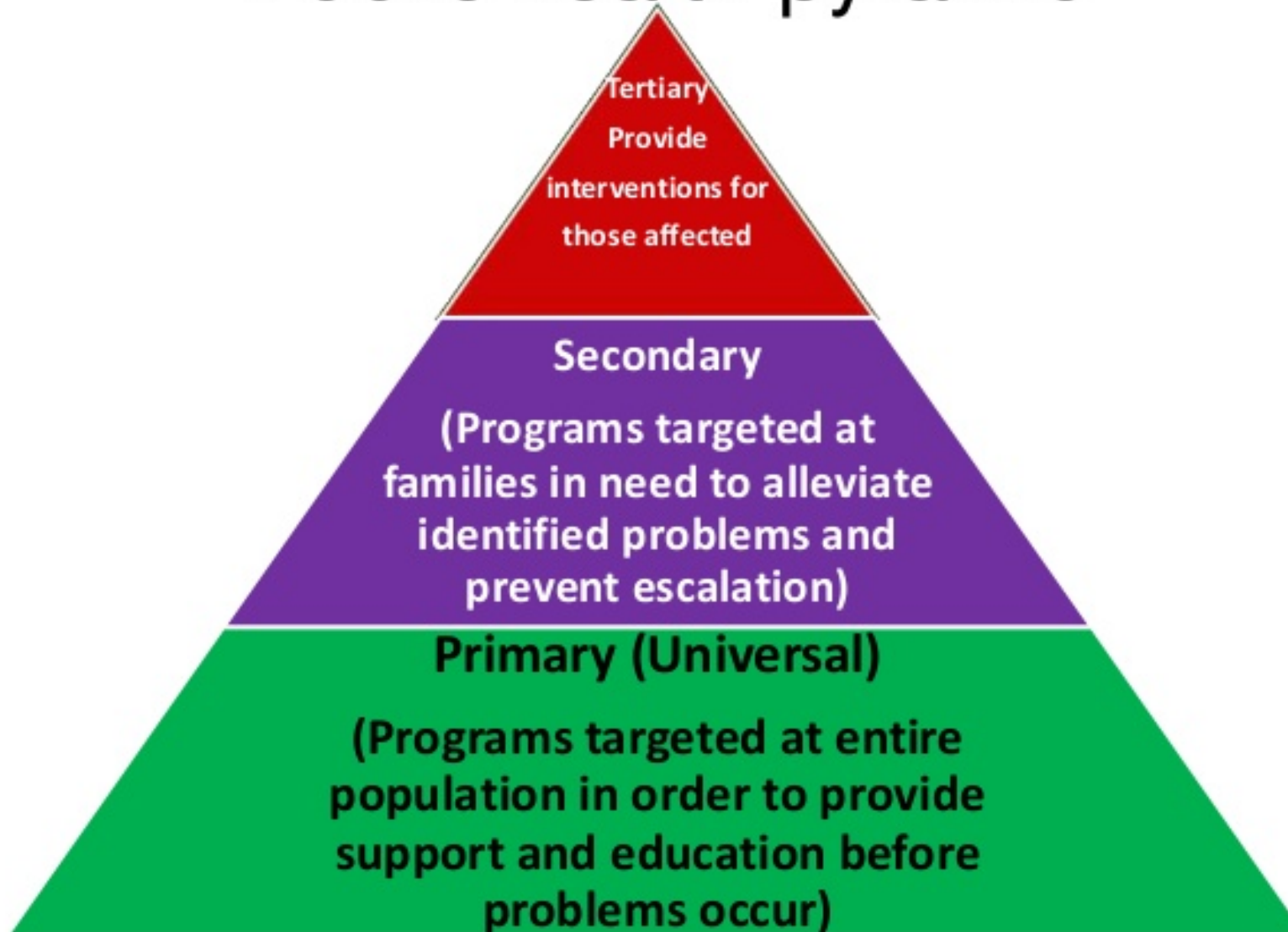
- Source: American Academy Pediatrics



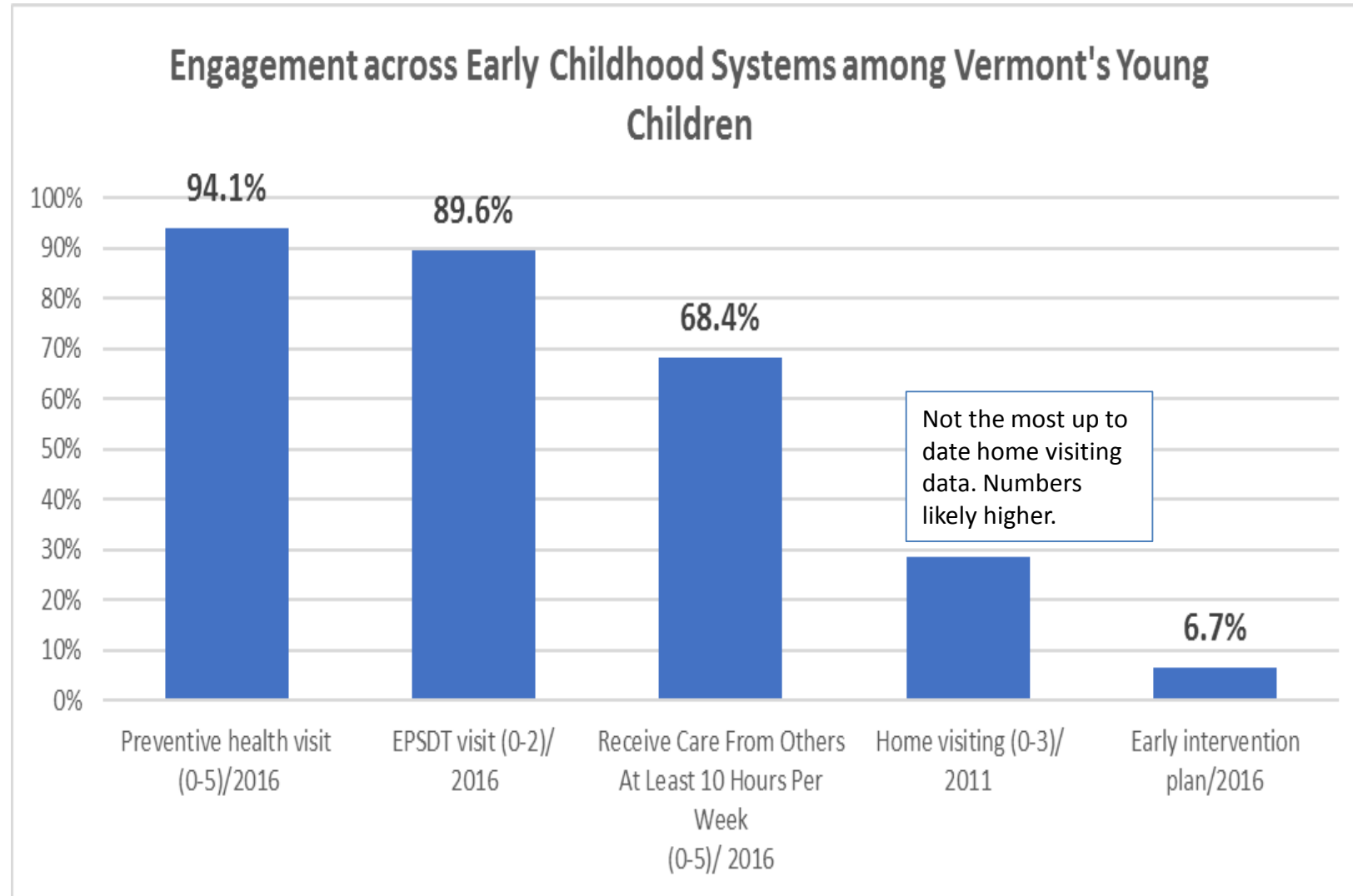
Developmental Trajectories



Public health pyramid



Opportunities to engage children and families



*Pediatric
Medical
Home*

Integration of community partners into pediatric offices for

- Screening
- Referral to community resources/services
- Parenting support

CIS

*Child's
Home*

*Early
Care*

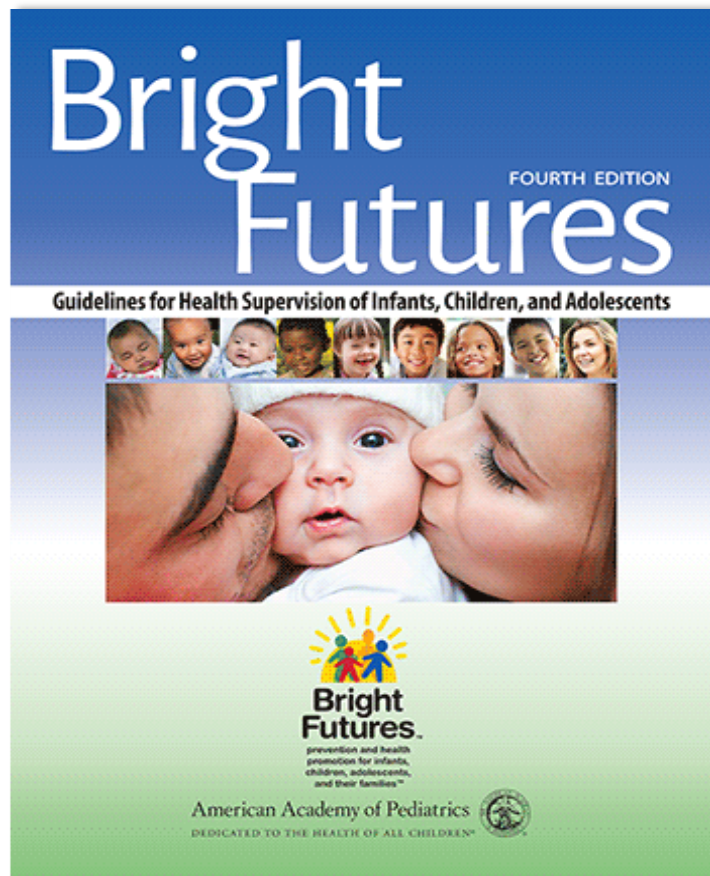
Two Generational Home Visiting Improves:

- Health
- Stability
- Parenting support
- Self sufficiency

High Quality Early Care and Learning

Strengthening Families
Developmental Surveillance
Developmentally beneficial

Bright Futures Guidelines: What's New in the 4th Ed.?



- Focus on Social Determinants of Health
 - Greater focus on lifelong physical/mental health
 - Strength based approaches
- Updated developmental milestones, surveillance questions and screening guidelines



Bright Futures Guidelines: Preventing ACES

- The healthcare setting offers three key advantages in providing parenting support:
 1. Reach virtually all families in early years (> 95% of Vermont infants receive routine health care with a child health provider in the first month of life)
 2. Lack of social stigma attached to using medical care
 3. High level of trust that families extend to their child's healthcare provider, whose active endorsement encourages engagement in other services
- Pediatric medical homes and *Bright Futures* offer concrete strategies to mitigate toxic stress and prevent ACEs by early identification and addressing the major risk factors in families





Statewide system for improving access to existing resources and services for prenatal parents and families with young children through age 8.

Proactively addresses family's concerns about their child's behavior and development by making connections to existing community-based services and **high quality parent education resources**.

Facilitates **collaboration between health professionals, early care and education professionals, human services providers, and families** in order to better identify a of the needs of children in Vermont.



DULCE – A community response to toxic stress

with Appleseed Pediatrics and Lamoille Family Center



Developmental **U**nderstanding –
A Family Specialist promotes knowledge of child development and parenting from birth to six months utilizing the Brazelton Institute Touch Points model

and **L**egal **C**ollaboration – Helping families meet their basic needs in collaboration with the Medical Legal Partnership and the DULCE team

For **E**veryone – Universally reaching families where they already bring their babies – healthcare clinics



DULCE: Key Features

- **Universal service:** DULCE serves all families with a newborn to age six months and incorporates protective factors approach as well as screening for SUD(tobacco, alcohol, opioids)
- **DULCE family specialist:** The family specialist is a staff member of Children's Integrated Services at the Parent Child Center, and is integrated with the human service system.
- **The Medical Legal Partnership:** This partnership adds legal expertise and perspective to address patient needs.



Evidence Based Home Visiting

- **Reach pregnant women and children in their homes including rural and isolated families.**
- **Through CIS, Vermont has a coordinated system of evidence based home visiting which** has been associated with:
 - preventing adverse childhood events (ACEs),
 - improving maternal mental health outcomes,
 - increased smoking cessation,
 - increased and prolonged breastfeeding rates,
 - increased parental involvement, and
 - higher rates of maternal high school completion or GED equivalent.

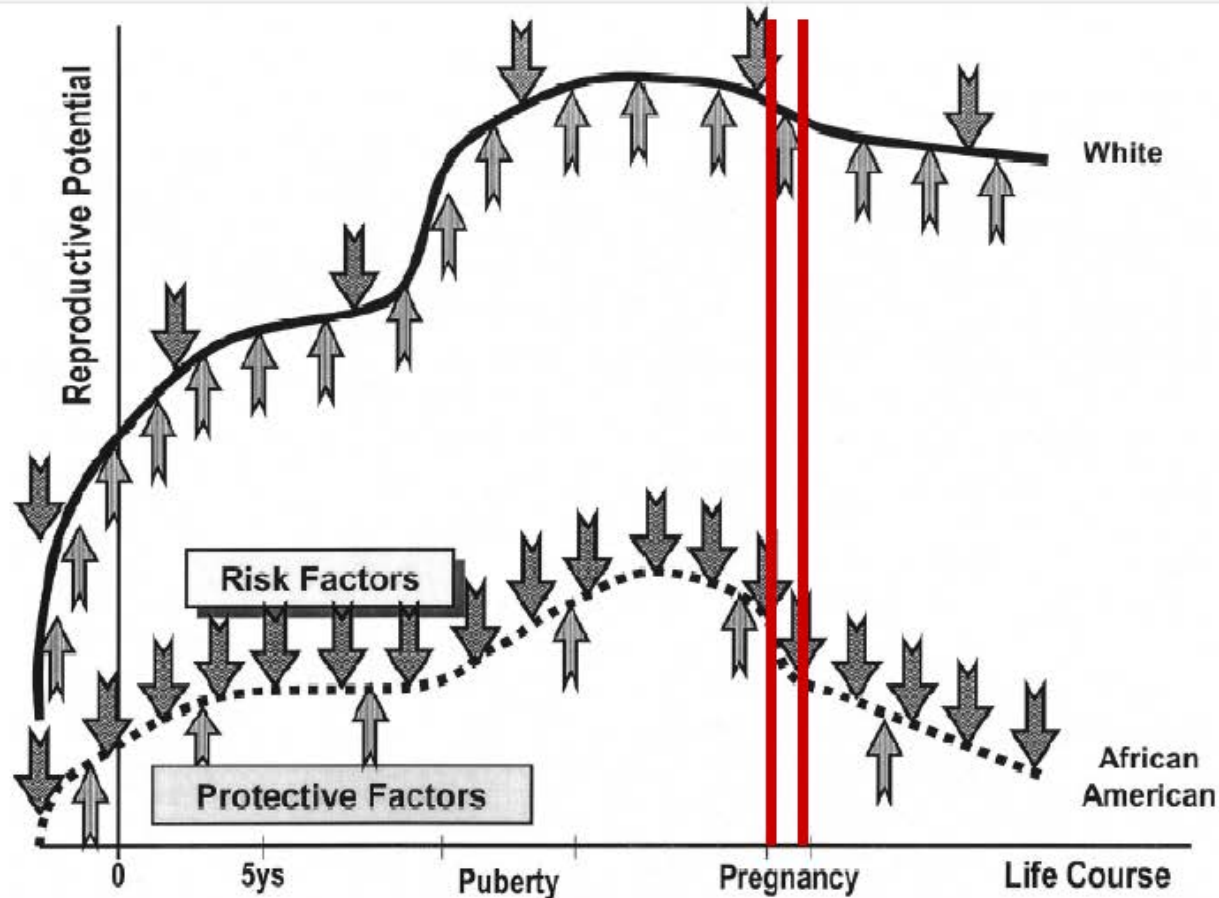


Laurel Omland

Director Child, Adolescent & Family Unit,
Department of Mental Health, AHS



Life Course Perspective

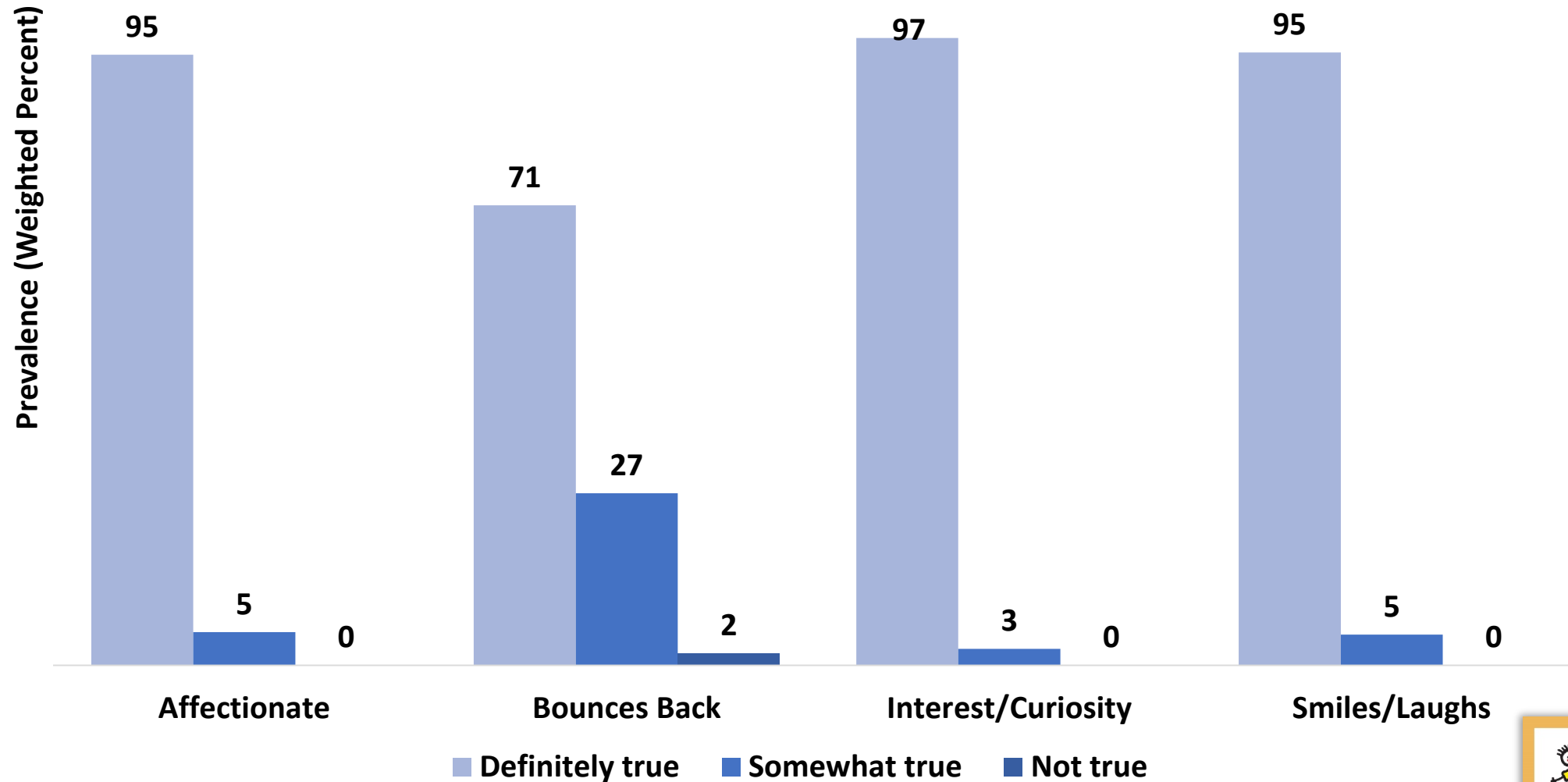


Lu MC, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Matern Child Health J.* 2003;7:13-30.

Consider that we can interpret toxic stress and adversity as influential risk factors in the potential an individual has across his / her lifetime

- Stress, adversity, and protective factors influence an individual's trajectory
- Disparities in stress / adversity and protective factors lead to different opportunities or life potential
- Different types of protective factors may be needed in different life stages

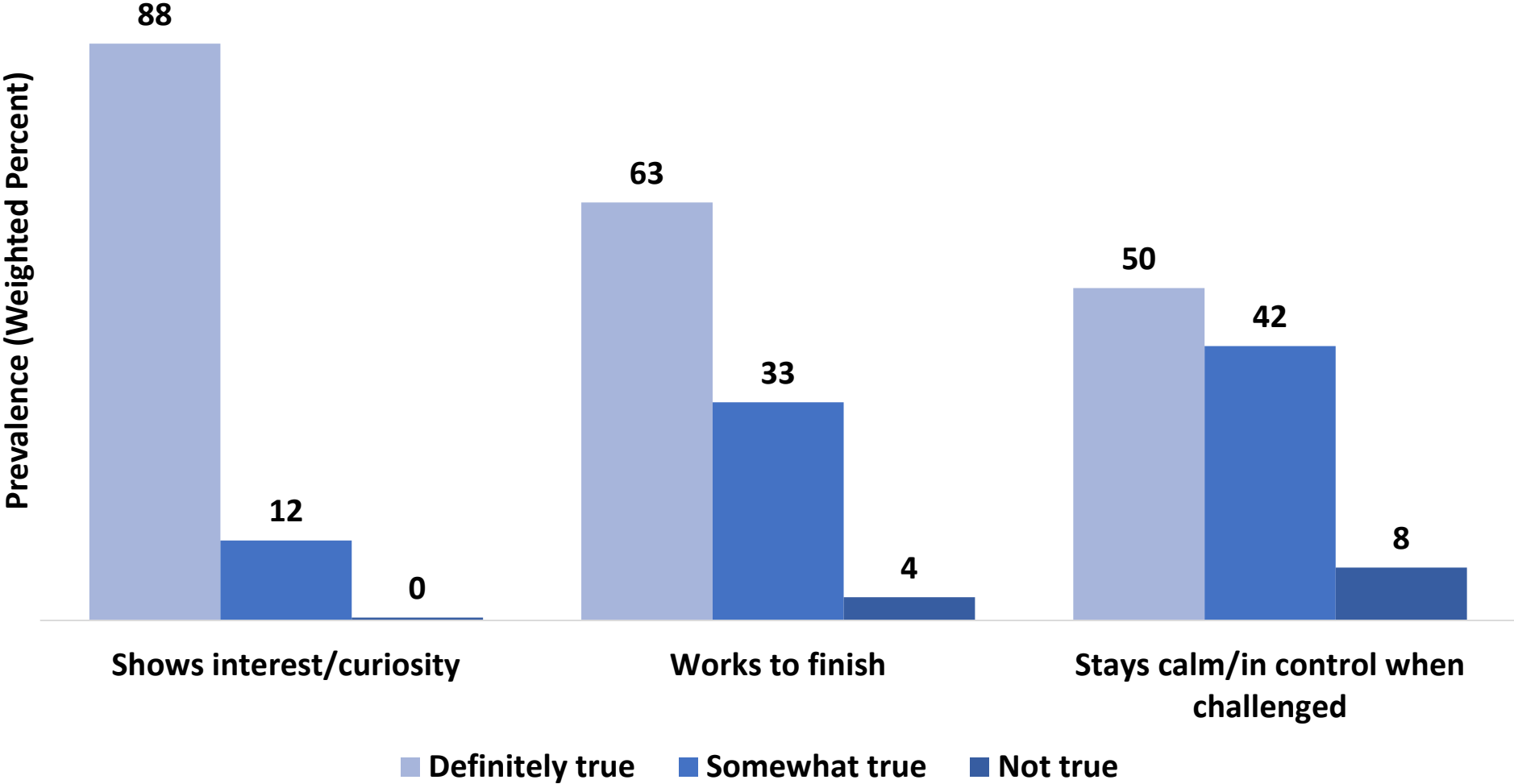
Flourishing / Resilience among Vermont Children, <1-5 years



Data Source: 2016 National Survey of Children's Health



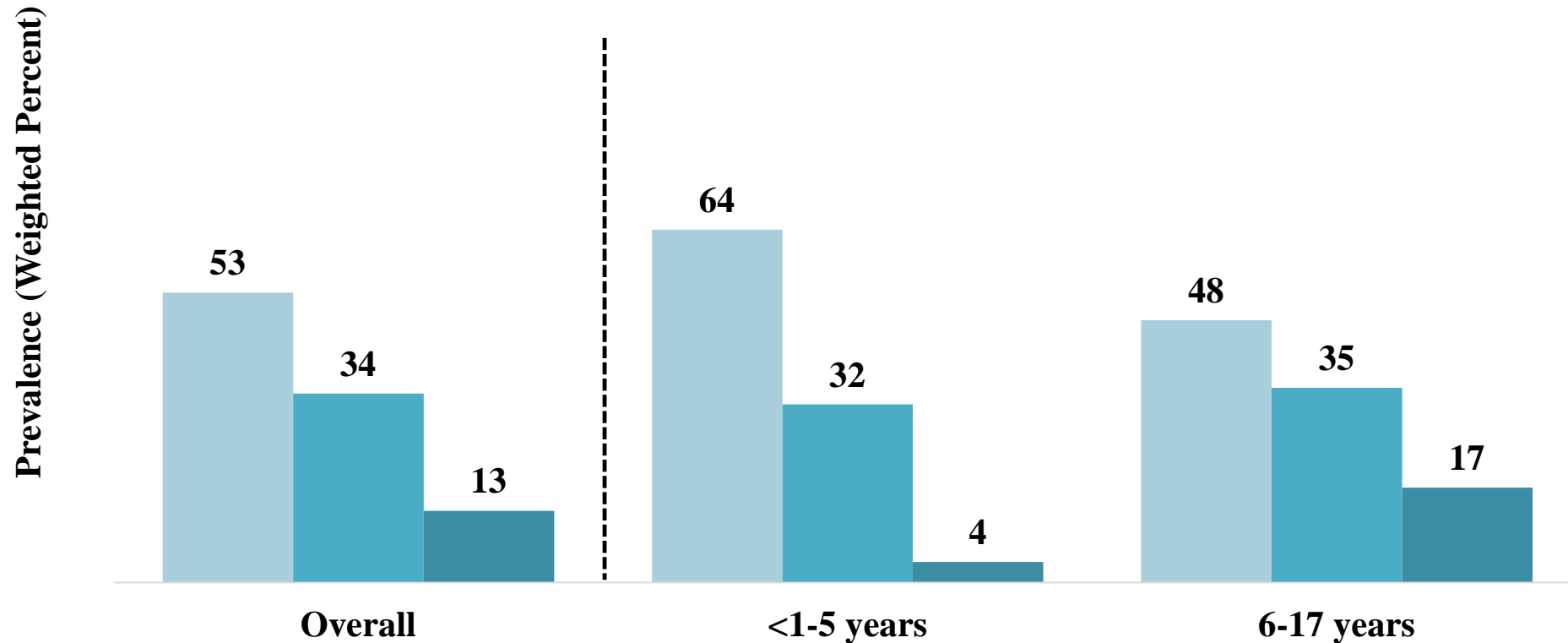
Flourishing / Resilience among Vermont Children, 6-17 years



Data Source: 2016 National Survey of Children’s Health



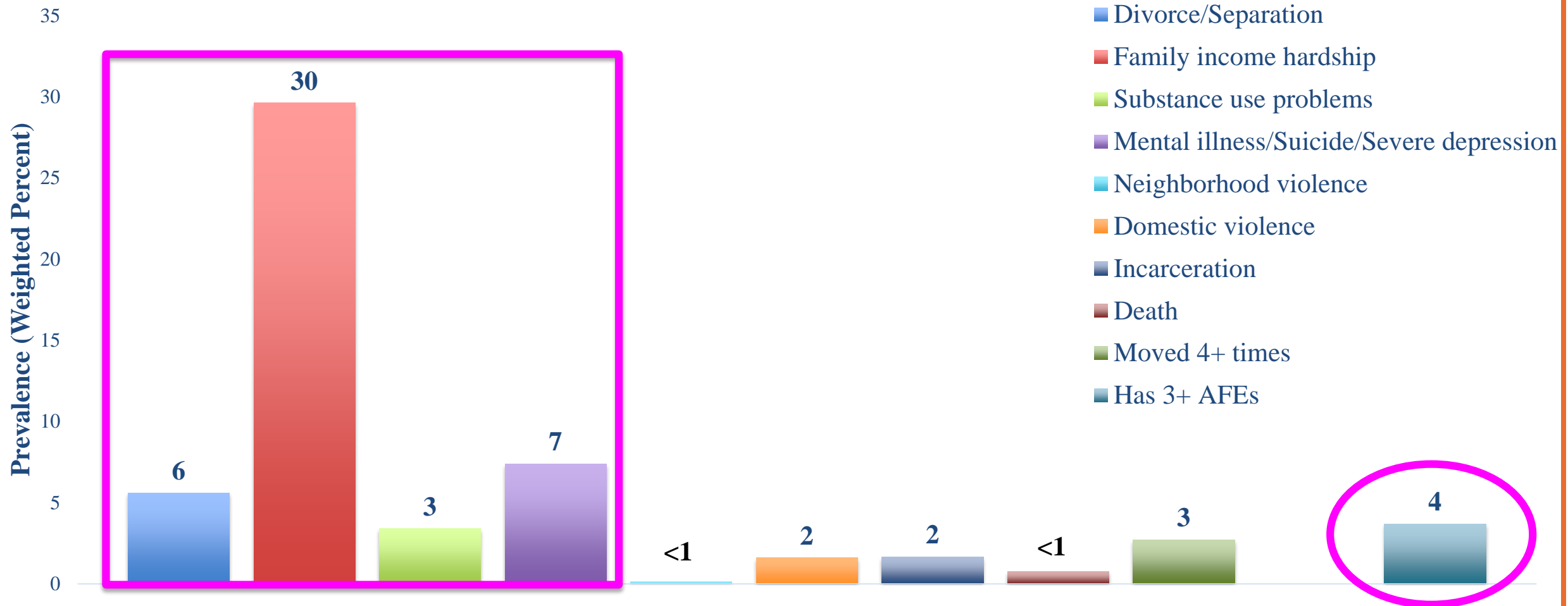
Adverse Family Experiences among Vermont Children, <1-17 years, by Age Group



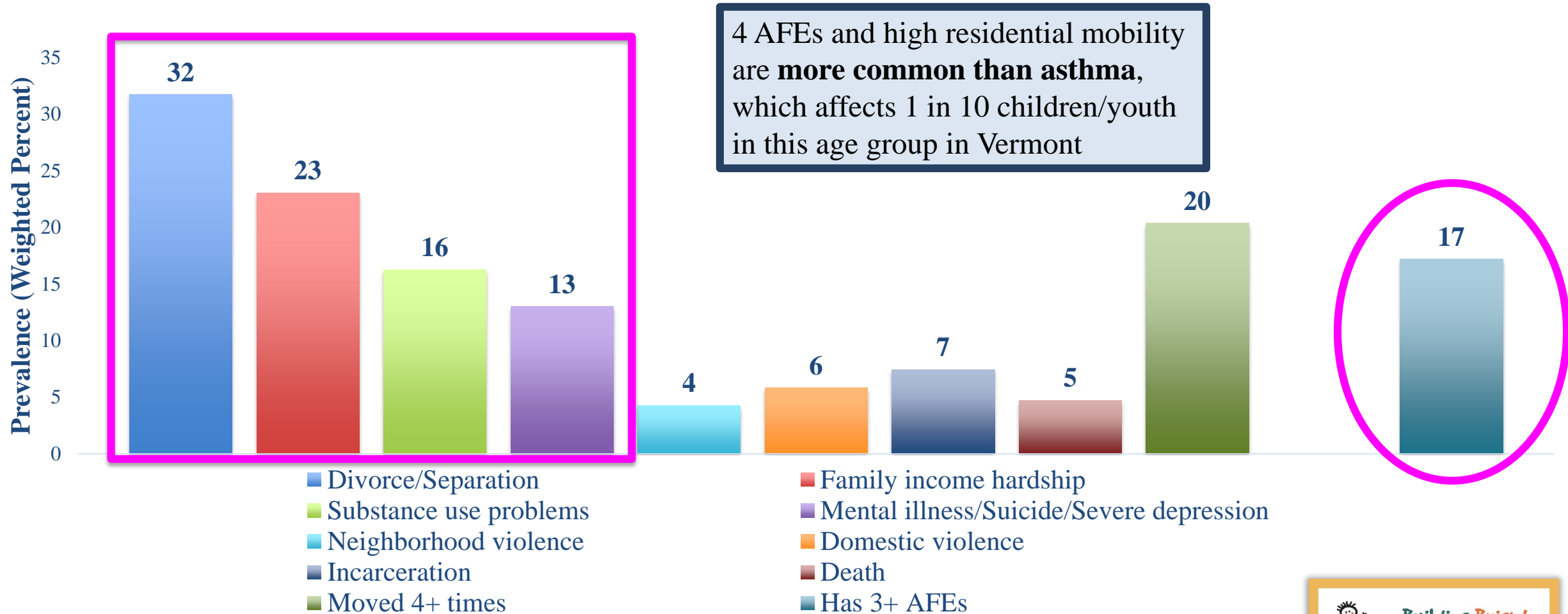
■ 0 Adverse Experiences ■ 1-2 Adverse Experiences ■ 3 or More Adverse Experiences



Burden of Adverse Family Experiences and Residential Mobility among Vermont Children <1-5 years

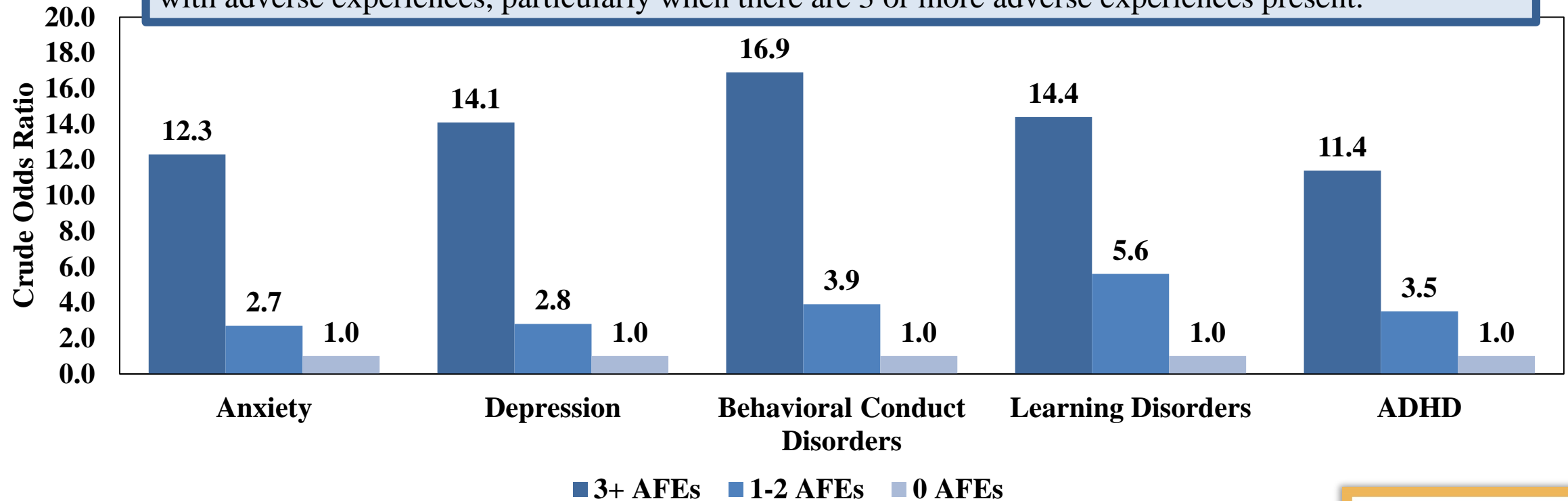


Burden of Adverse Family Experiences and Residential Mobility among Vermont Children & Youth 6-17 years,



Are Vermont children with adverse experiences at higher odds of having behavioral / emotional / mental health conditions compared to those with no adverse experiences?

Behavioral / emotional / mental health conditions and learning disorders are significantly associated with adverse experiences, particularly when there are 3 or more adverse experiences present.

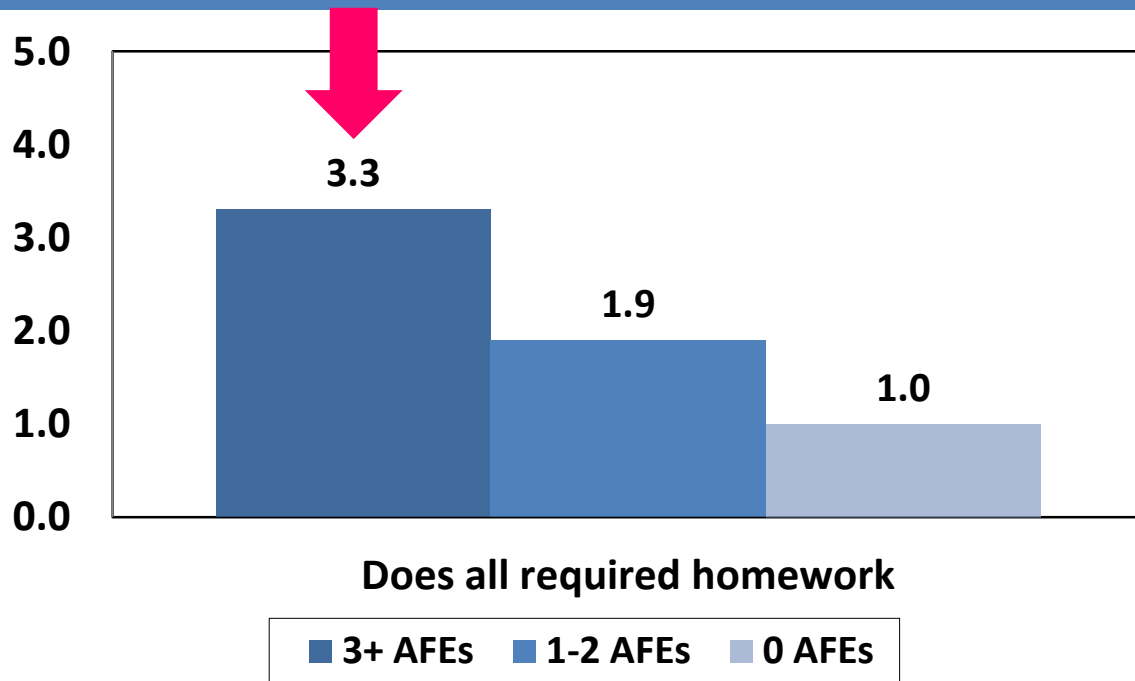


Kasehagen: Overview Toxic Stress / Adverse Experiences & Buffers / Assets

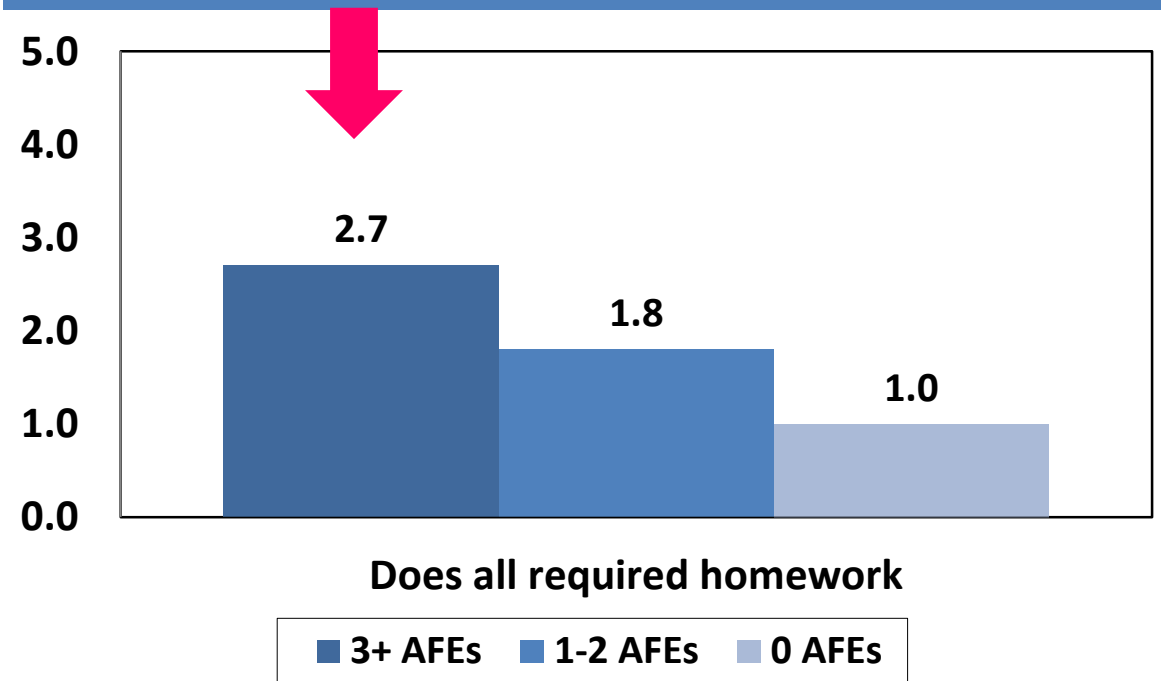


What are the odds of not doing all required homework for children 6-17 years with 3+ AFEs (compared to those with <3 AFEs)?

• Not taking into account resilience



• Taking into account resilience



Data Source: 2011-12 NSCH
* denotes statistical significance

As few as 1 or 2 adverse family experiences can have an impact on a child's engagement in school and their ability to complete all homework. **Resilience can moderate or buffer the negative effects of adversity.**

Current Efforts in Prevention, Early Intervention

Public Health Approach to Mental Health

Early Child and Family Mental Health

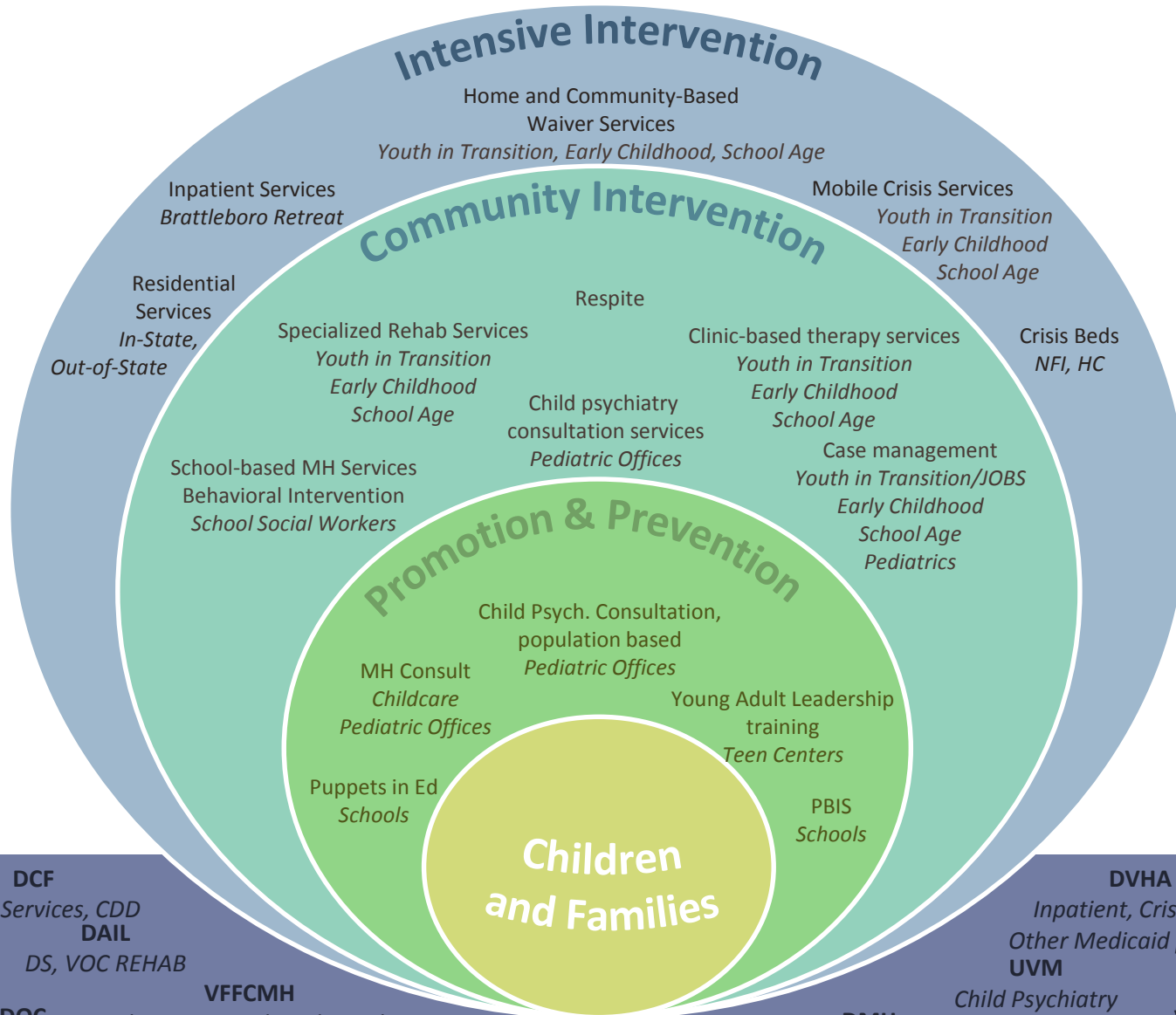
School Based Mental Health

Home Visiting: working with and addressing the needs of families

Integrated Primary Care and Mental Health



Children's Mental Health System of Care



Acronyms

Providers

- DA – Designated Agency
- DH – Designated Hospital
- HC – HowardCenter
- NFI – Northeastern Family Institute
- SSA – Specialized Service Agency

State Government

- AOE – Agency of Education
- DAIL – Dept. of Disabilities, Aging, and Independent Living
- DCF – Dept. for Children and Families
- DMH – Dept. of Mental Health
- DOC – Dept. of Corrections
- VDH – Dept. of Health
- ADAP – Alcohol Drug Abuse Programs at VDH
- EPI – Epidemiology at DMH/VDH
- MCH – Maternal Child Health at VDH

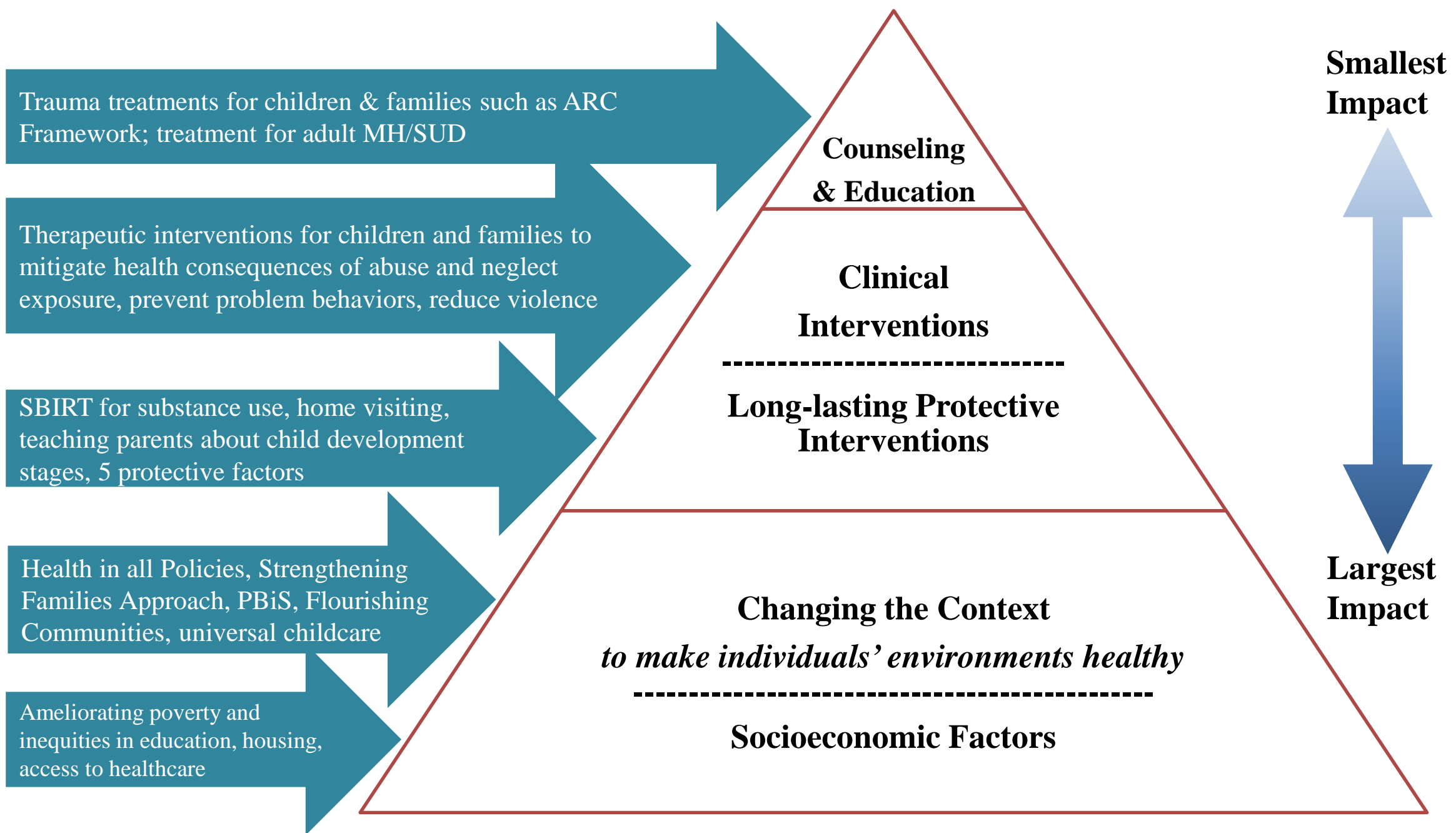
Partners and Programs

- PBIS – Positive Behavioral Intervention and Supports
- UVM – University of Vermont
- VCHIP – Vermont Child Improvement Project
- VFFCMH – Vermont Federation of Families for Children's Mental Health

Supported By

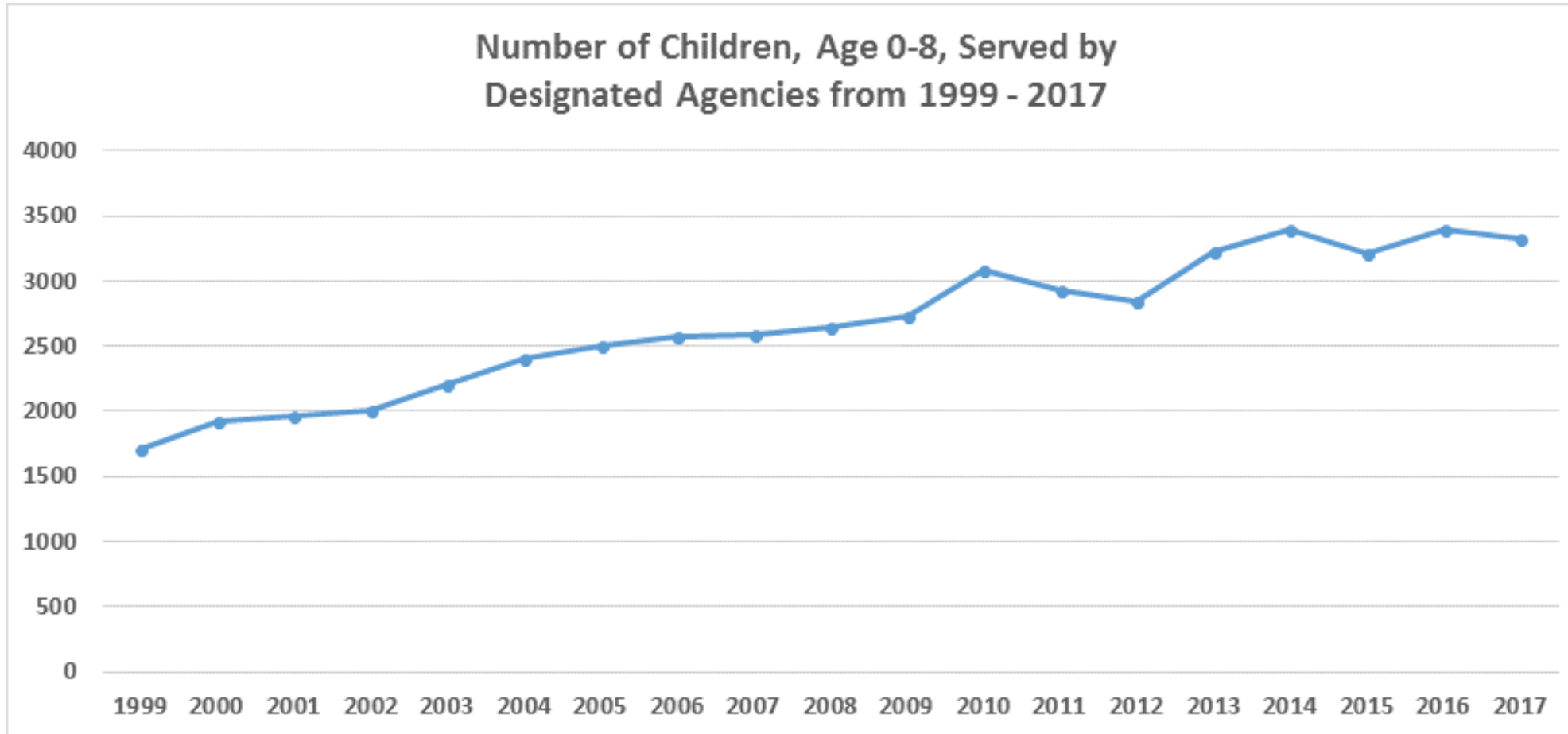
<p>DCF Family Services, CDD</p> <p>AOE LEAs</p> <p>DOC Services for YIT</p>	<p>DAIL DS, VOC REHAB</p> <p>VFFCMH Advocacy, Youth and Family Voice</p>	<p>DMH 10 DAs, 1 SSA, 1 DH</p>	<p>DVHA Inpatient, Crisis Beds Other Medicaid providers</p> <p>UVM Child Psychiatry Dept., VCHIP</p>	<p>VDH ADAP, EPI, MCH</p>
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Source: Adaptation of TR Frieden. A Framework for Public Health Action: The Health Impact Pyramid. Am J Public Health 2010; 100:590-591.

Early Childhood and Family Mental Health



This trend line shows the number of children, ages 0-8, served each year statewide from 1999 to 2017. There was a 33% increase in the number of children, ages 0-8, served since 2005



Early Childhood and Family Mental Health

- Multi-generational approach – child in context of family
- Intervention with families in their home, community, or at the DA office:
 - Parenting skills and stress management
 - Help establish routines, structure, behavioral plan (e.g. bed time, mornings, homework) in home
 - Psychoeducation on social/emotional/behavioral needs of child
 - Identify and coordinate other family needs, including MH/SUD/trauma treatment for adults
 - Play therapy, family therapy, couples therapy, trauma & attachment work with caregiver and child
- Consultation with early care and learning settings



9 Domains of Resilience

- Parent-child connections
- Structure
- Consequences
- Rights and responsibilities
- Safety and support
- Strong / key relationships
- A powerful identity
- A sense of control
- A sense of belonging and purpose



Source: Resilience Research Centre, 2014

Ungar M and Liebenberg L. Assessing resilience across cultures using mixed-methods: Construction of the Child and Youth Resilience Measure-28. *Journal of Mixed Methods Research* 2011; 5(2):126-149.

Liebenberg L, Ungar M, Van de Vijver FRR. Validation of the Child and Youth Resilience Measure-28 (CYRM-28) Among Canadian Youth with Complex Needs. *Research on Social Work Practice* 2012; 22(2), 219-226.

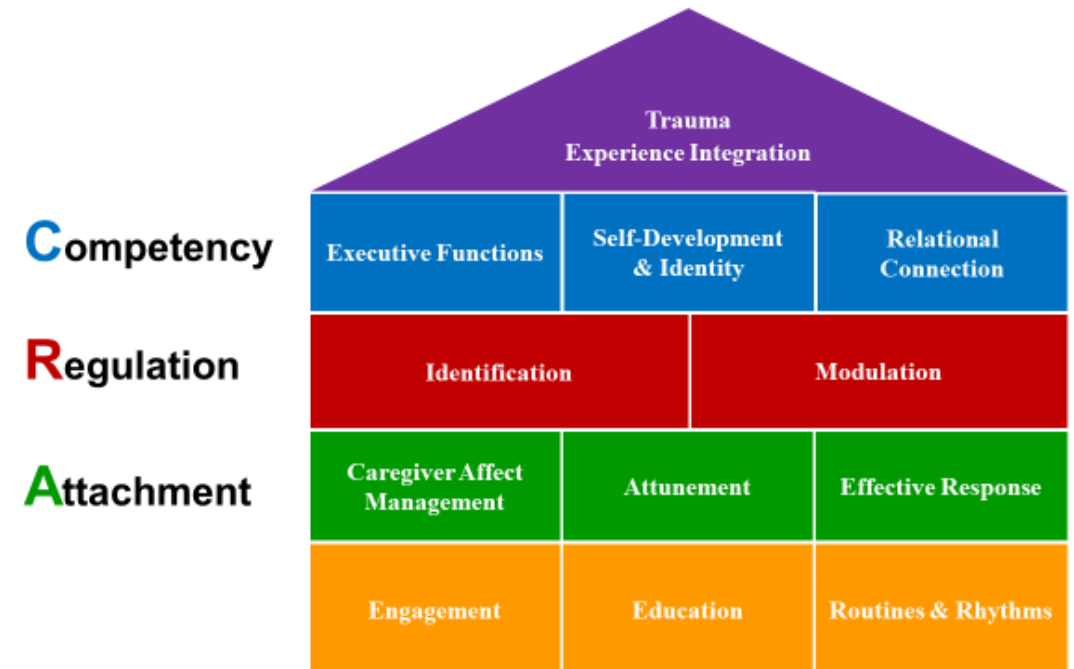


MH approaches for families: ARC, PCIT, CPP

Attachment, Regulation & Competency Framework

- Evidence-based approach for children who have experienced complex trauma, along with their caregiving systems
- Treatment approach and systems framework
- Grounded in normative childhood development, traumatic stress, attachment, and risk and resilience
- Clinicians & supervisors at all DAs/SSA trained in model; ARC trainers
 - NCTSN grant 2009-2012; sustained by champions of DA/SSAs and DMH

ARC Framework



Parent-child interaction therapy (PCIT)

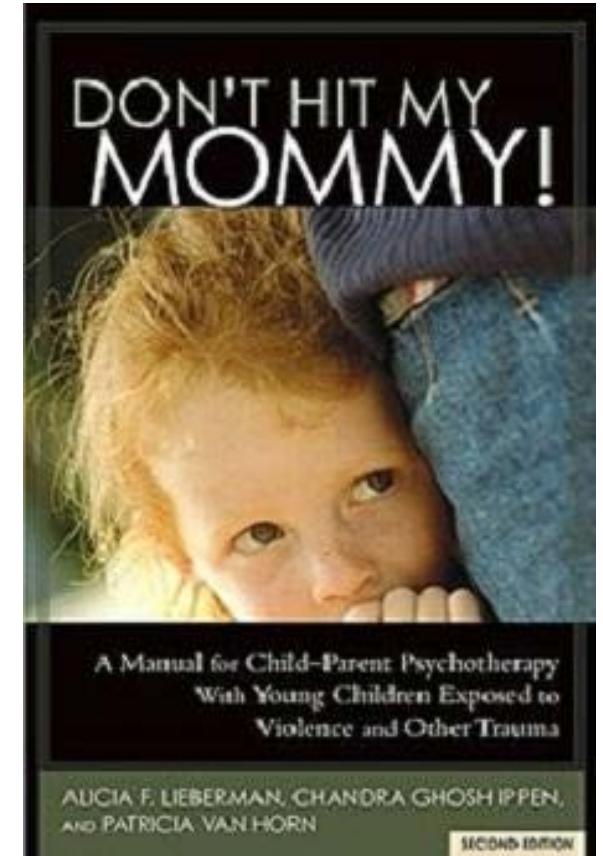


- Evidence-based treatment for young children with emotional and behavioral disorders
- Places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns
- Children and their caregivers are seen together in PCIT
- Most of the session time is spent coaching caregivers in the application of specific therapy skills
- Learning collaborative with 4 DAs
 - PCIT expert trainers from Boston
 - supported by funding from DMH, DCF-FSD, DCF/UVM grant



Child-Parent Psychotherapy (CPP)

- Evidence-based treatment for children age 0-5, who have experienced a trauma, and their caregivers
- Goal to support and strengthen the caregiver-child relationship to repair the child's sense of safety, attachment, and appropriate affect
- CPP learning collaborative with 4 DA/SSAs and Easter Seals
 - CPP expert trainers from Boston
 - supported by funding from DMH, DCF-FSD, DCF/UVM grant



Building Flourishing Communities initiative

- Founded on The Self-Healing Communities Model which provides a preventive, health-promotion approach, with more than 15 years of impressive outcomes and return-on-investment data
- Information saturation* for communities by Master Trainers on NEAR Sciences (neuroscience, epigenetics, ACEs, and resilience)
- Build community and family resilience
 - develop community capacity
 - inspire innovation across diverse groups of people
 - support local groups as they address the issues that are important to them
- Steering committee
- Need to identify a “backbone” agency

*Laura Porter, Self-Healing Communities



School-Based Mental Health

- *Success Beyond Six* is a funding mechanism that allows schools to provide Medicaid billable, school-based mental health services through direct contracts with their local mental health designated agencies
- SBMH Services fall into 3 categories:
 - School-based Clinician, Behavioral Intervention Programs, Autism Services
- Works at all levels of the triangle to address school climate, targeted supports and intensive intervention
- Currently working with DAs & AOE to restructure SBMH for most effective impacts
- Applied for SAMHSA Project AWARE SEA grant



Opportunities/Recommendations

- Sustain Building Flourishing Communities initiative
- Expand integrated MH and primary care
- Parenting skills across the age and acuity continuum
- MH consultation with early care & learning settings, schools, community partners on MH, trauma/resilience
- Success Beyond Six opportunities to provide MH support with early learning settings, to coordinate with other school personnel including SAP
- Expand Mobile Crisis capacity to meet the needs of children and families



Amy Fowler

Deputy Secretary, Agency of Education



Protective Factors Frameworks

Strengthening Families

1. Parental resilience
2. Social connections
3. Knowledge of parenting and child development
4. Concrete support in times of need
5. Social and emotional competence of children

Youth Thrive

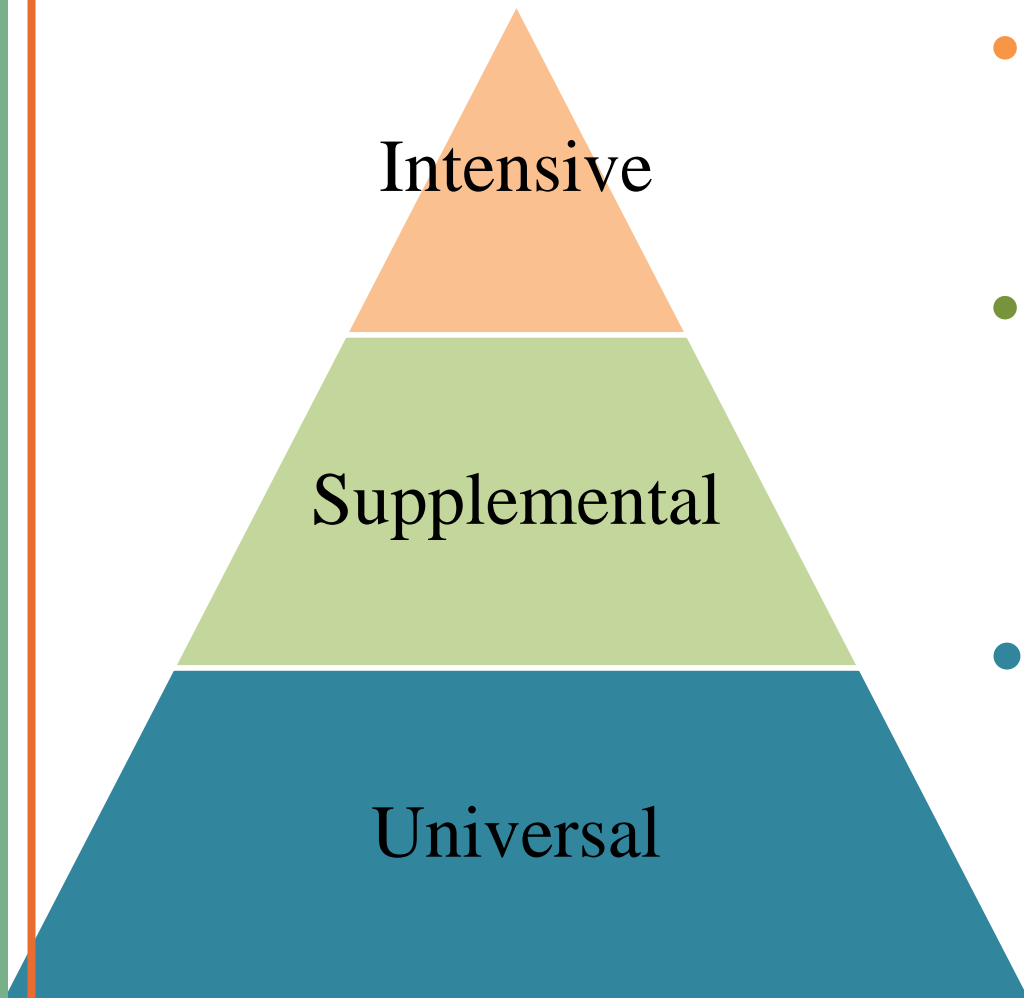
1. Youth resilience
2. Social connections
3. Knowledge of adolescent development
4. Concrete support in times of need
5. Cognitive and social-emotional competence



Early Multi-Tiered System of Support (Early-MTSS)

- Provides a **comprehensive, evidence-based and systematic framework** for developing readiness to adopt and implement high quality practices within early childhood settings.
- Promotes social, emotional and learning competence of each and every child
- Promotes a **sustainable system** that relies on qualified professionals and their expertise to implement the framework to fidelity
- Promotes young children's successful engagement in family, neighborhood, community and school
- Data based decision making and solution driven

MTSS and Early MTSS



- **Intensive**- In a very few number of situations and for a few students, intensive supports are needed for success.
- **Supplemental**- Some students, some of the time need extra practice or individual support. This is used for some students, some of the time.
- **Universal**- Experiences designed for all children to build social-emotional competence and academic knowledge. This works for most students, most of the time.

Vermont Early Learning Standards (VELS)

Developing Self	Approaches to Learning	Social and Emotional Development	Growing, Moving and Being Healthy
Communication & Expression	Language Development	Literacy Development	Creative Arts & Expression
Learning About the World	Mathematics	Science	Social Studies



Universal Promotion

Universal supports for all children through nurturing and responsive relationships and high quality environments. At the universal level we include the practices needed to ensure the promotion of the social development of all children.

- High Quality Environments
- Inclusive early care and education environments
- Supportive home environments
- Nurturing and Responsive Relationships
- Essential to healthy social development
- Includes relationships with children, families and team members



Secondary Prevention

Prevention represents practices that are targeted social emotional strategies to prevent problems. The prevention level includes the provision of targeted supports to children at risk of challenging behavior.

- Targeted social-emotional supports
- Explicit instruction and support
- Self-regulation, expressing and understanding emotions, developing social relationships and problem-solving



Tertiary Intervention

Intervention is comprised of practices related to individualized intensive interventions. These are needed to provide individualized and intensive interventions to the very small number of children with persistent challenges.

- Individualized Intensive Interventions
- Family-centered, comprehensive interventions
- Assessment-based
- Skill-building

Amy Fowler

Opportunities

1. Universality of Early MTSS and MTSS as an approach in childcare and educational settings.
2. Licensed educators are required to have professional development and training in trauma-aligned practice
3. Recent law changes to allow continuity of educational placement when state must take custody of children.

Recommendations

1. MTSS and Early MTSS rely on a coherent system- we are seeking solutions for stand-alone operators and misaligned jurisdictions.
2. Children educated in independent schools and home study receive all education services from unlicensed individuals.
3. Lack of clarity for school enrollment due to temporary guardianship.

Cheryl Huntley

Operations Director,
Children, Youth and Family
Services and Addiction
Recovery Services,
Counseling Services of
Addison County



- Working to integrate our care and treatment across children's and adults' services and programs, and promoting a full continuum of prevention and treatment is critical.
- Importance of a comprehensive and coordinated system; current gaps include
 - Insufficient family centered multi-generational strategies to meet the needs of the whole family
 - Knowledge gaps among services and treatment providers
 - Lack of coordination and integration between adult substance use treatment system, children's mental health
 - Lack of coordination, flexible funding & billing



Recommendations

- Each region to define an integrated, multi-generational System of Care for Families struggling with addiction.
- The defined Systems of Care need to address areas such as the following:
 - Family Involvement
 - Comprehensive adult and child service planning and coordination
 - Systems to address confidentiality and communication between providers
 - Trauma informed



Recommendations

- The defined Systems of Care need to address areas such as the following:
 - Non-judgmental approaches, and engagement strategies
 - Best practices and strategies such as co-located services, quality childcare, timely access to care for parents, parenting supports and addiction and mental health treatment.
 - Cross-training
 - Processes and responsibility in each region to review data, and address system strengths and gaps.





Q&A

