Who We Are | Our Charge

• Vermont’s early childhood statewide public-private partnership
• Designated Early Childhood Advisory Council to the governor and legislature
• Act 104 – Vermont statute that authorizes BBF’s role
• Backbone organization to the early childhood system, vehicle for collective impact
  – State Advisory Council
  – 12 Regional Councils
  – Early Childhood Action Plan
  – Vermont Insights
Collective Impact & Systems Building

- Collective Impact & Systems Building for positive social change

- Coordinated and collaborative work across public, private, business, philanthropy, non-profits and community members

- Build and align common vision, strategies, actions and accountability
Implementation Science

- Successful implementation best predicted by:
  - Community preparedness
  - High levels of leadership
  - Community/provider perceptions
  - Complexity of the model

- Implementation Gap
  - Interventions/models are NOT used with fidelity and good outcomes
  - What is used is not sustained for a useful period of time
  - What is used is not used on a scale sufficient to impact social problems
## Early Childhood Policy Priorities & Initiatives

### Priorities
- Addressing Adverse Childhood Experiences - Focus on protective factors and social & emotional wellness
- Substance Use & Opioid Epidemic: Impact on children and families

### Initiatives
- Substance Use & Opiate Task Force
- Substance Use Task Force – Chittenden Planning Project
• Impacts entire family system and puts children’s health and safety at risk

• Parental substance abuse recognized as a risk factor for child maltreatment and child welfare involvement

• Strong correlation between opioid addiction and traumatic experiences, early childhood adversity

• Contributes to ACES in young children, ACES contribute to the likelihood of substance abuse
BBF Substance Use & Opiate Task Force

- Gap in coordination and increased challenges in our current delivery system
  - Insufficient family centered/multigenerational services
  - Lack of coordination and integration include flexible funding and billing
  - Differences in practice approaches and perspectives
Key Data Findings

– Increase of young children in DCF custody: There has been a major increase in the rate of young children in DCF custody.

– **DCF Intake:** Between 2010 and 2015, substance abuse was the most frequent child abuse and neglect risk factor identified by reporters calling the Child Protection Line.

– **Health & Development:** Between 2008 and 2015, Vermont saw an overall increase in the rate of infants exposed to opioids.
Public Health Spectrum

- Promotion
- Universal
- Selective
- Indicated
- Case Identification
- Standard Treatment for Known Disorders
- Compliance with Long-term Treatment (Goal: Reduction in Relapse and Recurrence)
- After-care (including Rehabilitation)
**Task Force Recommendations**

1. Systems integration and care collaboration across adult and child systems
2. Multi-generational treatment services and family friendly care settings
3. Cross-training, cross-system information sharing and shared practices

**KEY STRATEGY** | Develop recommendations to address barriers to accessing treatment and support family engagement
Chittenden Planning Project

– Implementation of the recommendations in the BBF Task force recommendations

– Provide supports for both parents and children in order to prevent further adversity

– Addressing the issue:

  – Create a community of practice of adult and child serving organizations who will consider how to apply a multi-generational approach to integrate supports for parents and children

  – Strategically partner with Community Prevention Action Team of Chittenden Opioid Alliance (CCOA) to ensure a focus on promoting positive early childhood development experiences as prevention strategy
Q&A