



**Building Bright Futures**  
**Opioid Coordination Council**  
**Prevention Strategies Committee**

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# 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



# BBF Substance Use & Opiate Task Force

- 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



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## SUBSTANCE USE & OPIATE TASK FORCE

REPORT AND 2017 RECOMMENDATIONS



11/22/17

Report and 2017 Recommendations

# BBF Substance Use & Opiate Task Force



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- 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

## SUBSTANCE USE & OPIATE TASK FORCE

REPORT AND 2017 RECOMMENDATIONS

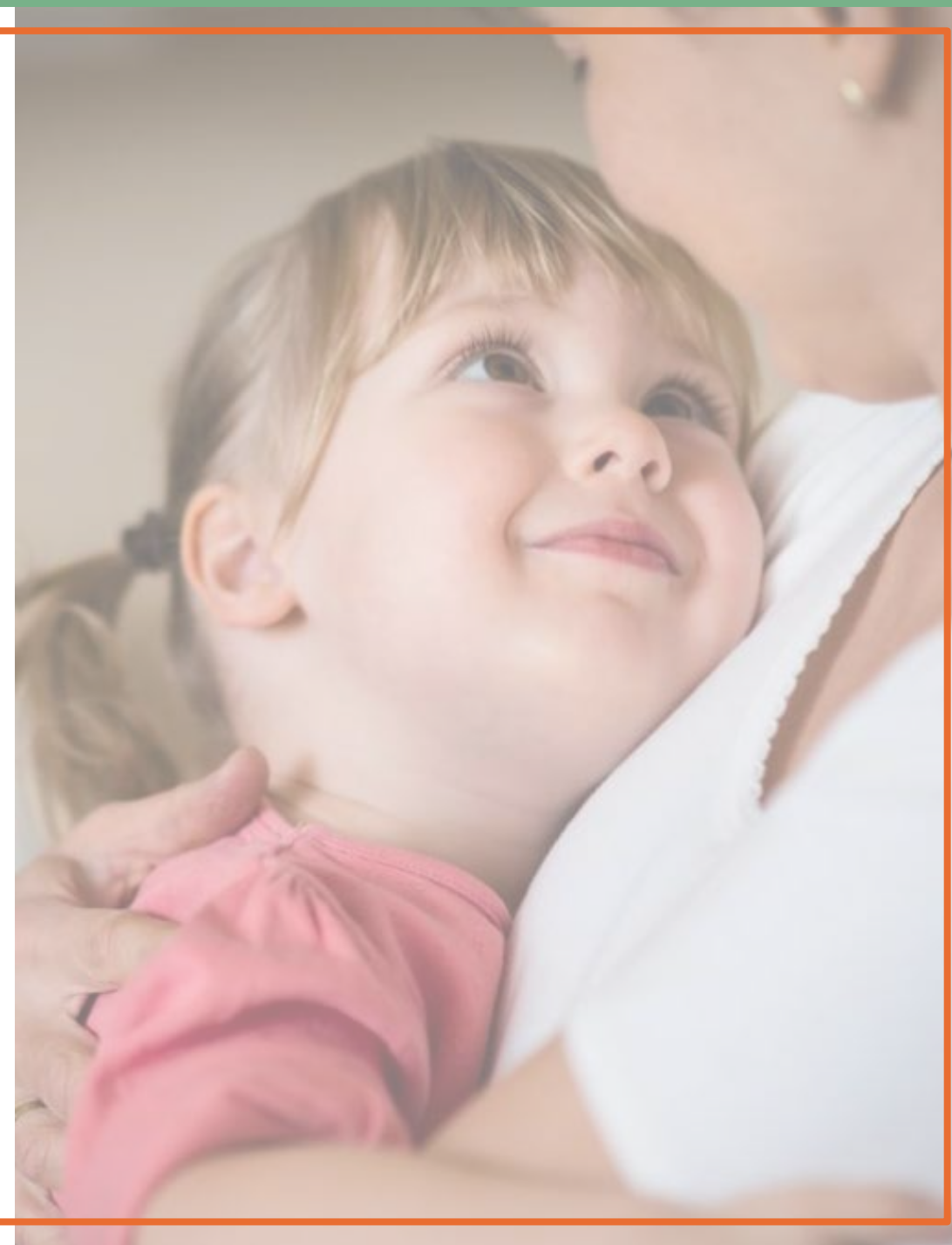


11/22/17

Report and 2017 Recommendations

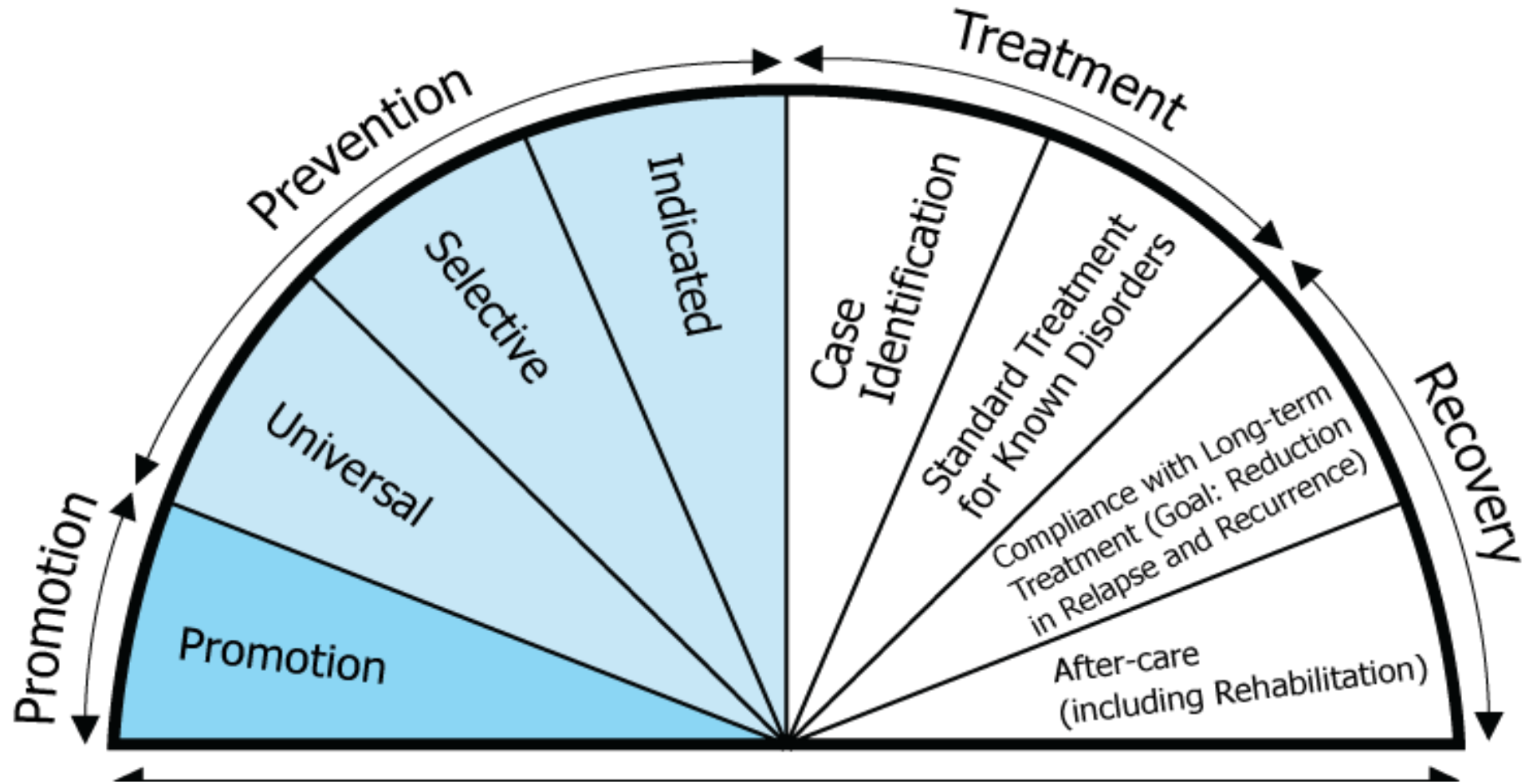
# Key Data Findings

- **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



## 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

