Vermont

ACEs Initiatives and Actions

As knowledge about the science of adverse childhood experiences (ACEs) spreads, ACEs initiatives have launched in all 50 U.S. states and the District of Columbia. Hundreds of cross-sector collaboratives are educating and engaging organizations and policymakers about ACEs science. In turn, these organizations are implementing trauma-informed and resilience-building practices and policies based on ACEs science; many legislatures are passing resolutions and/or bills.

Highlights

A 2013 conference hosted by the Agency of Human Services and featuring Dr. Vincent Felitti, co-investigator on the CDC-Kaiser Permanente ACE Study, was a turning point for the state. The presentation inspired Dr. George Till, a physician serving in the legislature, to introduce legislation related to ACEs and trauma in every session starting in 2014. Other members of the legislature have taken up the issue and a number of bills have been enacted. The group released its report in February 2018 and included support for four bills related to trauma. From the outset, state officials envisioned cross-sector, community-based initiatives to address ACEs and trauma around the state.

In 2017, the Agency of Human Services established Building Flourishing Communities, a statewide, community-based approach to preventing early childhood adversity and building resilience. THe ACE Interface training program was established in August 2017 with 26 trainers who have given more than 60 community presentations. (See January 2018 testimony before the Senate Health and Welfare Committee).

Northern Counties Health Care Inc./Resilience Collaborative Workgroup is a Collective Impact Initiative of the Caledonia-So. Essex Accountable Health Community.

State Initiative

Building Flourishing Communities

Local Initiatives

Northern Counties Health Care Inc./Resilience Collaborative Workgroup

Legislation

H.508, No. 43 — Establishes ACEs Working Group to analyze existing resources related to building resilience in early childhood and propose appropriate structures to serve children experiencing trauma.

H.578 — Related to Establishing the Coordinator of Trauma Informed Systems and the Childhood Trauma Tri-Branch Commission

S.261 — Related to Mitigating Trauma and Toxic Stress During Childhood by Strengthening Child and Family Resilience

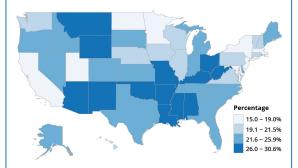
Find links and add your updates to all initiatives and legislation at www.bit.ly/ACEsInitiatives



21.7% USA

Percent of children with 2 or more ACEs

VT ranks 15th in the US for lowest percentage of children with ACEs scores of 2 or more.



CAHMI (Child & Adolescent Health Measurement Initiative) surveys parents or guardians about their children ages 0-17.

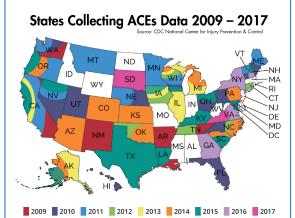
Percentage of children aged 0–17 yrs. who experienced two or more of the following:

- Hard to get by on income (somewhat or very often)
- · Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with alcohol or drug problem
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Often treated or judged unfairly due to race/ethnicity

Citation: Bethell, CD, Citation: Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017.

www.cahmi.org/projects/Adverse-childhood-experiences-aces

^{*} State Range: 15.0% - 30.6%



The ACEs module of Behavioral Risk Factor Surveillance Survey (BRFSS) data comes from interviews with adults about their experiences to age 18. BRFSS is sponsored by the CDC and other federal agencies.