

SYMPOSIA SERIES ON SUPPORTING HEALTHY EARLY BRAIN DEVELOPMENT SUMMARY OF FIRST MEETING

JUNE 19, 2014

On June 19, 2014, in its first symposium, the Steering Committee received invited testimony on initiatives to promote healthy early brain development in Wisconsin and other states.

Kevin Moore, Deputy Secretary, Department of Health Services (DHS), and member of the Child Abuse and Neglect Prevention Board, presented background information about the Adverse Childhood Experiences (ACE) Behavioral Risk Factor Study, and its findings on the long-term damaging consequences of ACEs. He noted that ACEs are the leading cause of health problems throughout the lifespan, and that DHS is working closely with the Wisconsin Children's Trust Fund (CTF) on prevention measures. He stated the original ACE study findings are supported by research on brain development and toxic stress, and that this research confirms a cause-effect relationship between ACEs and later health problems.

In response to questions from the committee, he described the six-month-old program "Care for Kids" in which the Department of Children and Families (DCF) is partnering with the children's hospital to combat ACEs and toxic stress in the lives of children by offering trauma-informed "wrap-around" care and services in southeast Wisconsin. Mr. Moore indicated that DHS is partnering with the Department of Public Instruction (DPI) and is working to garner federal resources, such as the Center for Medicare and Medicaid Services funds, for trauma-informed care and for obtaining further data on best practices.

Jennifer Jones, Interim Executive Director, CTF and Chair of the Child Abuse and Neglect Prevention Board's Legislative Committee, described the work of CTF, the state's leading child abuse and neglect prevention agency. She presented the most recent data from Wisconsin on the effects of ACEs on long-term outcomes and achievement. She described findings that ACE scores vary by race and income, and that high ACE scores correlate with high rates of suicide, mental health concerns, poor academic performance, and substance abuse. She discussed certain protective factors that research shows can buffer the negative outcomes related to childhood adversity: resiliency; trauma-informed care; and the presence of at least one competent and caring adult in a child's life.

In response to questions from the committee, Ms. Jones also explained the ACE master training program currently being implemented, including safe schools initiatives and providing training on ACE and trauma for school districts. In response to a question, she stated that there is a great deal more CTF could do towards child abuse and neglect prevention if the state invested more funds in this area.

Melissa Roberts, Legislative Liaison, Department of Corrections, discussed how ACE research has been integrated into four key priority efforts driving practices, policies, and prevention in Wisconsin. The four priority areas are to increase public awareness of ACE study findings, address co-occurrence of ACEs among children of incarcerated parents,

expand the knowledge and use of ACE data within Medicaid/BadgerCare, and enhance ACE related data in Wisconsin. She also gave an overview of relevant research and policy across the Midwest and in certain other states.

Ms. Roberts presented policy recommendations designed to prevent the accumulation of multiple ACEs due to the cumulative negative effects of these adverse experiences. These recommendations included: investing more in prevention strategies, such as Project GAIN in Milwaukee, Wisconsin's Community Response Program, and the Positive Community Norms Statewide Initiative; making Medicaid policy changes, such as a benefits package specifically for individuals with ACEs and trauma, and reimbursement for evidence-based prevention initiatives; designing and piloting prevention and intervention strategies with children and parents involved in Corrections; and investing in research on resilience.

Dr. Seth Pollak, Professor of Psychology, Anthropology, Pediatrics and Public Affairs, University of Wisconsin-Madison, described his research on the effects of child abuse, neglect, stress, and poverty on early brain development in at-risk populations. He described the biomechanical effects of adverse experiences or poverty in childhood on cognitive functioning and on long-term negative health outcomes. He described the "how and why" of long-term biological changes caused to humans by toxic stress. He detailed recent discoveries about the epigenetic mechanisms by which early exposure to prolonged stress and adverse experiences affect the growth rate of the brain, interfere with the regulatory ability of the frontal lobe, delay the development of the orbitofrontal cortex, and impair the growth of the prefrontal cortex. He stated that the data indicates these neurological changes cause poor performance on executive function tasks, and raise the long-term risks of developing anxiety, depression, drug abuse, sexual behavior problems, and other health concerns. Dr. Pollak also explained his findings that chronic stress, such as that which results from experiencing neglect as a child, increases cortisol and decreases oxytocin in the bodies of children, and that these hormonal imbalances damage brain development and function.

Lana Nenide, Associate Director, Wisconsin Alliance for Infant Mental Health, spoke about programs and initiatives currently in place in the state that are intended to positively influence early brain development, and touched on relevant policy initiatives implemented in other states. She discussed the emphasis in the field of infant mental health on the importance of supportive early relationships to children's social and emotional development, including the emergence of self-regulation. She described the Pyramid Model, an evidence-based, cross-systems prevention and intervention framework providing a variety of training modules and home visit services. She explained initiatives in other states to achieve "continuity of care," or the policy of assigning a primary infant care teacher to an infant from the time the child enters child care until the child is three years old or leaves the program.

Ms. Nenide then discussed Early Childhood Mental Health Consultation, a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with early childhood mental health expertise and one or more individuals with other areas of expertise. Ms. Nenide recommended that Wisconsin

build, fund, and support a statewide network of qualified early childhood mental health consultants.

Leslie McAllister, Home Visiting Coordinator, and **Tom Hinds**, Home Visiting Performance Analyst, DCF, provided an overview of home visiting programs administered by DCF and DHS in Wisconsin. The Family Foundations Comprehensive Home Visiting Program funds 14 evidence-based home visiting programs operating in 15 counties and four tribal communities. Ms. McAllister described the typical visit activities conducted during weekly home visits by nurses, social workers, or paraprofessionals. She noted that screening and assessment is a recent emphasis when training home visit staff. She discussed the funding history of home visiting programs, including federal resources like TANF grant funds, and associated federal requirements and expectations with regard to use of proven evidence-based models for home visiting. She then explained how these requirements for evidence of effectiveness shape the program components of specific programs, such as Healthy Families America. Mr. Hinds explained the federal benchmark plan, including measures of improved outcomes, required data collection, and reporting requirements. He discussed the coordination done by the agencies to track various statistics, including the numbers of children in these programs who experience abuse and neglect. In response to a question, he stated that the agencies are working on identifying efficiencies and providing supports for home visit staff to reduce the time spent on paperwork and data collection.

Lilly Irvin-Vitela, Executive Director, Wisconsin Head Start Association, explained the intervention services provided by her agency to families and children around the state. Early Head Start and Head Start programs support developmentally appropriate practices which promote child growth and school readiness with tools, such as Early Childhood Environmental Rating Scales, Infant and Toddler Environmental Rating Scales, and the Classroom Assessment Scoring System. She discussed federal and local funding, infrastructure, participation rates and numbers of individuals served, and costs per child for these programs. She then summarized the data on improved outcomes for children and families involved in Head Start programs.

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