





P. MICHAEL STURLA, CHAIRMAN
414 MAIN CAPITOL BUILDING
P.O. BOX 202096
HARRISBURG, PENNSYLVANIA 17120-2096
(717) 787-3555
FAX: (717) 705-1923



HOUSE DEMOCRATIC POLICY COMMITTEE

WEBSITE: www.pahouse.com/policycommittee
EMAIL: policy@pahouse.net
    @PADemPolicy

House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
Topic: Adverse Childhood Experiences
Propel Northside Community Wellness Center – Pittsburgh, PA
October 9, 2019

AGENDA

- 10:00 a.m. Welcome and Opening Remarks
- 10:10 a.m. Dr. Judy Cameron
Director of Pitt Science Outreach
Professor of Psychiatry
University of Pittsburgh
- 10:20 a.m. *Questions & Answers*
- 10:40 a.m. Tracey Campanini
Deputy Secretary
Office of Childhood Development & Early Learning
Pennsylvania Department of Human Services
- 10:50 a.m. *Questions & Answers*
- 11:10 a.m. Dr. Tina Chekan
CEO/Superintendent
Propel Schools
- 11:20 a.m. *Questions & Answers*
- 11:40 a.m. Closing Remarks

STRESS & EARLY BRAIN GROWTH

Understanding Adverse Childhood Experiences (ACEs)

What are ACEs?

ACEs are serious childhood traumas -- a list is shown below -- that result in toxic stress that can harm a child's brain. This toxic stress may prevent a child from learning, from playing in a healthy way with other children, and can result in long-term health problems.

Adverse Childhood Experiences can include:

1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional neglect
5. Physical neglect
6. Mother treated violently
7. Household substance abuse
8. Household mental illness
9. Parental separation or divorce
10. Incarcerated household member
11. Bullying (by another child or adult)
12. Witnessing violence outside the home
13. Witness a brother or sister being abused
14. Racism, sexism, or any other form of discrimination
15. Being homeless
16. Natural disasters and war

Exposure to childhood ACEs can increase the risk of:

- Adolescent pregnancy
- Alcoholism and alcohol abuse
- Depression
- Illicit drug use
- Heart disease
- Liver disease
- Multiple sexual partners
- Intimate partner violence
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies

How do ACEs affect health?

Through stress. Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.

Reduces the ability to respond, learn, or figure things out, which can result in problems in school.

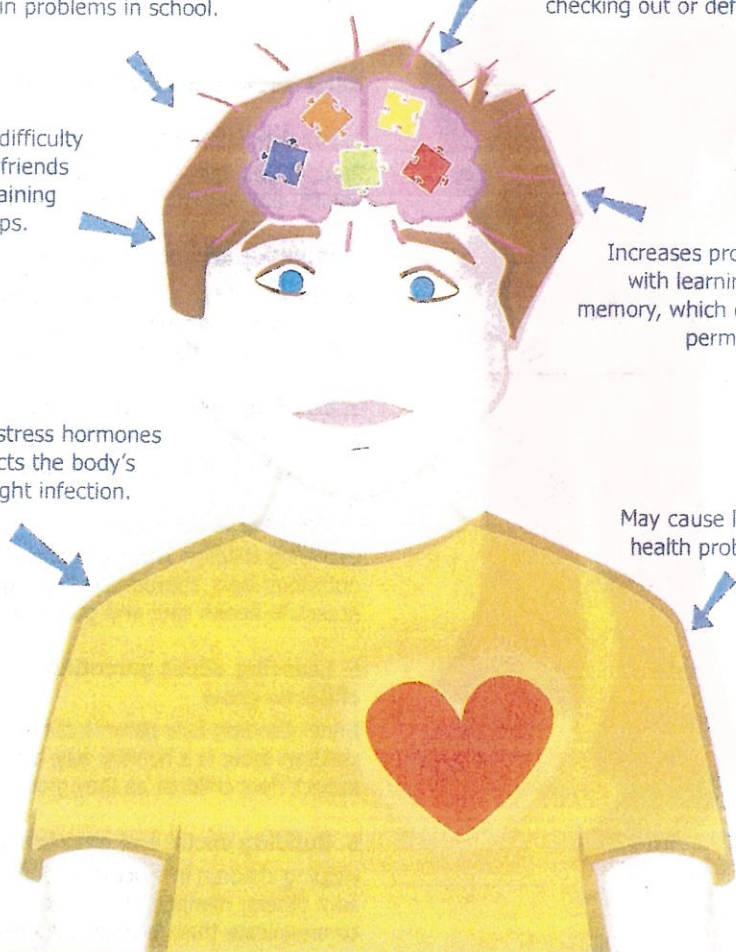
Lowers tolerance for stress, which can result in behaviors such as fighting, checking out or defiance.

Increases difficulty in making friends and maintaining relationships.

Increases problems with learning and memory, which can be permanent.

Increases stress hormones which affects the body's ability to fight infection.

May cause lasting health problems.



A Survival Mode Response to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
"I can't hear you! I can't respond to you! I am just trying to be safe!"

The good news is resilience can bring back health and hope!

What is Resilience?

Resilience is the ability to return to being healthy and hopeful after bad things happen. Research shows that if parents provide a safe environment for their children and teach them how to be resilient, that helps reduce the effects of ACEs.

Resilience trumps ACEs!

Parents, teachers and caregivers can help children by:

- Gaining an understanding of ACEs
- Helping children identify feelings and manage emotions
- Creating safe physical and emotional environments at home, in school, and in neighborhoods

What does resilience look like?

1. Having resilient parents

Parents who know how to solve problems, who have healthy relationships with other adults, and who build healthy relationships with their children.

2. Building attachment and nurturing relationships

Adults who listen and respond patiently to a child in a supportive way, and pay attention to a child's physical and emotional needs.

3. Building social connections

Having family, friends and/or neighbors who support, help and listen to children.

4. Meeting basic needs

Providing children with safe housing, nutritious food, appropriate clothing, and access to health care and good education.

5. Learning about parenting and how children grow

Understanding how parents can help their children grow in a healthy way, and what to expect from children as they grow.

6. Building social and emotional skills

Helping children interact in a healthy way with others, manage their emotions and communicate their feelings and needs.

Resources:

ACES 101

<http://acestoohigh.com/aces-101/>

Triple-P Parenting

www.triplep-parenting.net/glo-en/home/

Resilience Trumps ACEs

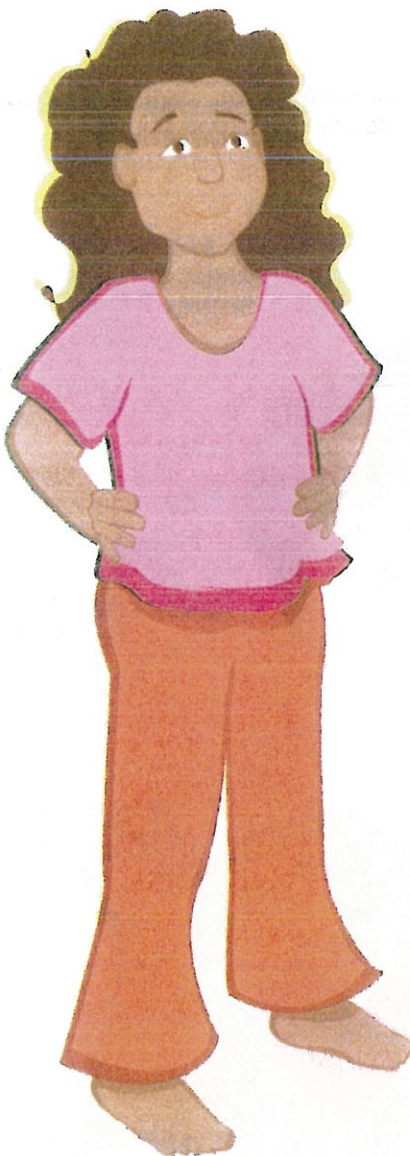
www.resiliencetrumpsACEs.org

CDC-Kaiser Adverse Childhood Experiences Study

www.cdc.gov/violenceprevention/acestudy/

Zero to Three Guides for Parents

<http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/>



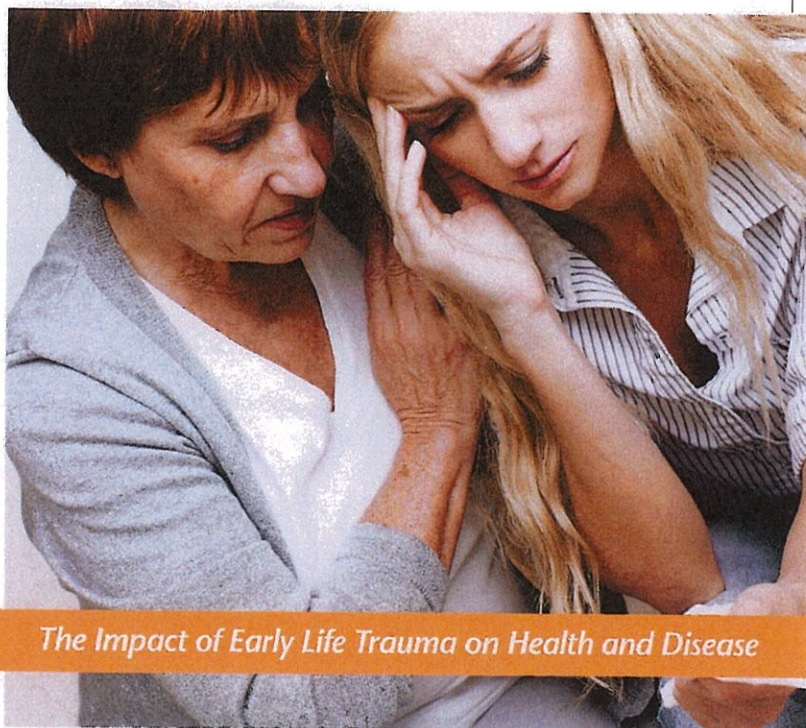
What do I do now?

Resources and Building Resilience

ACE

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18.



The Impact of Early Life Trauma on Health and Disease

The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and well-being later in life.

Experiences in Childhood Shape Our Lives

Once you know your child's ACE score and understand its implications, you can be assured that there are resources to help you begin to improve you and your child's life.

By using the coping skills below, you can begin to break the cycle of ACEs in your family.

As medical providers, we encourage you to:

Ask for Help: talk to a trusted friend or someone in your family.

Build Resilience: Learn to take care of yourself, so that you can take care of others.

Build Social Connections: Building trust relationships with others; strengthen your social network.

Develop a positive Attitude: Find and focus on the good in every day.

Maintain Concrete Support in Times of

Need: Make sure your basic food, clothing and shelter needs are met. Once they are met, you can focus on your family and your health. (2-1-1 is a local resource that can help your patients access the basics).

Preserve Social and Emotional Well Being:

Identify and understand your feelings and emotions in order to express them in a healthy way.

Learn to recognize ACEs and understand the importance of preventing ACEs from occurring in your children's lives. Visit: www.buncombeaces.org and www.YouFindServices.org to locate more resources.

BuncombeACEs.org | Know Your Number. Invest in the Solution.

Adverse Childhood Experiences

Tracey Campanini

Deputy Secretary

Office of Child Development and Early Learning

House Democratic Policy Committee

October 9, 2019



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Good afternoon. I am Tracey Campanini, Deputy Secretary of the Office of Child Development and Early Learning at the Pennsylvania Department of Human Services. Thank you for inviting us here today to discuss some of the opportunities that the Departments of Education and Human Services, through the Office of Child Development and Early Learning, are implementing to mitigate Adverse Childhood Experiences.

The Office of Child Development and Early Learning, OCDEL, is a dual deputation, shared between the Department of Education and the Department of Human Services. OCDEL has oversight and authority over the majority of child-serving initiatives in Pennsylvania and collaborates with other state agency offices.

Adverse Childhood Experiences, or ACE's, is the term used to describe types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18. These experiences are typically bucketed into ten categories and are based on research conducted by the CDC and Kaiser Permanente that took place from 1995 to 1997. This study of childhood abuse, neglect and household challenges linked these experiences with later-life health and well-being. While these experiences occur prior to children reaching 18, they have the potential to have long-lasting impacts on brain development, health and work productivity. Experts in the field of child trauma convey that one of the biggest determinants for future resiliency is the presence of nurturing and supportive adult relationships in one's family and community. I am here today to share with you some of the efforts our office implements that support resiliency for children and families that have had adverse experiences.

Child Care Works (CCW) is Pennsylvania's subsidized child care program which provides financial support for child care to low income working families. Keystone STARS is Pennsylvania's quality rating and improvement system which works to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. OCDEL is working to increase the number of seats available for vulnerable children to be served in high-quality child care. Strategies we use to support improving child care quality include direct coaching, professional development, and additional payments to the daily base subsidy rate for those child care programs operating at a higher quality level. These additional payments are intended to offset increased costs for staff to obtain education and training to increase their qualifications; implementation of policies to reduce suspension and expulsion of children experiencing challenging behaviors; increased family engagement and deepening connections with their community which are all part of the Keystone STARS requirements.

Our Keystone STARS quality rating system has four levels of designation. STAR 3 and 4 are considered high-quality. As of September 30, 2019, almost 125,000 children from more than 70,600 families participated in CCW. Of that number, more than 56,650 children are in high quality child care; almost 45 percent of children.

Pennsylvania supports child care through the implementation of the Infant Early Childhood Mental Health Consultation (IECMH) model, making professionals are available to support child care referrals for children experiencing challenging behavior. The IECMH consultants provide education and resources to support and enhance nurturing and responsive relationships in the classroom. With parental support, the consultants also conduct developmental screenings and link families to other community resources, such as Early Intervention and behavioral health services. In Fiscal Year 2018-2019, the IECMH Consultation Project served 523 children in 321 facilities across 49 counties. IECMH is targeted by request to a specific child, however, all children in the classroom benefit. The additional number of

children who indirectly benefit is estimated at 7,845 children, and an estimated 1,300 early childhood educators also benefit from the IECMH program.

OCDEL has a partnership with the Department of Corrections which allows us to include resource and referral information about early learning programs in family waiting rooms inside state correctional facilities. In August 2019, we offered a training to parole officers providing them with short overviews of many of the early childhood and family resources to support reentrants as they integrate back into parenting. This included overviews and materials from the Early Learning Resource Centers, the 211 system, and family programs at community libraries. The event also highlighted infant/toddler brain development, the impact of ACE's, and a presentation on Simple Interactions. Simple Interactions is a module that highlights the impact that all relatives and community members have on young children.

Pennsylvania invests federal and state funds to support Family Supports Programming which includes parenting programs, evidence-based home visiting, and fatherhood programs. Since 2014-15, state support increased \$20 million or 165 percent to serve an additional 4,000 families. Home Visiting is currently funded at \$31.736 million and is serving 9,300 families statewide. Recent initiatives expanded evidence-based home visiting with a focus on areas hit hardest by the opioid epidemic.

Additionally, almost 3,000 families are participating in parenting programs through the Children's Trust Fund. The mission of the Pennsylvania Children's Trust Fund (CTF) is to prevent child abuse and neglect in Pennsylvania. To do this, the CTF Board of Directors, in partnership with OCDEL, funds community-based primary and secondary child abuse prevention programs that support families. Funds for three-year competitive grants are generated from a \$10 surcharge on marriage licenses and divorce complaints.

The Wolf administration has implemented policies and procedures to ensure very young children are being screened. Children whose families are experiencing homelessness, children who have elevated levels of lead, prenatal substance exposure, low-birth weight, or are premature, or children in foster care are referred to and followed up with by Early Intervention. Approximately 1.5 percent of children birth to three are being monitored. Children experiencing these adverse impacts enter a monitoring process through their 3rd birthday, called "Infant and Toddler Tracking," to ensure they do not experience delays in development. In 2018-19, more than 6,900 young children were monitored through the tracking system, and OCDEL ultimately served approximately 42,700 children (birth to three) who were eligible for Early Intervention.

Recognizing the critical role families play in supporting their children's healthy development, Pennsylvania is engaged with the Strengthening Families™ approach promoting protective factors across all early childhood programs by making professional development and resources available. Strengthening Families™ is an approach to working with families that builds upon family strengths, rather than focusing on deficits. It is not a curriculum or a program, but instead offers a framework of five research-based protective factors that give parents what they need to parent effectively. When these protective factors are robustly applied in families, the likelihood of child abuse and neglect is reduced. This approach benefits all families, not just those experiencing stress.¹ The Strengthening Families™ Protective Factors are: Parental Resilience, Social Connections, Knowledge of Parenting and

¹ <http://www.pa-strengthening-families.org/>

HOUSE DEMOCRATIC POLICY COMMITTEE ROUNDTABLE

Topic: Adverse Childhood Experiences

October 9, 2019

Dr. Tina Chekan

Propel Schools CEO/Superintendent

Good morning. I'd like to first thank Representative Jake Wheatley and the House Democratic Policy Committee for holding this very important discussion here at Propel Northside Community Wellness Center. This topic is a crucial one for society as a whole and specifically for schools. At each of our 13 Propel schools, we understand that in order to reach academic goals, our scholars must feel safe, supported, and ready to learn -- and that family engagement is an important component of this equation. This is the underlying reason that Propel has moved toward a community/school model. As an example, our Wellness Center (to be replicated in multiple Propel School sites) is a unique and exciting way to provide:

- ☐ Propel students, families and surrounding communities with direct access to necessary healthcare and social services
- ☐ Extra learning opportunities to our students
- ☐ Additional professional development to our staff

At Propel, we know that emotional health and wellness are fundamentally connected to success in the classroom and in life. We recognize the influence that the world outside of school has on our scholars. Far too often, that influence is not positive.

Imagine that you are 12 years old. You are in elementary school. At home, your single parent is dealing with an illness that leaves them incapable of fully participating in your life. You have become the caretaker. Each day, the thought of leaving your sick parent alone for the day causes strong emotions and physical reactions as you make your way to school. Your heart pounds. Your head or your stomach aches. You cannot concentrate in class. Visits to the school nurse are frequent. Your teacher, while sympathetic to your symptoms, encourages you to focus in the classroom -- perhaps by separating you from other scholars, isolating you even more. Nothing in this scenario encourages a child to achieve academically because the root of the issue has not been addressed. If you were that child, what would your outlook be for your life and your future?

In addition to trauma such as this, children are also exposed to violence (in the media as well as potentially in homes and communities) at an alarming rate. According to the

Substance Abuse and Mental Health Services Administration, more than two thirds of children reported experiencing at least one traumatic event by the age of 16. Such traumatic experiences may include:

- sudden or violent loss of a loved one
- witnessing or experiencing domestic violence
- psychological, physical or sexual abuse
- community violence
- bullying
- neglect
- military family-related stressors

Exposure to trauma can affect each child differently. Some children experience nightmares, some feel an increase in anxiety or fear, some children feel guilt without knowing why. Some students may even manifest trauma physically, developing eating disorders or becoming involved with risk-taking behaviors, reckless behaviors or aggressive behaviors.

In a school setting, scholars who have been traumatized may exhibit behaviors that disrupt teaching and learning for themselves and their peers.

A recent report, examining the impact of adverse childhood experiences (ACEs) on academic outcomes found that communities with higher ACE scores also had higher rates of school suspensions and unexcused school absences and lower rates of high school graduation and progression to postsecondary education than communities with relatively low prevalence of ACEs. .

Through Propel's trauma-informed approach, educators (and all staff members) are trained to

- Recognize the widespread impact of trauma and pathways to recovery
- Recognize the signs and symptoms of trauma
- Respond by integrating their knowledge of trauma into all facets of the education
- Resist the re-traumatization of the impacted individuals by decreasing the occurrence of trigger behaviors

We take a multi-tiered approach to childhood trauma. At all of our schools, we have on-site social/emotional support personnel who work closely with staff, scholars, and families. Each school also has a team that is certified by the Crisis Prevention Institute in behavior management. We have small group meetings called CREW in which

students have a daily interaction with a caring educator with whom students can discuss concerns and matters of importance.

Propel also provides supports that cannot be seen or quantified. Our school culture/mindset is rooted in restorative practices. These practices allow us to work with students who face challenges in an understanding, caring way -- restoring relationships and bringing accountability to all situations. Our educators and staff understand and value honest discussions with scholars to constructively engage with them and support them through the challenges they face in today's society.

As we continually improve our model, it is my strong belief that Propel Schools is leading the way in addressing trauma and reducing its negative impact on learning.

I welcome this discussion today and invite our guests to contact us to schedule a tour of our facilities. Come and see how we are supporting the academic and life success of our scholars. Again, thank you.