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## What are AFEs?

The [Adverse Childhood Experiences](#) concept is retrospective – adults are asked about their experiences as children. There are 10 ACEs, including emotional and physical abuse and neglect and household dysfunction, such as having a family member incarcerated or living with a substance abuser.

[Adverse Family Experiences](#), on the other hand, are asked of parents about their children's experiences (ages 0-17).

Because the questions are asked of parents, the topics differ from ACEs. There are nine AFEs: socioeconomic hardship, divorce, separation or death of a parent, living with a substance abuser, or with a family member with mental illness, witnessing neighborhood violence, witnessing domestic violence, having an incarcerated family member, experiencing racism or other prejudicial treatment.

In Vermont, we have data from 2010-2011 that tells us that 49.4% of Vermont children had no AFEs, 27.3% had one, and 23.3% had two or more.

Of those with 2 or more AFEs, 13.8% were between the ages of 0 and 5, and 26.3% were between 6 and 11 years.

These data are particularly sobering given the prevalence of two or more AFEs in such young children.

limited transportation, inter-generational poverty, lack of affordable housing and local employment opportunities, since these factors create barriers to success for young children.

There are 24 Promise Communities across Vermont, though some began work under the grant in 2015, others in 2016, and still others are just beginning work. Each is represented by a coalition that includes parents, as well as the local services providers. Initially, the group assesses needs in the community and then develops a plan to improve the educational and developmental outcomes for the children in the community. For more on Promise Communities, follow this link:

<http://def.vermont.gov/cdd/promise-communities>

## Progress on Other Fronts

To change the ACEs landscape, we need to not only change the ways our culture supports high ACE scores, but to sustain that change. As anyone who has made changes in their personal life knows, changing behavior and expectations is hard work. Accomplishing change across a community is that much more complex and will require a sustained commitment. For that reason, BFC is a long-term initiative and needs to be supported by a dedicated group of people with a range of experience, skills and talents; we need clear goals and a strong “home” to ensure the administrative functions are handled responsibly.

Toward those ends, the “think tank” that convened in February helped with the drafting of a business plan, which includes criteria for selecting a fiscal sponsor. Fiscal sponsorship is a formal arrangement in which a 501(c)(3) non-profit organization provides a “home” for a project that lacks tax-exempt status. With a fiscal sponsor, BFC would not have to start its own non-profit, yet we could accept tax-deductible donations and apply for grants under the fiscal sponsor's tax-exempt status.

We have met with three candidates for fiscal sponsorship. The steering committee (see below) will consider the information we have gotten from each and make the final decision of which we will go with. The goal is to have a fiscal sponsor in place by June 15<sup>th</sup>.

Current BFC Steering Committee members: Dana Anderson, Addison & Rutland Regional Coordinator, Building Bright Futures; Julie Cadwallader-Staub, Grant Director, Vermont's Early Learning Challenge; Paul Dragon, Director of Policy & Program Integration, Agency of Human Services; Kathy Hentcy, Director, Mental Health & Health Care Integration, Department of Mental Health; Danielle Lindley, Director, Children, Youth & Family Services Division, Northwestern Counseling & Support Services, Tricia Long, Director, Resilience Beyond Incarceration; Carol Maloney, Director, Integrating Family Services, Agency of Human Services; Bill McMains, Medical Director, Child, Adolescent & Family Unit, Department of Mental Health; Chuck Myers, Executive Director, Northeastern Family Institute; Julianne Nickerson, Promise Community Director, Department of Children & Families; Priscilla White, Child Victim Treatment Director, Department of Children & Families; Laural Ruggles, VP of Marketing & Community Health Improvement, Northeastern Vermont Regional Hospital.

As you can see, half of the committee members are state employees. While representation of state agencies is necessary, we need more representation from all areas of the state, more service sectors and community members. Please forward any suggestions you may have for candidates to: [Kathleen.hentcy@vermont.gov](mailto:Kathleen.hentcy@vermont.gov).

Please note, this will be a formal steering committee with voting rights and obligations once we have chosen a fiscal sponsor and establish governance and other rules. The initial members were either part of the think tank or otherwise already involved and committed to the BFC principles. Going forward, however, we will follow a nomination-and-vote structure to add members.

Comments, questions, suggestions: Kathy Hentcy, Department of Mental Health  
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