

Testimony in Support of LD 1417 An Act to Expand Access to Head Start to Assist Opioid-affected and Other At-risk Families

Senator Gratwick, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Chris Hall, and I am the General Counsel and Director of Regional Initiatives at Greater Portland Council of Governments. I am the Co-Chair of the Goal 1 Cabinet for Thrive2027, and I am here today on behalf of Thrive2027 to lend our support to **LD 1417, An Act to Expand Access to Head Start to Assist Opioid-affected and Other At-risk Families.**

Thrive2027 is our community's commitment to make Cumberland County stronger for everyone who calls it home. Powered by the community and led by United Way of Greater Portland, 230 business, non-profit, public, and community organizations have endorsed three 10-year goals that promise measurable and meaningful change in Greater Portland. These three goals are to (1) give kids a strong start, (2) empower neighbors to thrive – not just survive, and (3) help us all live longer, better.

More specifically, these three goals are:

- Goal 1: More children have a strong start in school so that they are reading at grade level by the end of third grade.
- Goal 2: More people have the education and employment opportunities they need to be able to live and work in Greater Portland.
- Goal 3: More of our neighbors live longer, healthier lives.

Thrive2027 is not a new program – it is a new way of working. We have been convening players from across sectors, working to identify needs/gaps, and are in the early stages of aligning organizations and resources behind targeted solutions.

I can offer a little background. In 2015/16, our community came together because, despite our best efforts, improvements were not happening quickly enough or reaching as deeply or widely as we needed. Too many in Greater Portland were struggling. It was clear that we needed more people from all sectors at the table collaborating at a large scale to build a thriving community for us all. The result from community input, research, and best practices was Thrive2027.

In a nutshell, Thrive2027 serves as a blueprint to ensure all communities in Cumberland County thrive.

Thrive2027 does not replace the important programs and services in our community. It makes them stronger by **integrating work so we can (1) identify needs and gaps, (2) maximize strengths and resources, and (3) develop and implement strategies that allow us to measure our progress.**

This work is overseen by a Council, a cross-sector group of individuals representing the work, creating on-going buy-in, and ensuring meaningful shared responsibility and ownership of Thrive2027. The Council is also supported by Goals Cabinets, which ensure the strategy

framework that will make the best progress on each of the goals is identified, adopted, and implemented.

At the heart of the work is our Goals Framework. This document identifies community approved strategies, along with metrics to measure progress, that represent the strongest collection of actions that could be undertaken, across multiple sectors, to make these three goals a reality. The Council and Cabinets evaluated several dozen strategies, using established criteria of reach, scale, success probability, community fit, and capacity to narrow them down to those ultimately approved.

One of the strategies in the Goals Framework is Strategy 1.5. This strategy is to **be responsive to and reduce the impact of toxic stress on children, families and communities**. Another strategy is 1.7, which is to **provide supports for children's social-emotional development**.

Our Council sees the clear alignment between our Goal 1 work, and this is why we are here today in support of LD 1417.

We need a strong, comprehensive early care and education system, which includes Head Start. Research shows that regular contact with caring adults builds the architecture of the brain and sets our children up for a successful future. Supportive early relationships and nurturing, stimulating experiences with parents, educators, caregivers and home visitors ensure children have the skills to become tomorrow's workers, caregivers, taxpayers, and community-minded citizens.¹

Investing in early childhood education is also fiscally responsible. Ensuring children have strong foundations and that family issues are identified early and addressed pays off in both the short- and long-terms: by increasing the health and development of our children; by reducing spending on more intensive, downstream interventions; and by supporting the success of our economy through a healthy, skilled, and productive future workforce – something Maine desperately needs in light of our status as the oldest state in the nation.

It is especially important to invest early to prevent and mitigate the potential impacts of Adverse Childhood Experiences, also known as ACEs. "Adverse Childhood Experiences are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse."²

Moreover, trauma affects education and well-being in the long run, thus impacting ability to read proficiently at grade level. "Brain development science has demonstrated that when children are exposed to repeated stressful incidents, it affects their brains in long-term ways. Violence in a child's home is an adverse childhood experience. Children with adverse childhood

¹ The Brookings Institute: "Cost-Effective Investments in Children," Julia B. Isaacs. January, 2007.

<http://www.brookings.edu/research/papers/2007/01/01childrenfamilies-isaacs>

² <https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences>

experiences are more likely to have trouble in school, feel sad or hopeless and continue to have mental and physical health issues into adulthood.”³

Substance use disorder is an ACE and the impacts can be significant. Substance use during pregnancy can cause a host of short-term and long-term developmental delays to the fetus and child. Approximately 3.1% of Cumberland County babies, and 7.4% of Maine babies, were born drug exposed/affected to substances in 2018.⁴ The number of reports to Child Protective Services regarding infants born affected by substance abuse or infants affected by prenatal exposure to substances has increased by 31 percent from 2012 to 2016. Furthermore, eight out of ten pregnant women in treatment for substance use listed an opioid/opiate as the primary reason for needing help.⁵

Additionally, in 2016, 1 in 36 children (2,199) under the age of 6 living in Maine experienced homeless.⁶ Early childhood experiences with homelessness have long lasting impacts on a child’s well-being.⁷ Access to educational services can help mitigate some of these negative effects.⁸ Currently, only 21% of children under the age of 6 in Maine are served by Head Start and/or other federally funded early care and education programs.⁹ Taking action to mitigate the impacts of early childhood homelessness is critical to ensuring all young children have the opportunity to thrive.

On behalf of the overall effort that is Thrive2027, we respectfully encourage you to support LD 1417. Early Head Start children show significantly better social-emotional, language, and cognitive development. Children who attend Early Head Start and transition to Head Start are more ready for kindergarten than children who do not attend Head Start.¹⁰ LD 1417 ensures our kids get the strongest start possible by building off the strong foundation that is Head Start by broadening eligibility.

Thank you for your leadership and service.

³ (KIDS Count Data Center)

⁴ (KIDS Count Data Center <https://datacenter.kidscount.org/data#ME/5/0/char/0>)

⁵ <http://www.maineosew.com/Documents/SEOW%20EpiProfile%202017%20FINAL%2009292017.pdf> p.57.

⁶ <https://www2.ed.gov/rschstat/eval/disadv/homeless/early-childhood-homelessness-state-profiles.pdf> p.35

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ <https://www.nhsa.org/facts-and-impacts>