

1 S.261

2 Introduced by Senators Lyons, Balint, and Soucy

3 Referred to Committee on

4 Date:

5 Subject: Human services; health; childhood trauma; toxic stress

6 Statement of purpose of bill as introduced: This bill proposes to address
7 trauma and toxic stress in childhood, build resilience among children and their
8 families, and improve systems that support persons who have experienced
9 childhood trauma and toxic stress.

10 An act relating to mitigating trauma and toxic stress during childhood by
11 strengthening child and family resilience

12 It is hereby enacted by the General Assembly of the State of Vermont:

13 * * * Findings and Purpose * * *

14 Sec. 1. FINDINGS

15 The General Assembly finds that, according to a 2017 policy brief
16 published by the Campaign for Trauma-Informed Policy and Practice, “[t]he
17 1998 Adverse Childhood Experience (ACE) Study by Kaiser Permanente and
18 the Centers for Disease Control [and Prevention] demonstrated a powerful
19 correlation between multiple adverse childhood experiences (including child
20 sexual, physical, and emotional abuse; neglect; spousal abuse; parental

1 incarceration; and others) and substance abuse during adulthood. While much
2 is yet to be learned about the specific developmental pathways and predictor
3 variables of opioid addiction, programs that reflect the needs of people who
4 have suffered from traumatic experiences must be part of any comprehensive
5 strategy to attack the opioid epidemic.”

6 Sec. 2. PURPOSE

7 It is the intention of the General Assembly that this act shall have the
8 effect of:

9 (1) coordinating care for children and families by linking and integrating
10 community services with medical services offered through an accountable care
11 organization;

12 (2) preventing and mitigating the negative effects of childhood trauma
13 and toxic stress through evidence-based or evidence-informed early
14 intervention public health programs, particularly using home visiting in
15 conjunction with primary care services; and

16 (3) preventing opioid addiction and other forms of substance use
17 disorder.

18 * * * Human Services Generally * * *

19 Sec. 3. 33 V.S.A. § 3402 is added to read:

20 § 3402. DEFINITIONS

21 As used in this chapter:

1 (1) “Toxic stress” means strong, frequent, or prolonged experience of
2 adversity without adequate support.

3 (2) “Trauma-informed” means a type of program, organization, or
4 system that recognizes the widespread impact of trauma and potential paths for
5 recovery; recognizes the signs and symptoms of trauma in clients, families,
6 staff, and others involved in a system; responds by fully integrating knowledge
7 about trauma into policies, procedures, and practices; and seeks actively to
8 resist retraumatization and build resilience among the population served.

9 Sec. 4. 33 V.S.A. § 3403 is added to read:

10 § 3403. COORDINATION OF TRAUMA-INFORMED SYSTEMS

11 The Coordinator of Trauma-Informed Systems shall be established within
12 the Agency of Human Services. The Coordinator shall direct the Agency’s
13 response on behalf of clients who have experienced childhood trauma and
14 toxic stress, including:

15 (1) reducing or eliminating ongoing sources of childhood trauma and
16 toxic stress;

17 (2) strengthening existing programs and establishing new programs
18 within the Agency that build resilience among individuals who have
19 experienced childhood trauma and toxic stress and provide support for affected
20 families in coordination with the Childhood Trauma Tri-Branch Commission
21 established pursuant to section 3404 of this chapter;

1 (3) providing advice and support to the Secretary and facilitating
2 communication and coordination among the Agency's departments with regard
3 to childhood trauma, toxic stress, and the promotion of resilience-building;

4 (4) training all Agency employees on childhood trauma, toxic stress,
5 resilience-building, and the Agency's Trauma-Informed System of Care
6 policy;

7 (5) collaborating with community partners to build consistency between
8 trauma-informed systems that address medical and social service needs,
9 including serving as a conduit between providers and the public;

10 (6) coordinating the Agency's approach to childhood trauma, toxic
11 stress, and resilience-building with any similar efforts occurring elsewhere in
12 State government;

13 (7) providing support for and disseminating educational materials
14 pertaining to the Agency's Building Flourishing Communities initiative; and

15 (8) regularly meeting with the Child and Family Trauma Work Group.

16 Sec. 5. 33 V.S.A. § 3404 is added to read:

17 § 3404. CHILDHOOD TRAUMA TRI-BRANCH COMMISSION

18 (a) Creation. There is created the Childhood Trauma Tri-Branch
19 Commission to examine current services for persons who have experienced
20 childhood trauma or toxic stress and to promote new services that overcome
21 gaps and barriers, if any.

1 (b) Membership. The Commission shall be composed of the following

2 19 members:

3 (1) the Chief Justice of the Vermont Supreme Court or designee;

4 (2) the Chief Superior Judge or designee;

5 (3) a member appointed by Vermont Legal Aid;

6 (4) a member appointed by the Vermont Bar Association;

7 (5) the Attorney General or designee;

8 (6) the Secretary of Education or designee;

9 (7) the Agency of Human Services' Coordinator of Trauma-Informed

10 Services;

11 (8) the Commissioner for Children and Families or designee;

12 (9) the Commissioner of Health or designee;

13 (10) the Commissioner of Corrections or designee;

14 (11) the Commissioner of Mental Health or designee;

15 (12) the Senate President Pro Tempore or designee;

16 (13) the Chair of the Senate Committee on Health and Welfare or

17 designee;

18 (14) the Chair of the House Committee on Human Services or designee;

19 (15) the Chair of the House Committee on Health Care or designee;

20 (16) a member appointed by Prevent Child Abuse Vermont;

1 (17) a member appointed by the Vermont Council of Development and
2 Mental Health Services;

3 (18) a member appointed by Vermont's parent-child centers; and

4 (19) a pediatrician appointed by the Vermont Chapter of the American
5 Academy of Pediatrics.

6 (c) Powers and duties. The Commission shall examine current services for
7 persons who have experienced childhood trauma or toxic stress and promote
8 new services that overcome gaps and barriers, if any, by:

9 (1) identifying and mapping current services by region;

10 (2) providing oversight and evaluation of current services, including the
11 development of a metric for use in evaluating services;

12 (3) promoting new evidence-based or evidence-informed services in
13 regions of the State where mapping indicates gaps in or barriers to services,
14 including programming for children of incarcerated parents;

15 (4) evaluating the Resiliency Beyond Incarceration model for the
16 purpose of making a recommendation as to whether it should be replicated
17 statewide;

18 (5) identifying appropriate trainings on childhood trauma, toxic stress,
19 and resilience-building for members of the Judicial Branch from among
20 existing programs within the State;

1 (6) examining financial costs in Vermont associated with childhood
2 trauma and toxic stress; and

3 (7) fostering integrated medical and social services throughout State
4 government.

5 (d) Assistance. The Commission shall have the administrative, technical,
6 and legal assistance of the Agency of Human Services.

7 (e) Report. Annually, on or before January 15, beginning on January 15,
8 2020, the Commission shall submit a written report to the Governor and the
9 General Assembly with its summary of activities, findings, and any
10 recommendations for legislative action.

11 (f) Meetings.

12 (1) The Chief Justice of the Vermont Supreme Court or designee shall
13 call the first meeting of the Commission to occur on or before August 1, 2018.

14 (2) The Committee shall select a chair from among its members at the
15 first meeting. The Chair shall serve a two-year term. In the event the Chair is
16 unable to complete his or her term, a new chair shall be selected from among
17 the Commission's members to serve for the remainder of the original Chair's
18 term.

19 (3) A majority of the membership shall constitute a quorum.

20 (4) The Commission shall convene once each quarter.

1 (g) Reimbursement.

2 (1) For attendance at meetings during adjournment of the General
3 Assembly, legislative members of the Commission serving in their capacity as
4 legislators shall be entitled to per diem compensation and reimbursement of
5 expenses pursuant to 2 V.S.A. § 406.

6 (2) Other members of the Commission who are not employees of the
7 State of Vermont and who are not otherwise compensated or reimbursed for
8 their attendance shall be entitled to per diem compensation and reimbursement
9 of expenses pursuant to 32 V.S.A. § 1010 for not more than four meetings
10 annually.

11 Sec. 6. 33 V.S.A. § 3405 is added to read:

12 § 3405. TRAUMA PREVENTION AND RESILIENCY-BUILDING

13 TRAININGS

14 (a) The Agency of Human Services' Coordinator of Trauma-Informed
15 Services, the Secretary of Education, and the Commissioners for Children and
16 Families and of Health, in consultation with professionals providing existing
17 trauma-informed educational programs, shall jointly identify and make
18 available on each of the Agencies' and Departments' websites timely
19 information pertaining to evidence-based and evidence-informed trauma
20 prevention and resiliency-building trainings throughout the State for health

1 care providers, educators, child care providers, and other community providers
2 caring for or providing support services to children and families.

3 (b) A health care provider treating children, an educator, a child care
4 provider, and any other community provider caring for or providing support
5 services to children and families is encouraged regularly to review the websites
6 described in subsection (a) of this section and to participate in trainings
7 relevant to the individual's practice area.

8 (c) The Coordinator, Secretary, and Commissioners, in consultation with
9 professionals providing existing trauma-informed educational programs, shall
10 identify gaps in educational opportunities in Vermont pertaining to evidence-
11 based and evidence-informed trauma prevention and resiliency-building for
12 health care providers, educators, child care providers, or other community
13 providers caring for or providing support services to children and families. On
14 or before October 1, 2018, the Coordinator, Secretary, and Commissioners
15 shall submit a joint report describing existing gaps and proposals for filling the
16 gaps to the House Committees on Health Care and on Human Services, and to
17 the Senate Committee on Health and Welfare.

1 Sec. 7. 33 V.S.A. § 3406 is added to read:

2 § 3406. EXPANSION OF PEDIATRIC PRIMARY CARE AND HOME
3 VISITING PARTNERSHIPS

4 The Commissioner for Children and Families, in collaboration with the
5 State's parent-child center network, shall implement a program linking
6 pediatric primary care with home visiting in each county of the State. The
7 Commissioner shall select at least one new county annually in which to
8 implement a new program based on regional need and available pediatric and
9 parent-child center partners. The Commissioner may accept private grants and
10 donations for the purpose of funding the expansion. Each county shall have at
11 least one pediatric primary care and home visiting partnership on or before
12 January 1, 2023.

13 Sec. 8. PARENT-CHILD CENTERS; EVALUATION

14 (a) On or before January 1, 2019, the Commissioner of Vermont Health
15 Access shall evaluate and report on which services offered through the State's
16 parent-child center network are eligible for matching Medicaid funds from the
17 federal government. The Commissioner shall submit the report to the House
18 Committee on Human Services and to the Senate Committee on Health and
19 Welfare.

20 (b) On or before January 1, 2019, the Commissioner and the Green
21 Mountain Care Board shall identify which payers support preventative services

1 related to childhood trauma and toxic stress, including those services offered
2 through the State's parent-child network. The Commissioner and Board's
3 findings and a plan for generating a sustainable funding source for preventative
4 services offered through the parent-child center network shall be submitted to
5 the House Committees on Health Care and on Human Services and to the
6 Senate Committee on Health and Welfare.

7 (c) As used in this section, "toxic stress" shall have the same meaning as in
8 33 V.S.A. § 3402.

9 * * * Health Care * * *

10 Sec. 9. BRIGHT FUTURES GUIDELINES; INTENT

11 (a) It is the intent of the General Assembly that the Bright Futures
12 Guidelines shall serve as a bridge between clinical and community providers in
13 a shared goal to promote healthy child and family development.

14 (b) The Bright Futures Guidelines shall be used as a resource in Vermont
15 for all individuals and organizations that provide care and support services to
16 children and families for the purpose of promoting healthy development and
17 encouraging screening for social determinants of health.

18 (c) The Bright Futures Guidelines shall inform the work of the Agency of
19 Human Services' Building Flourishing Communities initiative.

1 Sec. 10. 18 V.S.A. § 702 is amended to read:

2 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

3 * * *

4 (c) The Blueprint shall be developed and implemented to further the
5 following principles:

6 (1) the primary care provider should serve a central role in the
7 coordination of medical care and social services and shall be compensated
8 appropriately for this effort;

9 (2) use of information technology should be maximized;

10 (3) local service providers should be used and supported, whenever
11 possible;

12 (4) transition plans should be developed by all involved parties to ensure
13 a smooth and timely transition from the current model to the Blueprint model
14 of health care delivery and payment;

15 (5) implementation of the Blueprint in communities across the State
16 should be accompanied by payment to providers sufficient to support care
17 management activities consistent with the Blueprint, recognizing that interim
18 or temporary payment measures may be necessary during early and transitional
19 phases of implementation; ~~and~~

20 (6) interventions designed to prevent chronic disease and improve
21 outcomes for persons with chronic disease should be maximized, should target

1 specific chronic disease risk factors, and should address changes in individual
2 behavior; the physical, mental, and social environment; and health care
3 policies and systems; and

4 (7) providers should assess trauma and toxic stress to ensure that the
5 needs of the whole patient are addressed and opportunities to build resilience
6 and community supports are maximized.

7 * * *

8 Sec. 11. 18 V.S.A. § 9382 is amended to read:

9 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

10 (a) In order to be eligible to receive payments from Medicaid or
11 commercial insurance through any payment reform program or initiative,
12 including an all-payer model, each accountable care organization shall obtain
13 and maintain certification from the Green Mountain Care Board. The Board
14 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
15 processes for certifying accountable care organizations. To the extent
16 permitted under federal law, the Board shall ensure these rules anticipate and
17 accommodate a range of ACO models and sizes, balancing oversight with
18 support for innovation. In order to certify an ACO to operate in this State, the
19 Board shall ensure that the following criteria are met:

20 * * *

1 (17) The ACO provides connections to existing community services and
2 incentives for preventing and addressing the impacts of adverse childhood
3 experiences and other traumas, such as developing quality outcome measures
4 for use by primary care providers working with children and families,
5 developing partnerships between nurses and families, providing opportunities
6 for home visits and other community services, and including parent-child
7 centers, designated agencies, and the Department of Health’s local offices as
8 participating providers in the ACO.

9 * * *

10 Sec. 12. TRAUMA TRAINING FOR SCHOOL NURSES

11 On or before September 1, 2018, the Agency of Human Services’
12 Coordinator of Trauma-Informed Systems shall coordinate with the Vermont
13 State School Nurse Consultant to include, in the new school nurse orientation
14 and manual, training on the prevention and treatment of childhood trauma and
15 toxic stress and the promotion of resilience.

16 * * * Opioid Abuse Treatment * * *

17 Sec. 13. 33 V.S.A. § 2004a is amended to read:

18 § 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

19 (a) The Evidence-Based Education and Advertising Fund is established in
20 the State Treasury as a special fund to be a source of financing for activities
21 relating to fund collection and analysis of information on pharmaceutical

1 marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of
2 prescription drug data needed by the Office of the Attorney General for
3 enforcement activities; for the Vermont Prescription Monitoring System
4 established in 18 V.S.A. chapter 84A; for the evidence-based education
5 program established in 18 V.S.A. chapter 91, subchapter 2; for statewide
6 unused prescription drug disposal initiatives; for the prevention of prescription
7 drug misuse, abuse, and diversion; for treatment of substance use disorder; for
8 exploration of nonpharmacological approaches to pain management; for a
9 hospital antimicrobial program for the purpose of reducing hospital-acquired
10 infections; for the purchase and distribution of naloxone to emergency medical
11 services personnel; for opioid-related programming conducted by the parent-
12 child center network; and for the support of any opioid-antagonist education,
13 training, and distribution program operated by the Department of Health or its
14 agents. Monies deposited into the Fund shall be used for the purposes
15 described in this section.

16 * * *

17 * * * Incarceration * * *

18 Sec. 14. 28 V.S.A. § 801 is amended to read:

19 § 801. MEDICAL CARE OF INMATES

20 * * *

1 (b) Upon admission to a correctional facility for a minimum of 14
2 consecutive days, each inmate shall be given a ~~physical~~ medical assessment,
3 including a screening for adverse childhood experiences, unless extenuating
4 circumstances exist.

5 * * *

6 Sec. 15. 33 V.S.A. § 3407 is added to read:

7 § 3407. CHILDREN OF INCARCERATED PARENTS

8 The Departments for Children and Families and of Corrections shall make
9 joint referrals to children of incarcerated parents to existing programs within
10 each child's community that address childhood trauma, toxic stress, and
11 resilience-building.

12 * * * Education * * *

13 Sec. 16. 16 V.S.A. § 136 is amended to read:

14 § 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS
15 AND COMPREHENSIVE HEALTH

16 * * *

17 (c) The Secretary shall collaborate with other agencies and councils
18 working on childhood wellness to:

19 (1) Supervise the preparation of appropriate nutrition and fitness
20 curricula for use in the public schools, promote programs for the preparation of

1 teachers to teach these curricula, and assist in the development of wellness
2 programs.

3 (2) [Repealed.]

4 (3) Establish and maintain a website that displays data from a youth risk
5 behavior survey in a way that enables the public to aggregate and disaggregate
6 the information. The survey shall include questions pertaining to adverse
7 childhood experiences, meaning those potentially traumatic events that occur
8 during childhood and can have negative, lasting effects on an individual's
9 health and well-being.

10 (4) Research funding opportunities for schools and communities that
11 wish to build wellness programs and make the information available to the
12 public.

13 (5) Create a process for schools to share with the Department of Health
14 any data collected about the height and weight of students in kindergarten
15 through grade six. The Commissioner of Health may report any data compiled
16 under this subdivision on a countywide basis. Any reporting of data must
17 protect the privacy of individual students and the identity of participating
18 schools.

19 * * *

1 Sec. 17. 16 V.S.A. § 906 is amended to read:

2 § 906. COURSE OF STUDY

3 (a) In public schools, approved and recognized independent schools, and ~~in~~
4 ~~home~~ in-home study programs, learning experiences shall be provided for
5 students in the minimum course of study.

6 (b) For purposes of this title, the minimum course of study means learning
7 experiences adapted to a student's age and ability in the fields of:

8 (1) basic communication skills, including reading, writing, and the use
9 of numbers;

10 (2) citizenship, history, and government in Vermont and the United
11 States;

12 (3) physical education and comprehensive health education, including
13 the effects of tobacco, alcoholic drinks, and drugs on the human system and on
14 society;

15 (4) English, American, and other literature;

16 (5) the natural sciences; ~~and~~

17 (6) the fine arts; and

18 (7) the relationship between children's brain development and early
19 learning.

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*** Rulemaking ***

Sec. 18. RULEMAKING

The Standards Board for Professional Educators shall amend its licensure rules pursuant to 3 V.S.A. chapter 25 to require teachers and administrators to receive training on the use of trauma-informed practices that build resiliency among students. “Trauma-informed” shall have the same meaning as in 33 V.S.A. § 3402.

Sec. 19. RULEMAKING

The Commissioner for Children and Families shall amend the Department’s rules pursuant to 3 V.S.A. chapter 25 to require the following employees of registered and licensed family child care homes and center-based child care and preschool programs to receive training on the use of trauma-informed practices that build resiliency among enrolled children and students: family child care providers, family child care assistants, administrators, teachers, teacher associates, teacher assistants, and classroom aides. “Trauma-informed” shall have the same meaning as in 33 V.S.A. § 3402.

*** Effective Date ***

Sec. 20. EFFECTIVE DATE

This act shall take effect on July 1, 2018.