

1 S.261

2 Introduced by Senators Lyons, Balint, and Soucy

3 Referred to Committee on Health and Welfare

4 Date: January 3, 2018

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.~~

*An act relating to ensuring a coordinated public health approach to
addressing childhood adversity and promoting 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
10 integrating community services with medical services offered through an
11 accountable care 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;

21 ~~(17) a member appointed by the Vermont Council of Development and~~

1 Mental Health Services:

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

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

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

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

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

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

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

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

20 (6) examining financial costs in Vermont associated with childhood
21 trauma and toxic stress, and

1 (7) fostering integrated medical and social services throughout State
2 government.

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

5 (e) Report. Annually, on or before January 15, beginning on January 15,
6 2020, the Commission shall submit a written report to the Governor and the
7 General Assembly with its summary of activities, findings, and any
8 recommendations for legislative action.

9 (f) Meetings.

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

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

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

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

19 (g) Reimbursement.

20 (1) For attendance at meetings during adjournment of the General
21 Assembly, legislative members of the Commission serving in their capacity as

1 ~~legislators shall be entitled to per diem compensation and reimbursement of~~
2 ~~expenses pursuant to 2 V.S.A. § 406.~~

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

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

9 § 3405. TRAUMA PREVENTION AND RESILIENCY-BUILDING

10 TRAININGS

11 (a) The Agency of Human Services, Coordinator of Trauma-Informed
12 Services, the Secretary of Education, and the Commissioners for Children and
13 Families and of Health, in consultation with professionals providing existing
14 trauma-informed educational programs, shall jointly identify and make
15 available on each of the Agencies' and Departments' websites timely
16 information pertaining to evidence-based and evidence-informed trauma
17 prevention and resiliency-building trainings throughout the State for health
18 care providers, educators, child care providers, and other community providers
19 caring for or providing support services to children and families.

20 (b) A health care provider treating children, an educator, a child care
21 provider, and any other community provider caring for or providing support

1 ~~services to children and families is encouraged regularly to review the websites~~
2 described in subsection (a) of this section and to participate in trainings
3 relevant to the individual's practice area.

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

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

15 § 3406. EXPANSION OF PEDIATRIC PRIMARY CARE AND HOME

16 VISITING PARTNERSHIPS

17 The Commissioner for Children and Families, in collaboration with the
18 State's parent-child center network, shall implement a program linking
19 pediatric primary care with home visiting in each county of the State. The
20 Commissioner shall select at least one new county annually in which to
21 implement a new program based on regional need and available pediatric and

1 ~~parent-child center partners. The Commissioner may accept private grants and~~
2 donations for the purpose of funding the expansion. Each county shall have at
3 least one pediatric primary care and home visiting partnership on or before
4 January 1, 2023.

5 Sec. 8. PARENT-CHILD CENTERS; EVALUATION

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

12 (b) On or before January 1, 2019, the Commissioner and the Green
13 Mountain Care Board shall identify which payers support preventative services
14 related to childhood trauma and toxic stress, including those services offered
15 through the State's parent-child network. The Commissioner and Board's
16 findings and a plan for generating a sustainable funding source for
17 preventative services offered through the parent-child center network shall be
18 submitted to the House Committees on Health Care and on Human Services
19 and to the Senate Committee on Health and Welfare.

20 (c) As used in this section, "toxic stress" shall have the same meaning as in
21 33 V.S.A. § 3402.

* * * Health Care * * *

Sec. 9. BRIGHT FUTURES GUIDELINES; INTENT

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

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

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

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

§ 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

* * *

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

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

(2) use of information technology should be maximized;

(3) local service providers should be used and supported, whenever

1 possible;

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

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

10 (6) interventions designed to prevent chronic disease and improve
11 outcomes for persons with chronic disease should be maximized, should target
12 specific chronic disease risk factors, and should address changes in individual
13 behavior; the physical, mental, and social environment; and health care
14 policies and systems; and

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

18 * * *

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

20 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

21 (a) In order to be eligible to receive payments from Medicaid or
22 commercial insurance through any payment reform program or initiative,

1 ~~including an all-payer model, each accountable care organization shall obtain~~
2 and maintain certification from the Green Mountain Care Board. The Board
3 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
4 processes for certifying accountable care organizations. To the extent
5 permitted under federal law, the Board shall ensure these rules anticipate and
6 accommodate a range of ACO models and sizes, balancing oversight with
7 support for innovation. In order to certify an ACO to operate in this State, the
8 Board shall ensure that the following criteria are met:

9 * * *

10 (17) The ACO provides connections to existing community services and
11 incentives for preventing and addressing the impacts of adverse childhood
12 experiences and other traumas, such as developing quality outcome measures
13 for use by primary care providers working with children and families,
14 developing partnerships between nurses and families, providing opportunities
15 for home visits and other community services, and including parent-child
16 centers, designated agencies, and the Department of Health's local offices as
17 participating providers in the ACO.

18 * * *

19 Sec. 12. TRAUMA TRAINING FOR SCHOOL NURSES

20 On or before September 1, 2018, the Agency of Human Services'
21 Coordinator of Trauma-Informed Systems shall coordinate with the Vermont

1 ~~State School Nurse Consultant to include, in the new school nurse orientation~~
2 ~~and manual, training on the prevention and treatment of childhood trauma and~~
3 ~~toxic stress and the promotion of resilience.~~

4 * * * Opioid Abuse Treatment * * *

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

6 § 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

7 (a) The Evidence Based Education and Advertising Fund is established in
8 the State Treasury as a special fund to be a source of financing for activities
9 relating to fund collection and analysis of information on pharmaceutical
10 marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of
11 prescription drug data needed by the Office of the Attorney General for
12 enforcement activities; for the Vermont Prescription Monitoring System
13 established in 18 V.S.A. chapter 84A; for the evidence-based education
14 program established in 18 V.S.A. chapter 91, subchapter 2; for statewide
15 unused prescription drug disposal initiatives; for the prevention of prescription
16 drug misuse, abuse, and diversion; for treatment of substance use disorder; for
17 exploration of nonpharmacological approaches to pain management; for a
18 hospital antimicrobial program for the purpose of reducing hospital-acquired
19 infections; for the purchase and distribution of naloxone to emergency medical
20 services personnel; for opioid-related programming conducted by the parent-
21 child center network; and for the support of any opioid-antagonist education
22 ~~training, and distribution program operated by the Department of Health or its~~

1 ~~agents. Monies deposited into the Fund shall be used for the purposes~~
2 described in this section.

3 * * *

4 * * * Incarceration * * *

5 Sec. 14. 28 V.F.A. § 801 is amended to read:

6 § 801. MEDICAL CARE OF INMATES

7 * * *

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

12 * * *

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

14 § 3407. CHILDREN OF INCARCERATED PARENTS

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

19 * * * Education * * *

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

21 § 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS

22 ~~AND COMPREHENSIVE HEALTH~~

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

(1) Supervise the preparation of appropriate nutrition and fitness curricula for use in the public schools, promote programs for the preparation of teachers to teach these curricula, and assist in the development of wellness programs.

(2) [Repealed.]

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

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

(5) Create a process for schools to share with the Department of Health any data collected about the height and weight of students in kindergarten through grade six. The Commissioner of Health may report any data compiled under this subdivision on a countywide basis. Any reporting of data must

1 ~~protect the privacy of individual students and the identity of participating~~
2 schools.

3 * * *

4 Sec. 17. 10 V.S.A. § 906 is amended to read:

5 § 906. COURSE OF STUDY

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

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

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

13 (2) citizenship, history, and government in Vermont and the United
14 States;

15 (3) physical education and comprehensive health education, including
16 the effects of tobacco, alcoholic drinks, and drugs on the human system and on
17 society;

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

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

20 (6) the fine arts; and

21 (7) the relationship between children's brain development and early

22 learning.

~~*** 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.~~

~~*** Purpose ***~~

~~Sec. 1. PURPOSE~~

~~It is the purpose of this act to create a consistent family support system by~~

~~enhancing opportunities to build child and family resilience for all families throughout the State that are experiencing childhood trauma and toxic stress. While significant efforts to provide upstream services are already well under way in many parts of the State, better coordination is necessary to ensure that gaps in services are addressed and redundancies do not occur. Coordination of upstream services that are cost effective and either research based or research informed decrease the necessity for more substantial downstream services, including services for opioid addiction and other substance use disorders.~~

~~*** Human Services Generally ***~~

~~Sec. 2. 33 V.S.A. § 3402 is added to read:~~

~~§ 3402. DEFINITIONS~~

~~As used in this chapter:~~

~~(1) "Toxic stress" means strong, frequent, or prolonged experience of adversity without adequate support.~~

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

~~Sec. 3. 33 V.S.A. § 3403 is added to read:~~

~~§ 3403. EXPANSION OF SUPPORT SERVICES IN PEDIATRIC
PRIMARY CARE~~

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

~~Sec. 4. 33 V.S.A. § 3404 is added to read:~~

~~§ 3404. CHILDREN OF INCARCERATED PARENTS~~

~~The Departments for Children and Families and of Corrections shall make joint referrals as appropriate for children of incarcerated parents to existing~~

~~programs within each child's community that address childhood trauma, toxic stress, and resilience building.~~

~~Sec. 5. DIRECTOR OF PREVENTION AND HEALTH IMPROVEMENT~~

~~(1) The position of Director of Prevention and Health Improvement shall be established within the Agency of Human Services. It is the intent of the General Assembly that the Director position be funded by the repurposing of existing expenditures and resources, including the potential reassignment of existing positions. If the Secretary determines to fund this position by reassigning an existing position, he or she shall propose to the Joint Fiscal Committee prior to October 1, 2018 any necessary statutory modifications to reflect the reassignment.~~

~~(2) The Director shall direct the Agency's response on behalf of clients who have experienced childhood trauma and toxic stress, including:~~

~~(A) reducing or eliminating ongoing sources of childhood trauma and toxic stress;~~

~~(B) strengthening existing programs and establishing new programs within the Agency that build resilience among individuals who have experienced childhood trauma and toxic stress;~~

~~(C) providing advice and support to the Secretary of Human Services and facilitating communication and coordination among the Agency's departments with regard to childhood trauma, toxic stress, and the promotion of resilience building;~~

~~(D) training all Agency employees on childhood trauma, toxic stress, resilience building, and the Agency's Trauma-Informed System of Care policy and posting training opportunities for child care providers, afterschool program providers, educators, and health care providers on the Agency's website;~~

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

~~(F) coordinating the Agency's approach to childhood trauma, toxic stress, and resilience building with any similar efforts occurring elsewhere in State government;~~

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

~~(H) regularly meeting with the Child and Family Trauma Work Group; and~~

~~(d) ensuring that the Agency and its community partners are leveraging all available federal funds for services related to preventing and mitigating childhood trauma and toxic stress and building child and family resilience.~~

~~(b) The Director shall present updates on the progress of his or her work to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare in January of each year between 2019 and 2024, including any recommendations for legislative action.~~

~~(c) On or before January 15, 2024, the Director shall submit a written report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare summarizing the Director's achievements, existing gaps in trauma-informed services, and recommendations for future action.~~

~~Sec. 6. COORDINATED RESPONSE TO CHILDHOOD TRAUMA
WITH JUDICIAL BRANCH~~

~~On or before January 15, 2020, the Chief Justice of the Supreme Court or designee and the Agency of Human Services' Director of Prevention and Health Improvement shall jointly present an action plan to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare for better coordinating the Judicial and Executive Branches' approaches for preventing and mitigating childhood trauma and toxic stress and building child and family resilience, including any recommendations for legislative action.~~

~~Sec. 7. TRAUMA-INFORMED TRAINING FOR CHILD CARE
PROVIDERS~~

~~The Agency of Human Services' Director of Prevention and Health Improvement, in consultation with stakeholders, shall develop and implement a plan to promote access to and training on the use of trauma-informed practices that build resilience among children and students for the employees of registered and licensed family child care homes, center-based child care and preschool programs, and afterschool programs. On or before January 15, 2019, the Director shall present information about the plan and its implementation to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare. "Trauma-informed" shall have the same meaning as in 33 V.S.A. § 3402.~~

~~Sec. 8. CHILD CARE AND COMMUNITY-BASED FAMILY SUPPORT
SYSTEM; EVALUATION~~

~~The Agency of Human Services' Director of Prevention and Health Improvement shall develop a framework for evaluating the workforce, payment~~

~~streams, and real costs associated with the State's child care system and community-based family support system. The framework shall indicate the most appropriate entity to conduct this evaluation as well as articulate the anticipated outcomes of the evaluation. The Director shall present the framework to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare on or before January 15, 2019.~~

~~Sec. 9. SYSTEM EVALUATION~~

~~(a) The Commissioner of Health shall determine the appropriate methodology for evaluating the work of the Agency of Human Services related to childhood trauma, toxic stress, and resilience that shall include use of results-based accountability measures currently collected by the Agency. On or before January 1, 2019, the Commissioner shall submit the recommended evaluation methodology to the Director of Prevention and Health Improvement and the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.~~

~~(b) The Director shall implement the Commissioner's recommended evaluation methodology for the purpose of understanding better the strengths and weaknesses of current efforts to address childhood trauma, toxic stress, and resilience statewide.~~

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

~~*** Health Care ***~~

~~Sec. 10. BRIGHT FUTURES GUIDELINES; INTENT~~

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

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

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

~~Sec. 11. 18 V.S.A. § 702 is amended to read:~~

~~§ 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN~~

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

~~(1) The primary care provider should serve a central role in the coordination of medical care and social services and shall be compensated appropriately for this effort.~~

~~(2) Use of information technology should be maximized.~~

~~(3) Local service providers should be used and supported, whenever possible.~~

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

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

~~(6) Interventions designed to prevent chronic disease and improve outcomes for persons with chronic disease should be maximized, should target specific chronic disease risk factors, and should address changes in individual behavior; the physical, mental, and social environment; and health care policies and systems.~~

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

~~***~~

~~Sec. 12. 18 V.S.A. § 9382 is amended to read:~~

~~§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS~~

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

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

* * *

Sec. 13. SCHOOL NURSES; HEALTH-RELATED BARRIERS TO LEARNING

On or before September 1, 2018, the Agency of Human Services' Director of Prevention and Health Improvement shall coordinate with the Vermont State School Nurse Consultant and with the Agency of Education systematically to support local education agencies, school administrators, and school nurses in ensuring that all students' health appraisal forms are completed on an annual basis to enable school nurses to identify students' health-related barriers to learning.

* * * Opioid Abuse Treatment * * *

Sec. 14. 33 V.S.A. § 2004a is amended to read:

§ 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

(a) The Evidence-Based Education and Advertising Fund is established in the State Treasury as a special fund to be a source of financing for activities relating to fund collection and analysis of information on pharmaceutical marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of prescription drug data needed by the Office of the Attorney General for enforcement activities; for the Vermont Prescription Monitoring System established in 18 V.S.A. chapter 84A; for the evidence-based education educational program established in 18 V.S.A. chapter 91, subchapter 2; for statewide unused prescription drug disposal initiatives; for the prevention of prescription drug misuse, abuse, and diversion; for prevention and treatment of substance use disorder; for exploration of nonpharmacological approaches to pain management; for a hospital antimicrobial program for the purpose of reducing hospital-acquired infections; for the purchase and distribution of naloxone to emergency medical services personnel; for evidence-based or evidence-informed opioid-related programming conducted for the benefit of children and families; and for the support of any opioid-antagonist educational, training, and distribution program operated by the Department of

~~Health or its agents. Monies deposited into the Fund shall be used for the purposes described in this section.~~

~~***~~

~~*** Education ***~~

~~Sec. 15. 16 V.S.A. § 136 is amended to read:~~

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

~~***~~

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

~~(1) Supervise the preparation of appropriate nutrition and fitness curricula for use in the public schools, promote programs for the preparation of teachers to teach these curricula, and assist in the development of wellness programs.~~

~~(2) [Repealed.]~~

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

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

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

~~***~~

~~Sec. 16. 16 V.S.A. § 2902 is amended to read:~~

~~§ 2902. TIERED SYSTEM OF SUPPORTS AND EDUCATIONAL
SUPPORT TEAM~~

~~***~~

- ~~(b) The tiered system of supports shall:~~
- ~~(1) be aligned as appropriate with the general education curriculum;~~
 - ~~(2) be designed to enhance the ability of the general education system to meet the needs of all students;~~
 - ~~(3) be designed to provide necessary supports promptly, regardless of an individual student's eligibility for categorical programs;~~
 - ~~(4) seek to identify and respond to students in need of support for at-risk behaviors and to students in need of specialized, individualized behavior supports; ~~and~~~~
 - ~~(5) provide all students with a continuum of evidence-based and research-based behavior practices, including trauma-sensitive programming, that teach and encourage prosocial skills and behaviors schoolwide;~~
 - ~~(6) promote collaboration with families, community supports, and the system of health and human services; and~~
 - ~~(7) provide professional development as needed to support all staff in implementing the system.~~
- ~~(c) The educational support team for each public school in the district shall be composed of staff from a variety of teaching and support positions and shall:~~
- ~~(1) Determine which enrolled students require additional assistance to be successful in school or to complete secondary school based on indicators set forth in guidelines developed by the Secretary, such as academic progress, attendance, behavior, or poverty. The educational support team shall pay particular attention to students during times of academic or personal transition and to those students who have been exposed to trauma.~~

~~***~~

~~Sec. 17. 16 V.S.A. § 2904 is amended to read:~~

~~§ 2904. REPORTS~~

~~Annually, each superintendent shall report to the Secretary in a form prescribed by the Secretary, on the status of the educational support systems multi-tiered system of supports in each school ~~in the supervisory union~~. The report shall describe the services and supports that are a part of the education support system multi-tiered system of supports, how they are funded, and how building the capacity of the educational support system multi-tiered system of supports has been addressed in the school action plans, school's continuous improvement plan and professional development and shall be in addition to the~~

~~report required of the educational support multi-tiered system of supports team in subdivision 2902(c)(6) of this chapter. The superintendent's report shall include a description and justification of how funds received due to Medicaid reimbursement under section 2959a of this title were used.~~

~~*** Reallocation of Resources ***~~

~~Sec. 18. REALLOCATION OF RESOURCES~~

~~(a) In an effort to eliminate duplicated efforts and realize savings, the Secretary of Human Services shall review working groups, commissions, and other initiatives pertaining to childhood trauma, substance use disorder, and mental health for the purpose of determining their effectiveness and budgetary impact. The working groups, commissions, and other initiatives addressed shall include:~~

~~(1) the Alcohol and Drug Abuse Council pursuant to 18 V.S.A. § 4803;~~

~~(2) the Controlled Substances and Pain Management Advisory Council pursuant 18 V.S.A. § 4255;~~

~~(3) the Domestic Violence Fatality Review Commission pursuant to 15 V.S.A. § 1140;~~

~~(4) the Mental Health Crisis Response Commission pursuant to 18 V.S.A. § 7257a;~~

~~(5) the Tobacco Evaluation and Review Board pursuant to 18 V.S.A. § 9504;~~

~~(6) the Governor's Marijuana Advisory Commission; and~~

~~(7) the Governor's Opioid Coordination Council.~~

~~(b) On or before October 1, 2018, the Secretary shall submit a report containing findings and recommendations for legislative action to the Senate Committees on Appropriations and on Health and Welfare and to the House Committees on Appropriations, on Health Care, and on Human Services. Any savings identified in conducting this review may be used to fund the Director of Prevention and Health Improvement position established in Sec. 5 of this act.~~

~~*** Effective Date ***~~

~~Sec. 19. EFFECTIVE DATE~~

~~This act shall take effect on July 1, 2018.~~

~~*** Purpose and Status Update ***~~

~~Sec. 1. PURPOSE~~

~~It is the purpose of this act to ensure a consistent family support system by~~

enhancing opportunities to build resilience among families throughout the State that are experiencing the causes or symptoms of childhood adversity. While significant efforts to provide preventative services are already well under way in many parts of the State, better coordination is necessary to ensure that gaps in services are addressed and redundancies do not occur. In this regard, this act builds on the significant work advanced in 2017 Acts and Resolves No. 43, including the principles for Vermont's trauma-informed system of care. The General Assembly supports a public health approach to address childhood adversity wherein interventions pertaining to socioeconomic determinants of health are employed in a manner that has the broadest societal reach and in which specialized interventions are directed to individuals with the most acute need.

Sec. 2. STATUS REPORT; COMPLETION OF ACT 43 REPORT

On or before November 1, 2018, the Agency of Human Services' Director of Trauma Prevention and Resilience Development shall submit to the Chairs of the House Committee on Human Services and the Senate Committee on Health and Welfare and to any existing Advisory Council on Child Poverty and Strengthening Families a status report on the Agency's methodology and progress in preparing the response plan required pursuant to 2017 Acts and Resolves No. 43, Sec. 4, including any preliminary findings. The status report shall include information as to the Agency's progress in implementing trauma-informed training opportunities for child care providers.

** * * Human Services Generally * * **

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

§ 3402. DEFINITIONS

As used in this chapter:

(1) "Childhood adversity" means experiences that may be traumatic to children and youths during the first 18 years of life, such as experiencing violence or other emotionally disturbing exposures in their homes or communities.

(2) "Resilience" means the ability to respond to, withstand, and recover from serious hardship with coping skills and a combination of protective factors, including a strong community, family support, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

(3) "Toxic stress" means strong, frequent, or prolonged experience of adversity without adequate support.

(4) "Trauma-informed" means a type of program, organization, or

system that recognizes the widespread impact of trauma and potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved in a system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks actively to resist retraumatization and build resilience among the population served.

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

§ 3403. DIRECTOR OF TRAUMA PREVENTION AND RESILIENCE
DEVELOPMENT

(a) There is created the permanent position of Director of Trauma Prevention and Resilience Development within the Office of the Secretary in the Agency of Human Services for the purpose of directing and coordinating systemic approaches across State government that build childhood resiliency and mitigate toxic stress by implementing a public health approach. The Director shall engage families and communities to build the protective factors of a strong community, family support, social connections, knowledge of parenting and child development, concrete support in times of need, and the social and emotional competence of children. It is the intent of the General Assembly that the Director position be funded by the repurposing of existing expenditures and resources, including the potential reassignment of existing positions. If the Secretary determines to fund this position by reassigning an existing position, he or she shall propose to the Joint Fiscal Committee prior to October 1, 2018 any necessary statutory modifications to reflect the reassignment.

(b) The Director shall:

(1) provide advice and support to the Secretary of Human Services and facilitate communication and coordination among the Agency's departments with regard to childhood adversity, toxic stress, and the promotion of resilience building;

(2) collaborate with both community and State partners, including the Agency of Education and the Judiciary, to build consistency between trauma-informed systems that address medical and social service needs and serve as a conduit between providers and the public;

(3) provide support for and dissemination of educational materials pertaining to childhood adversity, toxic stress, and the promotion of resilience building, including to postsecondary institutions within Vermont's State College System and the University of Vermont and State Agricultural College;

(4) coordinate with partners inside and outside State government, including the Child and Family Trauma Work Group;

(5) evaluate the statewide system, including the work of the Agency and the Agency's grantees and community contractors, that addresses resilience and trauma-prevention;

(6) evaluate, in collaboration with the Department for Children and Families and providers addressing childhood adversity prevention and resilience building services, strategies for linking pediatric primary care with the parent-child center network and other social services; and

(7) coordinate the training of all Agency employees on childhood adversity, toxic stress, resilience building, and the Agency's Trauma-Informed System of Care policy and post training opportunities for child care providers, afterschool program providers, educators, and health care providers on the Agency's website.

Sec. 5. 2017 Acts and Resolves No. 43, Sec. 4 is amended to read:

Sec. 4. ADVERSE CHILDHOOD EXPERIENCES ADVERSITY;
RESPONSE PLAN

(a) On or before January 15, 2019, the Agency of Human Services shall present to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare, in response to the work completed by the Adverse Childhood Experiences Working Group established pursuant to Sec. 3 of this act, a plan that specially addresses the integration of evidence-informed and family-focused prevention, intervention, treatment, and recovery services for individuals affected by ~~adverse childhood experiences~~ adversity. The plan shall address the coordination of services throughout and among the Agency, the Agency of Education, and the Judiciary and shall propose mechanisms for:

(1) improving and engaging community providers in the systematic prevention of trauma;

(2) case detection and care of individuals affected by ~~adverse childhood experiences~~ adversity; and

(3) ensuring that the Agency's policies related to children, families, and communities build resilience;

(4) ensuring that the Agency and grants to the Agency of Human Services' Agency's community partners related to children and families ~~strive toward accountability and community resilience~~ are evaluated using results-based accountability methodology; and

(5) providing an estimate of the resources necessary to implement the response plan, including any possible reallocations.

* * *

* * * *Health Care* * * *

Sec. 6. 18 V.S.A. § 702 is amended to read:

§ 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

* * *

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

(1) ~~the primary care provider~~ The Blueprint community health team should serve a central role in the coordination of medical care and social services and shall be compensated appropriately for this effort;

(2) ~~use~~ Use of information technology should be maximized;

(3) ~~local~~ Local service providers should be used and supported, whenever possible;

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

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

(6) ~~interventions~~ Interventions designed to prevent chronic disease and improve outcomes for persons with chronic disease should be maximized, should target specific chronic disease risk factors, and should address changes in individual behavior; the physical, mental, and social environment; and health care policies and systems.

(7) Providers should assess trauma and toxic stress to ensure that the needs of the whole person are addressed and opportunities to build resilience and community supports are maximized.

* * *

Sec. 7. 18 V.S.A. § 9382 is amended to read:

§ 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

(a) In order to be eligible to receive payments from Medicaid or commercial insurance through any payment reform program or initiative, including an all-payer model, each accountable care organization shall obtain

and maintain certification from the Green Mountain Care Board. The Board shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and processes for certifying accountable care organizations. To the extent permitted under federal law, the Board shall ensure these rules anticipate and accommodate a range of ACO models and sizes, balancing oversight with support for innovation. In order to certify an ACO to operate in this State, the Board shall ensure that the following criteria are met:

** * **

(17) The ACO provides connections and incentives to existing community services for preventing and addressing the impact of childhood adversity. The ACO collaborates on the development of quality-outcome measurements for use by primary care providers who work with children and families and fosters collaboration among care coordinators, community service providers, and families.

** * **

** * * Education * * **

Sec. 7a. COORDINATION OF ACT 264 SERVICES

The Agency of Human Services, in collaboration with Vermont Care Partners, shall identify opportunities to streamline and better coordinate the provision of services provided pursuant to 1988 Acts and Resolves No. 264. On or before January 15, 2019, the Secretary shall present the findings and recommendations for legislative action to the House Committee on Human Services and to the Senate Committee on Health and Welfare.

** * * Effective Date * * **

Sec. 8. EFFECTIVE DATE

This act shall take effect on July 1, 2018.