

S.261

An act relating to ensuring a coordinated public health approach to addressing childhood adversity and promoting resilience

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

\* \* \* 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.

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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.