TO THE HOUSE OF REPRESENTATIVES:

The Committee on Health Care to which was referred House Bill No. 762 entitled "An act relating to the Adverse Childhood Experience Questionnaire" respectfully reports that it has considered the same and recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

Sec. 1. FINDINGS AND PURPOSE

(a) It is the belief of the General Assembly that controlling health care costs requires consideration of population health, particularly Adverse Childhood Experiences (ACEs). (b) The ACE Questionnaire contains ten questions for adults pertaining to abuse, neglect, and family dysfunction during childhood. It is used to measure adult exposure to traumatic stressors in childhood ~~childhood exposure to traumatic stressors~~. Based on a respondent's answers to the Questionnaire, an ACE Score is calculated, which is the total number of ACE categories reported as experienced by a respondent.

(c) In a 1998 article entitled "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults" published in the American Journal of Preventive Medicine, evidence was cited of a "strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults."

(d) The greater the number of ACEs experienced by a respondent, the greater the risk for the following health conditions and behaviors: alcoholism and alcohol abuse, chronic obstructive pulmonary disease, depression, obesity, illicit drug use, ischemic heart disease, liver disease, intimate partner violence, multiple sexual partners, sexually transmitted

diseases, smoking, suicide attempts, and unintended pregnancies. (e) ACEs are implicated in the ten leading causes of death in the United States. (f) An individual with an ACE score of two is associated with a 100 percent increased risk of rheumatic autoimmune disease. An individual with an ACE score of four has a three to four times higher risk of depression; is five times more likely to become an alcoholic; is eight times more likely to be a victim of rape; and is up to ten times more likely to attempt suicide. An individual with an ACE score of six or higher is 2.6 times more likely to experience chronic obstructive pulmonary disease; is three times more likely to experience lung cancer; and is 4,600 times more likely to abuse intravenous drugs.

(g) Physical, psychological, and emotional trauma during childhood may result in damage to multiple brain structures and functions and may even alter a child's genes. (h) ACEs are common in Vermont. In 2011, the Vermont Department of

Health reported that 58 percent of Vermont adults experienced at least one adverse event during their childhood, and that 14 percent of Vermont adults have experienced four or more adverse events during their childhood. Seventeen percent of Vermont women have four or more ACEs.

(i) The impact of ACEs is felt across socioeconomic boundaries. (j) The earlier in life an intervention occurs for an individual with ACEs, the more likely that intervention is to be successful. (k) ACEs can be prevented where a multigenerational approach is employed to interrupt the cycle of ACEs within a family, including both prevention and treatment throughout an individual's lifespan.

Sec. 2. 18 V.S.A. § 710 is added to read:

§ 710. SCREENING AND IMPACTS OF ADVERSE CHILDHOOD EXPERIENCE ~~QUESTIONNAIRE~~

Establish a cross-disciplinary workgroup comprised of trauma expertise, primary care,

service system representation and consumer representation to identify child-specific and adult-specific symptom/functioning screening tools for primary care settings to screen for impacts of adverse childhood experiences or other psychological trauma. do we want a child workgroup and an adult workgroup with an expectation of coming together when appropriate?

This workgroup will be co-chaired by a representative from the Agency of Human Services and a service system representative.

This workgroup will recommend protocols for administration of the screen, responding to positive screens, triage and referral process and privacy protections. In accordance with trauma-informed principles, a patient may opt out of participation in the screening questions.

Recommendations, protocols and an implementation plan will be submitted by Jan 15, 2015.

Each health care provider participating in the Blueprint for Health that uses a symptom/functioning based tool to screen for impacts of adverse childhood experiences or 30other psychological trauma ~~the Adverse Childhood Experience Questionnaire~~ shall receive an additional per member, per month payment in a manner prescribed by the Director. Funding will be needed in order to do this and a mechanism to know if it is actually happening. This is also where it starts to get complicated that part of our system is multi-payer part is not. Is this about all Vermonters or only the Medicaid population? That changes what and how we may legislate.

Section 3 IMPLEMENTATION OF INTEGRATED HEALTH AND HUMAN SERVICES APPROACH FOR CHILDREN, FAMILIES AND ADULTS

The Agency of Human Services in collaboration with the Green Mountain Care Board and Vermont's Health Care Reform efforts shall establish an integration plan for both children and families and adults in order to more effectively provide an integrated health care and trauma informed system for Vermonters. This is what we are already trying to do but thought we needed this frame to lay out the plans we should create. Another area that all Vermonters and Medicaid specifically gets mixed together and is complicated to know when to tease apart. Also trying to paint the picture that human services is health care.

CHILDREN AND FAMILIES INTEGRATION PLAN

The current efforts of integrating services and providing a comprehensive and seamless service array will continue in 2 pilot regions – (Addison and Franklin/Grand Isle Counties.- do we want to name the regions?)

The full development of an integrated model will be fully rolled out in these regions with the goal of state-wide implementation by January 15, 2017. Concurrent to the continued roll-out of the pilot regions the Agency of Human Services will submit a plan to integrate all child and family health and human service efforts state-wide in order to establish a seamless system of wellness promotion and service provision linking human services (including but not limited to population health, wellness, early childhood, school age, transition age), primary care and other psychological and developmental services. A plan will be submitted by January 15, 2015.This plan shall include description of the connection and integration with the adult system as described below (page x, line x).

Both the current pilots and the plan will incorporate at least the following:

* AHS Integrated Family Services full implementation

* VT Center for Child, Youth and Families – VT Family Based Approach full model

* Primary Care and Blueprint Teams integration

* VT Child Health Improvement Program to help establish protocols

* Community Partners and Providers including but not limited to Parent Child Centers, Designated Agencies, Specialized Service Agencies, Private Providers and Schools

* Family and advocacy representation

* Workforce development and training needs including recommendations on evidence based practices in the arenas of : specific frameworks to operate within (ie – Bright Futures, Strengthening Families), home visiting, wellness and relisiency, care management, parenting skill development, specific treatments and support services

* Inventory of current resources, gaps analysis and effective and efficient use of resources.

* Governance Structure at both the state and local levels

* Exploration of a multi-payer approach in each area to assure a consistent model for all Vermonters

The pilot regions will provide the testing and improvement of the model and the submitted plan will clearly identify the scope of work, work plan to achieve scoop of work and resources needed to implement state-wide with proposed solutions. Thought this would allow us to not only identify new resource needs but new uses (changed uses) of the current resources

ADULT INTEGRATION PLAN

Because it is recognized that not only are adults the parents of the children experiencing traumatic events there are also adults (either with or without children) who need supports

and an integrated model in relation to their own traumatic experiences the Agency of Human Services and the Blueprint shall create a plan to integrate adult services including but not limited to health care and the Blueprint Teams, community providers, corrections and substance abuse hub and spoke (think it has a new name – just don't know it).

A plan will be submitted by January 15, 2015

~~The Agency Of Human Services will provide this committee a plan to fully implement state-wide the Integrated family services model including the Vermont Family Based Approach. The work plan to fully implement will include working with community blue print teams, community providers (DAs, SSAs, PCCs, Home Health for example), schools and family organizations. The plan will be submitted to this committee by Jan 15, 2015 and discuss in detail roll out, funding and staffing needs, integration with health care reform, training and workforce development~~

~~Sec. 3. FAMILY WELLNESS COACH PILOT PROGRAM~~ this is now included in the language above

~~(a) There is established a pilot program within at least five community health teams throughout the State using the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach. (b) Community health teams interested in participating may hire a family wellness coach, or contract with a community partner organization who shall serve as a family wellness coach, to provide prevention, intervention, and wellness services to families within the community health team's region. (c) Each family wellness coach or individual working on behalf of the contracting organization shall: (1) complete a four-day training program on the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach. (2) conduct outreach activities for school nurses and parent child centers operating in the community health team's region. (3) serve as a resource for family physicians within the community~~

~~health team's region. (4) bring knowledge of trauma-informed care to the provision of health care within the community health team. (d) On or before January 15 of each year through January 15, 2020, the Blueprint for Health shall report to the House Committee on Health Care and to the Senate Committee on Health and Welfare regarding any findings or recommendations related to the implementation of the Family Wellness Coach Pilot Program.~~

~~(e) The Family Wellness Coach Pilot Program shall cease to exist on~~

~~= June 20 30, 2020.~~

~~Sec. 4. VERMONT FAMILY BASED APPROACH PILOT PROGRAM~~ included above

~~(a) There is established a pilot program for primary schools within at least five school districts throughout the State using the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach. (b) A nurse or mental health professional employed at any primary school 5in a Vermont school district may apply to the Department of Health to participate in a four-day training program on the Vermont Center for Children, Youth, and Families' Vermont Family Based Approach. The Department shall select at least five nurses or mental health professionals from among the applicants to participate in the training at the Department's expense. (c) Upon completion of the four-day training program, each participating nurse or mental health professional shall employ the training received on the Vermont Family Based Approach in his or her school district. This shall include a formal presentation on the Vermont Family Based Approach for faculty members at the participating nurse or mental health professional's school district. (d) On or before January 15 of each year through January 15, 2020, the Department shall report to the House Committee on Health Care and to the Senate Committee on Health and Welfare regarding any findings or recommendations related to the Vermont Family Based Approach Pilot Program in schools. 21~~

~~(e) The Vermont Family Based Approach Pilot Program shall cease to exist 1 on June 30, 2020.~~

Sec. 5. 18 V.S.A. chapter 13, subchapter is added to read:

~~Subchapter 3. Trauma-Informed Care~~

~~§ 751. TRAUMA-INFORMED CARE COORDINATOR – The Agency of Human Services shall designate a coordinator within the~~ will be described in the plans the need for this resource unless we are able to get a position this legislative session. ~~Secretary's office who shall be responsible for ensuring consideration and consistent use of trauma-informed services throughout the Agency.~~

~~§ 752. DIRECTOR OF ADVERSE CHILDHOOD EXPERIENCE, EDUCATION, AND TREATMENT The Commissioner of Health shall designate a director of Adverse~~ will be described in the plans the need for this resource unless we are able to get a position this legislative session.

~~Childhood Experience, Treatment, and Prevention within the Department who shall be responsible for:~~

~~(1) surveying existing resources in each community health team's region and identifying gaps in resources, if any;~~

~~(2) coordinating the implementation of trauma-informed services throughout the Department;~~

~~(3) providing advice and recommendations to the Commissioner on the~~

~~expansion of trauma-informed services throughout the State; and~~

~~(4) developing and implementing programs, if applicable, aimed at preventing and treating adverse childhood experiences.~~

Sec. 6. UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND SCHOOL OF NURSING CURRICULUM

The University of Vermont's College of Medicine and School of Nursing shall consider including in its curriculum information about psychological trauma on the Adverse Childhood Experience Study and chronic or severe adult psychological trauma and shall consult with the cross-disciplinary trauma workgroup on recommendations regarding what should be included in the curriculum both from an adult perspective and child and family perspective.

Sec. 7. TRAUMA-INFORMED EDUCATIONAL MATERIALS

(a) On or before January 1, 2015, the Vermont Board of Medical Practice, in collaboration with the Vermont Medical Society Education and Research Foundation, shall develop educational materials pertaining psychological trauma and to the Adverse Childhood Experience Study, including available resources and evidence-based interventions for physicians, physician assistants, and advance practice registered nurses and shall consult with the cross-disciplinary trauma workgroup on recommendations regarding what should be included in the curriculum both from an adult perspective and child and family perspective.

(b) On or before July 1, 2016, the Vermont Board of Medical Practice and the Office of Professional Regulation shall disseminate the materials prepared pursuant to subsection (a) of this section to all physicians licensed pursuant to 26 V.S.A. chapters 23, 33, and 81, physician assistants licensed pursuant to 26 V.S.A. chapter 31, and advance practice registered nurses licensed pursuant to 26 V.S.A. chapter 28, subchapter 3.

~~Sec. 8. GREEN MOUNTAIN CARE BOARD REPORT~~ – we will take this on, part of the planning – what needs to be expanded and how to assure implementation of evidence based practices. ~~On or before December 15, 2014, the Green Mountain Care Board shall submit a written report to the Senate Committee on Health and Welfare and to the House Committee on Health Care containing:~~

~~(1) recommendations for expanding Vermont's network of parent-child centers and the Positive Parenting Program; and~~

~~(2) recommendations for expanding the Nurse Family Partnership program in Vermont.~~

Sec. 9. DEPARTMENT OF HEALTH REPORT There will be 2 reports by AHS

~~On or before December 15, 2014, the Department of Health shall submit a written report to the Senate Committee on Health and Welfare and to the House Committee on Health Care containing: (1) recommendations for incorporating education, treatment, and prevention of adverse childhood experiences into Vermont's medical practices and the Department of Health's programs;~~

~~(2) recommendations on age appropriate screening tools and evidence-based interventions for individuals from prenatal to adult; and~~

~~(3) recommendations on additional security protections that may be used for information related to a patient's adverse childhood experiences.~~

Sec. 10. STEP AHEAD RECOGNITION SYSTEM RULEMAKING

The Department for Children and Families <u>in their work related to the Race to the Top grant and expanding the</u> ~~shall amend the rules governing its~~ Step Ahead Recognition System (STARS) program shall ~~to~~ include training in trauma-informed care <u>in one of the pre-existing arenas and</u>

as part of the Strengthening Families Framework as a key component of the STARS program.

~~as one of the recognized achievement "arenas" within the State's program.~~

Sec. 11. EFFECTIVE DATE

This act shall take effect on July 1, 2014.

…

…

(Committee vote: _____) Representative [surname]12 FOR THE COMMITTEE