Notes from James Hudziak, 2/26/14, H.762, ACE Study legislation

I took the liberty of reviewing the bill word by word and attach comments (I was unable to work within the bill as the copy I had was read only so we needed to reformat).
We can generate the costs (they are modest) but I put in a few questions about who will fund which aspect of the work.
Hopefully one or more of the comments are helpful.

Here is a guide to the changes and what the edited colors mean.

1. New text is highlighted in gray. Questions to the legislators are highlighted in green. Replaced text is struck out.

2. Added an introductory piece on the VFBA to the "Findings" section….with an explanation of how the VFBA responds to the issues indicated by the ACEs.

3. Reframed the sections on the two projects (Community Health Team and School-Based) to discuss the entire VFBA.

4. Pointed out the need for some revenue streams to support the training.
The Committee on Health Care to which was referred House Bill No. 762 2 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 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 14 ACE categories reported as experienced by a respondent.
(c) In a 1998 article entitled "Relationship of Childhood Abuse and 16 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.

(l) The Vermont Family Based Approach (VFBA) is a comprehensive public health paradigm that was developed by Dr. Jim Hudziak, Director of the UVM Vermont Center for Children, Youth, and Families (VCCYF). The VFBA is an empirically supported approach to population health that places family mental health at the center of all health. In so doing, it honors the familial nature of health and recognizes the critical importance of early family environments for life-long health. The VFBA thus effectively addresses the complex social, economic, and developmental issues driving population health that were revealed by the ACEs study.

(m) The VFBA uses a tiered approach to population-based health promotion and treatment. Based on the results of family-based health assessment, families receive different levels of health and wellness services. All families are partnered with Family Wellness Coaches, who are health or education professionals trained in evidence-based, family-based assessment and health promotion. Families requiring more intensive health services are also partnered with Focused Family Coaches, who are evidence-based, family-based psychotherapists, and with Family-Based Psychiatrists.

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

§ 710. ADVERSE CHILDHOOD EXPERIENCE QUESTIONNAIRE

Each health care provider participating in the Blueprint for Health that uses the Adverse Childhood Experience Questionnaire shall receive an additional per member, per month payment in a manner prescribed by the Director.

Sec. 3. VERMONT FAMILY BASED APPROACH COMMUNITY HEALTH TEAMS PILOT PROGRAM

(a) At least five community health teams throughout the state have partnered with the VCCYF in the piloting of the VFBA.

(b) Community health teams interested in joining this pilot program may hire Family Wellness Coaches and Focused Family Coaches or contract with community partner organizations who shall serve as Family Wellness Coaches or Focused Family Coaches. What does "may hire" mean? How will this be paid for?

(c) Each Community Health Team-Based Family Wellness Coach shall:

(1) complete a four-day Family Wellness Coaching training program at the VCCYF. Who will pay for this training? Training costs include VCCYF faculty time, Family Wellness Coaching toolkits, room and food costs, etc.

(2) receive ongoing supervision in Family Wellness Coaching from the VCCYF faculty for at least 6 months following the training. Who will pay for this supervision?

(3) implement Family Wellness Coaching (family-based empirical assessment with feedback, evidence-based motivational enhancement strategies, coaching in evidence-based health promotion and positive parenting) as part of their service to the community health team's region.

(d) Each Community Health Team-Based Focused Family Coach shall:

(1) complete a four-day Focused Family Coaching training program at the VCCYF. Who will pay for this training?

(2) receive ongoing supervision in Focused Family Coaching from the VCCYF faculty for at least 12 months following the Focused Family Coaching Training. Who will pay for this supervision?

(3) implement Focused Family Coaching (evidence-based, family-based psychotherapy) as part of their service to the community health team's region.

(e) 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 Vermont Family Based Approach Community Health Teams Pilot Program.

(f) The Family Wellness Coach Pilot Program shall cease to exist on June 30, 2020.

~~**Sec. 3. FAMILY WELLNESS COACH PILOT PROGRAM**~~

~~(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 18 Pilot Program.~~

~~(e) The Family Wellness Coach Pilot Program shall cease to exist on June 30, 2020.~~

Sec. 4. VERMONT FAMILY BASED APPROACH SCHOOL-BASED PILOT PROGRAM

(a) At least three primary schools and three school districts in the State have partnered with the VCCYF in the school-based implementation of the VFBA.

(b) A nurse or mental health professional employed at any school in a Vermont school district may apply to the Department of Health to participate in a four-day Family Wellness Coaching training program at the VCCYF. A mental health professional employed at any school in a Vermont school district may apply to the Department of Health to participate in a four-day Focused Family Coaching training at the VCCYF. How will the Department of Health pay for this training, what funds will be used?

(c) Each School-Based Family Wellness Coach shall:

(1) complete a four-day Family Wellness Coaching training program at the VCCYF. Who will pay for this training?

(2) receive ongoing supervision in Family Wellness Coaching from the VCCYF faculty for at least 6 months following the Family Wellness Coaching Training. Who will pay for this supervision?

(3) implement Family Wellness Coaching (family-based empirical assessment with feedback, evidence-based motivational enhancement strategies, coaching in evidence-based health promotion and positive parenting) as part of their service to the school.

(d) Each School-Based Focused Family Coach shall:

(1) complete a four-day Focused Family Coaching training program at the VCCYF. Who will pay for this training?

(2) receive ongoing supervision in Focused Family Coaching from the VCCYF faculty for at least 12 months following the Focused Family Coaching Training. Who will pay for this supervision?

(3) implement Focused Family Coaching (evidence-based family-based psychotherapy) as part of their service to the school.

(e) 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 Vermont Family Based Approach School-Based Pilot Program.

(f) The Family Wellness Coach Pilot Program shall cease to exist on June 30, 2020.

~~**Sec. 4. VERMONT FAMILY BASED APPROACH PILOT PROGRAM**~~

~~(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 in 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.~~
~~(e) The Vermont Family Based Approach Pilot Program shall cease to exist on June 30, 2020. 2~~

Sec. 5. 18 V.S.A. chapter 13, subchapter 3 is added to read: 3
Subchapter 3. Trauma-Informed Care

§ 751. TRAUMA-INFORMED CARE COORDINATOR
The Agency of Human Services shall designate a coordinator within the 6 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 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 on the Adverse Childhood Experience Study.

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 to the Adverse Childhood Experience Study, including available resources and evidence-based interventions for physicians, physician assistants, and advance practice registered nurses.
(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 15 26 V.S.A. chapters 23, 33, and 81, physician assistants licensed pursuant to 16 26 V.S.A. chapter 31, and advance practice registered nurses licensed pursuant 17 to 26 V.S.A. chapter 28, subchapter 3.

Sec. 8. GREEN MOUNTAIN CARE BOARD REPORT

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

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 shall amend the rules governing its Step Ahead Recognition System (STARS) to include training in trauma-informed care as one of the recognized achievement "arenas" within the State's program.