H.299

Introduced by Representatives Till of Jericho, Berry of Manchester, Carr of Brandon, Cole of Burlington, Dakin of Chester, Emmons of Springfield, Evans of Essex, Frank of Underhill, French of Randolph, Lanpher of Vergennes, Lenes of Shelburne, Martin of Wolcott, Masland of Thetford, McCormack of Burlington, Miller of Shaftsbury, Mrowicki of Putney, Nuovo of Middlebury, O'Sullivan of Burlington, Poirier of Barre City, Rachelson of Burlington, Russell of Rutland City, Sullivan of Burlington, Walz of Barre City, and Yantachka of Charlotte

Referred to Committee on

Date:

Subject: Health; population health; adverse childhood experiences

Statement of purpose of bill as introduced: This bill proposes to create a trauma-informed service director in the Agency of Human Services. It also proposes to establish a pilot program that partners prenatal care providers with parent-child centers, as well as a pilot program in a federally qualified health center. The bill proposes to encourage the use of adverse childhood experience screening tools by training family wellness coaches, incentivizing provider use, incorporating education in medical and nursing school curricula, and assessing regional capacity for program growth.

An act relating to the implementation of trauma screening and the prevention and treatment of adverse childhood experiences

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

Sec. 1. FINDINGS

(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 categories of questions for adults pertaining to abuse, neglect, and family dysfunction during childhood. It is used to measure an adult's exposure to traumatic stressors in childhood. 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) Physical, psychological, and emotional trauma during childhood may result in damage to multiple brain structures and functions.

(e) The greater the ACE score of 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.

(f) ACEs are implicated in the ten leading causes of death in the United States and with an ACE score of six or higher, an individual has a 20-year reduction in life expectancy.

(g) An individual with an ACE score of one has a 20 percent increased risk of heart disease. An individual with an ACE score of two is twice as likely to experience rheumatic disease and 70 percent more likely to have heart 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 experience sexual assault, 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 46 times more likely to abuse intravenous drugs. An individual with an ACE score of seven or higher is 31 times more likely to attempt suicide.

(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 all socioeconomic boundaries.

(j) The earlier in life an intervention occurs for an individual who has experienced 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) It is the belief of the General Assembly that people who have experienced adverse childhood experiences are resilient and can succeed in leading happy, healthy lives.

Sec. 2. PROGRAM CAPACITY AND RESOURCE INVENTORY

(a) The Department of Vermont Health Access shall conduct an inventory of available resources, program capabilities, and coordination capacity in each county of the State with regard to the following:

(1) those programs or providers currently screening patients for adverse childhood experiences or conducting another type of trauma assessment;

(2) current capacity of the Nurse-Family Partnership and its ability to provide universal newborn home visiting services to all new mothers and families;

(3) the capacity to establish integrated prevention and treatment programming as delivered by the Positive Parenting Program (Triple P) and Vermont Center for Children, Youth and Families' Vermont Based Approach;

(4) the capacity to uniformly apply the Department for Children and Families' Strengthening Families Framework among service providers; and

(5) the availability of referral treatment programs for families and individuals who have experienced trauma or are experiencing trauma and whether telemedicine may be used to address shortages in service, if any.

(b) On or before January 15, 2016, the Department shall submit the results of the inventory conducted pursuant to subsection (a) of this section, along with any other findings or recommendations for legislative action to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

Sec. 3. 3 V.S.A. § 3055 is added to read:

§ 3055. TRAUMA-INFORMED SERVICE DIRECTOR

(a) A trauma-informed service director shall be established in the Office of the Secretary of Human Services as part of the Integrated Family Services initiative for the purpose of:

(1) organizing evidence-based and family focused initiatives to prevent adverse childhood experiences from occurring; and

(2) directing the Agency's response to the impact of adverse childhood experiences by coordinating services for individuals.

(b) The Trauma-Informed Service Director shall provide advice and support to the Secretary and to each of the Agency's departments in establishing evidence-based and family-focused mechanisms for the assessment and prevention of adverse childhood experiences. The Director shall also support the Secretary and departments in connecting affected individuals with the appropriate resources for recovery.

Sec. 4. TRAUMA-INFORMED SERVICE DIRECTOR; SYSTEM PLAN

On or before January 15, 2017, the Trauma-Informed Service Director established pursuant to 3 V.S.A. § 3055 shall develop and submit a plan to the Governor, the House Committee on Health Care, and the Senate Committee on Health and Welfare regarding the integration of evidence-based and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood experiences. In developing the plan, the Director shall collaborate with the Vermont Center for Children, Youth and Families to ensure that evidence-based and family-focused assessment, prevention, intervention, treatment, and recovery services are integrated. The Director shall also consult with the Vermont Center for Children, Youth and

Families in selecting appropriate tools to screen for adverse childhood experiences. The plan shall address the coordination of services throughout the Agency of Human Services and shall propose mechanisms for engaging community providers in the systematic prevention, screening, case detection, and care of individuals affected by adverse childhood experiences.

Sec. 5. 16 V.S.A. chapter 31, subchapter 4 is added to read:

Subchapter 4. School Nurses

§ 1441. FAMILY WELLNESS COACH TRAINING

(a) A school nurse employed by a primary or secondary school shall be eligible to participate in a four-day training program on the Vermont Center for Children, Youth and Families' Vermont Family Based Approach. A school nurse completing the training program may provide family wellness coaching to those families with a student in attendance at the school where the school nurse is employed.

(b) The Agency of Human Services shall reimburse school nurses for the costs accrued in participating in the Vermont Family Based Approach training program above that amount covered by continuing education funds available from the school district or supervisory union in which the school nurse is employed.

§ 1442. COMMUNITY HEALTH TEAM AND SCHOOL NURSE PARTNERSHIP

A school nurse may participate in an informal partnership with a community health team that is located in the same region as the primary or secondary school where the school nurse is employed pursuant to 18 V.S.A. § 705.

Sec. 6. 18 V.S.A. § 705 is amended to read:

§ 705. COMMUNITY HEALTH TEAMS

* * *

(d) A community health team shall foster an informal partnership with school nurses employed at a primary or secondary school located in the same region as the community health team. At a school nurse's request, the community health team shall serve as:

(1) an educational resource for issues that may arise during the course of the school nurse's practice; and

(2) a referral resource for services available to students and families outside of an educational institution.

Sec. 7. PILOT; PRENATAL CARE PROVIDER AND PARENT-CHILD CENTER PARTNERSHIP

(a) The Secretary of Human Services, in consultation with appropriate stakeholders, shall develop and implement a pilot program that fosters

partnerships between prenatal care providers, parent-child centers across the State, and the Vermont Center for Children, Youth and Families.

(b) On or before January 1, 2016, the Secretary shall establish a pilot site within one practice providing prenatal care per county. Each participating practice shall partner with its local parent-child center to provide family wellness coaching and parenting classes to practice patients and community members in accordance with the Vermont Center for Children, Youth and Families' Vermont Family Based Approach. The classes shall follow a statewide uniform curriculum developed by the parent-child centers in collaboration with Vermont Center for Children, Youth and Families.

(c) A staff member of each participating parent-child center shall receive training on the Vermont Center for Children, Youth and Families' Vermont Family Based Approach prior to commencement of the pilot in his or her region.

(d) The Secretary shall monitor the implementation of the pilot program by requiring participating parent-child centers to submit feedback annually regarding the benefits and weaknesses of the partnership, if any. Specifically, the parent-child centers shall provide feedback on the following:

(1) client utilization of family wellness coaching and parenting classes;

(2) client satisfaction with the provision of services;

(3) prenatal care provider satisfaction with the partnership; and

(4) any other relevant physical and mental health outcomes observed.

(e) On or before January 15, 2018, the Secretary shall report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare with his or her findings and recommendations related to the prenatal care provider and parent-child center partnerships.

(f) The pilot program shall cease to exist on July 1, 2019.

Sec. 8. PILOT; FEDERALLY QUALIFIED HEALTH CENTERS

(a) On or before January 1, 2016, the Secretary of Human Services, in consultation with appropriate stakeholders, shall develop and implement a pilot program to integrate the Vermont Center for Children, Youth and Families' Vermont Family Based Approach in one federally qualified health center in the State. The pilot shall be integrated with other children's services offered by the Agency of Human Services, including the Integrated Family Services initiative.

(b) All staff members of the participating federally qualified health center shall receive training in the Vermont Center for Children, Youth and Families' Vermont Family Based Approach prior to the commencement of the pilot program.

(c) The participating federally qualified health center shall receive funds from the Agency of Human Services to provide psychiatry and psychology

services, as well as to retain two family wellness coaches and one focus family coach.

(d) On or before January 15, 2018, the Secretary shall report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare with his or her findings and recommendations related to the federally qualified health center pilot.

(e) The pilot program shall cease to exist on July 1, 2019.

Sec. 9. BLUEPRINT FOR HEALTH; INCENTIVIZING TRAUMA SCREENING TOOLS

The Director of the Blueprint for Health, in consultation with the Agency of Human Services' Trauma-Informed Service Director, shall incentivize Blueprint for Health pediatric practices to use a voluntary, evidence-based adverse childhood experience screening tool with families at well-child visits by increasing per member, per month payments to participating practices. On or before January 15, 2016, the Director shall submit any related recommendations regarding the trauma screening incentives to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

Sec. 10. TRAUMA PROGRAMMING; CHILDREN OF INCARCERATED PARENTS

The Department of Corrections, in consultation with the Agency of Human Services' Trauma-Informed Service Director and other relevant experts, shall propose programming to address and reduce trauma and associated health risks to children of incarcerated parents. The proposed programming shall be evidence-based, family-focused, and universally available to all children in Vermont with one or more incarcerated parents in accordance with the Vermont Center for Children, Youth and Families' Vermont Family Based Approach. On or before January 15, 2016, the Department shall submit a written proposal for programming to the House Committees on Corrections and Institutions, on Health Care, and on Human Services, and to the Senate Committees on Health and Welfare and on Judiciary.

Sec. 11. TRAUMA-INFORMED SCHOOL SYSTEM

The Secretary of Education, in consultation with a representative of the Vermont Principals' Association, the Vermont Superintendents Association, the Vermont School Boards Association, and the National Education Association, shall develop a plan for creating a trauma-informed school system throughout Vermont. The plan shall link school nurses with primary care providers in the community. It shall also include mechanisms for coordinating trauma-informed resources throughout the system and measuring the results of

all related initiatives. On or before January 15, 2016, the Secretary shall submit the plan to the House Committees on Education, on Health Care, and on Human Services and to the Senate Committees on Education and on Health and Welfare.

Sec. 12. FUNDING; PARENT-CHILD CENTERS

On or before January 15, 2016, the Commissioner of Vermont Health Access shall submit a report to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare recommending a stable and adequate source of funding for the State's parent-child centers.

Sec. 13. CURRICULUM; UNIVERSITY OF VERMONT'S COLLEGE OF MEDICINE AND SCHOOL OF NURSING

The General Assembly recommends that the University of Vermont's College of Medicine and School of Nursing expressly include information in their curricula pertaining to adverse childhood experiences and their impact on short and long-term physical and mental health outcomes.

Sec. 14. RESULTS-BASED ACCOUNTABILITY

On or before January 15, 2016, the Green Mountain Care Board shall submit recommendations for measuring outcomes of each of the initiatives created by this act to the Secretary of Human Services, the House Committees

on Health Care and on Human Services, and to the Senate Committee on Health and Welfare.

Sec. 15. EFFECTIVE DATE

This act shall take effect on July 1, 2015.