

1 H.508

2 Introduced by Committee on Human Services

3 Date:

4 Subject: Human services; adverse childhood experiences; work group

5 Statement of purpose of bill as introduced: This bill proposes to create the
6 Adverse Childhood Experiences Working Group.

7 An act relating to building resilience for individuals experiencing adverse
8 childhood experiences

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

10 ~~Sec. 1. FINDINGS~~

11 The General Assembly finds that:

12 (1) Adversity in childhood has a direct impact on an individual's health
13 outcomes and social functioning. The cumulative effects of multiple adverse
14 childhood experiences (ACEs) have even more profound public health and
15 societal implications. ACEs include physical, emotional, and sexual abuse;
16 neglect; food and financial insecurity; living with a person experiencing
17 mental illness, substance use disorder, or both; experiencing or witnessing
18 domestic violence; and having divorced parents or an incarcerated parent.

19 (2) The ACE questionnaire contains ten categories of questions for
20 adults pertaining to abuse, neglect, and family dysfunction during childhood.

1 It is used to measure an adult's exposure to traumatic stressors in childhood.

2 Based on a respondent's answers to the questionnaire, an ACE score is
3 calculated, which is the total number of ACE categories reported as
4 experienced by a respondent.

5 (3) ACEs are common in Vermont. One in eight Vermont children have
6 experienced three or more ACEs, the most common being divorced or
7 separated parents, food and housing insecurity, and having lived with someone
8 with a substance use disorder or mental health condition. Children with three
9 or more ACEs have higher odds of failing to engage and flourish in school.

10 (4) The impact of ACEs in Vermont is evident through the rise in
11 caseloads in the Department for Children and Families, the acceleration of the
12 opioid epidemic, which is both driving and affected by family dysfunction, and
13 rising health costs associated with adult chronic illness.

14 (5) The impact of ACEs are felt across all socioeconomic boundaries.

15 (6) The earlier in life an intervention occurs for an individual who has
16 experienced ACEs, the more likely that intervention is to be successful.

17 (7) There are at least 17 nationally recognized models shown to be
18 effective in lowering the risk for child abuse and neglect, improving maternal
19 and child health, and promoting child develop and school readiness.

20 (8) The General Assembly understands that people who have
21 experienced adverse childhood experiences can build resilience and can

1 ~~succeed in leading happy, healthy lives.~~

2 Sec. 2. ADVERSE CHILDHOOD EXPERIENCES; WORKING GROUP

3 (a) Creation. There is created the Adverse Childhood Experiences (ACEs)
4 Working Group for the purpose of investigating, cataloguing, and analyzing
5 existing resources to mitigate childhood trauma, identify populations served,
6 and examine structures to build resiliency.

7 (b) Membership. The Working Group shall be composed of the following
8 members:

9 (1) four members of the House, not all from the same political party,
10 who shall be appointed by the Speaker, including:

11 (A) the Chair of the House Committee on Human Services or
12 designee;

13 (B) the Chair of the House Committee on Health Care or designee;

14 (C) the Chair of the House Committee on Education or designee; and

15 (D) a current member of the House at large; and

16 (2) four members of the Senate, not all from the same political party,
17 who shall be appointed by the Committee on Committees, including:

18 (A) the Chair of the Senate Committee on Health and Welfare or
19 designee;

20 (B) the Chair of the Senate Committee on Education or designee; and

21 (C) two current members of the Senate at large.

1 (c)(1) Powers and duties. In light of current research and the fiscal
2 environment, the Working Group shall analyze existing resources related to
3 building resilience in early childhood and propose appropriate structures for
4 advancing the most evidence-based or evidence-informed and cost-effective
5 approaches to serve children experiencing trauma, including the following:
6 (A) identifying by service area existing intervention programs for
7 children and families and those populations served by each program, including
8 the effectiveness of identified programs;
9 (B) determining whether there are any statewide or regional gaps in
10 services for interventions on behalf of children and families;
11 (C) exploring previous and ongoing initiatives within the Agencies of
12 Human Services and of Education that address trauma, including any gains
13 achieved; and
14 (D) considering, if necessary, a legislative proposal that targets the
15 use of evidence-based or evidence-informed and cost-effective interventions
16 for children and families based upon the strength and weaknesses of existing
17 services.
18 (2) The Working Group shall take testimony from a diverse array of
19 stakeholders, including:
20 (A) the Secretary of Education or designee;
21 (B) the Commissioner of Mental Health or designee,

1 (C) a representative from each of the Department for Children and
2 Families' Divisions of Child Development, of Economic Services, and of
3 Family Services;

4 (D) a representative of the parent-child centers;

5 (E) a representative of the Nurse-Family Partnership;

6 (F) a representative of a Head Start program in Vermont;

7 (G) a representative of the Commission on Psychological Trauma
8 established by 2000 Acts and Resolves No. 132;

9 (H) a representative of Vermont's Family-engaged, Adoption
10 Competent, Trauma-informed Services;

11 (I) a representative of the Home Visiting Alliance;

12 (J) a representative of Vermont Care Partners with experience
13 pertaining to children's mental health;

14 (K) a representative of the Vermont Child Health Improvement
15 Program;

16 (L) a representative of Building Bright Futures;

17 (M) a representative of Prevent Child Abuse Vermont; and

18 (N) any other person or persons with information relevant to the
19 Working Group's charge.

20 (d)(1) Assistance. The Working Group shall have the administrative,
21 technical, and legal assistance of the Office of Legislative Council. The joint

1 ~~Fiscal Office shall provide staff support to the Working Group as necessary.~~

2 (2) On or before August 15, 2017, the Agency of Human Services, in
3 consultation with the Agency of Education, shall provide existing data and
4 background materials relevant to the responsibilities of the Working Group to
5 the Office of Legislative Council, including a spreadsheet by service area of
6 those programs or services that receive State or federal funds to provide
7 intervention services for children and families and the eligibility criteria for
8 each program and service.

9 (e) Proposed legislation. On or before December 1, 2017, the Working
10 Group shall submit any recommended legislation to the House Committee on
11 Human Services and the Senate Committee on Health and Welfare.

12 (f) Meetings.

13 (1) The Chair of the House Committee on Human Services or designee
14 shall call the first meeting of the Working Group to occur on or before
15 September 1, 2017.

16 (2) The Working Group shall select a chair from among its members at
17 the first meeting.

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

19 (4) The Working Group shall cease to exist on January 1, 2018.

20 (g) Reimbursement. For attendance at meetings during adjournment of the
21 General Assembly, legislative members of the Working Group shall be entitled

1 ~~to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A.~~
2 ~~§ 406 for no more than six meetings.~~

3 ~~(h) Appropriation. The sum of \$ 9,840.00 is appropriated to the General~~
4 ~~Assembly from the General Fund in fiscal year 2018 for per diem~~
5 ~~compensation and reimbursement of expenses for members of the Working~~
6 ~~Group.~~

7 Sec. 3. EFFECTIVE DATE

8 ~~This act shall take effect on July 1, 2017.~~

Sec. 1. FINDINGS

The General Assembly finds that:

(1) Adversity in childhood has a direct impact on an individual's health outcomes and social functioning. The cumulative effects of multiple adverse childhood experiences (ACEs) have even more profound public health and societal implications. ACEs include physical, emotional, and sexual abuse; neglect; food and financial insecurity; living with a person experiencing mental illness or substance use disorder, or both; experiencing or witnessing domestic violence; and having divorced parents or an incarcerated parent.

(2) 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.

(3) ACEs are common in Vermont. One in eight Vermont children has experienced three or more ACEs, the most common being divorced or separated parents, food and housing insecurity, and having lived with someone with a substance use disorder or mental health condition. Children with three or more ACEs have higher odds of failing to engage and flourish in school.

(4) The impact of ACEs in Vermont is evident through the rise in caseloads in the Department for Children and Families, the acceleration of the opioid epidemic, which is both driving and affected by family dysfunction, and rising health care costs associated with adult chronic illness.

(5) The impact of ACEs is felt across all socioeconomic boundaries.

(6) The earlier in life an intervention occurs for an individual who has experienced ACEs, the more likely that intervention is to be successful.

(7) There are at least 17 nationally recognized models shown to be effective in lowering the risk for child abuse and neglect, improving maternal and child health, and promoting child development and school readiness.

(8) The General Assembly understands that people who have experienced adverse childhood experiences can build resilience and can succeed in leading happy, healthy lives.

Sec. 2. 33 V.S.A. chapter 34 is added to read:

CHAPTER 34. PROMOTION OF CHILD AND FAMILY RESILIENCE

§ 3401. PRINCIPLES FOR VERMONT'S TRAUMA-INFORMED

SYSTEM OF CARE

The General Assembly adopts the following principles with regard to strengthening Vermont's response to trauma and toxic stress during childhood:

(1) Childhood trauma affects all aspects of society. Each of Vermont's systems addressing trauma, particularly social services; health care, including mental health; education; child care; and the justice system, shall collaborate to address the causes and symptoms of childhood trauma and to build resilience.

(2) Addressing trauma in Vermont requires building resilience in those individuals already affected and preventing childhood trauma within the next generation.

(3) Early childhood adversity is common and can be prevented. When adversity is not prevented, early intervention is essential to ameliorate the impacts of adversity. A statewide, community-based, interconnected, public health and social service approach is necessary to address this effectively. This model shall include training for local leaders to facilitate a cultural change around the prevention and treatment of childhood trauma.

(4) Service systems shall be integrated at the local and regional levels to maximize resources and simplify how systems respond to individual and family

needs. All programs and services shall be evidence-informed and research-based, adhering to best practices in addressing trauma and promoting resilience.

Sec. 3. ADVERSE CHILDHOOD EXPERIENCES; WORKING GROUP

(a) Creation. There is created the Adverse Childhood Experiences Working Group for the purpose of investigating, cataloguing, and analyzing existing resources to mitigate childhood trauma, identify populations served, and examine structures to build resiliency.

(b) Membership. The Working Group shall be composed of the following members:

(1) three members of the House, who shall be appointed by the Speaker, including:

(A) the Chair of the House Committee on Human Services or designee;

(B) the Chair of the House Committee on Health Care or designee; and

(C) the Chair of the House Committee on Education or designee; and

(2) three members of the Senate, who shall be appointed by the Committee on Committees, including:

(A) the Chair of the Senate Committee on Health and Welfare or designee;

(B) the Chair of the Senate Committee on Education or designee;
and

(C) one current member from the Senate at large.

(c)(1) Powers and duties. In light of current research and the fiscal environment, the Working Group shall analyze existing resources related to building resilience in early childhood and propose appropriate structures for advancing the most evidence-based or evidence-informed and cost-effective approaches to serve children experiencing trauma, including the following:

(A) identifying by service area existing intervention programs for children and families and those populations served by each program, including the effectiveness of identified programs;

(B) determining whether there are any statewide or regional gaps in services for interventions on behalf of children and families;

(C) exploring previous and ongoing initiatives within the Agencies of Human Services and of Education that address trauma, including any gains achieved;

(D) considering, if necessary, a legislative proposal that targets the use of evidence-based or evidence-informed and cost-effective interventions for children and families based upon the strengths and weaknesses of existing services; and

(E) determining the fiscal impact and staffing needs related to any

changes to State services proposed by the Working Group, including those that affect public schools.

(2) The Working Group shall take testimony from a diverse array of public and private stakeholders, including the Agency of Human Service's Child and Family Trauma Advisory Committee.

(d)(1) Assistance. The Working Group shall have the administrative, technical, and legal assistance of the Office of Legislative Council. The Joint Fiscal Office and the Agencies of Education and of Human Services shall provide assistance to the Working Group as necessary.

(2) On or before August 15, 2017, the Agency of Human Services, in consultation with the Agency of Education, shall provide data and background materials relevant to the responsibilities of the Working Group to the Office of Legislative Council, including:

(A) a spreadsheet by service area of those programs or services that receive State or federal funds to provide intervention services for children and families and the eligibility criteria for each program and service;

(B) a compilation of grants to organizations that address childhood trauma and resiliency from the grants inventory established pursuant to 3 V.S.A. § 3022a;

(C) a summary as to how the Agencies currently coordinate their work related to childhood trauma prevention, screening, and treatment efforts;

(D) any training materials currently disseminated to early child care and learning professionals by the Agencies regarding the identification of students exposed to adverse childhood experiences and strategies for referring families to community health teams and primary care medical homes; and

(E) a description of any existing programming within the Agencies or conducted in partnership with local community groups that is aimed at addressing and reducing trauma and associated health risks to children.

(e) Proposed legislation. On or before November 1, 2017, the Working Group shall submit any recommended legislation to the House Committee on Human Services and the Senate Committee on Health and Welfare.

(f) Meetings.

(1) The Chair of the House Committee on Human Services or designee shall call the first meeting of the Working Group to occur on or before September 1, 2017.

(2) The Working Group shall select a chair from among its members at the first meeting.

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

(4) The Working Group shall cease to exist on December 1, 2017.

(g) Reimbursement. For attendance at meetings during adjournment of the General Assembly, legislative members of the Working Group shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A.

§ 406 for not more than six meetings.

(h) Appropriation. The sum of \$7,704.00 is appropriated to the General Assembly from the General Fund in fiscal year 2018 for per diem compensation and reimbursement of expenses for members of the Working Group.

Sec. 4. ADVERSE CHILDHOOD EXPERIENCES; 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. The plan shall address the coordination of services throughout the Agency 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; and

(3) ensuring that grants to the Agency of Human Services' community partners related to children and families strive toward accountability and

community resilience.

(b) On or before February 1, 2018, the Agency of Human Services shall update the Senate Committee on Health and Welfare and the House Committees on Health Care and on Human Services on work being done in advance of the response plan required by subsection (a) of this section.

Sec. 5. CURRICULUM; ADVERSE CHILDHOOD EXPERIENCES

The General Assembly recommends that the State Colleges and University of Vermont's College of Medicine, College of Nursing and Health Sciences, and College of Education and Social Services 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. 6. EFFECTIVE DATE

This act shall take effect on July 1, 2017.