S.90

Introduced by Senators Lyons, Ayer, Balint, Branagan, Clarkson, Collamore, Ingram, Pearson, Pollina, and Sirotkin

Referred to Committee on

Date:

Subject: Health; population health; adverse childhood and family experiences

Statement of purpose of bill as introduced: This bill proposes to require the Deputy Secretary of Human Services to coordinate the Agency's prevention and treatment of childhood trauma. It also proposes to establish a universal home visiting program. The bill proposes to encourage the use of adverse childhood and family experience screening tools, incentivize provider use, incorporate education in medical and nursing school curricula, and assess regional capacity for program growth.

An act relating to coordinating Vermont's response to adverse childhood and family experiences

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

* * * Findings * * *

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) and adverse family experiences (AFEs).

(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 many health conditions and high-risk behaviors, including 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, unintended pregnancies, and others.

(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) AFEs are common in Vermont. One in seven Vermont children have experienced three or more AFEs, the most common being divorced or separated parents, family income hardship, and having lived with someone with a substance use disorder or mental health condition. Children with three or more AFEs have higher odds of failing to engage and flourish in school.

(h) The impact of ACEs and AFEs are felt across all socioeconomic boundaries.

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

(j) ACEs and AFEs can be prevented when a multigenerational approach is employed to interrupt the cycle of ACEs and AFEs within a family, including both prevention and treatment throughout an individual's lifespan.

(k) It is the belief of the General Assembly that people who have experienced adverse childhood and family experiences can learn resilience and can succeed in leading happy, healthy lives.

* * * Building Family Resilience * * *

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

CHAPTER 34. PROMOTION OF FAMILY RESILIENCE

§ 3351. PRINCIPLES FOR VERMONT'S TRAUMA-INFORMED SYSTEM OF CARE

The General Assembly recognizes the significant work occurring in Vermont with regard to the prevention of and treatment for adverse childhood and family experiences and adopts the following principles with regard to strengthening Vermont's response to trauma and toxic stress during childhood:

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

(2) The State's social services, health care, including mental health, education, and criminal justice systems shall be redesigned in a manner that is

trauma-informed to address effectively: adverse childhood and family experience prevention, the impacts of trauma, and resilience building.

(3) Current efforts to address childhood trauma in Vermont shall be reorganized, coordinated, and strengthened.

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

(5) As early childhood adversity is common, a public health approach is necessary to address effectively what is a chronic public health disorder. To that end, Vermont shall implement an overarching public health model based on neurobiology, resilience, epigenetics, and the science of adverse childhood and family experiences with regard to toxic stress. This model shall include training for local leaders to facilitate a culture change around the prevention and treatment of childhood trauma.

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

§ 3352. UNIVERSAL HOME VISITING PROGRAM

(a) The Deputy Secretary of Human Services, building on the work of the Children's Integrated Services system, including federally mandated Children's Integrated Services' early intervention services, and in consultation

with appropriate stakeholders, including the Vermont Home Visiting Alliance, shall develop and implement a statewide, tiered program that ensures universal home visiting services to families caring for newborn infants. The Deputy Secretary shall initially conduct an assessment of home visiting services provided in each district of the State to determine where there are unmet needs.

(b) The Deputy Secretary shall expand the Nurse–Family Partnership Program to serve all eligible mothers in the State.

(c) The Deputy Secretary shall contract through Children's Integrated Services and home health agencies throughout the State to provide Maternal Early Childhood Home Visiting services to all eligible families caring for a newborn infant who are not otherwise served by the Nurse–Family Partnership Program.

(d) The Deputy Secretary shall contract through Children's Integrated Services and parent-child centers throughout the State to provide home visiting services using the Parents as Teachers model to all eligible families caring for a newborn infant who are not otherwise served by the Nurse–Family Partnership or Maternal Early Childhood Home Visiting programs.

(e) The Deputy Secretary shall implement an evidence- and research-based model to provide home visiting services to all families caring for a newborn infant who are not otherwise served by the Nurse–Family Partnership, Maternal Early Childhood Home Visiting, or Parents as Teachers programs.

(f) The Deputy Secretary shall coordinate with the Blueprint for Health, including the Women's Health Initiative, to ensure all obstetric, midwifery, pediatric, naturopathic, and family medicine and internal medicine primary care practices participating in the Blueprint for Health receive information about regional home visiting services for the purpose of referring patients to appropriate services.

Sec. 3. UNIVERSAL HOME VISITING; REPORT

On or before January 15, 2020, the Deputy Secretary shall report to the House Committee on Human Services and to the Senate Committee on Health and Welfare with his or her findings and recommendations related to the effectiveness of the universal home visiting program established in 33 V.S.A. § 3352.

* * * Coordination of Trauma-Informed Services * * *

Sec. 4. 3 V.S.A. § 3023 is amended to read:

§ 3023. DEPUTY SECRETARY

* * *

(c) The Deputy Secretary of Human Services shall direct and coordinate the Agency's efforts to prevent and treat childhood trauma including:

(1) developing and coordinating evidence- or research-based and family-focused initiatives to prevent adverse childhood and family experiences from occurring;

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

(3) coordinating the Agency's childhood trauma prevention and treatment efforts with any similar efforts occurring at the Agency of Education;

(4) disseminating training materials for prekindergarten teachers, in conjunction with the Agency of Education, regarding the identification of students exposed to adverse childhood and family experiences and strategies for referring families to community health teams in coordination with primary care medical homes;

(5) developing and implementing programming to address and reduce trauma and associated health risks to children of incarcerated parents; and

(6) developing a plan, in conjunction with the Secretary of Education and other stakeholders, for creating a trauma-informed school system throughout Vermont.

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

Sec. 5. PROGRAM CAPACITY AND RESOURCE INVENTORY

(a) The Deputy Secretary of Human Services, in consultation with the Department of Vermont Health Access and Vermont's "Help Me Grow" Resource and Referral Service Program, shall conduct an inventory of available State and community 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 and family experiences or conducting another type of trauma assessment;

(2) 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;

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

(4) 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; and

(5) the identification of any regional or programmatic gaps in services or inconsistencies in the use of screening tools.

(b) On or before January 15, 2018, the Deputy Secretary 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. 6. ADVERSE CHILDHOOD AND FAMILY EXPERIENCES; RESPONSE PLAN

On or before January 15, 2019, the Deputy Secretary of Human Services shall develop and submit a plan to the Governor, the House Committees on Health Care and on Human Services, and the Senate Committee on Health and Welfare regarding the integration of evidence- or research-based and family-focused prevention, intervention, treatment, and recovery services for individuals affected by adverse childhood and family experiences. The plan shall address the coordination of services throughout the Agency of Human Services and shall propose mechanisms for improving and engaging community providers in the systematic prevention of trauma, as well as screening, case detection, and care of individuals affected by adverse childhood and family experiences.

* * * Community Health Teams * * *

Sec. 7. 16 V.S.A. chapter 31, subchapter 4 is added to read:

Subchapter 4. School Nurses

§ 1441. FAMILY WELLNESS COACH TRAINING

A school nurse employed by a primary or secondary school shall participate in a four-day training program on the Vermont Center for Children, Youth and Families' Vermont Family Based Approach. After a school nurse has completed the training program, he or she may provide family wellness coaching to those families with a student attending the school where the school nurse is employed.

§ 1442. PARTNERSHIP WITH COMMUNITY HEALTH TEAMS

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. 8. 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 by primary or secondary schools 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 an educational institution in coordination with the primary care medical home.

* * * Blueprint for Health * * *

Sec. 9. 18 V.S.A. § 710 is added to read:

§ 710. ADVERSE CHILDHOOD AND FAMILY EXPERIENCE SCREENING TOOL

The Director of the Blueprint for Health, in coordination with the Women's Health Initiative, and in consultation with the Deputy Secretary of Human Services, shall incentivize Blueprint for Health practices to use a voluntary, evidence- or research-based adverse childhood and family experience screening tool with patients and families by increasing per-member, per-month payments to participating practices.

Sec. 10. RECOMMENDATIONS RELATED TO BLUEPRINT FOR HEALTH INCENTIVES

On or before January 15, 2018, the Deputy Secretary of Human Services shall submit any recommendations regarding adverse childhood and family

experience screening incentives required pursuant to 18 V.S.A. § 710 to the House Committees on Health Care and on Human Services and to the Senate Committee on Health and Welfare.

* * * Parent-Child Centers * * *

Sec. 11. PARENTING CLASSES; APPROPRIATION

The Agency of Human Services shall provide grants to each parent-child center in the State for the creation of a pilot program that offers parenting classes. The classes shall be conducted in the offices of health care professionals providing obstetric or midwifery care and shall use a statewide uniform curriculum developed by the parent-child centers. The grant of any parent-child center choosing not to operate a pilot program under this section shall be divided among participating parent-child centers. The purpose of the pilot program is to interrupt the widespread, multigenerational effects of adverse childhood and family experiences and their subsequent severe related health problems.

* * * Training and Coordination * * *

Sec. 12. 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 and family experiences and their impact on short- and long-term physical and mental health outcomes.

Sec. 13. COORDINATED TRAUMA TRAINING

(a) The designated agencies and the Vermont Center for Children, Youth and Families shall seek to coordinate their respective curriculums on childhood trauma prevention and treatment with regard to screening for, intervening in, and treating adverse childhood and family experiences.

(b) On or before January 15, 2018, the designated agencies and the Vermont Center for Children, Youth and Families shall jointly submit a report describing the shared learning objectives of their curriculums to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

* * * Quality Measures and Assessment * * *

Sec. 14. RESULTS-BASED ACCOUNTABILITY

On or before January 15, 2018, the Deputy Secretary of Human Services shall submit recommendations for measuring outcomes of each of the initiatives created by this act to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

Sec. 15. LONGITUDINAL MEASURES

The Deputy Secretary of Human Services, in collaboration with the Commissioner of Health, Green Mountain Care Board, and Vermont Child

Health Improvement Program, shall develop measures to assess the long-term impacts of adverse childhood and family events on Vermonters and to assess the effectiveness of the initiatives created by this act in interrupting the effects of adverse childhood and family experiences. On or before January 15, 2018, the Deputy Secretary shall submit a report explaining the measures developed pursuant to this section to the House Committees on Health Care and on Human Services and the Senate Committee on Health and Welfare.

* * * Effective Date * * *

Sec. 16. EFFECTIVE DATE

This act shall take effect on July 1, 2017.