

1 Introduced by Representative Mrowicki of Putney

2 Referred to Committee on

3 Date:

4 Subject: Human services; health; childhood trauma; toxic stress

5 Statement of purpose of bill as introduced: This bill contains various
6 recommendations of the Adverse Childhood Experiences Working Group. It
7 proposes to address toxic trauma in childhood, build resilience among children
8 and their families, and improve systems that support persons who have
9 experienced childhood trauma and toxic stress.

10 An act relating to mitigating trauma and toxic stress during childhood by
11 strengthening child and family resilience

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

13 * * * Human Services * * *

14 Sec. 1. 33 V.S.A. § 3402 is added to read:

15 § 3402. DEFINITIONS

16 As used in this chapter:

17 (1) “Toxic stress” means strong, frequent, or prolonged experience of
18 adversity without adequate support.

19 (2) “Trauma-informed” means a type of program, organization, or
20 system that recognizes the widespread impact of trauma and potential paths for

1 recovery; recognizes the signs and symptoms of trauma in clients, families,
2 staff, and others involved in a system; responds by fully integrating knowledge
3 about trauma into policies, procedures, and practices; and seeks actively to
4 resist retraumatization and build resilience among the population served.

5 Sec. 2. 33 V.S.A. § 3403 is added to read:

6 § 3403. COORDINATION OF TRAUMA-INFORMED SYSTEMS

7 (a) The Coordinator of Trauma-Informed Systems shall be established
8 within the Agency of Human Services. The Coordinator shall direct the
9 Agency's response on behalf of clients who have experienced childhood
10 trauma and toxic stress, including:

11 (1) implementing and eliminating or reducing ongoing sources of
12 childhood trauma and toxic stress;

13 (2) establishing new programs and strengthening existing programs
14 within the Agency that build resilience among individuals who have
15 experienced childhood trauma and toxic stress and provide support for
16 impacted families in coordination with the Childhood Trauma Tri-Branch
17 Commissioner established pursuant to section 3404 of this chapter;

18 (3) facilitating communication and coordination between the Agency's
19 departments with regard to childhood trauma, toxic stress, and the promotion
20 of resilience building;

1 (4) collaborating with community partners to build trauma-informed
2 systems and serving as a conduit between providers; and

3 (5) coordinating the Agency’s approach to childhood trauma, toxic
4 stress, and resilience building with any similar efforts occurring elsewhere in
5 State government.

6 (b) The Coordinator of Trauma-Informed Systems shall provide advice and
7 support to the Secretary and to each of the Agency’s departments in addressing
8 childhood trauma, toxic stress, and resilience building. The Coordinator shall
9 also support the Secretary and departments in connecting communities and
10 organizations with the appropriate resources for recovery when traumatic
11 events occur.

12 Sec. 3. 33 V.S.A. § 3404 is amended to read:

13 § 3404. CHILDHOOD TRAUMA TRI-BRANCH COMMISSION

14 (a) Creation. There is created the Childhood Trauma Tri-Branch
15 Commission to examine current services for persons who have experienced
16 childhood trauma or toxic stress and to promote new services that overcome
17 gaps and barriers.

18 (b) Membership. The Commission shall be composed of the following
19 20 members:

20 (1) the Chief Justice of the Vermont Supreme Court or designee;

21 (2) the Chief Superior Judge or designee;

- 1 (3) a member appointed by Vermont Legal Aid;
- 2 (4) a member appointed by the Vermont Bar Association;
- 3 (5) the Secretary of Education or designee;
- 4 (6) the Agency of Human Services' Coordinator of Trauma-Informed
5 Services;
- 6 (7) the Commissioner for Children and Families or designee;
- 7 (8) the Commissioner of Health or designee;
- 8 (9) the Commissioner of Corrections or designee;
- 9 (10) the Commissioner of Mental Health or designee;
- 10 (11) the Senate Pro Tempore or designee;
- 11 (12) the Chair of the Senate Committee on Health and Welfare or
12 designee;
- 13 (13) the Chair of the Senate Committee on Education or designee;
- 14 (14) the Chair of the House Committee on Human Services or designee;
- 15 (15) the Chair of the House Committee on Education or designee;
- 16 (16) the Chair of the House Committee on Health Care or designee;
- 17 (17) a member appointed by Prevent Child Abuse Vermont;
- 18 (18) a member appointed by the Vermont Council of Development and
19 Mental Health Services;
- 20 (19) a member appointed by Vermont's parent-child centers; and

1 (20) a pediatrician, appointed by the Vermont Chapter of the American
2 Academy of Pediatrics.

3 (c) Powers and duties. The Commission shall examine current services for
4 persons who have experienced childhood trauma or toxic stress and promote
5 new services that overcome gaps and barriers by:

6 (1) identifying and mapping current services by region;

7 (2) providing oversight and evaluation of current services, including the
8 development of a metric for use in evaluating services;

9 (3) promoting new evidence-based services in regions of the State where
10 mapping indicates gaps in or barriers to services;

11 (4) examining financial costs in Vermont associated with childhood
12 trauma and toxic stress; and

13 (5) integrating services throughout State government.

14 (d) Assistance. The Commission shall have the administrative, technical,
15 and legal assistance of the Agency of Human Services.

16 (e) Report. Annually, on or before January 15, beginning on January 15,
17 2019, the Commission shall submit a written report to the Governor and the
18 General Assembly with its summary of activities, findings, and any
19 recommendations for legislative action.

1 (f) Meetings.

2 (1) The Chief Justice of the Vermont Supreme Court or designee shall
3 call the first meeting of the Commission to occur on or before August 1, 2018.

4 (2) The Committee shall select a chair from among its members at the
5 first meeting. The Chair shall serve a two-year term. In the event the Chair is
6 not able to complete his or her term, a new chair shall be selected from among
7 the Commission’s members.

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

9 (4) The Commission shall convene once each quarter.

10 (g) Reimbursement.

11 (1) For attendance at meetings during adjournment of the General
12 Assembly, legislative members of the Commission shall be entitled to per diem
13 compensation and reimbursement of expenses pursuant to 2 V.S.A. § 406.

14 (2) Other members of the Commission who are not employees of the
15 State of Vermont and who are not otherwise compensated or reimbursed for
16 their attendance shall be entitled to per diem compensation and reimbursement
17 of expenses pursuant to 32 V.S.A. § 1010 for no more than four meetings
18 annually.

19 Sec. 4. CHILDREN’S INTEGRATED SERVICES; PILOT

20 The Commissioner for Children and Families shall implement a three-year
21 pilot program in one county of the State in which the Children’s Integrated

1 Services (CIS) program is operational. The CIS program in the chosen county
2 shall receive a financial penalty for each child receiving services through the
3 program who is placed with a foster family. The CIS program in the chosen
4 county shall receive a financial incentive from within the Department's
5 existing budget when a child in foster care who is receiving services from the
6 program is returned from foster care to the care of his or her parents or kin.

7 Sec. 5. RULEMAKING

8 The Commissioner for Children and Families shall amend its rules pursuant
9 to 3 V.S.A. chapter 25 to require the following employees of registered and
10 licensed family child care homes and center-based child care and preschool
11 programs to receive training on the use of trauma-informed practices that build
12 resiliency among enrolled children and students: family child care providers,
13 family child care assistants, administrators, teachers, teacher associates,
14 teacher assistants, and classroom aides. "Trauma-informed" shall have the
15 same meaning as in 33 V.S.A. § 3402.

16 Sec. 6. EXPANSION OF PROJECT DULCE MODEL

17 The Commissioner for Children and Families, in collaboration with the
18 State's parent-child centers, shall implement Project DULCE in counties
19 outside Lamoille County. The Commissioner shall select one new county
20 annually in which to implement Project DULCE based on regional need and
21 available pediatric and parent-child center partners. The Commissioner may

1 accept private grants and donations for the purpose of funding the expansion of
2 Project DULCE.

3 Sec. 7. [Increased Use/Reliance on Peers]

4 Sec. 8. [Better Integration/Communication between DCF/VDH/AoE,
5 particularly with regard to opiates]

6 Sec. 9. [Trauma Education/Outreach]

7 * * * Health Care * * *

8 Sec. 10. 18 V.S.A. § 702 is amended to read:

9 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

10 * * *

11 (c) The Blueprint shall be developed and implemented to further the
12 following principles:

13 (1) the primary care provider should serve a central role in the
14 coordination of medical care and social services and shall be compensated
15 appropriately for this effort;

16 (2) use of information technology should be maximized;

17 (3) local service providers should be used and supported, whenever
18 possible;

19 (4) transition plans should be developed by all involved parties to ensure
20 a smooth and timely transition from the current model to the Blueprint model
21 of health care delivery and payment;

1 (5) implementation of the Blueprint in communities across the ~~state~~
2 State should be accompanied by payment to providers sufficient to support
3 care management activities consistent with the Blueprint, recognizing that
4 interim or temporary payment measures may be necessary during early and
5 transitional phases of implementation; ~~and~~

6 (6) interventions designed to prevent chronic disease and improve
7 outcomes for persons with chronic disease should be maximized, should target
8 specific chronic disease risk factors, and should address changes in individual
9 behavior; the physical, mental, and social environment; and health care
10 policies and systems; and

11 (7) providers should assess trauma and toxic stress to ensure that the
12 needs of the whole person are addressed and opportunities to build resilience
13 are maximized.

14 * * *

15 Sec. 11. 18 V.S.A. § 9382 is amended to read:

16 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

17 (a) In order to be eligible to receive payments from Medicaid or
18 commercial insurance through any payment reform program or initiative,
19 including an all-payer model, each accountable care organization shall obtain
20 and maintain certification from the Green Mountain Care Board. The Board
21 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and

1 processes for certifying accountable care organizations. To the extent
2 permitted under federal law, the Board shall ensure these rules anticipate and
3 accommodate a range of ACO models and sizes, balancing oversight with
4 support for innovation. In order to certify an ACO to operate in this State, the
5 Board shall ensure that the following criteria are met:

6 * * *

7 (17) the ACO provides incentives for preventing and addressing the
8 impacts of adverse childhood experiences (ACEs) and other traumas, such as
9 developing quality outcome measures for use by primary care providers
10 working with children and families, developing partnerships between nurses
11 and families, providing opportunities for home visits, and including parent-
12 child centers and designated agencies as participating providers in the ACO.

13 (b)(1) The Green Mountain Care Board shall adopt rules pursuant to
14 3 V.S.A. chapter 25 to establish standards and processes for reviewing,
15 modifying, and approving the budgets of ACOs with 10,000 or more attributed
16 lives in Vermont. To the extent permitted under federal law, the Board shall
17 ensure the rules anticipate and accommodate a range of ACO models and sizes,
18 balancing oversight with support for innovation. In its review, the Board shall
19 review and consider:

20 * * *

1 (J) ~~the extent to which the ACO provides incentives for preventing~~
2 ~~and addressing the impacts of adverse childhood experiences (ACEs) and other~~
3 ~~traumas, such as developing quality outcome measures for use by primary care~~
4 ~~providers working with children and families, developing partnerships between~~
5 ~~nurses and families, providing opportunities for home visits, and including~~
6 ~~parent-child centers and designated agencies as participating providers in the~~
7 ~~ACO; [Repealed.]~~

8 * * *

9 Sec. 12. [DoC Health Care Contract]

10 * * * Judiciary * * *

11 Sec. 13. TRAUMA-INFORMED TRAINING FOR JUDICIARY

12 Each member of Vermont's judiciary shall participate in an annual training
13 related to childhood trauma, toxic stress, and resiliency building.

14 Sec. 14. EXPANSION OF RESILIENCY BEYOND INCARCERATION

15 The Commissioners for Children and Families and of Corrections shall
16 implement Resiliency Beyond Incarceration in counties outside Lamoille
17 County. The Commissioners shall select one new county annually in which to
18 implement Resiliency Beyond Incarceration based on regional need and
19 available community partners. The Commissioners may accept private grants
20 and donations for the purpose of funding the expansion of Resiliency Beyond
21 Incarceration.

*** Education ***

Sec. 15. 16 V.S.A. § 136 is amended to read:

§ 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS
AND COMPREHENSIVE HEALTH

(c) The Secretary shall collaborate with other agencies and councils working on childhood wellness to:

(1) Supervise the preparation of appropriate nutrition and fitness curricula for use in the public schools, promote programs for the preparation of teachers to teach these curricula, and assist in the development of wellness programs.

(2) [Repealed.]

(3) Establish and maintain a website that displays data from a youth risk behavior survey in a way that enables the public to aggregate and disaggregate the information. The survey shall include questions pertaining to adverse childhood experiences, meaning those potentially traumatic events that occur during childhood and can have negative, lasting effects on an individual's health and well-being.

(4) Research funding opportunities for schools and communities that wish to build wellness programs and make the information available to the public.

1 (5) Create a process for schools to share with the Department of Health
2 any data collected about the height and weight of students in kindergarten
3 through grade six. The Commissioner of Health may report any data compiled
4 under this subdivision on a countywide basis. Any reporting of data must
5 protect the privacy of individual students and the identity of participating
6 schools.

7 * * *

8 Sec. 16. 16 V.S.A. § 906 is amended to read:

9 § 906. COURSE OF STUDY

10 (a) In public schools, approved and recognized independent schools, and in
11 home study programs, learning experiences shall be provided for students in
12 the minimum course of study.

13 (b) For purposes of this title, the minimum course of study means learning
14 experiences adapted to a student's age and ability in the fields of:

15 (1) basic communication skills, including reading, writing, and the use
16 of numbers;

17 (2) citizenship, history, and government in Vermont and the United
18 States;

19 (3) physical education and comprehensive health education, including
20 child development and the effects of tobacco, alcoholic drinks, and drugs on
21 the human system and on society;

- 1 (4) English, American, and other literature;
- 2 (5) the natural sciences; and
- 3 (6) the fine arts.

4 Sec. 17. 16 V.S.A. § 2901 is amended to read:

5 § 2901. SUCCESS FOR ALL STUDENTS IN THE GENERAL
6 EDUCATION ENVIRONMENT

7 (a) It is the policy of the State that each local school district develop and
8 maintain, in consultation with parents, a comprehensive system of education
9 that will result, to the extent appropriate, in all students succeeding in the
10 general education environment. A comprehensive system of education
11 includes a full range of services and accommodations that are needed by
12 students in the district. These services could include a separate alternative
13 program if the district finds that some of its students could be better served in
14 an environment outside the classroom, or if the district finds that separate
15 placement is the best way to provide services to a student who is disrupting the
16 class or having difficulty learning in a traditional school setting for
17 educational, emotional, or personal reasons and thereby impairing the ability of
18 the classroom teacher to provide quality services to that student or to other
19 students. This chapter does not replace or expand entitlements created by
20 federal law, nor is it the intent of this chapter to create a higher standard for
21 maintaining a student in the general classroom than the standard created in the

1 following federal laws: 20 U.S.C. § 1401 et seq., Individuals with Disabilities
2 Education Act; 29 U.S.C. § 794, Section 504 of the Rehabilitation Act; and
3 42 U.S.C. § 12101 et seq., Americans with Disabilities Act.

4 (b) [Repealed.]

5 (c) No individual entitlement or private right of action is created by this
6 section.

7 (d) The Secretary of Education shall ensure that an approved independent
8 school that serves as a separate placement or alternative program to a student
9 who is disrupting the class or having difficulty learning in a traditional school
10 setting for educational, emotional, or personal reasons shall prioritize and
11 actively work toward reintegrating the student into a traditional school setting.

12 Sec. 18. RULEMAKING

13 The Standards Board for Professional Educators shall amend its licensure
14 rules pursuant to 3 V.S.A. chapter 25 to require teachers and administrators to
15 receive training on the use of trauma-informed practices that build resiliency
16 among students. “Trauma-informed” shall have the same meaning as in
17 33 V.S.A. § 3402.

18 * * * Taxation * * *

19 Sec. 19. [Excise tax on opiates to fund social workers in schools]

1

*** Effective Date ***

2

Sec. 20. EFFECTIVE DATE

3

This act shall take effect on July 1, 2018.

DRAFT