

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred Senate Bill  
3 No. 261 entitled “An act relating to mitigating trauma and toxic stress during  
4 childhood by strengthening child and family resilience” respectfully reports  
5 that it has considered the same and recommends that the House propose to the  
6 Senate that the bill be amended by striking out all after the enacting clause and  
7 inserting in lieu thereof the following:

8 \* \* \* Purpose and Status Update \* \* \*

9 Sec. 1. PURPOSE

10 It is the purpose of this act to ensure a consistent family support system by  
11 enhancing opportunities to build resilience among families throughout the  
12 State that are experiencing the causes or symptoms of childhood adversity.  
13 While significant efforts to provide preventative services are already well  
14 under way in many parts of the State, better coordination is necessary to ensure  
15 that gaps in services are addressed and redundancies do not occur. In this  
16 regard, this act builds on the significant work advanced in 2017 Acts and  
17 Resolves No. 43, including the principles for Vermont’s trauma-informed  
18 system of care. The General Assembly supports a public health approach to  
19 address childhood adversity wherein interventions pertaining to socioeconomic  
20 determinants of health are employed in a manner that has the broadest societal

1 reach and in which specialized interventions are directed to individuals with  
2 the most acute need.

3 Sec. 2. STATUS REPORT; COMPLETION OF ACT 43 REPORT

4 On or before November 1, 2018, the Agency of Human Services' Director  
5 of Trauma Prevention and Resilience Development shall submit to the Chairs  
6 of the House Committee on Human Services and the Senate Committee on  
7 Health and Welfare and to any existing Advisory Council on Child Poverty  
8 and Strengthening Families a status report on the Agency's methodology and  
9 progress in preparing the response plan required pursuant to 2017 Acts and  
10 Resolves No. 43, Sec. 4, including any preliminary findings. The status report  
11 shall include information as to the Agency's progress in implementing trauma-  
12 informed training opportunities for child care providers

13 \* \* \* Human Services Generally \* \* \*

14 Sec. 3. 33 V.S.A. § 3402 is added to read:

15 § 3402. DEFINITIONS

16 As used in this chapter:

17 (1) "Childhood adversity" means experiences that may be traumatic to  
18 children and youths during the first 18 years of life, such as experiencing  
19 violence or other emotionally disturbing exposures in their homes or  
20 communities.

1           (2) “Resilience” means the ability to overcome serious hardship with  
2 coping skills and the protective factors of parental resilience; social  
3 connections; knowledge of parenting and child development; concrete support  
4 in times of need; and social and emotional competence of children.

5           (3) “Toxic stress” means strong, frequent, or prolonged experience of  
6 adversity without adequate support.

7           (4) “Trauma-informed” means a type of program, organization, or  
8 system that recognizes the widespread impact of trauma and potential paths for  
9 recovery; recognizes the signs and symptoms of trauma in clients, families,  
10 staff, and others involved in a system; responds by fully integrating knowledge  
11 about trauma into policies, procedures, and practices; and seeks actively to  
12 resist retraumatization and build resilience among the population served.

13       Sec. 4. 33 V.S.A. § 3403 is added to read:

14       § 3403. DIRECTOR OF TRAUMA PREVENTION AND RESILIENCE  
15           DEVELOPMENT

16       There is created the permanent position of Director of Trauma Prevention  
17 and Resilience Development within the Office of the Secretary in the Agency  
18 of Human Services for the purpose of directing and coordinating systemic  
19 approaches across State government that build childhood resiliency and  
20 mitigate toxic stress by implementing a public health approach. The Director  
21 shall engage families and communities to build the protective factors of

1 parental resilience; social connections; knowledge of parenting and child  
2 development; concrete support in times of need; and social and emotional  
3 competence of children. The Director shall:

4 (1) provide advice and support to the Secretary of Human Services and  
5 facilitate communication and coordination among the Agency's departments  
6 with regard to childhood trauma, toxic stress, and the promotion of resilience  
7 building;

8 (2) collaborate with both community and State partners, including the  
9 Agency of Education and the Judiciary, to build consistency between trauma-  
10 informed systems that address medical and social service needs and serve as a  
11 conduit between providers and the public;

12 (3) provide support for and dissemination of educational materials  
13 pertaining to childhood trauma, toxic stress, and the promotion of resilience  
14 building, including to postsecondary institutions within Vermont's State  
15 College System;

16 (4) coordinate with partners inside and outside State government,  
17 including the Child and Family Trauma Work Group; and

18 (5) evaluate the work of the Agency and the Agency's grantees and  
19 community contractors that addresses resilience and trauma-prevention using  
20 results-based accountability methodologies.

1 Sec. 5. 2017 Acts and Resolves No. 43, Sec. 4 is amended to read:

2 Sec. 4. ADVERSE CHILDHOOD EXPERIENCES ADVERSITY;  
3 RESPONSE PLAN

4 (a) On or before January 15, 2019, the Agency of Human Services shall  
5 present to the House Committees on Health Care and on Human Services and  
6 the Senate Committee on Health and Welfare, in response to the work  
7 completed by the Adverse Childhood Experiences Working Group established  
8 pursuant to Sec. 3 of this act, a plan that specially addresses the integration of  
9 evidence-informed and family-focused prevention, intervention, treatment, and  
10 recovery services for individuals affected by adverse childhood experiences  
11 adversity. The plan shall address the coordination of services throughout the  
12 Agency, the Agency of Education, and the Judiciary and shall propose  
13 mechanisms for:

14 (1) improving and engaging community providers in the systematic  
15 prevention of trauma;

16 (2) case detection and care of individuals affected by adverse childhood  
17 experiences adversity; and

18 (3) ensuring that the Agency's policies related to children, families, and  
19 communities build resilience;

20 (4) ensuring that grants to the Agency of Human Services' Agency's  
21 community partners related to children and families strive toward

1 accountability and community resilience are evaluated using results-based  
2 accountability methodology; and  
3 (5) providing an estimate of the resources necessary to implement the  
4 response plan, including any possible reallocations.

5 \* \* \*

6 \* \* \* Health Care \* \* \*

7 Sec. 6. 18 V.S.A. § 702 is amended to read:

8 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

9 \* \* \*

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

12 (1) ~~the primary care provider~~ The Blueprint community health team  
13 should serve a central role in the coordination of medical care and social  
14 services and shall be compensated appropriately for this effort;.

15 (2) ~~use~~ Use of information technology should be maximized;.

16 (3) ~~local~~ Local service providers should be used and supported,  
17 whenever possible;.

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



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) For preventing and addressing the impacts of childhood adversity,  
8 the ACO provides connections to existing community services and incentives,  
9 such as developing quality-outcome measurements for use by primary care  
10 providers working with children and families; developing partnerships between  
11 nurses, case managers, and families; and providing opportunities for home  
12 visits and other community services, such as parent-child centers, designated  
13 agencies, regulated child care programs, including those designated as  
14 specialized child care providers, and the Department of Health's local offices  
15 as participating providers in the ACO.

16 \* \* \*

17 \* \* \* Effective Date \* \* \*

18 Sec. 8. EFFECTIVE DATE

19 This act shall take effect on July 1, 2018.

1 and that after passage the title of the bill be amended to read: “An act relating  
2 to ensuring a coordinated public health approach to addressing childhood  
3 adversity and promoting resilience”

4

5

6 (Committee vote: \_\_\_\_\_)

7

\_\_\_\_\_

8

Representative \_\_\_\_\_

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FOR THE COMMITTEE