

1 Introduced by Committee on Human Services

2 Date:

3 Subject: Human services; interventions for families and children; work group

4 Statement of purpose of bill as introduced: This bill proposes to create the

5 Working Group on Improving Interventions for Children and Families.

6 An act relating to improving the odds for reducing early childhood adversity

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

8 Sec. 1. FINDINGS

9 The General Assembly finds that:

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

17 (2) The ACE questionnaire contains ten categories of questions for
18 adults pertaining to abuse, neglect, and family dysfunction during childhood.
19 It is used to measure an adult's exposure to traumatic stressors in childhood.
20 Based on a respondent's answers to the questionnaire, an ACE score is

1 calculated, which is the total number of ACE categories reported as
2 experienced by a respondent.

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

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

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

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

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

18 Sec. 2. IMPROVING INTERVENTIONS FOR FAMILIES AND

19 CHILDREN; WORKING GROUP

1 (a) Creation. There is created the Working Group on Improving
2 Interventions for Children and Families for the purpose of cataloguing existing
3 resources and populations served to better identify gaps in services.

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

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

7 (2) the Chair of the House Committee on Health Care or designee;

8 (3) the Chair of the House Committee on Education or designee;

9 (4) a current member of the House, who shall be appointed by the

10 Speaker of the House;

11 (5) the Chair of the Senate Committee on Health and Welfare or

12 designee;

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

14 (7) two current members of the Senate, not from the same political

15 party, who shall be appointed by the Committee on Committees.

16 (c)(1) Powers and duties. The Working Group shall catalogue existing
17 resources related to interventions for children and families and identify gaps in
18 services, including the following:

19 (A) identify by county existing intervention programs for children

20 and families and those populations served by each program;

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

3 (C) explore any gains or challenges experienced through the creation
4 of a trauma coordinator within the Agency of Human Services in 2000, which
5 has since been redesignated; and

6 (D) develop a legislative proposal that targets the use of evidence-
7 based, cost-effective interventions for children and families based upon both
8 regional and population-based gaps in services.

9 (2) The Working Group shall take testimony from a diverse array of
10 stakeholders, including:

11 (A) the Secretary of Education or designee;

12 (B) the Commissioner of Mental Health or designee;

13 (C) a representative of the parent-child centers;

14 (D) a representative of the Nurse-Family Partnership;

15 (E) a representative of a Head Start program in Vermont;

16 (F) a representative of the Commission on Psychological Trauma
17 established by 2000 Acts and Resolves No. 132;

18 (G) a representative of the Trauma Academy;

19 (H) a representative of the Home Visiting Alliance;

20 (I) a representative of Vermont Care Partners;

1 (J) a representative of the Vermont Child Health Improvement
2 Program; and

3 (K) a representative of Building Bright Futures.

4 (d)(1) Assistance. The Working Group shall have the administrative,
5 technical, and legal assistance of the Office of Legislative Council. The Joint
6 Fiscal Office shall provide staff support to the Working Group as necessary.

7 (2) On or before August 15, 2017, the Agency of Human Services shall
8 provide existing data and background materials relevant to the responsibilities
9 of the Working Group to the Office of Legislative Council, including a
10 spreadsheet by county of those programs or services that receive State and
11 federal funds to provide intervention services for children and families and the
12 eligibility criteria for each program and service.

13 (e) Proposed Legislation. On or before December 1, 2017, the Working
14 Group shall submit a bill draft containing proposed legislation to the House
15 Committee on Human Services and the Senate Committee on Health and
16 Welfare.

17 (f) Meetings.

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

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

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

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

5 (g) Reimbursement. For attendance at meetings during adjournment of the
6 General Assembly, legislative members of the Working Group shall be entitled
7 to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A.
8 § 406 for no more than six meetings.

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

13 Sec. 2. EFFECTIVE DATE

14 This act shall take effect on July 1, 2017.