Introduced by Committee on Human Services

Date:

Subject: Human services; adverse childhood experiences; work group

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

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

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

Sec. 1. FINDINGS

The General Assembly finds that:

(1) Adversity in childhood has a direct impact on an individual's physical and mental health outcomes. 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, 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 have 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 costs associated with adult chronic illness.

(5) The impact of ACEs are 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 develop and school readiness.

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

Sec. 2. ADVERSE CHILDHOOD EXPERIENCES; WORKING GROUP

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

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

(1) four members of the House, not all from the same political party, 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;

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

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

(2) four members of the Senate, not all from the same political party, 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) two current members of 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) identify by service area existing intervention programs for children and families and those populations served by each program, including the effectiveness of identified programs;

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

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

(D) consider, 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 strength and weaknesses of existing services.

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

(A) the Secretary of Education or designee;

(B) the Commissioner of Mental Health or designee;

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

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

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

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

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

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

(I) a representative of the Home Visiting Alliance;

(J) a representative of Vermont Care Partners with experience regarding children's mental health;

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

(L) a representative of Building Bright Futures;

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

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

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

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

(e) Proposed Legislation. On or before December 1, 2017, the Working Group shall submit a bill draft, if necessary, containing proposed 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 January 1, 2018.

(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 no more than six meetings.

(h) Appropriation. The sum of $ 9,840.00 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. 3. EFFECTIVE DATE

This act shall take effect on July 1, 2017.