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TESTIMONY PROVIDED TO: House Human Services Committee

FROM: Dr. Amy Fowler, Deputy Agency of Education

TOPIC: H.508 An act relating to building resilience for individuals experiencing adverse childhood experiences.

DATE: April 26, 2017

Reference: <http://legislature.vermont.gov/assets/Documents/2018/Docs/CALENDAR/sc170420.pdf>

Item 1

Request: Language Modification § 3353. DIRECTING TRAUMA-INFORMED SYSTEMS

(4) developing a plan that builds on work completed pursuant to 2015 Acts and Resolves No. 46, especially with respect to multi-tiered system of supports (MTSS), positive behavior intervention and supports (PBIS) and full-service and trauma-informed schools, in conjunction with the Secretary of Education and other stakeholders, for ~~creating a~~ supporting trauma-informed schools ~~system~~ throughout Vermont;

Rationale: Vermont school systems have been developing their methods for implementing MTSS which is the overarching approach to supporting students- PBIS is a subset of MTSS and not the only proven approach. In the last three years, trauma-informed instruction and resources have been provided state-wide through MTSS, BEST Institute, SSIP training, and the VSA and VSEA conferences. Schools have already begun implementing trauma-informed practices through their MTSS structures. They need support to continue this work. This work should be present in every school in ways that match the local context consistent with other educational initiatives passed by the legislature- we have many schools, school systems, but we do not have a single school system.

Item 2

§ 3354. CHILD AND FAMILY TRAUMA COMMITTEE

Request: We ask that the legislature consider a hiatus for the Vermont Child Poverty Council during the time that this Committee is meeting or find a way to combine their efforts as they share a common concern.

Rationale: The AOE understands that ACES affect all children regardless of socio-economic status. However, many of the same individuals who will be asked to inform this work are also tasked with serving the Child Poverty Council. In addition, we currently participate in the Child Family Trauma Work Group as do many of the other groups mentioned in the list of participants. We lack the personnel resources to support all three groups especially if they are all focused on similar topics.

Item 3

Request: Language Modification Sec. 5. INVENTORY AND INTERIM REPORT

(a) The person or persons directing the Agency’s work related to adverse childhood and family experience pursuant to 33 V.S.A. § 3353, in consultation with stakeholders and members of the Work Group Vermont’s “Help Me Grow” Resource and Referral Service Program, shall create an inventory of available State and community resources, program capabilities, and coordination capacity in each service area of the State with regard to the following:

Rationale: “Help Me Grow” is a program funded through the federal Race to the Top Grant for early education. The AOE cautions against legislating the creation of a resource through a platform that does not have ongoing funding or sustainability beyond the grant term which expires in December 2018. Rather, we recommend that this inventory be created through the Work Group established under this bill or the Child Family Trauma Work Group both of which will have the expertise to complete this work.

Item 4

Request: Language Modification § 1441. FAMILY WELLNESS COACH TRAINING

A school nurse or other designated representative, employed by a primary or secondary school is encouraged to participate in a training program, such as trauma-informed programming approved by the Department of Health in consultation with the Department of Mental Health, which may include programming offered by Prevent Child Abuse Vermont. ~~If a school nurse~~ Once the school designee has completed a training program, he or she may provide family wellness coaching to those families with a student attending the school where ~~the school nurse is~~ the designee is employed.

Rationale: While Education Quality Standards and statute require school nurses, this is done by ratio formula (1nurse:500 students). Only 42 schools out of roughly 300 in the state are large enough to have a full time nurse; and about ½ of them are secondary schools. If it is the legislature’s intention that this work could only be done by someone with a nursing certification, the impact will be limited. If, on the other hand you believe other individuals including counselors, school psychologists, school social workers, principals etc. could also perform this work on behalf of schools you may see greater dispersion of impact.

In addition, while the language has been modified to make this optional, the AOE notes that this is an unfunded expense to school systems as they cover the cost of employee time away from assigned duties to attend training in addition to any expenses related to travel and registration.