

**H.508: (retitled) An act relating to building resilience for individuals experiencing adverse childhood and family experiences**

As Passed the Senate

*Sec. 1. Findings*

*Sec. 2. Promotion of Child and Family Resilience*

- § 3351. Principles of VT's Trauma-Informed System of Care
- § 3352. Definitions
- § 3353. Directing Trauma-Informed Systems
  - Sec. of AHS shall ensure there is a person(s) directing AHS' work related to ACEs/AFEs, including
    - Coordinating AHS' prevention, screening, and treatment efforts with other efforts occurring elsewhere in State government;
    - Disseminating training materials for early child care and learning professionals, in conjunction with AoE, regarding the identification of students exposed to ACEs/AFEs and strategies for referring families to community health teams and medical homes;
    - Developing and implementing programming modeled after Vermont's Resilience Beyond Incarceration and Kids-A-Part programs to address & reduce trauma/health risks for children of incarcerated parents;
    - Developing a plan that builds on work completed pursuant to Act 46, esp. with respect to PBIS and full-service/trauma-informed schools, in conjunction with Sec. of Ed. and stakeholders, to create trauma-informed school systems throughout Vermont;
    - Developing a plan that builds on work being done by early child care and learning professionals for children ages 0-5 regarding collaboration with HC professionals in medical homes, including assisting in screening and surveillance of young children; and
    - Supporting efforts to develop a framework for outreach and partnership with local community groups to build flourishing communities.
  - The person(s) directing AHS work related to ACEs/AFEs, in consultation with the Child & Family Trauma Committee, shall provide advice & support to the Sec. and each department of AHS in addressing the prevention and treatment of ACEs/AFEs and building trauma-informed systems
  - The person(s) directing AHS work related to ACEs/AFEs shall support the Sec. and AHS departments in connecting communities & organizations with resources for recovery when traumatic events occur
- § 3354. Child and Family Trauma Committee
  - Creates Committee for purpose of providing guidance to AHS in its efforts to mitigate childhood trauma and build resiliency

- Committee is to analyze existing resources related to building resilience in early childhood and advise AHS on appropriate structures for advancing best approaches to serving children experiencing trauma
- Committee has assistance of AHS
- Meetings held at call of Sec., but not more than 12x/year

*Sec. 3. AHS Appointment Related to Adverse Childhood and Family Experience Work*

- By Sept. 1, 2017, Sec. of AHS shall inform chairs of HHC/HHS/SHW as to whether AHS was able to reallocate a position within AHS for the purpose of directing AHS' work pertaining ACEs/AFEs or whether another arrangement was implemented

*Sec. 4. Adverse Childhood and Family Experiences; Presentation*

- By Feb. 1, 2018, the person(s) directing AHS work related to ACEs/AFEs shall present findings and recommendations related to each of the following to HHC/HHS/SHW, as well as any appropriate legislative language:
  - Identification of existing home visiting services, eligible populations for services, and a proposal for expanding home visits to all Vermonters;
  - Identification of all existing grants administered by AHS for professional development related to trauma-informed training;
  - Determination of what policies AHS should adopt regarding the use of evidence-informed grants with community partners that are under contract with AHS to provide trauma-informed services;
  - Development of a proposal for measuring outcomes of initiatives created by this act, including quantifiable data and savings; and
  - Identification of measures to assess long-term impacts of ACEs/AFEs on Vermonters and assess effectiveness of initiatives created by this act.

*Sec. 5. Inventory and Interim Report*

- The person(s) directing AHS work related to ACEs/AFEs, in consultation with "Help Me Grow," shall create an inventory of available resources, program capabilities, and coordination capacity in each service area of the State with regard to the following:
  - Providers currently screening for ACEs/AFEs, including VCHIP;
  - Regional capacity to establish integrated prevention, screening, and treatment programming and apply DCF's Strengthening Families Framework uniformly among providers;
  - Availability of referral treatment programs for families and individuals who have experienced childhood trauma or are experiencing childhood trauma and whether telemedicine can be used to address service shortages; and
  - Identification of any regional or programmatic gaps in services or inconsistencies in the use of screening tools
- Inventory and preliminary recommendations shall be submitted to SHW/HHC/HHS by Nov. 1, 2017

Sec. 6. *Adverse Childhood and Family Experiences; Response Plan*

- By Jan. 15, 2019, the person(s) directing AHS work related to ACEs/AFEs shall present a plan to HHC/HHS/SHW regarding the integration of intervention, treatment, and recovery services for individuals affected by ACEs/AFEs
- Plan should address coordination of services throughout AHS and propose mechanisms for improving and engaging community providers in the prevention of trauma, screening, case detection, and care of individuals affected by ACEs/AFEs

Sec. 7. *Family Wellness Coach Training*

- School nurses are encouraged to participate in a training program, such as trauma-informed programming approved by the Department of Health
- Once completing training, a school nurse may provide family wellness coaching

Sec. 8. *Community Health Teams*

- Director of the Blueprint shall implement a plan to enable community health teams (CHTs) to work with schools nurses in a manner that enables the CHTs to serve as:
  - Education resource; and
  - Referral resource.

Sec. 9. *Adverse Childhood and Family Experience Screening Tool*

- Director of Blueprint, in coordination with WHI, and in consultation with person(s) directing AHS work related to ACEs/AFEs, shall work with health insurance plans participating in the Blueprint to plan for increased per-member per-month payments for primary care and obstetric practices to incentivize use of screening tool

Sec. 10. *Recommendations Related to Blueprint for Health Incentives*

- As part of annual report, Director of the Blueprint shall submit recommendations regarding the design of ACE/AFE screening incentives (pursuant to Sec. 9)

Sec. 11. *Home Visiting Referrals*

- Person(s) directing AHS work related to ACEs/AFEs is required to coordinate with the Director of the Blueprint and WHI to ensure obstetric, midwifery, pediatric, naturopathic, family medicine and internal medicine primary care practices participating in the Blueprint receive information about regional home visiting services to enable them to refer patients to services

Sec. 12. *Grants to Community Partners*

- AHS shall ensure that grants to community partners related to families and children strive toward accountability and community resilience

Sec. 13. *Curriculum; UVM's College of Med & College of Nursing & Health Sciences*

- Recommends that UVM's College of Medicine and College of Nursing and Health Science include information about ACEs and AFEs in their curricula

Sec. 14. *Effective Date*

- July 1, 2017