

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Human Services to which was referred Senate Bill No.
3 261 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 * * *

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 * * * Human Services Generally * * *

4 Sec. 2. 33 V.S.A. § 3402 is added to read:

5 § 3402. DEFINITIONS

6 As used in this chapter:

7 (1) “Childhood adversity” means...

8 (2) “Family adverse events” means...

9 (3) “Resilience” means...

10 (4) “Toxic stress” means strong, frequent, or prolonged experience of
11 adversity without adequate support.

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

18 Sec. 3. 33 V.S.A. § 3403 is added to read:

19 § 3403. DIRECTOR OF PREVENTION AND HEALTH IMPROVEMENT

20 There is established a Director of Prevention and Health Improvement
21 within the Agency of Human Services for the purpose of directing and

1 coordinating systemic approaches across State government that build
2 childhood resiliency and mitigate toxic stress by implementing a public health
3 approach. 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 to build
9 consistency between trauma-informed systems that address medical and social
10 service needs, including serving as a conduit between providers and the public;

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

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

17 (5) determine an appropriate methodology for evaluating the work of
18 the Agency related to childhood trauma, toxic stress, and the promotion of
19 resilience building.

20 **Sec. 4. COORDINATED RESPONSE TO CHILDHOOD TRAUMA**
21 **WITH JUDICIAL BRANCH**

1 On or before January 15, 2020, the Chief Justice of the Supreme Court or
2 designee and the Agency of Human Services' Director of Prevention and
3 Health Improvement shall jointly present an action plan to the House
4 Committees on Health Care and on Human Services and to the Senate
5 Committee on Health and Welfare for better coordinating the Judicial and
6 Executive Branches' approaches for preventing and mitigating childhood
7 trauma and toxic stress and building child and family resilience, including any
8 recommendations for legislative action.

9 * * * Health Care * * *

10 Sec. 5. 18 V.S.A. § 702 is amended to read:

11 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

12 * * *

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

15 (1) ~~the~~ The primary care provider should serve a central role in the
16 coordination of medical care and social services and shall be compensated
17 appropriately for this effort;

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

19 (3) ~~local~~ Local service providers should be used and supported,
20 whenever possible;

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

4 (5) ~~implementation~~ Implementation of the Blueprint in communities
5 across the State should be accompanied by payment to providers sufficient to
6 support care management activities consistent with the Blueprint, recognizing
7 that interim or temporary payment measures may be necessary during early
8 and transitional phases of implementation; ~~and~~.

9 (6) ~~interventions~~ Interventions designed to prevent chronic disease and
10 improve outcomes for persons with chronic disease should be maximized,
11 should target specific chronic disease risk factors, and should address changes
12 in individual behavior; the physical, mental, and social environment; and
13 health care policies and systems.

14 (7) Providers should assess trauma and toxic stress to ensure that the
15 needs of the whole patient are addressed and opportunities to build resilience
16 and community supports are maximized.

17 * * *

18 Sec. 6. 18 V.S.A. § 9382 is amended to read:

19 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

20 (a) In order to be eligible to receive payments from Medicaid or
21 commercial insurance through any payment reform program or initiative,

1 including an all-payer model, each accountable care organization shall obtain
2 and maintain certification from the Green Mountain Care Board. The Board
3 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
4 processes for certifying accountable care organizations. To the extent
5 permitted under federal law, the Board shall ensure these rules anticipate and
6 accommodate a range of ACO models and sizes, balancing oversight with
7 support for innovation. In order to certify an ACO to operate in this State, the
8 Board shall ensure that the following criteria are met:

9 * * *

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

18 * * *

1 * * * Opioid Abuse Treatment * * *

2 Sec. 7. 33 V.S.A. § 2004a is amended to read:

3 § 2004a. EVIDENCE-BASED EDUCATION AND ADVERTISING FUND

4 (a) The Evidence-Based Education and Advertising Fund is established in
5 the State Treasury as a special fund to be a source of financing for activities
6 relating to fund collection and analysis of information on pharmaceutical
7 marketing activities under 18 V.S.A. §§ 4632 and 4633; for analysis of
8 prescription drug data needed by the Office of the Attorney General for
9 enforcement activities; for the Vermont Prescription Monitoring System
10 established in 18 V.S.A. chapter 84A; for the evidence-based ~~education~~
11 educational program established in 18 V.S.A. chapter 91, subchapter 2; for
12 statewide unused prescription drug disposal initiatives; for the prevention of
13 prescription drug misuse, abuse, and diversion; for prevention and treatment of
14 substance use disorder; for exploration of nonpharmacological approaches to
15 pain management; for a hospital antimicrobial program for the purpose of
16 reducing hospital-acquired infections; for the purchase and distribution of
17 naloxone to emergency medical services personnel; for evidence-based or
18 evidence-informed opioid-related programming conducted for the benefit of
19 children and families; and for the support of any opioid-antagonist ~~education~~
20 educational, training, and distribution program operated by the Department of

1 Health or its agents. Monies deposited into the Fund shall be used for the
2 purposes described in this section.

3 * * *

4 * * * Education * * *

5 Sec. 8. 16 V.S.A. § 136 is amended to read:

6 § 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS
7 AND COMPREHENSIVE HEALTH

8 * * *

9 (c) The Secretary shall collaborate with other agencies and councils
10 working on childhood wellness to:

11 (1) Supervise the preparation of appropriate nutrition and fitness
12 curricula for use in the public schools, promote programs for the preparation of
13 teachers to teach these curricula, and assist in the development of wellness
14 programs.

15 (2) [Repealed.]

16 (3) Establish and maintain a website that displays data from a youth risk
17 behavior survey in a way that enables the public to aggregate and disaggregate
18 the information. The survey may include questions pertaining to adverse
19 childhood experiences, meaning those potentially traumatic events that occur
20 during childhood and can have negative, lasting effects on an individual's
21 health and well-being.

1 (4) Research funding opportunities for schools and communities that
2 wish to build wellness programs and make the information available to the
3 public.

4 (5) Create a process for schools to share with the Department of Health
5 any data collected about the height and weight of students in kindergarten
6 through grade six. The Commissioner of Health may report any data compiled
7 under this subdivision on a countywide basis. Any reporting of data must
8 protect the privacy of individual students and the identity of participating
9 schools.

10 * * *

11 Sec. 9. 16 V.S.A. § 2902 is amended to read:

12 § 2902. TIERED SYSTEM OF SUPPORTS AND EDUCATIONAL
13 SUPPORT TEAM

14 * * *

15 (b) The tiered system of supports shall:

- 16 (1) be aligned as appropriate with the general education curriculum;
17 (2) be designed to enhance the ability of the general education system to
18 meet the needs of all students;
19 (3) be designed to provide necessary supports promptly, regardless of an
20 individual student's eligibility for categorical programs;

1 (4) seek to identify and respond to students in need of support for at-risk
2 behaviors and to students in need of specialized, individualized behavior
3 supports; ~~and~~

4 (5) provide all students with a continuum of evidence-based and
5 research-based behavior practices, including trauma-sensitive programming,
6 that teach and encourage prosocial skills and behaviors schoolwide;

7 (6) promote collaboration with families, community supports, and the
8 system of health and human services; and

9 (7) provide professional development as needed to support all staff in
10 implementing the system.

11 (c) The educational support team for each public school in the district shall
12 be composed of staff from a variety of teaching and support positions and
13 shall:

14 (1) Determine which enrolled students require additional assistance to
15 be successful in school or to complete secondary school based on indicators set
16 forth in guidelines developed by the Secretary, such as academic progress,
17 attendance, behavior, or poverty. The educational support team shall pay
18 particular attention to students during times of academic or personal transition
19 and to those students who have been exposed to trauma.

20 * * *

1 Sec. 10. 16 V.S.A. § 2904 is amended to read:

2 § 2904. REPORTS

3 Annually, each superintendent shall report to the Secretary in a form
4 prescribed by the Secretary; on the status of the ~~educational support systems~~
5 multi-tiered system of supports in each school ~~in the supervisory union~~. The
6 report shall describe the services and supports that are a part of the ~~education~~
7 ~~support system~~ multi-tiered system of supports, how they are funded, and how
8 building the capacity of the ~~educational support system~~ multi-tiered system of
9 supports has been addressed in the ~~school action plans~~; school's continuous
10 improvement plan and professional development and shall be in addition to the
11 report required of the ~~educational support~~ multi-tiered system of supports team
12 in subdivision 2902(c)(6) of this chapter. The superintendent's report shall
13 include a description and justification of how funds received due to Medicaid
14 reimbursement under section 2959a of this title were used.

15 * * * Effective Date * * *

16 Sec. 11. EFFECTIVE DATE

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

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

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(Committee vote: _____)

Representative _____

FOR THE COMMITTEE

DRAFT