

1 TO THE HOUSE OF REPRESENTATIVES:

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

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 **Sec. 2. STATUS REPORT; COMPLETION OF ACT 43 REPORT**

4 On or before November 1, 2018, the Agency of Human Services' Director
5 of Trauma Prevention and Resilience Development shall submit to the Chairs
6 of the House Committee on Human Services and the Senate Committee on
7 Health and Welfare and to any existing Advisory Council on Child Poverty
8 and Strengthening Families a status report on the Agency's methodology and
9 progress in preparing the response plan required pursuant to 2017 Acts and
10 Resolves No. 43, Sec. 4, including any preliminary findings.

11 * * * Human Services Generally * * *

12 Sec. 3. 33 V.S.A. § 3402 is added to read:

13 § 3402. DEFINITIONS

14 As used in this chapter:

15 (1) "Childhood adversity" means...

16 (2) "Family adverse events" means...

17 (3) "Resilience" means...

18 (4) "Toxic stress" means strong, frequent, or prolonged experience of
19 adversity without adequate support.

20 (5) "Trauma-informed" means a type of program, organization, or
21 system that recognizes the widespread impact of trauma and potential paths for

1 recovery; recognizes the signs and symptoms of trauma in clients, families,
2 staff, and others involved in a system; responds by fully integrating knowledge
3 about trauma into policies, procedures, and practices; and seeks actively to
4 resist retraumatization and build resilience among the population served.

5 Sec. 4. 33 V.S.A. § 3403 is added to read:

6 § 3403. **DIRECTOR OF TRAUMA PREVENTION AND RESILIENCE**

7 **DEVELOPMENT**

8 There is created the **permanent** position of **Director of Trauma**
9 **Prevention and Resilience Development** within the Agency of Human Services
10 for the purpose of directing and coordinating systemic approaches across State
11 government that build childhood resiliency and mitigate toxic stress by
12 implementing a public health approach. **The Director shall engage families**
13 **and communities to build the protective factors of parental resilience; social**
14 **connections; knowledge of parenting and child development; concrete support**
15 **in times of need; and social and emotional competence of children.** The
16 Director shall:

17 (1) provide advice and support to the Secretary of Human Services and
18 facilitate communication and coordination among the Agency’s departments
19 with regard to childhood trauma, toxic stress, and the promotion of resilience
20 building;

1 (2) collaborate with both community and State partners, including the
2 Agency of Education, to build consistency between trauma-informed systems
3 that address medical and social service needs and serve as a conduit between
4 providers and the public;

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

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

11 (5) determine an appropriate methodology for evaluating the work of the
12 Agency related to childhood trauma, toxic stress, and the promotion of
13 resilience building;

14 (6) evaluate the work of Agency grantees and community contractors
15 that address resilience and trauma-prevention using results-based
16 accountability methodologies, if existing grants and contracts do not already
17 require such evaluation; and

18 (7) ensure that all future Agency grants and contracts with individuals
19 and entities that address resilience and trauma-prevention include an evaluation
20 using results-based accountability methodologies.

21 * * * Judiciary * * *

1 Sec. 5. COORDINATED RESPONSE TO CHILDHOOD TRAUMA
2 WITH JUDICIAL BRANCH

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

11 Sec. 6. TRAUMA-INFORMED TRAINING FOR CHILD CARE
12 PROVIDERS

13 The Agency of Human Services' Director of Prevention and Health
14 Improvement, in consultation with stakeholders, shall develop and implement a
15 plan to promote access to and training on the use of trauma-informed practices
16 that build resilience among children and students for the employees of
17 registered and licensed family child care homes, center-based child care and
18 preschool programs, and afterschool programs. On or before January 15, 2019,
19 the Director shall present information about the plan and its implementation to
20 the House Committees on Health Care and on Human Services and to the

1 Senate Committee on Health and Welfare. “Trauma-informed” shall have the
2 same meaning as in 33 V.S.A. § 3402.

3 * * * Health Care * * *

4 Sec. 7. 18 V.S.A. § 702 is amended to read:

5 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

6 * * *

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

9 (1) ~~the primary care provider~~ The Blueprint community health team
10 should serve a central role in the coordination of medical care and social
11 services and shall be compensated appropriately for this effort;₂

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

13 (3) ~~local~~ Local service providers should be used and supported,
14 whenever possible;₂

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

18 (5) ~~implementation~~ Implementation of the Blueprint in communities
19 across the State should be accompanied by payment to providers sufficient to
20 support care management activities consistent with the Blueprint, recognizing

1 that interim or temporary payment measures may be necessary during early
2 and transitional phases of implementation; ~~and,~~

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

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

11 * * *

12 Sec. 8. 18 V.S.A. § 9382 is amended to read:

13 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

14 (a) In order to be eligible to receive payments from Medicaid or
15 commercial insurance through any payment reform program or initiative,
16 including an all-payer model, each accountable care organization shall obtain
17 and maintain certification from the Green Mountain Care Board. The Board
18 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
19 processes for certifying accountable care organizations. To the extent
20 permitted under federal law, the Board shall ensure these rules anticipate and
21 accommodate a range of ACO models and sizes, balancing oversight with

1 support for innovation. In order to certify an ACO to operate in this State, the
2 Board shall ensure that the following criteria are met:

3 * * *

4 (17) For preventing and addressing the impacts of adverse childhood
5 experiences and other traumas, the ACO provides connections to existing
6 community services and incentives, such as developing quality-outcome
7 measurements for use by primary care providers working with children and
8 families, developing partnerships between nurses and families, providing
9 opportunities for home visits and other community services, and including
10 parent-child centers, designated agencies, regulated child care programs that
11 are designated as specialized child care providers, and the Department of
12 Health’s local offices as participating providers in the ACO.

13 * * *

14 * * * Education * * *

15 Sec. 9. 16 V.S.A. § 136 is amended to read:

16 § 136. WELLNESS PROGRAM; ADVISORY COUNCIL ON WELLNESS
17 AND COMPREHENSIVE HEALTH

18 * * *

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

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

5 (2) [Repealed.]

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

12 (4) Research funding opportunities for schools and communities that
13 wish to build wellness programs and make the information available to the
14 public.

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

21 * * *

1 Sec. 10. 16 V.S.A. § 2902 is amended to read:

2 § 2902. TIERED SYSTEM OF SUPPORTS AND EDUCATIONAL
3 SUPPORT TEAM

4 * * *

5 (b) The tiered system of supports shall:

6 (1) be aligned as appropriate with the general education curriculum;

7 (2) be designed to enhance the ability of the general education system to
8 meet the needs of all students;

9 (3) be designed to provide necessary supports promptly, regardless of an
10 individual student's eligibility for categorical programs;

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

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

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

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

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

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

10 * * *

11 Sec. **11**. 16 V.S.A. § 2904 is amended to read:

12 § 2904. REPORTS

13 Annually, each superintendent shall report to the Secretary in a form
14 prescribed by the Secretary; on the status of the ~~educational support systems~~
15 multi-tiered system of supports in each school ~~in the supervisory union~~. The
16 report shall describe the services and supports that are a part of the ~~education~~
17 ~~support system~~ multi-tiered system of supports, how they are funded, and how
18 building the capacity of the ~~educational support system~~ multi-tiered system of
19 supports has been addressed in the ~~school action plans~~, school's continuous
20 improvement plan and professional development and shall be in addition to the
21 report required of the ~~educational support~~ multi-tiered system of supports team

1 in subdivision 2902(c)(6) of this chapter. The superintendent’s report shall
2 include a description and justification of how funds received due to Medicaid
3 reimbursement under section 2959a of this title were used.

4 * * * Effective Date * * *

5 Sec. 12. EFFECTIVE DATE

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

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

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(Committee vote: _____)

Representative _____

FOR THE COMMITTEE