

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. The status report
11 shall include information as to the Agency's progress in implementing trauma-
12 informed training opportunities for child care providers

13 * * * Human Services Generally * * *

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

15 § 3402. DEFINITIONS

16 As used in this chapter:

17 (1) "Childhood adversity" means experiences that may be traumatic to
18 children and youths during the first 18 years of life, such as experiencing
19 violence or other emotionally disturbing exposures in their homes or
20 communities.

1 (2) “Resilience” means the ability to respond to, withstand, and recover
2 from serious hardship with coping skills and a combination of protective
3 factors, including a strong community, family support, social connections,
4 knowledge of parenting and child development, concrete support in times of
5 need, and social and emotional competence of children.

6 (3) “Toxic stress” means strong, frequent, or prolonged experience of
7 adversity without adequate support.

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

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

15 § 3403. DIRECTOR OF TRAUMA PREVENTION AND RESILIENCE

16 DEVELOPMENT

17 (a) There is created the permanent position of Director of Trauma
18 Prevention and Resilience Development within the Office of the Secretary in
19 the Agency of Human Services for the purpose of directing and coordinating
20 systemic approaches across State government that build childhood resiliency
21 and mitigate toxic stress by implementing a public health approach. The

1 Director shall engage families and communities to build the protective factors
2 of a strong community, family support, social connections, knowledge of
3 parenting and child development, concrete support in times of need, and the
4 social and emotional competence of children. It is the intent of the General
5 Assembly that the Director position be funded by the repurposing of existing
6 expenditures and resources, including the potential reassignment of existing
7 positions. If the Secretary determines to fund this position by reassigning an
8 existing position, he or she shall propose to the Joint Fiscal Committee prior to
9 October 1, 2018 any necessary statutory modifications to reflect the
10 reassignment.

11 (b) The Director shall:

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

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

20 (3) provide support for and dissemination of educational materials
21 pertaining to childhood trauma, toxic stress, and the promotion of resilience

1 building, including to postsecondary institutions within Vermont's State
2 College System;

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

5 (5) evaluate the work of the Agency and the Agency's grantees and
6 community contractors that addresses resilience and trauma-prevention using
7 results-based accountability methodologies.

8 Sec. 5. 2017 Acts and Resolves No. 43, Sec. 4 is amended to read:

9 Sec. 4. ~~ADVERSE CHILDHOOD EXPERIENCES~~ ADVERSITY;

10 RESPONSE PLAN

11 (a) On or before January 15, 2019, the Agency of Human Services shall
12 present to the House Committees on Health Care and on Human Services and
13 the Senate Committee on Health and Welfare, in response to the work
14 completed by the Adverse Childhood Experiences Working Group established
15 pursuant to Sec. 3 of this act, a plan that specially addresses the integration of
16 evidence-informed and family-focused prevention, intervention, treatment, and
17 recovery services for individuals affected by ~~adverse childhood experiences~~
18 adversity. The plan shall address the coordination of services throughout and
19 among the Agency, the Agency of Education, and the Judiciary and shall
20 propose mechanisms for:

1 (1) improving and engaging community providers in the systematic
2 prevention of trauma;

3 (2) case detection and care of individuals affected by ~~adverse childhood~~
4 ~~experiences~~ adversity; and

5 (3) ensuring that the Agency's policies related to children, families, and
6 communities build resilience;

7 (4) ensuring that the Agency and grants to the ~~Agency of Human~~
8 ~~Services'~~ Agency's community partners related to children and families ~~strive~~
9 ~~toward accountability and community resilience~~ are evaluated using results-
10 based accountability methodology; and

11 (5) providing an estimate of the resources necessary to implement the
12 response plan, including any possible reallocations.

13 * * *

14 * * * Health Care * * *

15 Sec. 6. 18 V.S.A. § 702 is amended to read:

16 § 702. BLUEPRINT FOR HEALTH; STRATEGIC PLAN

17 * * *

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

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

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

5 (3) ~~local~~ Local service providers should be used and supported,
6 whenever possible;.

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

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

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

1 (7) Providers should assess trauma and toxic stress to ensure that the
2 needs of the whole person are addressed and opportunities to build resilience
3 and community supports are maximized.

4 * * *

5 Sec. 7. 18 V.S.A. § 9382 is amended to read:

6 § 9382. OVERSIGHT OF ACCOUNTABLE CARE ORGANIZATIONS

7 (a) In order to be eligible to receive payments from Medicaid or
8 commercial insurance through any payment reform program or initiative,
9 including an all-payer model, each accountable care organization shall obtain
10 and maintain certification from the Green Mountain Care Board. The Board
11 shall adopt rules pursuant to 3 V.S.A. chapter 25 to establish standards and
12 processes for certifying accountable care organizations. To the extent
13 permitted under federal law, the Board shall ensure these rules anticipate and
14 accommodate a range of ACO models and sizes, balancing oversight with
15 support for innovation. In order to certify an ACO to operate in this State, the
16 Board shall ensure that the following criteria are met:

17 * * *

18 (17) For preventing and addressing the impacts of childhood adversity,
19 the ACO provides connections to existing community services and incentives,
20 such as developing quality-outcome measurements for use by primary care
21 providers working with children and families; developing partnerships between

1 nurses, case managers, and families; and providing opportunities for home
2 visits and other community services, such as parent-child centers, designated
3 agencies, regulated child care programs, including those designated as
4 specialized child care providers, and the Department of Health’s local offices
5 as participating providers in the ACO.

6 * * *

7 * * * Effective Date * * *

8 Sec. 8. EFFECTIVE DATE

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

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

13
14
15 (Committee vote: _____)

16 _____

17 Representative _____

18 FOR THE COMMITTEE