

AHS Testimony S. 261

April 4, 2018

Introductory Comments - Thank you for your work on this Bill and for the work over the past year particularly in the thoughtful work embodied in the Adverse Childhood Experiences Working Group. We support many of the ideas in this legislation.

Sections 1 and 2 – Purpose and Definitions - The Agency of Human Services strongly supports the statewide focus on trauma and resiliency and in particular taking a public health or more upstream approach. AHS is currently working on a sustainable plan to become a trauma informed organization. This will be an ongoing, organization development process that will include each department. This work will help change the way we serve our customers and support our staff. It is this intensive work we hope to focus on over the coming year. **We support the direction and the focus on upstream service and the public health approach.**

Sec. 3 – Expansion of Support Services in Pediatric Primary Care – This is modeled after the successful DULCE program in Lamoille County. These are excellent services, but without resources to implement this section, this is not viable. **We oppose this unless there is adequate funding and it is considered in light of and coordinated with other home visiting programs and services.**

Sec. 4 – Children of Incarcerated Parents - We oppose this as written. It is an interesting concept that needs development. This section brings up a few questions. How would DOC and/or DCF coordinate with the caregiver of the child? What is meant by “referral?” Is this simply handing a caregiver a brochure or a phone number to get information on resources, or is this a professional referral to specific services identified as needed by some sort of screening? If so, what is the screen? Who implements it? How is the data kept and who has access to it? Also, what is the definition of “incarcerated?” Does this refer to anyone in the custody of DOC for any period, no matter how short? Also, there is great concern about inviting the state into the lives of children where such interference may not be necessary. **We recommend having resources available as AHS determines in relevant sites and for relevant programs and removing references to this being coordinated by a specific department**

Sec. 5 – Director of Prevention and Health Improvement – The title is confusing and overlaps with other titles. We suggest making it clearer. We’d suggest something like, Director of Trauma Informed Systems. The duties assigned to the position are overwhelming. The position would be a valuable addition to AHS, but duties should be limited to: implementing the AHS Trauma-Informed System of Care Policy, supporting the Building Flourishing Communities initiative, and connecting with partners, such as completing the plan for Trauma-Informed Training for Child Care Providers as detailed in Sec. 7. The position would be most effective if located in the Department of Mental Health, with Agency-wide reach. DMH has been the lead

on all trauma-related issues and continues to lead. The funding is proposed to come from within existing AHS funds. **We oppose adding this position unless there is additional funding for the position.**

Sec. 6 – Coordinated Response to Childhood Trauma with Judicial Branch – Coordination with the judicial branch is of great importance, and this work is strongly supported by the Child & Family Trauma Workgroup. Requiring a separate plan, however, is not necessary. There was discussion about having a judge attend the Child & Family Trauma Workgroup meetings, and we believe this would be the most efficient and effective manner to approach this work. **We oppose this section and recommend adding a judge to attend as a member our Child and Family Trauma Workgroup which does not require legislation.**

Sec. 7 – Trauma-Informed Training for Child Care Providers – The training would be valuable and is currently under development. This section could be amended to direct that Building Bright Futures do this in connection with DCF (in lieu of the new position being responsible for what is already under way). **We support this section.**

Sec. 8 – Child Care and Community-Based Family Support System; Evaluation – This duplicates the work of the Blue-Ribbon Commission for Affordable Child Care. **We oppose this section.**

Sec. 9 – System Evaluation – we agree with this section; however, the Department of Mental Health, as the experts on early childhood adversity, should be named as partners in the work with the Department of Health. **We recommend moving forward with DMH as a partner.**

Sec. 10 – Bright Futures Guidelines; Intent – **We recommend moving forward.**

Sec. 11 – Blueprint for Health; Strategic Plan – **We recommend moving forward.**

Sec. 12 – Oversight of Accountable Care Organizations – **AHS has no input on this.**

Sec. 13 – School Nurses: health-related barriers to learning – **We recommend moving forward.**

Sec. 14 – Evidence-Based Education and Advertising Fund – **We recommend moving forward.**

Sec. 15 – Wellness Program; Advisory Council on Wellness and Comprehensive Health - this section adds a new website, names the Youth Risk Behavior Survey (YRBS), and suggests new questions on the survey, with no new funding. It is not clear that the data as named can be disaggregated – typically, given the relatively small populations that make up Vermont’s rural communities, breaking data down to local areas isn’t valid. In addition, the YRBS is a federal survey and adding questions to it is not easily done. Such steps are likely not necessary - there are new measures available to us, including some that are strengths-based, that are collected nationally on an annual basis, that we believe will tell us more about the well-being of our youth in terms of trauma exposure¹. **We recommend that AHS determine which measures to include for youth and trauma exposure.**

¹ National Survey of Children’s Health – Adverse Family Experiences; Resilience Skills measures; Family coping measures; Pregnancy Risk Assessment Monitoring System (PRAMS), Adverse Experiences Before Pregnancy; school engagement measures.

Sec. 16 & 17 – AOE language - **AHS has no input on this.**

Sec. 18 – Committees and Councils - AHS does not have oversight of all these committees and councils. **We oppose as written and suggest that the Agency of Administration do the review.**